WORK READINESS ASSESSMENT QUESTIONNAIRE

DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 1910 (9-2013)

Demographic: General Information

☐ Client did not show for assessment ☐ Incomplete/Pending

* First Name	* Last Name		* Customer ID
* Social Security Number	* Date of Birth	Age	Gender ☐ Male ☐ Female

☐ Multiple-worker Household/2-parent Family - Please Enter Customer ID:

Race/Ethnicity: Please select all categories that apply to the participant. More than one box can be checked.

☐ American Indian/Alaska Native ☐ Hispanic or Latino ☐ Some Other Race
☐ Black or African American ☐ Asian ☐ Non Hispanic or Latino
☐ White ☐ Native Hawaiian or Other Pacific Islander

Residential Address

Street	City	State	ZIP Code

Mailing Address ☐ Same as residential address

Street	City	State	ZIP Code

Telephone Number	Alternate Telephone Number	Cell Phone Number

Demographic: Household

Household Composition ☐ No Household Members

Please list all members of the household, including children who may not live at participant's current residence.

Name	Date of Birth (mm/dd/yyyy)	Age	Gender	Relationship	Financial Responsibility
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One

Relationship

CH	Birth/Adoptive Child
GC	Grand/Great Child
SC	Stepchild
OC	Other/Unrelated Child
SP	Spousal Parent
NS	Non-Parent Spouse
OP	Other Parent
NN	Niece/Nephew
FC	First Cousin

AU	Aunt/Uncle
SI	Sibling
SS	Step-sibling
OR	Other Relative Adult
OU	Other Unrelated Adult
CC	Child w/ Child
CP	Child Parent
BF	Live-in Boyfriend

Financial Responsibilities

PN	Pending
RE	Recipient
NM	Non-member
ST	Stepparent
SI	Receive SSI
SP	Spouse
AE	Excluded Alien
AS	Alien Sponsor
CR	Caretaker Relative

Demographic: Additional Benefits Received

Please select all additional benefits the participant is receiving and indicate the monthly allowance he or she is receiving.

Are you receiving benefits for Child Care and/or Housing?

☐ Child Care - Specify amount paid per month: ☐ Housing - Specify amount paid per month:

In addition to the services above, do you receive any benefits from the following?

☐ Child Support - Specify amount received per month:

☐ Medicaid

☐ Student Scholarships/Grants - Specify amount received per month:

☐ Supplemental Nutrition Assistance (SNAP) - Specify amount received per month:

☐ Supplemental Security Income - Specify amount received per month:

☐ Transportation Benefits - Specify amount received per month:

☐ Veterans Benefits - Specify amount received per month:

☐ Other Non-monetary Governmental Benefits - Specify amount received per month:

A1: Currently Working

Are you currently working? ☐ Yes ☐ No	If not currently working, have you ever held a paying job? ☐ Yes ☐ No	If currently working, why is the job not meeting your needs?

If offered a job tomorrow, do you own appropriate clothes to wear for the job?

☐ Yes ☐ No

Do you own or have access to the appropriate tools and resources for a job?

☐ Yes ☐ No

A2: Reasons Not Working

Why do you think you are not currently working?

Instructions: Do not read list aloud and check all that apply.

Employer Initiated

☐ Laid off due to company downsizing or poor job performance ☐ Did not pass drug test ☐ Criminal record

Job Opportunity

☐ Quit ☐ No jobs available

Satisfaction/Motivation

☐ Did not like the work ☐ Do not want to work ☐ Schedule/shift issues ☐ Too busy to work

Compensation

☐ Low wages/hours ☐ No benefits ☐ Poor benefits

Worksite Behavior

☐ Insubordination ☐ Interpersonal conflicts ☐ Tardiness/Absence

Experience/Skills

☐ Inadequate education, experience, or skills ☐ Language barrier ☐ Returned to school

Health

☐ Physical health ☐ Mental health/stress ☐ Pregnancy ☐ Alcohol/drugs

Household

☐ Issue with child ☐ Issue with household member ☐ Need to work close to home

Childcare

☐ Can not find childcare ☐ Location of available childcare ☐ Can not afford

Housing/Transportation

☐ No transportation ☐ Vehicle needs repair ☐ No permanent housing

Other

☐ Specify:

