

Overview

The Service Needs Assessment is used to identify if support or barrier reduction services and/or referrals are needed. The results are compared to service and referral data in the system to determine if the service need has been addressed.

Who Enters/Maintains Data

Grantees/Career Planners – complete and update their customer’s intake information.

Access JTED Service Needs Assessment

1. Go to www.IllinoisworkNet.com and log into your partner account.
2. Go to **My Dashboard**.
3. Select the **IWIS icon** (formerly Customer Support Center) in the Partner Tools section.
 1. Select **JTED Project Group**.
 2. Select a **customer** and then select the **Intake tab**.
 3. Select the **Service Needs Assessment** button to complete the assessment.
 - a. Once the assessment is complete, a link to [View Service Needs Assessment mm/dd/yyyy](#) results is available.
 - b. The assessment can be updated by selecting the **Service Needs Assessment** button, making updates, and saving the results.
 - c. The results of the assessment compared to the actual Barrier Reduction/Support Services and referrals that are entered into the system. For example, if the results indicate a transportation support service or referral is needed and a transportation support service or referral is not in the system, the dashboards will indicate the customer “Needs Attention”. Once the system can match the results to a service/referral that was provided, the status will change to “Good”.

Service Needs Assessment

1. Do you have housing concerns that could affect your participation in the program? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Homelessness Financial Challenges	<p>Review the Emergency and Transitional Housing Provider List and Housing Programs/Services available through the Illinois Department of Human Services (IDHS) site.</p> <p>Review local Community Action Agency or local faith based organization services.</p>	<ul style="list-style-type: none"> • Referral for Housing Assistance • Deposits (i.e., Security, Key) • First month’s rent • Application/Background Check Fees • Arrears (i.e., Rent, utilities) • Relocation • Rent • Storage • Utilities

2. Do you have transportation concerns that could affect your participation in the program? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Financial Challenges	Review local Community Action Agency or local faith based organization services.	<ul style="list-style-type: none"> Referral for Transportation Assistance Public transit fare/cards Car repairs (up to a \$500 dollar threshold) Plate sticker/city sticker renewal Gas cards Rideshare Fees Bike Repairs Rental Cost of Driver's License
No car insurance	Review local Community Action Agency or local faith based organization services.	<ul style="list-style-type: none"> Referral for Transportation Assistance Liability Insurance
No transportation	Review local Community Action Agency or local faith based organization services.	<ul style="list-style-type: none"> Referral for Transportation Assistance Public transit fare/cards Rideshare Bike Repairs Rental Cost of Driver's License or State ID Driver's Education Lessons
Transportation schedule may conflict with training schedule	Review local Community Action Agency or local faith based organization services.	<ul style="list-style-type: none"> Referral for Transportation Assistance Rideshare Bike Repairs Rental

3. Will you need assistance with your family members' support/care while you're in the program? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Need Child Care Caring for a child with a disability	Use the following link to identify a provider https://www.inccrra.org/about/sdasearch Review child care programs/services available through the IDHS site.	<ul style="list-style-type: none"> Referral for Child Care Child Care Assistance
Caring for an elderly or disabled relative	Review developmental disability programs/services available through the IDHS site.	<ul style="list-style-type: none"> Referral for Dependent Care Dependent Care Assistance

	Review Disability & Rehabilitation programs/services available through the IDHS site.	
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4. Do you have legal-related situations or expenses that would prevent you from participating in the program or that would make it difficult for you to get a job in this career pathway? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Financial Challenges Criminal Charges Pending Ex-offender	Review Illinois Equal Justice Foundation Helpful Links to find services in your area.	<ul style="list-style-type: none"> • Referral for Legal Aid • Background Check Fees • Legal Fees - Reasonable/Necessary for Employment

