

3. HOUSEHOLD INCOME

NAME	INCOME SOURCE	\$AMOUNT	FREQUENCY
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Do you pay for daycare YES NO \$ ____/week

DO YOU RECEIVE:

Cash Assistance (TANF) YES NO

Food Stamps YES NO

WIC YES NO

Medicaid YES NO

Earned Income Tax Credit YES NO

4. Services

Have you worked with these agencies?

Department of Social Services YES NO

Child Protective YES NO

Foster Care YES NO

Preventative Services YES NO

Safe Homes YES NO

Counselor YES NO

Parole/Probation YES NO

Other _____

5. Health

Do you have any physical or emotional limitations that would prevent you from working or maintaining a stable household? YES NO

Explain: _____

6. Counseling/Mental Health

Do you receive counseling? (optional) YES NO

Explain: _____

Do you feel you need counseling? (optional) YES NO

Explain: _____

7. Education/Training

What is your highest level of education? _____
Why did you leave school?

Did you complete college courses? YES NO How many credits
Did you receive specialized training after school? YES NO
Did you attend special education classes? YES NO
Did you get a GED? YES NO
Did you like school? YES NO

Do you have any special skills?

8. Children

Do any of your children have health problems? ___YES___NO

Explain: _____

Do any of your children have special needs or disabilities? ___YES___NO

Explain: _____

9. Employment

Are you currently employed? ___YES___NO

Where? _____

Duties? _____

What was your best job? _____

What type of work do you want to do? _____

What are your hobbies/interests? _____

10. Transportation

Do you have reliable transportation? ___YES___NO

Do you have a valid drivers license? ___YES___NO

Do you have a reliable vehicle? ___YES___NO

Is your vehicle registered and insured? ___YES___NO

Who is the vehicle registered and insured by? _____

Check anything below that is keeping you from reaching your goals.

- Substance Abuse
- Health Problems
- Family Problems
- Domestic Violence
- Childcare
- Education
- Debt
- Transportation
- Skills Training
- Career Counseling
- Job Searching
- Job Placement
- Other

Explain: _____

Where do you see yourself in five years?

List three of your strong points.

List three of your weak points.

What was your greatest disappointment?

What was your greatest accomplishment?

11. Goals:

List three goals you plan to achieve in the next five years.

1. _____

2. _____

3. _____