☐ Did not provide specific reason

A3: Job History

☐ Current Job	Name of Employer	Begin Date	End Date
Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	
Type of Work (Job Function)	Special Skills		
Average Number of Hours Worked per Week	Shift Usually Worked	Pay (specify time period) $ per	

Benefits Received
☐ None ☐ Paid Sick Days ☐ Paid Vacation ☐ Paid Holidays ☐ Health Plan ☐ Insurance

Would this employer rehire you?
☐ Yes ☐ No

Why did this job end?
Instructions: Do not read list aloud. Check all that apply. If customer states they quit or were fired, ask for the reason and select the appropriate response below.

Employer Initiated
☐ Laid off due to company downsizing or poor job performance ☐ Did not pass drug test ☐ Criminal record

Job Opportunity
☐ Quit ☐ No jobs available ☐ New job

Satisfaction/Motivation
☐ Did not like the work ☐ Do not want to work ☐ Schedule/shift issues ☐ Too busy to work

Compensation
☐ Low wages/hours ☐ No benefits ☐ Poor benefits

Worksite Behavior
☐ Insubordination ☐ Interpersonal conflicts ☐ Tardiness/Absence

Experience/Skills
☐ Inadequate education, experience, or skills ☐ Language barrier ☐ Returned to school

Health
☐ Physical health ☐ Mental health/stress ☐ Pregnancy ☐ Alcohol/drugs

Household
☐ Issue with child ☐ Issue with household member ☐ Need to work close to home

Childcare
☐ Can not find childcare ☐ Location of available childcare ☐ Can not afford

Housing/Transportation
☐ No transportation ☐ Vehicle needs repair ☐ No permanent housing

Other
☐ Specify:

☐ Did not provide specific reason

☐ Current Job	Name of Employer	Begin Date	End Date
Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	
Type of Work (Job Function)	Special Skills		
Average Number of Hours Worked per Week	Shift Usually Worked	Pay (specify time period) $ per	

Benefits Received
☐ None ☐ Paid Sick Days ☐ Paid Vacation ☐ Paid Holidays ☐ Health Plan ☐ Insurance

Would this employer rehire you?
☐ Yes ☐ No

Why did this job end?
Instructions: Do not read list aloud. Check all that apply. If customer states they quit or were fired, ask for the reason and select the appropriate response below.

Employer Initiated
☐ Laid off due to company downsizing or poor job performance ☐ Did not pass drug test ☐ Criminal record

Job Opportunity
☐ Quit ☐ No jobs available ☐ New job

Satisfaction/Motivation
☐ Did not like the work ☐ Do not want to work ☐ Schedule/shift issues ☐ Too busy to work

Compensation
☐ Low wages/hours ☐ No benefits ☐ Poor benefits

Worksite Behavior
☐ Insubordination ☐ Interpersonal conflicts ☐ Tardiness/Absence

Experience/Skills
☐ Inadequate education, experience, or skills ☐ Language barrier ☐ Returned to school

Health ☐ Physical health	☐ Mental health/stress	☐ Pregnancy	☐ Alcohol/drugs
Household ☐ Issue with child	☐ Issue with household member	☐ Need to work close to home	
Childcare ☐ Can not find childcare	☐ Location of available childcare	☐ Can not afford	
Housing/Transportation ☐ No transportation	☐ Vehicle needs repair	☐ No permanent housing	
Other ☐ Specify:			☐ Did not provide specific reason

☐ Current Job	Name of Employer	Begin Date	End Date
Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	
Type of Work (Job Function)	Special Skills		
Average Number of Hours Worked per Week	Shift Usually Worked	Pay (specify time period) $ per	
Benefits Received ☐ None ☐ Paid Sick Days ☐ Paid Vacation ☐ Paid Holidays ☐ Health Plan ☐ Insurance			
Would this employer rehire you? ☐ Yes ☐ No			

Why did this job end?
Instructions: Do not read list aloud. Check all that apply. If customer states they quit or were fired, ask for the reason and select the appropriate response below.

