

**KENTUCKY WORKS ASSESSMENT FORM**

Participant Name \_\_\_\_\_

Participant SSN \_\_\_\_\_

**EMPLOYMENT**

Are you working now? ☐ Yes ☐ No

Who were your last 3 employers?

Employer	How long	Job Title/Duties

In your past work experience, what did you like about your jobs?

What did you dislike?

In your previous jobs, how often did you miss work?

What caused you to miss work?

Have you done anything to earn extra money? ☐ Yes ☐ No If yes, explain:

Have you worked without pay to help at church, your child's school or in the community? ☐ Yes ☐ No  
If yes, please explain:

Do you have any specific skills like computer or cashier skills? ☐ Yes ☐ No If yes, describe:

What kind of work do you want to do?

Are there any reasons you cannot look for work or accept a job? ☐ Yes ☐ No If yes, explain:

Do you have any felonies or misdemeanors that would show on an employer's background check?  
☐ Yes ☐ No If yes, list convictions, dates, and places:

Do you have any pending charges? ☐ Yes ☐ No If yes, list charges, dates, and places:

*Worker Observations/Additional Comments (Do not ask the participant the following questions.)*

*Did the participant talk about past work experience that is important to note?*

*Did the participant indicate any training is needed?*

## EDUCATION

Is English your first language? ☐ Yes ☐ No If no, do you need ESL Classes? ☐ Yes ☐ No

Do you have a high school diploma or GED? ☐ Yes ☐ No If no, what was the highest grade you completed?

Have you considered getting a GED or furthering your education? ☐ Yes ☐ No If yes, in order to go to school, what steps do you need to take?

How many hours of postsecondary school (college or vocational) do you have?

Do you have any degrees or certificates? ☐ Yes ☐ No If Yes, what?

*Worker Observations/Additional Comments*

## BARRIERS

Who will be your child care provider while you are participating in KWP?

What is your back-up plan when your child is sick and unable to go to daycare?

Who watches your children when you run errands, have doctor visits, etc.?

Do you own a vehicle? ☐ Yes ☐ No Is it licensed? ☐ Yes ☐ No

Do you have car insurance? ☐ Yes ☐ No

Do you have a current driver's license? ☐ Yes ☐ No If not, why not?

What other means of transportation do you have?

Is your present housing situation stable? ☐ Yes ☐ No

How many times have you moved in the last 12 months? Why?

How do you pay for personal care items like shampoo, toothpaste, and soap?

Do you have appropriate clothing for job interviews or for your day-to-day employment? ☐ Yes ☐ No

Do you have a phone? ☐ Yes ☐ No If no, do you have a way to receive messages? ☐ Yes ☐ No

How may we contact you?

Do you need glasses or dental care (dentures, etc.)? ☐ Yes ☐ No If yes, what is needed?

Does someone not want you to work, go to school/training, or participate in our programs? ☐ Yes ☐ No  
If yes, who? How might he or she act if you do?

Are you afraid for your own or your children's safety? ☐ Yes ☐ No If yes, explain:

Has a friend or loved one hurt you by calling you names, putting you down, telling you that you are no good, stupid, etc? ☐ Yes ☐ No If yes, explain:

Has a friend or loved one physically hurt you (hit, kicked, shoved, grabbed) or threatened to physically hurt you? ☐ Yes ☐ No If yes, explain:

Have you filed for an Emergency Protection Order (EPO) or Domestic Violence Order (DVO) against a family member or significant other? ☐ Yes ☐ No If yes, what charges were filed?  
Who were the charges filed on? When?

What is his/her relationship to you?

Are any of your children having problems with defiant behavior, school attendance, or have they had legal problems? ☐ Yes ☐ No If yes, who?

If so, what is the problem?

Has anyone in your household been in trouble because of drugs or alcohol? ☐ Yes ☐ No If yes, explain?

Are other agencies helping you? ☐ Yes ☐ No If yes, who?

*Worker Observations/Additional Comments (Do not ask the participant the following questions.)*

*Does the participant mention other barriers that are not addressed?*

*Does the participant appear to be abused mentally or physically?*

Do you agree to be screened for a physical disability assessment? ☐ Yes ☐ No

### General Health

Within the past year have you been under a doctor's care? ☐ Yes ☐ No If yes, explain?

