



Getting to know YOU

Name:	Date:	
SSN:	DOB:	
Address:	Case Number:	
	E-mail:	
Home Phone:	Cell:	Message:

Employment and Job Interest

1. (A1) Are you currently working? Yes No Self Employed Seasonal Worker

2. (A1) If not, have you ever held a paying job? Yes No

3. (A1) If offered a job or interview tomorrow, would you have appropriate clothing? Yes No

4. (A2) If not working, please tell us why?

5. (A3) If you are working, please provide the following: Number of hours currently working per week: _____

Job Title	Employer	Begin Date (MM/YYYY)

6. (A3) If not working, list your last employer(s):

Job Title	Employer	Begin Date (MM/YYYY)	End Date (MM/YYYY)

Legal Barriers

7. (A5) Have you ever been convicted of any criminal offense other than a minor traffic violation?
 Yes No If yes, what type of offense was it? Felony Misdemeanor
 If yes, are you on parole or probation now? Yes No

8. (A5) Do you have any upcoming court dates? Yes No

9. (A5) Do you have any outstanding fines, warrants, restraining orders, or judgments? Yes No

10. (A5) Would you like help expunging (clearing) convictions from your criminal record? Yes No

Education

11. (B1) What is the highest grade or year that you have completed? None
 Elementary, Middle or Junior High School: 1 2 3 4 5 6 7 8
 High School: 9 10 11 12 College or Vocational School: 13 14 15 16
 Post College/Graduate: 17 18 19 20

12. (B1) Are you currently enrolled in school or a training program? Yes No

If yes, name of school and major or training program: _____

Planned end date: _____

13. (B1) If you do not have a diploma or GED, would you like to pursue a diploma or GED? Yes No

14. (B2) Please list any diplomas, degrees, certifications or professional licenses that you have received:

Type (diploma ,degree, certification, license)	Name of School/Center	Location (City, State, Country, if not US)
Example: High School Diploma	San Jose High School	San Jose, CA

15. (B2) Have you ever attended English as a Second Language (ESL) or Vocational English as a Second Language (VESL)? Yes No

Child Care:

16. I am currently receiving free childcare: Yes No

Please list the child care agency or program: _____

Two-Parent Household

17. (Demographics) The other parent is living in the home. Yes No

18. The other parent is currently employed. Yes No If yes, how many hours per week? _____

Department of Family and Children's Services (DFCS)/Family Reunification

19. I have a case with DFCS and I am working on a court-mandated plan. Yes No

20. I am participating in the Family Reunification Program. Yes No

21. Are you a current/former foster youth between the ages of 16-24? Yes No

Barriers

22. Do any of the following prevent you from participating in work and/or training related activities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Health/Medical issues | <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Housing issues |
| <input type="checkbox"/> Care for a family member living at home | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Transportation issues |
| <input type="checkbox"/> Emotional/Psychological Issues | <input type="checkbox"/> Other: _____ | |

Counseling

23. I would like to speak privately with a counselor to discuss issues concerning domestic abuse, substance abuse, or any other problem that may keep me from participating. Yes No

Housing

24. Are you participating in a transitional living program or are you currently homeless? Yes No

NOTE: If you answered yes to questions 23 or 24, we have a program that provides additional help to individuals and families that might benefit from a little extra support. The program is called Family Stabilization. Please ask your worker for information about this program.