Employer Initiated ☐ Laid off due to company downsizing or poor job performance	☐ Did not pass drug test	☐ Criminal record	
Job Opportunity ☐ Quit	☐ No jobs available	☐ New job	
Satisfaction/Motivation ☐ Did not like the work	☐ Do not want to work	☐ Schedule/shift issues	☐ Too busy to work
Compensation ☐ Low wages/hours	☐ No benefits	☐ Poor benefits	Worksite Behavior ☐ Insubordination ☐ Interpersonal conflicts ☐ Tardiness/Absence
Experience/Skills ☐ Inadequate education, experience, or skills	☐ Language barrier	☐ Returned to school	
Health ☐ Physical health	☐ Mental health/stress	☐ Pregnancy	☐ Alcohol/drugs
Household ☐ Issue with child	☐ Issue with household member	☐ Need to work close to home	
Childcare ☐ Can not find childcare	☐ Location of available childcare	☐ Can not afford	
Housing/Transportation ☐ No transportation	☐ Vehicle needs repair	☐ No permanent housing	
Other ☐ Specify:			☐ Did not provide specific reason

A4: Legal Barriers

Sometimes having a criminal record can hinder someone's ability to get a job.

Have you ever been convicted of any criminal offense other than a minor traffic violation? ☐ Yes ☐ No	
If yes, what type of offense? ☐ Felony ☐ Misdemeanor ☐ Other	
If yes, please explain	
If yes, are you on parole or probation now? ☐ Yes ☐ No	
Do you have any upcoming court dates? ☐ Yes ☐ No	
If Yes, Explain the Reason	Court Date

A5: Experience

Thinking about all the work you have ever done, whether at a job or through community service, have you:

Instructions: Read aloud each task.

Task		Are you proficient?	Does this type of work interest you?
1. Communicated with customers by phone or email?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Communicated and/or interacted with customers in person?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Resolved customer inquiries or complaints?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Worked in retail or food position working directly with customers?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Taken food or beverage orders?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Cleaned tables and/or eating areas?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Served food or beverages?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Prepared food?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Worked with an electronic machine such as a cash register, bar code scanner, or calculator?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Used math skills. For example, adding, subtracting, making change, counting money in a cash drawer, or balancing money form a cash drawer?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. Worked on a computer (typing, basic knowledge of word processing, entering information/data?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Read instructions or reports?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Written business letters, memorandums, or other office documents?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14. Filled out forms?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
15. Helped an apprenticeship to gain experience using a particular skill or skills?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
16. Performed housekeeping tasks such as vacuuming, cleaning, or dusting?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
17. Assisted a handicapped or elderly person with daily living tasks such as grooming, dressing, or eating?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Task		Are you proficient?	Does this type of work interest you?
18. Taken care of children?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
19. Worked in cosmetology (for example, cut or braided hair, painted nails)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
20. Supervised other people who reported to you?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
21. Worked with the government or government agencies, including State, Tribal, county, local, etc.?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
22. Contributed to a local community event?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
23. Worked in local tourism?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
24. Served as a guide for visitors to local community (hunting/fishing guide, activities guide, hiking guide, etc.)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
25. Harvested local commodities such as timber, farming, local product manufacturing wreath-making?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
26. Acquired skills through cultural activities such as canoe-building, beadwork, hide tanning, totem-pole building, cultural dress sewing, etc.?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
27. Participated in local subsistence hunting, fishing, and gathering?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
28. Worked in preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you have experience serving in the military? ☐ Yes ☐ No	If yes, please explain		

A6: Spoken Languages

Do you know any languages other than English?

☐ Yes ☐ No If yes, list the language below.

Language	How fluent are you?		
	Limited	Average	Fluent

A7: Work Interests

What type of work interests you?

Instructions: Do not read list aloud. Please check all that the customer mentions.

