

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Updated on: \_\_\_\_\_

**Basic Life Needs/Safety Needs**

- 1. Do you have housing for you and your family?  Yes  No
- 2. Do you have food for your family?  Yes  No
- 3. Do you have transportation?  Yes  No
- 4. Do you own a vehicle?  Yes  No
- 5. Do you have vehicle insurance?  Yes  No
- 6. Do you have a valid Driver's License?  Yes  No
- 7. Could you go to work today?  Yes  No
- 8. What health limitations do you have around work?  
 \_\_\_\_\_

9. What medication (s) are you currently taking?  
 \_\_\_\_\_

- 10. Do you have any children with special needs?  Yes  No  

Name of Child	Need	
_____	_____	
_____	_____	

11. What issues are you struggling with mentally or emotionally that make it hard to get and/or keep a job?  
 \_\_\_\_\_  
 \_\_\_\_\_

- 12. Are you in a situation where someone may hurt you or your children?  Yes  No
- 13. Has anyone kept you from spending money, getting bank account or credit card, looking for a new place to live or making important decisions about your life?  Yes  No
- 14. Have you ever lost a job due to a relationship issue?  Yes  No
- 15. Have you ever obtained a protection order?  Yes  No
- 16. Are there any orders currently in effect that assist in your safety?  Yes  No
- 17. Have you ever lost employment or been denied a school program due to Alcohol and Drug use by yourself or a family member?  Yes  No
- 18. Have you ever had treatment for drug abuse or alcoholism?  Yes  No
- 19. Do you or anyone in your family attend counseling or a support group?  

Name	Counselor	Agency
_____	_____	_____
_____	_____	_____
- 20. Do you have any legal issues pending?  Yes  No
- 21. Have you ever been convicted of a crime or law violation?  Yes  No
- 22. Do you have any scheduled court dates?  

Name	Charge	Court	Date
_____	_____	_____	_____
_____	_____	_____	_____

**Discussion Questions.** These are to be completed with contractor/case manager and customer jointly.

- 1. Are there any pending food or housing issues?
- 2. What transportation is available? Condition of vehicle? Registered?
- 3. What is needed to obtain a Driver's License?
- 4. What is the status of your health? What are the health concerns? Is any form of disability being sought? Who do you Doctor with?
- 5. How are the children doing?
- 6. Do you have any personal safety concerns? Have you ever sought assistance on a Domestic Violence issue? If yes, please explain.
- 7. Has use of a substance prevented you from completing a task? Do you want to do anything about it?
- 8. Sometimes life gives us a crisis situation. Have you had any family or personal crisis in the last 6 months? Tell me about it.
- 9. Legal issues and court appearances do sometimes affect employment opportunities, what is your experience with court and legal system?
- 10. Do you have any court convictions? Are they felonies or misdemeanors?

### Belonging Needs

1. Please list family members that do not live with you but you count on when you need help.

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2. List 3 friends that are a support to you.

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3. List what community groups or activities you or anyone in your family participates in. (Church, YMCA, AA, Sports, Music, PTA, MOPS, etc...)

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4. Do you know your neighbors?  Yes  No

5. Would they assist in a crisis?  Yes  No

6. Do you have reliable child care?  Yes  No

### Discussion Questions

1. If you are in a crisis, who do you turn to?

2. Do you have any issue with your children impacting your ability to become employed?

3. Who provides child care for you? Can they do it when you are working?

### Self Awareness Needs

1. Please list your more recent work experiences. (Include: self employment, internships and volunteer work)

Employer	Dates of employment From-To	Position Held	Job Duties	Reason for leaving or still at this position

2. What is your Education background? High School, College, GED. Name last school attended, dates attended and type of degree.

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3. What do you want to accomplish in your life in the next 12 months?

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4. What do you feel is currently preventing you from being as successful as you want to be?

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### Discussion Questions

1. Are there any areas of previous employment you are interested in continuing? If not, what areas of employment are you interested in?

2. What do you want your life to look like?

3. What will it take to get the life you want?

## Esteem Needs

1. What skills do you have? (cooking, plumbing, construction, accounting, etc...)

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2. What knowledge have you gained either through life experience, reading books or attending school would you like to use in your plan to become self sufficient? (computers, children, nursing, hair, sales, etc..)

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3. What hobbies do you have?

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4. What job are you interested in?

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Signature: \_\_\_\_\_

Case Manager: \_\_\_\_\_

UPDATED on: \_\_\_\_\_

Signature: \_\_\_\_\_

Case Manager: \_\_\_\_\_

## Discussion Questions

1. Tell me 3 things people have told you that you are really good at doing?

2. Tell me 3 things that make you feel really proud that you can do?

3. Tell me 3 rules (values and beliefs) that impact who you are and how you live your life?

4. What kind of work do you see yourself doing in the next 5 years?

5. What do you need to do to get started on your career goal? How can we help?

# Employment First Assessment Summary Page

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This is the summary of thoughts gained in each of the four assessment sections. These thoughts will assist us in developing your Service Plan.

**Basic/Safety**

**Belonging (Resources)**

**Self Awareness (Outcomes)**

**Esteem (Strengths)**

**Update Section**

Date: \_\_\_\_\_

Here is what has changed since the last time this form was completed: