Logo, company name

Description automatically generated  
 **Wrap-Around Service Assessment**

Instructions: The Wrap-Around Service Assessment must be completed during Intake. The role of intake staff is to offer services, but wrap-around services are optional for participants to opt into or decline. Participants can opt into services at any point during active enrollment in the program. If participant needs change during the program and additional services are needed, a new assessment is not needed. Additional services may be added in IWRS following the guidance provided in the most recent Grantee Manual.

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assessment Date:** **\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSPORTATION COSTS:**  
Do you have reliable transportation to and from the program? \* □ Yes □ No  
 *If yes, what is your primary form of transportation?(Select all that apply) \**

□ Bus □ Car □ Train □ Bike *If no,**what assistance do you need with reliable and accessible transportation? (Select all that apply) \**

□ Public transit fare/cards □ Car Repairs (up to a $500 threshold) □ Gas cards

□ Plate/City Sticker Renewal fees □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDCARE/FAMILY MEMBER CARE:**

Do you have any family members that depend on your care? \*  □ Yes □ No  
 *If yes, will your family members have support/care while you are in the program? \**  □ Yes □ No

**TECHNOLOGY ASSISTANCE FOR VIRTUAL LEARNING (BROADBAND AND HARDWARE) – (Ask this question IF VIRTUAL LEARNING WILL BE EMPLOYED):**

Do you have steady and reliable access to internet? \* □ Yes □ No

Do you have a computer that will allow you to access lessons including online instruction? \* □ Yes □ No

**DRIVERS’S EDUCATION FEES:**

Do you have a Driver’s license? □ Yes □ No

**FINANCIAL LITERACY:**

Do you feel confident in your ability to manage your personal finances including budgeting, saving, investing, or debt management? □ Yes □ No

**DIGITAL LITERACY:**

Do you feel confident in your ability to use a computer or tablet to perform job functions like submitting a timecard, navigating the internet, or creating a Word document? □ Yes □ No

**OTHER WRAP-AROUND SUPPORT SERVICES:**

Are there additional supports that would ensure your attendance and completion of the pre-apprenticeship program? \*□ Yes □ No

Participant’s Signature Date:

Conductor’s Signature Date:

*This document was developed by the Office of Illinois Works for use by Illinois Works Pre-apprenticeship Program grantees. This application corresponds to the digital application in IWRS.*