- ☐ Working alone
- ☐ Working with children
- ☐ Working outdoors with tools or objects
- ☐ Working with words or numbers
- ☐ Solving complex problems
- ☐ Drawing, painting, or sketching
- ☐ Operating office machines
- ☐ Protecting people or areas (providing security)
- ☐ Working with the government or government agencies (including State, Tribal, county, local, etc.)
- ☐ Farming, fishing, and hunting for commercial or community use
- ☐ Preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)
- ☐ Working with ideas
- ☐ Working with numbers
- ☐ Working indoors
- ☐ Helping people
- ☐ Creating or making things or objects
- ☐ Building things
- ☐ Operating motorized machines or equipment
- ☐ Using computers
- ☐ Using traditional skills (canoe building, art work, baskets, beadwork)
- ☐ Sewing (seamstress, tailor, traditional dress, etc.)
- ☐ Other - Specify:
- ☐ Working with people or things
- ☐ Working with elderly, disabled, or those in need
- ☐ Organizing things
- ☐ Cleaning or organizing rooms, areas, etc.
- ☐ Fixing objects
- ☐ Writing letters, memorandums, or other written documents
- ☐ Operating own business
- ☐ Bookkeeping or accounting
- ☐ Teaching traditional skills (canoe building, art work, baskets, beadwork)
- ☐ Providing customer service

A8: Career Interests

Instructions: Do not read list aloud. Please check all that the customer mentions.

- ☐ Construction
- ☐ Computer work (typing, data entry)
- ☐ Nursing
- ☐ Teaching (teachers, teacher assistants, etc.)
- ☐ Social services (working with people such as social workers, case managers, etc.)
- ☐ Landscaping and grounds keeping
- ☐ Working with animals (working in veterinarian's office, etc.)
- ☐ Restaurant jobs (cashier, server, host/hostess, cleaning, manager, etc.)
- ☐ Cosmetology (beauty salon or barber shop)
- ☐ Security jobs
- ☐ Farming, fishing, and hunting for commercial or community use
- ☐ Logging
- ☐ Working with the government or government agencies (including State, Tribal, county, local, etc.)
- ☐ Other - Specify:
- ☐ Office work (filing, answering phones, etc.)
- ☐ Health aide
- ☐ Housekeeping
- ☐ Child care
- ☐ Mechanical
- ☐ Hospitality (hotels)
- ☐ Retail jobs (cashier, supervisor, stocker, manager, etc.)
- ☐ Manufacturing
- ☐ Truck driving
- ☐ Bookkeeping or accounting
- ☐ Tourism
- ☐ Using traditional skills (canoe building, art work, baskets, beadwork)
- ☐ Natural resource employment (game warden, land management, forestry, etc.)

B1: Highest Grade

What is the highest grade or year in school that you have completed? ☐ None

Grade									Dates of Attendance
Elementary, Middle, or Junior High School (1-8)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	
High School (9-12)		☐ 9		☐ 10		☐ 11		☐ 12	
College or Vocational School (After high school 13-16)		☐ 13		☐ 14		☐ 15		☐ 16	
Post College/Graduate School (17-20)		☐ 17		☐ 18		☐ 19		☐ 20+	
Are you currently enrolled in school or training programs? ☐ Yes ☐ No									If yes, indicate total number of years
If yes, specify what school, degree, or training program you are currently enrolled in									

B2: Diploma, Degree, Certificate

Do you have a diploma, degree, or certificate?

Instructions: Read each item aloud.

☐ High School Diploma	From	Location (city, state, or country)	
☐ GED/Equivalency	From	Location (city, state, or country)	
☐ Vocational, Technical, or Trade School Diploma/Certificate	From	Location (city, state, or country)	License Expiration Date
☐ Professional License	From	Location (city, state, or country)	License Expiration Date
☐ College Degree	From	Location (city, state, or country)	
☐ Post Graduate/Graduate School	From	Location (city, state, or country)	
☐ Other - Specify:			
☐ None			

B3: Other Education, Training, Certificate

Have you attended any other educational or work activities that we have not talked about, such as . . .

Instructions: Read each item aloud. For each "Yes" response, specify skills learned and when.

