

SELF-ASSESSMENT FORM

10-06

PERSONAL DATA:

Name: _____

Last

First

Middle

Age

Address: _____

Home Phone: _____

Message Phone: _____

YOUR FAMILY:

How many people are living in household: _____

How many children: _____

Check which of the following describes your household:

_____ Two Parent

_____ Single Parent

_____ 16-19 yr. Old, Not completed high school

Are you responsible for caring for a disabled person on a daily basis? _____ Yes _____ No

What people would support you working?

What help do you think you could get from family and friends?

Agencies/Organizations you presently work with?

_____ Child & Family Services

Contact Person _____

Phone # _____

_____ Community Mental Health

Contact Person _____

Phone # _____

_____ Court System

Contact Person _____

Phone # _____

_____ CASA Worker

Contact Person _____

Phone # _____

_____ Church

Contact Person _____

Phone # _____

| | | |
|-------------------------|----------------|---------|
| Family Preservation | Contact Person | Phone # |
| HUD | Contact Person | Phone # |
| Probation | Contact Person | Phone # |
| Social Security | Contact Person | Phone # |
| Rehabilitation Services | Contact Person | Phone # |
| Safe homes | Contact Person | Phone # |
| Parole | Contact Person | Phone # |
| Head Start | Contact Person | Phone # |
| Others: | | |

YOUR WORK HISTORY:

(Refer to Employment Section of Application for Current Information)

How many jobs have you had in the past 18 months? _____

What types of employment have you had in the past five years? _____

What were your major tasks in these jobs? _____

What have you liked most about the jobs you have had in the past? _____

Why did you leave your job(s)? _____

What would have helped you keep your job(s)? _____

Have you done volunteer work or community services? _____ If so, what types? _____

What's keeping you from working now? _____

Could working, looking for work, or going to school put you or your children in danger of physical, emotional or sexual abuse? _____

What job would you like? _____

What is it about that job that you like? _____

What five steps will you take to get the job you want? _____

Would you be willing to relocate to find a job or commute to a job? Explain: _____

Have you been in the military? _____ Can you get benefits through the military? _____

YOUR EDUCATION:

What was the highest grade you completed in school? _____ Year? _____

What did you enjoy most about school? _____

What did you enjoy least about school? _____

Were you in special classes in school? _____ What type of special classes? _____

Have you completed your GED? _____ Year? _____

Have you attended trade or business school or college? _____

List of school names, certificates/degrees/dates attended: _____

YOUR HEALTH:

Do you have any medical problems that could affect your working? _____ Yes _____ No

If Yes, are you under a doctor's care for this problem? _____

Doctor's Name _____ Phone Number _____

Which of the following problems do you have that would make it difficult for you to work?

_____ lifting _____ standing _____ walking _____ bending _____ sitting
_____ breathing _____ vision _____ hearing _____ heights

Does anyone in your home consume alcoholic beverages? _____

Has a doctor ever told you to cut down or quit the use of alcohol or drugs? _____

Has your drinking/drug use caused family, job, or legal problems? _____

Could you pass an employer's drug screen? _____

YOUR FINANCES:

What other income do you have that could help you? _____

What amount would you need to earn to cover your monthly expenses? _____

Are there any present financial problems that you need to solve in order to work? _____

_____ in danger of eviction _____ utility shut off _____ debts that could cause wage attachment

other: _____

YOUR STRENGTHS:

Check all the strengths you have.

- I have worked before.
- I am doing or have done volunteer work at school, church or in my community
- I am Now or have helped friends, family and neighbors
- I have someone to watch my children while I look for work
- I finished high school or got my GED
- I am enrolled in school or training
- I have or can get a ride to look for work
- I have worked for myself to make extra money
- I am in good health
- My children are in school or day care
- My children are in good health
- I know people who can help me find work
- I am active in my church, kids' school, community organizations
- I have overcome difficult personal problems
- I have good references from past jobs or people in my community
- My family and friends will encourage me
- My significant other is supportive of my working
- I am a responsible, dependable person who will make a good employee
- Other _____
- Another _____
- One More! _____

What Help Do You Need: What can we do to help you work toward your goals?

- child care assistance
- transportation assistance
- how to look for work
- work experience
- education and/or training
- obtaining child support
- help with drug or alcohol abuse

- _____ help with emotional problems
- _____ help with domestic violence problem
- _____ encouragement
- _____ driver's license
- _____ telephone or a reliable way of getting messages
- _____ work clothing, tools, or other necessities for work

YOUR GOALS:

What I would like to have in my life. Check all the goals you want for yourself:

- _____ better place to live
- _____ buy things for myself
- _____ buy things for my children
- _____ get a car
- _____ spend my money the way I want to
- _____ more independence from relatives and friends
- _____ nice furniture
- _____ take a nice trip for myself
- _____ take my children on a nice vacation
- _____ be free of welfare rules
- _____ help some of the people who have helped me
- _____ other goals _____

Name: _____ SSN: _____

Date: _____

Self-Sufficiency Plan

What I want - goal _____

I want it - date _____

Steps I will take toward achieving this goal:

Target date

Done

1) _____

2) _____

3) _____

4) _____

Who will help:

Name

Help to be given

Contacted

DCF Support Service I will use:

Transportation Allowance

_____ Yes _____ No

Child Care Subsidy

_____ Yes _____ No

Special Services

_____ Yes _____ No

If Yes, what is needed to help me become self-sufficient: _____

Mentor

_____ Yes _____ No

Domestic Violence Advocate

_____ Yes _____ No

Alcohol/Substance Abuse Assistance

_____ Yes _____ No

Other _____

Agreement Signatures

- * I have been part of the decision making and understand that the above agreement requires my participation and cooperation.

- * I have received a copy of the joint assessment and this agreement and understand my rights and responsibilities as well as those of DCF.

- * I will Notify my Case Manager if any changes occur in my present situation that may require an adjustment to this plan and/or a change in my employment status.

- * I understand that if I choose Not to follow through with this plan that I have made the choice to close my benefits.

Signature: _____

Name

Date

Signature: _____

Case Manager

Date

Worker's Observations

Timeliness: _____

Appearance/Personal Hygiene: _____

General Attitude _____

Other Observed Behaviors which may contradict statements made by clients? _____