

FAMILY SELF-SUFFICIENCY ASSESSMENT QUESTIONNAIRE

All information that is given by you is kept CONFIDENTIAL. In order to better serve you with your current needs, and to help you fulfill your goal(s), we need the attached questionnaire completed. If there are any questions that may require additional information, you may attach a paper with the question number and your statement.

The information from this questionnaire is to help with recommendations that will be given to YOU, in order to further your economic independence and self-fulfillment.

Name of Participant	Social Security Number
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1. Do you have access to a car? Yes No
2. If you answered yes to the previous question, do you own this vehicle? Yes No
3. Do you have access to public transportation? Yes No
4. If you answered yes to the previous question, is this transportation available when you need it?
 Yes No
5. Do you have a valid Driver’s License? Yes No
6. If you answered no to the previous question, have you ever had a license? Yes No
7. Other comments you would like to mention about your vehicle or transportation: _____

8. Are you currently working? Yes No
9. If you are currently employed, enter the date employment began. ____/____/____
10. Please indicate the benefits offered by your current employer.
 Healthcare / Medical Retirement Account (401K, etc.)
 Other Benefits (Skill Training, etc.)
11. Are you currently working part-time? Yes No
12. Are you currently working full-time? Yes No
13. Are you looking for a different job? Yes No
14. If you answered yes to the previous question, what type of employment are you interested in? _____

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15. Are you receiving vocations or other job training services? Yes No
16. Do you need vocation or other job training services? Yes No
17. Are you currently receiving assistance with job service or job placement activities? Yes No
18. Do you need assistance with job search or job placement activities? Yes No
19. Do you have a current Resume? Yes No
20. Do you want a Resume? Yes No
21. Have you ever had career counseling? Yes No
22. Are you interested in career counseling? Yes No
23. Other comments you would like to mention about work: _____
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-
-

24. Do you currently have reliable childcare? Yes No
25. Do you have back-up childcare? Yes No
26. How many of your children need childcare? _____
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27. Does one or more of your children have a disability that interferes with your ability to work?
Yes No
28. Does one or more of your children have a behavior problem or issue that interferes with your ability to work? Yes No
29. If you answered yes to the previous question, would you be interested in any counseling?
Yes No
30. Do you receive Child Support regularly? Yes No
31. Do you get your Child Support through Domestic Relations? Yes No
32. Other comments you would like to mention about childcare or child support: _____
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-
-

33. Do you need a high school diploma? Yes No
34. Do you have a GED? Yes No
35. Do you need a GED? Yes No
36. Are you currently enrolled in a GED Program? Yes No
37. Do you need or have you taken a Literacy class? Yes No
38. If you answered yes to the previous question, do you feel you need another class in Literacy?
Yes No
39. What is the highest grade you completed?
- Through 8th Grade
 - 9th Grade

- 10th Grade
- 11th Grade
- 12th Grade
- 1 Year of College
- 2 Years of College
- 3 or More Years of College

40. Are you currently enrolled in a Post-Secondary education program? Yes No

41. Do you plan to return to school or individual classes? Yes No

42. For what would you like to return?

- 2 Year College – Study/Courses: _____
- 3 Year College – Study/Courses: _____
- 4 Year College – Study/Courses: _____
- Apprenticeship: _____
- Basic Skills – such as Math, Reading, etc.: _____
- Computer Literacy: _____
- Driver’s Education
- Vocational Training
- Parenting
- Starting Own Business
- Any other choice not mentioned: _____

43. Do you have a support structure in place for yourself? Yes No

44. If you answered yes to the previous question, who is supplying your support? _____

45. Are you involved in any outside activities? Yes No

46. If you answered yes to the previous questions, what activities are you involved with? _____

47. Other comments you would like to mention about education: _____

48. Have you ever served in the Military? Yes No

49. Branch of Service:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force National Guard |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Reserves |

50. Have you ever served on active duty for purposes other than training? Yes No

51. What training did you take while in the service? _____

52. Dates of Service: _____

53. Did you receive an Honorable Discharge? Yes No

54. Other comments you would like to mention about Military: _____

55. Other comments you would like to mention about counseling: _____

56. Are you or any member of your family receiving:

- | | |
|---|---|
| <input type="checkbox"/> Public Assistance (TANF) | <input type="checkbox"/> Utility Voucher |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Transitional Medicaid |
| <input type="checkbox"/> Medicaid with a spend down | <input type="checkbox"/> Transitional Day Care |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> HEAP |
| <input type="checkbox"/> Emergency Food Stamps | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Welfare Rent Money | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Cash/Study Grant(s) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> America Works |
| <input type="checkbox"/> Pre-CAPP/CAP Assistance | <input type="checkbox"/> JTPA |
| <input type="checkbox"/> Other: _____ | |

57. Are you currently working with other community programs or agencies? Yes No

58. If you answered yes to the previous question, what community programs or agencies are you working with? _____

59. Other needs that were not mentioned that you are interested in more information: _____

60. Would you like assistance with the following:

- | | |
|---|--|
| <input type="checkbox"/> Budget/Credit Counseling | <input type="checkbox"/> Marriage Counseling |
| <input type="checkbox"/> Family Counseling | |
| <input type="checkbox"/> Other: _____ | |

61. Do you have immediate needs?

Food

Crisis Prevention

Heating/Utilities

Transportation

Other: _____

62. Are there any subjects that we did not ask you that you need assistance in obtaining?

Yes No

If yes, please write down and we will see if there is any assistance available: _____

Signature of Person completing form

Date Completed