		Skills Learned	When
a. Classes or training to prepare for the GED exam, or to improve basic reading or math skills?	☐ Yes ☐ No		
b. College classes?	☐ Yes ☐ No		
c. Job readiness or job search programs (resume writing, filling out applications, scheduling interviews, interviewing, building self-esteem, participating in job clubs)?	☐ Yes ☐ No		
d. Work experience programs (community service, job internship, or volunteer work)?	☐ Yes ☐ No		
e. Military service/schooling/training?	☐ Yes ☐ No		
f. Other	☐ Yes ☐ No		

B4: Learning Difficulties

In this set of questions, we would like to know more about your previous learning experiences. You will notice that some questions relate to how you might learn through listening, seeing, and doing hands-on activities and some to your family and background. It is important to find out how it was for you when you were in school/training and if there is anything that would get in the way now as you pursue education or training. Your responses to these questions are confidential and will help us identify resources and services for you, if needed, to be successful in education, training, and securing employment.

Instructions: Read each item aloud. This tool is intended to screen for learning disabilities as a preliminary step of diagnosis and assessment. This tool is not a diagnosis but a crucial step to making recommendations for effective and efficient use of resources. Please refer to the Learning Needs Screening Tool protocols before, during, and after using this Tool. The protocols are in the Additional Resources section.

Section A	
1. Did you have any problems learning in middle school or junior high?	☐ Yes ☐ No
2. Do any of your family members have learning difficulties?	☐ Yes ☐ No
3. Do you have difficulty working with numbers in columns?	☐ Yes ☐ No
4. Do you have trouble judging distances?	☐ Yes ☐ No
5. Do you have problems working from a test booklet to an answer sheet?	☐ Yes ☐ No
Section B	
6. Do you have difficulty or experience problems mixing mathematical signs (+/X)?	☐ Yes ☐ No
7. Did you have any problems learning in elementary school?	☐ Yes ☐ No
Section C	
8. Do you have difficulty remembering how to spell simple words you know?	☐ Yes ☐ No
9. Do you have difficulty filling out forms?	☐ Yes ☐ No
10. Did you (do you) experience difficulty memorizing numbers?	☐ Yes ☐ No
Section D	
11. Do you have difficulty adding and subtracting small numbers in your head?	☐ Yes ☐ No
12. Do you have difficulty or experience problems taking notes?	☐ Yes ☐ No
13. Were you ever in a special education program or given extra help in school?	☐ Yes ☐ No

B5: English

Familiarity with English can be a factor in getting hired or keeping a job.

Do you have trouble reading English? ☐ Yes ☐ No	Do you have trouble writing English? ☐ Yes ☐ No

Instructions: Select yes/no if you observe that the customer . . .

Has trouble speaking English? ☐ Yes ☐ No	Has trouble understanding spoken English? ☐ Yes ☐ No

C1: Current Housing

What is your current housing situation?

- ☐ Rent/own house/apartment
- ☐ Staying in a shelter
- ☐ Transitional housing
- ☐ Homeless
- ☐ Sharing house/apartment with family/friends
- ☐ Other - Specify:

C2: Housing Situation

How many times have you moved in the last 12 months, including temporary or short moves?

Instructions: If customer indicates more than 3 times, ask for further explanation.

☐ Has not moved	Number of Times Moved	Explanation

Is there anything about your housing situation that is unstable or presents a challenge for you to work or participate in work activities?

☐ Yes ☐ No

If yes, please explain

C3: Transportation Method

How do you usually get to the places you need to go?

Instructions: Check all that apply.

- ☐ Drive my own vehicle
- ☐ Ride with someone
- ☐ Borrow a vehicle
- ☐ Use public transpiration (bus, train, subway, etc.)
- ☐ Bicycle
- ☐ Walk
- ☐ I do not go to job and/or work activity now and I do not know how I would get to job and/or work activity
- ☐ Other - Specify:

If that falls through, do you have a backup plan? ☐ Yes ☐ No	If yes, what is it?

How many times have you used public transpiration in the last week/last month?

