

Purpose:

To identify support services that are needed by the customer, determine if they will be provided by sending a referral or providing the service in-house. These items populate the customer's progress page, and they are "checked off" by documenting the [corresponding service or referral](#) in the reporting system.

Who Enters/Maintains Data

- Grantees enter and update customer program Service Needs Assessment.

Access Participant Details

1. Log in to www.illinoisworknet.com.
2. Select **My Dashboard**.
3. Select **Customer Support Center** under Partner Tools.
4. Select **Groups** in the top menu.
5. Select the group **CEJA/FEJA Programs**.
6. Select a customer and go to their **Intake tab**.

Add Service Needs Assessment

More than one service needs assessment can be entered for each customer. The most recent assessment will determine what services/referrals are populated on the progress page. The results are aligned to referrals and services. **To mark them as complete/good on the progress page, the corresponding referral or service must be entered into the reporting system.**

1. Click the button Service Needs Assessment
2. Enter responses and comments for the following service needs areas:
 - a. **Accommodations and Student Services**
 - i. Do you need accommodations or other services to help you in the classroom? If yes,
 1. Referral Options & Corresponding Referral
 - a. Referral to a disability services organization or office for an assessment
 - [Corresponding Referral: Disability Accommodation](#)
 2. In-House Support Options & Corresponding Service
 - a. Provide support service for accommodations in-house
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Other: Accommodation to participate in training](#)
 - b. Tutoring, study skills training, and dropout prevention services
 - [Corresponding Service: Tutoring, Study Skills Training, and Dropout Prevention Services](#)
 - c. Assistance with educational testing, retesting, and make-up sessions
 - [Corresponding Service: Assistance with educational testing, retesting, and make-up sessions](#)
 - d. Alumni networking
 - [Corresponding Service: Alumni Networking Service](#)
 - e. Other student/instructional support services
 - [Corresponding Service: Instructional Service](#)

b. Technology Assistance for Virtual Learning

April

- i. Do you have steady and reliable access to the internet? If Yes
 1. Referral Options & Corresponding Referral
 - a. Referral for technology assistance
 - [Corresponding Referrals:](#)
 - [Other: Internet](#)
 2. In-House Support Options & Corresponding Service
 - a. Provide support service for internet in-house
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Other: Broadband Fees](#)
- ii. Do you have a computer that will allow you to access lessons, including online instruction? If Yes,
 1. Referral Options & Corresponding Referral
 - a. Referral for technology assistance
 - [Corresponding Referrals:](#)
 - [Other: Technology Rental](#)
 2. In-House Support Options & Corresponding Service
 - a. Provide support service for computers in-house
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Other: Technology Rental](#)
 - iii. Do you feel confident in your ability to use technology including emailing, navigating the internet, and completing basic tasks on a computer? If Yes,
 1. Referral Options & Corresponding Referral
 - a. Referral for technology assistance
 - [Corresponding Referrals:](#)
 - [Other: Technology Assistance Training](#)
 2. In-House Support Options & Corresponding Service
 - a. Provide support service for technology assistance in-house
 - [Corresponding Service: Digital Literacy training](#)
 - iv. Do you have a phone to communicate with your case manager, providers, and employers? If Yes,
 1. Referral Options & Corresponding Referral
 - a. Referral for other: Phone
 - [Corresponding Referrals:](#)
 - [Other Services: Cell Phone Acquisition](#)
 2. In-House Support Options & Corresponding Service
 - a. Provide support service for cell phone acquisition in-house
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Other Services: Cell Phone Acquisition](#)

c. Transportation

 - i. Do you have transportation concerns that could affect your participation in the program? If Yes,
 1. I need some financial assistance to cover my transportation expenses.
 - a. Referral Options & Corresponding Referral
 - Referral for transportation assistance
 - [Corresponding Referral: Transportation](#)
 - b. In-House Support Options & Corresponding Service

April

- Public transit fare/cards
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Public transit fare/cards](#)
 - Car repairs
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Car repairs](#)
 - Plate sticker/city sticker renewal
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Plate sticker/city sticker renewal](#)
 - Gas cards
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Gas cards](#)
 - Rideshare/taxi
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rideshare/Taxi](#)
 - Fees
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Fees](#)
 - Bike repairs
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Bike Repairs](#)
 - Rental
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rental](#)
 - Parking costs
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Parking Costs](#)
 - Cost of driver's license
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Cost of Driver's License](#)
2. I need help getting car insurance.
 - a. Referral Options & Corresponding Referral
 - Referral for transportation assistance
 - [Corresponding Referral: Transportation](#)
 - b. In-House Support Options & Corresponding Service
 - Liability Insurance
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Liability Insurance](#)
 3. I do not have transportation.
 - a. Referral Options & Corresponding Referral
 - Referral for transportation assistance
 - [Corresponding Referral: Transportation](#)
 - b. In-House Support Options & Corresponding Service
 - Public transit fare/cards
 - [Corresponding Service: Wrap Around Support Services –](#)

