

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 you 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? _____