C4: Driving License

Do you have a valid driver's license? ☐ Yes ☐ No	If yes, Issuing State(s)	
If yes, check all that apply ☐ Private passenger vehicle ☐ Commercial Driver License (CDL) ☐ Motorcycle ☐ Other - Specify:		
If no, do you have a suspended license? ☐ Yes ☐ No	If yes, why was it suspended or revoked?	
When was it suspended or revoked?	When will it be reinstated?	If no, do you have other forms of government issued identification? ☐ Yes ☐ No
Have you completed driver's education for obtaining a license? ☐ Yes ☐ No	If yes, when	

C5: Vehicle Access

Do you own a reliable vehicle? ☐ Yes ☐ No	If yes, how many vehicles does your household currently have?
How many of these are in working condition?	In the last seven days, how many days were you able to use a vehicle?
Do you feel comfortable driving? ☐ Yes ☐ No	If not, do you have regular access to a reliable vehicle? ☐ Yes ☐ No

C6: Transportation Challenge

Is there anything about your transportation that presents a challenge for you to work or participate in work activities?

☐ Yes ☐ No

If yes, explain

D1: Current Health

I'd like you to think about your health. In general, how would you rate your overal health? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor	Are current with your vaccinations? ☐ Yes ☐ No
Do you have any serious health or medical conditions? ☐ Yes ☐ No	Are you taking any prescription medication? ☐ Yes ☐ No
If yes, please type and explain	

D2: Pregnancy

Are you currently pregnant? ☐ Yes ☐ No ☐ Maybe	If yes, when are you due (mm/yyyy)?	Are you seeing a doctor regularly for prenatal care? ☐ Yes ☐ No

For all females in the household, indicate yes if pregnant and provide the estimated due date.

Name	Pregnant	Estimated Due Date (mm/yyyy)
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

D3: Last Checkup

Instructions: If date is unknown, record approximate timeframe.

When was the last time you saw a doctor for a physical or checkup?	Did the doctor prescribe you any medication? ☐ Yes ☐ No
If yes, are you taking the medication? ☐ Yes ☐ No	If no, why are you not taking the medication?
Is there anything about your health that presents a challenge for you to work or participate in work activities? ☐ Yes ☐ No	
If yes, explain	

E1: Mental Health

Now I would like to talk a little about your mental health. I would like to know during the last 30 days, about how often did you feel . . .

Instructions: Read each item aloud. Read response categories as needed.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Depressed?					
b. Fearful?					
c. Worried?					
d. Nervous and anxious?					
e. Very concerned for no apparent reason?					
f. Tired and exhausted?					
g. Not motivated?					
h. Scared?					
i. Angry?					

Have you ever experienced witnessed a frightening or violent event? ☐ Yes ☐ No	Have you ever wanted or thought of hurting yourself or others? ☐ Yes ☐ No
Do you have trouble sleeping even if you are tired? ☐ Yes ☐ No	

E2: Diagnosis

Have you ever been diagnosed or treated for specific:

Instructions: Check all that apply or indicate none.

☐ Mental health condition ☐ Attention deficit disorder	☐ Other - Specify: ☐ None
Are you currently seeking help for this condition/these conditions? ☐ Yes ☐ No	If yes, specify

F1: Alcohol and Drugs

Alcohol and drugs play a part in some people's lives. The next questions are about the role they may have played in your life in the past year.

☐ Participant does not want to answer questions regarding substance abuse.

1. How often to you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on one occasion?

	Has this ever been a problem?		Is this an issue now?	
	Yes	No	Yes	No
4. Have you ever tried to cut down or quit drinking or using drugs?				
5. Have you ever had a problem stopping drinking or using drugs?				
6. Did you ever have more to drink or use more drugs than you intended to, or did you drink or use longer than you intended to?				