Within the past year have you received medical treatment such as Physical Therapy, Occupational Therapy, or Speech Language therapy? ☐ Yes ☐ No If yes, explain?

Are you currently take any medications? ☐ Yes ☐ No If yes, for what?

Has the doctor told you not to do certain kinds of work? ☐ Yes ☐ No If yes, what?

Is there anything about your health that presents a challenge to your working or participating in work activities? ☐ Yes ☐ No If yes, explain?

Do you have any concerns about the health of any of your family members that would make it hard for you to get or keep a job? ☐ Yes ☐ No If yes, explain?

Do you have someone in your home for whom only you can provide care? ☐ Yes ☐ No If yes, who and why?

Do you have a child or family member with special needs? ☐ Yes ☐ No If yes, who?

*Worker Observations/Additional Comments*

*Enter any observations not addressed in other sections.*

*Enter any needed referrals.*

Do you agree to be screened for a mental health assessment? ☐ Yes ☐ No

### Mental Health

Within in the past year have you been involved in counseling, therapy, recovery (e.g. AA/NA, community mental health center, etc.)?

☐ Yes ☐ No If yes, explain?

Within the past year have you been diagnosed as being depressed or having any other mental health condition?

☐ Yes ☐ No If yes, describe:

Within the past year have you had any trouble doing the things you need to do every day because you felt hopeless, blue, or sad? ☐ Yes ☐ No If yes, explain?

Within the past year have you felt extremely tense, anxious, worried, or felt your "nerves" were so bad that you haven't been able to do the things you need to do? ☐ Yes ☐ No If yes, explain?

Do you believe you have trouble paying attention, staying interested? ☐ Yes ☐ No

Within the past year have you felt you wanted to harm yourself or others? ☐ Yes ☐ No If yes, explain?

Within the past year have you used alcohol or drugs to feel better? ☐ Yes ☐ No If yes, explain?

Within the past year have you worried you weren't keeping up with everything you needed to do because of your use of alcohol or drugs? ☐ Yes ☐ No If yes, explain?

Within the past year have you felt angry because someone criticized your use of alcohol or other drugs?

☐ Yes ☐ No If yes, explain?

Have you been in trouble because of drugs or alcohol? ☐ Yes ☐ No If yes, explain?

*Worker Observations/Additional Comments (Do not ask the participant the following questions.)*

*Does the participant appear to have any unusual physical movements?*

*Does the participant seem to have hallucinations or delusions?*

*Does the participant appear to have physical signs of substance abuse?*

*Enter any needed referrals*

Do you agree to be screened for a Learning Needs assessment? ☐ Yes ☐ No

**Learning Needs**

Have you ever been diagnosed with a learning disability? ☐ Yes ☐ No If yes, what was the diagnosis?

Did you have any problems learning in middle school or junior high? ☐ Yes ☐ No (Section A)

Did you have difficulty working from a test booklet to an answer sheet? ☐ Yes ☐ No (Section A)

Do you have difficulty or experience problems working with numbers in a column? ☐ Yes ☐ No (Section A)

Do you have trouble judging distances? ☐ Yes ☐ No (Section A)

Do any family members have learning problems? ☐ Yes ☐ No (Section A)

Did you have any problems learning in elementary school? ☐ Yes ☐ No (Section B)

Do you have difficulty or experience problems missing mathematical signs (+/X)? ☐ Yes ☐ No (Section B)

Do you have difficulty or experience problems filling out forms? ☐ Yes ☐ No (Section C)

Do you experience difficulty memorizing numbers? ☐ Yes ☐ No (Section C)

Do you have difficulty remembering how to spell simple words you know? ☐ Yes ☐ No (Section C)

Do you have difficulty or experience problems taking notes? ☐ Yes ☐ No (Section D)

Do you have difficulty or experience problems adding and subtracting small numbers in your head? ☐ Yes  
☐ No (Section D)

Were you ever in a special program or given extra help in school? ☐ Yes ☐ No (Section D)

*Worker Observations/Additional Comments (Do not ask the participant the following questions.)*

*Does the participant seem to have difficulty following directions, understanding questions, reading or writing English, etc.?*