Itemized List – Transportation: Public transit fare/cards

- Rideshare/taxi
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rideshare/Taxi
- Bike repairs
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Bike Repairs
- Rental
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rental
- Cost of driver's license
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Cost of Driver's License
- Driver's education lessons
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Driver's Education Lessons

4. The transportation schedule conflicts with the training schedule.

a. Referral Options & Corresponding Referral

- Referral for transportation assistance
 - Corresponding Referral: Transportation

b. In-House Support Options & Corresponding Service

- Rideshare/taxi
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rideshare/Taxi
- Bike repairs
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Bike Repairs
- Rental
 - Corresponding Service: Wrap Around Support Services – Itemized List – Transportation: Rental

d. Childcare/Family Member Care

i. Would you require any assistance in supporting or caring for your family members while you are enrolled in the program? If Yes,

1. I need financial assistance with childcare.

a. Referral Options & Corresponding Referral

- Referral for child care
 - Corresponding Referral:
 - a. Dependent Care: Childcare
 - b. Dependent Care: Dependent Care Assistance

b. In-House Support Options & Corresponding Service

- Child care assistance
 - Corresponding Service: Wrap Around Support Services – Itemized List – Dependent Care: Childcare or Dependent Care: Dependent Care Assistance

2. I need financial assistance with childcare services for a child with a disability.

April

- a. Referral Options & Corresponding Referral
 - Referral for child care
 - Corresponding Referral:
 - a. Dependent Care: Childcare
 - b. Dependent Care: Dependent Care Assistance
 - b. In-House Support Options & Corresponding Service
 - Child care assistance
 - Corresponding Service: Wrap Around Support Services – Itemized List – Dependent Care: Childcare or Dependent Care: Dependent Care Assistance
3. I need financial assistance to care for an elderly family member or a relative with a disability.
- a. Referral Options & Corresponding Referral
 - Referral for child care
 - Corresponding Referral:
 - a. Dependent Care: Childcare
 - b. Dependent Care: Dependent Care Assistance
 - b. In-House Support Options & Corresponding Service
 - Child care assistance
 - Corresponding Service: Wrap Around Support Services – Itemized List – Dependent Care: Childcare or Dependent Care: Dependent Care Assistance
- e. Assistance with Housing**
- i. Do you have housing concerns that could affect your participation in the program? If Yes,
 1. I am homeless.
 - a. Referral Options & Corresponding Referral
 - Referral for housing assistance
 - Corresponding Referral: Housing Assistance
 - b. In-House Support Options & Corresponding Service
 - Deposits (i.e., security, key)
 - Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Deposits (i.e., Security, key)
 - First-month rent
 - Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: First-month rent
 - Application/background check fees
 - Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Application/background Check Fees
 - Arrears (i.e., rent, utilities)
 - Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Arrears (i.e., Rent, utilities)
 - Relocation
 - Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Relocation

April

- Rent
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Rent](#)
 - Storage
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Storage](#)
 - Utilities
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Utilities](#)
2. I need financial assistance with housing.
- a. Referral Options & Corresponding Referral
 - Referral for housing assistance
 - [Corresponding Referral: Housing Assistance](#)
 - b. In-House Support Options & Corresponding Service
 - Deposits (i.e., security, key)
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Deposits \(i.e., Security, key\)](#)
 - First-month rent
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: First-month rent](#)
 - Application/background check fees
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Application/background Check Fees](#)
 - Arrears (i.e., rent, utilities)
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Arrears \(i.e., Rent, utilities\)](#)
 - Relocation
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Relocation](#)
 - Rent
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Rent](#)
 - Storage
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Storage](#)
 - Utilities
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Housing Assistance: Utilities](#)

f. Food

- i. Would you like some help with obtaining food in order to succeed in the program? If Yes,
 1. Referral Options & Corresponding Referral
 - a. Referral to a local food pantry or other organization to apply for SNAP benefits
 - [Corresponding Referral: Other Services – Food Assistance](#)
 2. In-House Support Options & Corresponding Service

- a. Provide support service for groceries in-house and/or assist with applying for SNAP benefits
 - [Corresponding Service: Wrap Around Support Services – Itemized List –Other: Food Assistance](#)

g. Healthcare

- i. Do you have any physical or mental health needs, including substance abuse treatment, that require assistance to succeed in this training program? If Yes,