	Has this ever been a problem?		Is this an issue now?	
	Yes	No	Yes	No
7. Was there ever a time you had to drink or use drugs much more than you used to in order to get the same effect you wanted?				
8. Has any relative, close friend, or partner ever worried or complained about your drinking or drug use?				
9. Have you ever felt bad or guilty about your drinking or drug use?				
10. Have you ever spent a lot of time thinking about or trying to get alcohol or other drugs?				
11. Was there ever a time that drinking or drug use interfered with your work at a job, school, or at home?				
12. Have you ever participated in high risk activities or been injured while under the influence of alcohol or other substances?				
13. Did you ever have any emotional or psychological problems from drinking or drug use?				
14. Have you ever gone to anyone for help because of your drinking or drug use?				
15. Have you ever been hospitalized because of drinking or drug use?				
16. Have you ever experienced any of the following related to any drinking or drug use?				
a. Blackouts or other periods of memory loss?				
b. Injury to your head?				
c. Convulsions or delirium tremens (DTs)?				
d. Hepatitis or other liver problems?				
e. Feeling sick, shaky, or depressed?				
f. Feeling "coke bugs" or a crawling feeling under the skin?				
g. Injury to yourself or others?				
h. Using needles to shoot drugs?				
17. Have you ever been diagnosed for:				
a. Alcohol dependency?				
b. Drug dependency?				

The following question is to learn about the customer's substance abuse in the past thirty (30) days.

In the past month, have you ever abused prescription or non-prescription drugs or any other substance?				

F2: Household Drugs

Does anyone living with you have a problem or history of problems with drugs and/or alcohol?

☐ Yes ☐ No

If yes, please explain

G1: Domestic Violence

Please note: This section should not be asked if the participant's partner is also in the interview room.

Other people can sometimes help or hinder your efforts to work. The next few questions ask about conflict you may experience.

☐ Participant's partner is present and these questions were not asked.

	Has this ever been a problem?		Is this an issue now?	
	Yes	No	Yes	No
a. Has there ever been anything going on at home that made you feel afraid?				
b. Have the police ever been called to your house to settle a dispute or because of violence?				
c. Have you ever been in a relationship in which you have been threatened or physically hurt?				
d. Has another person ever destroyed your clothing, objects or something you especially cared about?				
e. Has your partner or others ever tried to control the money you earn or spend?				
f. Has another person ever prevented you from leaving the house, seeing friends, getting a job, or attending school?				
g. Have you ever been in a relationship with someone who is very jealous?				
i. Have you ever been in a relationship with someone who checked up on what you were doing?				
j. Have you ever been in a relationship with someone who criticized you or embarrassed you in front of others?				
k. Have you ever been in a relationship with someone who said that if you left him or her, you would never see your children again?				
l. Have you ever been in a relationship with someone who threatened to turn you in to child protective services if you didn't do what he or she wants you to do?				
m. Have you ever been in a relationship with someone who has harassed you at work, training, or school?				
n. Have you ever been in a relationship with someone who interfered with your attempts to go to work, training, or school?				
o. Have you ever felt forced by a partner or others to engage in sexual activities?				

Have you received counseling or other services with any of these situations?

☐ Yes ☐ No

If yes, what is the name and contact information of the service you used before?

Do you want to receive counseling or other services to help you with this situation?

☐ Yes ☐ No

☐ Participant does not want to answer questions regarding domestic violence.

G2: Safety Concerns

Do you have any concerns about your safety or the safety of your family?

☐ Yes ☐ No

If yes, do you want information or telephone numbers for places that can help you and your children if you are afraid for your safety or their safety? ☐ Yes ☐ No

Do you have a safety plan in place?

☐ Yes ☐ No

Are you interested in putting a safety plan in place?

☐ Yes ☐ No

H1: Children Issues

Do any of the children in your household

Child's Name Child's Age								
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a. Have any disabilities?								
b. Have health problems?								
c. Have mental health problems?								
d. Have behavioral problems?								
e. Have special needs?								
f. Experience frequent disciplinary problems at school of child care?								
g. Miss school or child care frequently?								
h. Face suspension or expulsion from school or child care?								
i. Face charges, involvement with juvenile justice system, detention, or on probation?								
h. Face suspension or expulsion from school or child care?								