5. Are there health care assistance necessary to complete the program and/or get a job in this career pathway? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Financial Challenges	Review Health & Medical programs/services available through the Illinois Department of Human Services (IDHS) site.	<ul style="list-style-type: none"> • Referral for Health Care • Prescriptions • Medical Device/Equipment • Inoculations • Mental Health • Substance Abuse • Dental work • Eyeglasses • Medical exam • Medical deductible/copay
Family/Friends Related Issues	Review Substance Use Disorder and Violence & Abuse Prevention programs/services available through the Illinois Department of Human Services (IDHS) site.	<ul style="list-style-type: none"> • Referral for Child Safety • Referral for Domestic Violence • Referral for Health Care • Mental Health • Substance Abuse • Medical deductible/copay
Personal/Emotional Related Issues	Review Substance Use Disorder and Mental Health programs/services available through the Illinois Department of Human Services (IDHS) site.	<ul style="list-style-type: none"> • Referral for Health Care • Mental Health • Substance Abuse • Medical exam • Medical deductible/copay

6. Are there any other fees or assistance that is needed to ensure your attendance and completion of the program? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Uniforms/professional attire	Review local Community Action Agency or local faith based organization services.	<ul style="list-style-type: none"> Uniforms/Professional Attire
Entrance Fees		<ul style="list-style-type: none"> Entrance Fees
State ID		<ul style="list-style-type: none"> Cost of State ID
Food Assistance	Review Food programs/services available through the Illinois Department of Human Services (IDHS) site.	<ul style="list-style-type: none"> Referral for Other: Health/Nutrition Food Assistance
Equipment/Tools		<ul style="list-style-type: none"> Equipment/Tools
Books		<ul style="list-style-type: none"> Books
Reliable access to the internet		<ul style="list-style-type: none"> Referral for Other: Internet Broadband fees
Computer to participate in lessons and online instruction		<ul style="list-style-type: none"> Referral for Other: Technology Rental Technology Rental
Phone to communicate with your case manager, providers and employers		<ul style="list-style-type: none"> Referral for Other: Phone Cell Phone acquisition

7. Are there any other situations that may impact completion of the program? If yes, select from the following:

Select Options	Recommendation	Multi-select options.
Limited Education or Training		<ul style="list-style-type: none"> Referral for ABE/ESL Program Education/Training Service
Limited Work History/Experience		<ul style="list-style-type: none"> Transitional Jobs Training Service Complete Employment 101
Special Accommodations		Open Text field

Example of Service Needs Assessment Compared to Data in the System

DASHBOARDS- GROUPS HI, HDANIELS-

JTED REPORTING SYSTEM OVERVIEW

Overview

Intake

Referral

Training/Services

Program Completion/Follow-Up

OVERVIEW
CASE NOTES (0) ▲

Profile: Andy Apple

First Name Andy

Last Name Apple

Email apple@noemail.com

Enrollment Status Enrolled - Eligible and signed agreement

See All

Reset Password

Participant Summary Tools

Assessments

Case Notes

Credentials

Training/Services

Uploads

Worksites

Instructions/Resources

Intake Instructions

Case File Organizer Sheets

Refresh Status
Last updated: 03/16/2023 08:00 PM

View/Edit

Enrollment Status ⓘ

Enrolled - Eligible and signed agreement - Category 1; Program Name 1

Good

View/Edit

Referral Status ⓘ

Service Needs Assessment Items

Referral for Housing Assistance - Needs Attention

Other Referrals

Referral for Health Care; Referral for Legal Aid - Good

Referral for Other: Internet - Unknown

Attention

View/Edit

Training Status ⓘ

Complete a training program where you earn an industry recognized credential. - Successful Completion Start: 07/04/2022 End: 08/12/2022

Occupational Skills Training (Youth) - Successful Completion Start: 09/01/2022 End: 09/30/2022

Complete a Registered Apprenticeship program (RAP) - Successful Completion Start: 09/01/2022 End: 09/30/2022

Complete a Registered Apprenticeship program (RAP) - Successful Completion Start: 12/05/2022 End: 12/31/2022

Good

View/Edit

Barrier Reduction/Support Services ⓘ

Service Needs Items

First month rent	\$750.00
Rideshare	\$500.00
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Total:	\$1,250.00

Good

View/Edit

Credential Earned: NT TEST 1-6-23 Friday, January 6, 2023 ⓘ

Good