1. I need financial assistance for physical or mental health services/counseling.

a. Referral Options & Corresponding Referral

- Referral for health care services/counseling
 - [Corresponding Referral: Health Care Services/Counseling](#)
- Referral for mental health services/counseling
 - [Corresponding Referral: Health Care Services/Counseling - Mental Health Services/Counseling](#)
- Referral for substance abuse services/counseling
 - [Corresponding Referral: Health Care Services/Counseling - Substance Abuse Services/Counseling](#)

b. In-House Support Options & Corresponding Service

- Prescriptions
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Prescriptions](#)
- Medical device/equipment
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Medical Device/Equipment](#)
- Inoculations
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Inoculations](#)
- Mental health services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Mental Health](#)
- Substance abuse services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Substance Abuse](#)
- Dental work
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Dental work](#)
- Eyeglasses
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Eyeglasses](#)
- Medical exam
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Medical Exam](#)
- Medical deductible/copay
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Medical deductible/copay](#)

April

2. I need assistance with relationship-related issues.

a. Referral Options & Corresponding Referral

- Referral for child safety services/counseling
 - [Corresponding Referral: Child Safety Services/Counseling](#)
- Referral for domestic violence services/counseling
 - [Corresponding Referral: Domestic Violence Services/Counseling](#)
- Referral for health care services/counseling
 - [Corresponding Referral: Health Care Services/Counseling](#)
- Referral for mental health services/counseling
 - [Corresponding Referral: Health Care Services/Counseling - Mental Health Services/Counseling](#)
- Referral for substance abuse services/counseling
 - [Corresponding Referral: Health Care Services/Counseling - Substance Abuse Services/Counseling](#)

b. In-House Support Options & Corresponding Service

- Child safety services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Child safety services/counseling](#)
- Domestic violence services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Domestic violence services/counseling](#)
- Healthcare services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Healthcare services/counseling](#)
- Mental health services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Mental health services/counseling](#)
- Substance abuse services/counseling
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Substance abuse services/counseling](#)
- Medical deductible/copay
 - [Corresponding Service: Wrap Around Support Services – Itemized List – Health Care: Medical deductible/copay](#)

h. Legal Assistance

i. Would you like to receive legal assistance services? If Yes,

1. I need financial assistance with legal issues.

a. Referral Options & Corresponding Referral

- Referral for legal aid
 - [Corresponding Referral: Legal Assistance](#)

b. In-House Support Options & Corresponding Service

- Background check fees
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Background Check Fees](#)

April

- Legal aid
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Other Legal Fees](#)
 - Legal fees - reasonable/necessary for employment
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Legal Fees - Reasonable/Necessary for Employment](#)
 - 2. I need assistance with pending criminal charges.
 - a. Referral Options & Corresponding Referral
 - Referral for legal aid
 - [Corresponding Referral: Legal Assistance](#)
 - b. In-House Support Options & Corresponding Service
 - Background check fees
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Background Check Fees](#)
 - Legal aid
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Legal Fees - Reasonable/Necessary for Employment](#)
 - Legal fees - reasonable/necessary for employment
 - [Corresponding Service: Wrap Around Support Services – Itemized List - Legal Aid: Legal Fees - Reasonable/Necessary for Employment](#)
- i. **Financial Literacy**
 - i. Do you want to learn about budgeting, managing finances, and protecting yourself from identity theft? If Yes,
 - 1. Referral Options & Corresponding Referral
 - a. Referral or financial literacy assistance
 - [Corresponding Referral: Financial Literacy Assistance](#)
 - 2. In-House Support Options & Corresponding Service
 - a. Provide financial literacy service accommodations in-house
 - [Corresponding Service: Financial Literacy](#)
- j. **Mentorship**
 - i. Would you like to connect to a mentor or former graduate from our program? If Yes,
 - 1. Referral Options & Corresponding Referral
 - a. Referral for mentorship through community-based organization
 - [Corresponding Referral: Mentorship](#)
 - 2. In-House Support Options & Corresponding Service
 - a. Provide connection for mentorship or peer support in-house
 - [Corresponding Service: Mentorship Service](#)
- k. **Application Fees**
 - i. There are some fees associated with applying to join a DOL-registered apprenticeship program. Application fees can range up to \$30. Is this a cost you are confident that you can pay on your own? If Yes,
 - 1. In-House Support Options & Corresponding Service

- a. Provide cost coverage for the application fee in-house

- [Corresponding Service: Wrap Around Support Services – Itemized List](#)
– Other: Application Fee

I. Other Support Services

- i. Do you have your high school diploma or equivalent? If Yes,

1. Referral Options & Corresponding Referral

- a. Referral to education program

- [Corresponding Referral: ABE/ESL Program](#)

- ii. Do you have your high school diploma or equivalent? If Yes,

1. In-House Support Options & Corresponding Service

- a. Uniforms/professional attire

- [Corresponding Service: Wrap Around Support Services – Itemized List](#)
– Other: Uniforms/professional attire

- b. Other

3. Click the Save button at the bottom of the screen to save the results. If the services or referrals are needed, those will be listed on the customer's progress page. As those services are provided, the system will indicate they are "good" or have been addressed.