Child's Name Child's Age								
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a. Have any disabilities?								
b. Have health problems?								
c. Have mental health problems?								
d. Have behavioral problems?								
e. Have special needs?								
f. Experience frequent disciplinary problems at school of child care?								
g. Miss school or child care frequently?								
h. Face suspension or expulsion from school or child care?								
i. Face charges, involvement with juvenile justice system, detention, or on probation?								
h. Face suspension or expulsion from school or child care?								

Child's Name Child's Age								
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a. Have any disabilities?								
b. Have health problems?								
c. Have mental health problems?								
d. Have behavioral problems?								
e. Have special needs?								
f. Experience frequent disciplinary problems at school of child care?								
g. Miss school or child care frequently?								
h. Face suspension or expulsion from school or child care?								
i. Face charges, involvement with juvenile justice system, detention, or on probation?								
h. Face suspension or expulsion from school or child care?								

H2: Primary Caregiver

Are you the primary caregiver for an elderly, disable, or sick family member?

☐ Yes ☐ No

If yes, please explain relationship, living arrangements, and if other caregivers are available.

H3: Parenting

What is your current custodial situation?

☐ 2-parent custodial ☐ 2-parent other ☐ 1-parent custodial ☐ 1-parent non-custodial

If you are 1-parent custodial, do you have sole custody?

☐ Yes ☐ No

Does the children's other parent have sole custody?

☐ Yes ☐ No

Do you currently have an established child support order?

☐ Yes, I receive child support ☐ Yes, but not received the support yet ☐ No, there is not child support order

☐ Yes, I am paying child support If not, please explain:

Do you share responsibility in the care of your children with the children's other parent?

☐ Yes ☐ No

If so, is this equally?

☐ Yes ☐ No

If not, how would you describe the other parent's role in the children's life?

A lot of parents when they are out of work find it very stressful to handle issues with their children. Would you be interested in receiving more information on parenting, attending a parenting class, or joining a support group? ☐ Yes ☐ No

Do you have access to and regularly use a car seat for your child?

☐ Yes ☐ No

In the past, do you have contact with Child Protective Services?

☐ Yes ☐ No

If yes, explain the reason

H4: Childcare Concerns

Now I would like to ask about childcare arrangements and how they may affect your ability to work.

During the past year, was childcare or lack of childcare ever such a problem that you could not take a job, had to stop working, or could not attend education or training activities? ☐ Yes ☐ No

If yes, what were the problems you had with childcare or lack of childcare?
Instructions: Check all that apply or indicate none.

- ☐ Costs too much here
- ☐ Child sick or disabled
- ☐ Too far from work or home
- ☐ Worry about child abuse/unsafe environment
- ☐ My child has medical conditions
- ☐ Prefer home-based childcare over center-based childcare
- ☐ Other
- ☐ Subsidy late, so lost provider
- ☐ Couldn't find care for times needed
- ☐ Caregiver unavailable/unreliable
- ☐ Afraid to leave child in care of someone else
- ☐ Do not feel comfortable with others taking care of my child
- ☐ Cannot get to childcare provider (no transportation access)

H5: Childcare Status

Now I'd like to review your childcare arrangements for your children while you're working or in a work activity.
What are the arrangements for each of your children while you are working or participating in a work activity?
Instructions: Fill section out as the child care plan. Any gaps identified in care should be addressed in the Independence Plan.

Child's Name	Age	Has Provider		Provider's Information, including formal care, family members, etc.	Licensed		Subsidized	
		Yes	No		Yes	No	Yes	No

H6: Backup Childcare Plan

What is your plan for your children when the primary provider is not available or your children are sick and can not go to childcare?

How do you usually get your children to childcare?

- ☐ Drive my own vehicle
- ☐ Borrow a vehicle
- ☐ Walk
- ☐ I do not know
- ☐ Ride with someone
- ☐ Take public transportation
- ☐ Bicycle
- ☐ Other - Specify:

When school is not in session, do you have different child care arrangements during the summer time? ☐ Yes ☐ No

If yes, what is it?

Final Thoughts:

Is there anything else concerning your situation in getting or keeping a job that we should discuss?

☐ Yes ☐ No

If yes, what would it be?