

HOME FORWARD
GOALS / FAMILY SELF-SUFFICIENCY PROGRAM
Initial Assessment

 Date of Assessment

 T Code

 Participant's Name

 Name of GOALS (FSS) Case Manager

Housing Subsidy:
 Section 8 Public Housing

Member Status:
 Head of Household Adult Member on Lease

The purpose of this Inventory is to develop my Individual Training and Services Plan (ITSP) based on the requirements as stated in the GOALS (FSS) contract. The ITSP can be modified to meet my needs upon mutual agreement with my GOALS Case Manager. You will receive a copy of the Individual Training and Services Plan (ITSP).

Q#	QUESTIONS TO PARTICIPANT	RESPONSES	COMMENTS
CATEGORY: Basic Needs / Community Resources			
1.	Are you currently working with other community programs or agencies?	Yes No N/A Other	
2.	Have you worked with other community programs or agencies in the past? Who, when, programs/services?	Yes No N/A Other	
3.	Do you have immediate needs?(check all that apply) <input type="checkbox"/> Food <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation <input type="checkbox"/> Crisis prevention	Comments:	
4.	Are you or any member of your family receiving? (check all that apply) <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> OHP <input type="checkbox"/> ERDC <input type="checkbox"/> Social Security (SSA, SSI, SSD) <input type="checkbox"/> Other _____	Comments:	
5.	Other needs? (check all that apply) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical <input type="checkbox"/> Professional Clothing	Comments:	
6.	Are you doing any volunteer work? Where? How often?	Yes No N/A Other	
7.	Other notes about basic needs		
CATEGORY: Career / Skills Assessment			
8.	Have you had a career assessment or counseling?	Yes No N/A Other	
9.	If so, when & what agency provided it?	Comments:	
10.	Are you interested in career counseling?	Yes No N/A Other	
11.	Are there specific sectors of employment that you have an interest in? What are they?	Yes No N/A Other	
12.	Are you interested in the field of health care?	Yes No N/A Other	
13.	Do you have any health care experience? What?	Yes No N/A Other	
14.	Are you interested in Office/Administrative support employment?	Yes No N/A Other	
15.	Do you have any Office/Administrative support experience? What?	Yes No N/A Other	

Q#	QUESTIONS TO PARTICIPANT	RESPONSES	COMMENTS
16.	Are you interested in construction or other trades? What?	Yes No N/A Other	
17.	Do you have any construction or trades training and experience? What?	Yes No N/A Other	
18.	Do you have any manufacturing training and experience? What?	Yes No N/A Other	
19.	Are you interested in manufacturing employment?	Yes No N/A Other	
20.	Are you interested in the field of Property Management or Property Maintenance?	Yes No N/A Other	
21.	Do you have any experience in Property Management and/or Maintenance? What?	Yes No N/A Other	
22.	Are you interested in Self Employment?	Yes No N/A Other	
23.	Have you ever owned your own business? What?	Yes No N/A Other	
24.	Have you taken small business classes? When and Where?	Yes No N/A Other	
25.	Other notes about career assessment and counseling?		
CATEGORY: Employment			
26.	Are you currently working? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Yes No N/A Other	
27.	Are you able to work?	Yes No N/A Other	
28.	If you are currently employed? Start date _____ Beginning wage _____ Current wage _____ Employer _____	Comments:	
29.	If unemployed, what is your most recent work experience _____, average years employed _____, average rate of pay _____, and average hours per week _____?	Comments:	
30.	In what job field do you have the most experience?	Comments:	
31.	What benefits do you receive from your employer; <input type="checkbox"/> healthcare, <input type="checkbox"/> bus pass, <input type="checkbox"/> 401K, etc?	Comments:	
32.	Are you satisfied with your current job?	Yes No N/A Other	
33.	Are you looking for a different job?	Yes No N/A Other	
34.	Do you have a certification in a specialized career field, trade, or vocation?	Yes No N/A Other	
35.	Regarding the previous question: What is your certification in? Where and when did you complete the training? Does your certification have an expiration date?	Comments:	
36.	Do you feel your work skills are at a promotional level for other employment opportunities with current employer?	Yes No N/A Other	
37.	If not, what do you think is needed to get promoted?	Comments:	
38.	Are you receiving vocational or other job training services?	Yes No N/A Other	
39.	Are you interested in vocational or other job training services?	Yes No N/A Other	
40.	Are you currently receiving assistance for job placement?	Yes No N/A Other	
41.	Would you like assistance with job search or job placement services?	Yes No N/A Other	
42.	Are you enrolled with WorkSource?	Yes No N/A Other	
43.	Actively participating/attending WS workshops? What?	Yes No N/A Other	

Q#	QUESTIONS TO PARTICIPANT	RESPONSES	COMMENTS
44.	Other notes about employment?		
CATEGORY: General Employment Needs / Barriers			
45.	Are your computer skills adequate for the kind of employment you are seeking?	Yes No N/A Other	
46.	If not, what computer skills are needed?	Comments:	
47.	Would you like to take or need to take computer classes?	Yes No N/A Other	
48.	Do you have a resume?	Yes No N/A Other	
49.	Is your resume up to date?	Yes No N/A Other	
50.	Do you know how to fill out a job application? On line?	Yes No N/A Other Yes No N/A Other	
51.	Have you applied for employment on line?	Yes No N/A Other	
52.	Have you submitted a resume/cover letter on line?	Yes No N/A Other	
53.	Do you have internet at home or access elsewhere?	Yes No N/A Other	
54.	Are there factors that limit your availability to work; <input type="checkbox"/> financial, <input type="checkbox"/> transportation, <input type="checkbox"/> medical conditions, <input type="checkbox"/> family obligations, etc? What?	Yes No N/A Other	
55.	Do you have any type of criminal history that is a barrier getting desired employment? What?	Yes No N/A Other	
56.	Has it been expunged or need to be expunged?	Yes No N/A Other	
57.	Other notes on workplace needs or barriers?		
CATEGORY: Education			
58.	Do you have your H/S or GED diploma?	Yes No N/A Other	
59.	Are you currently enrolled in a GED, ABE, or high school completion program?	Yes No N/A Other	
60.	If you answered no to the above, would you like to make it one of the goals in your training plan?	Yes No N/A Other	
61.	What is the highest grade you completed?	Comments:	
62.	How would you assess your skills when it comes to reading _____, writing _____, and math _____? Low 1 2 3 4 5 High	Comments:	
63.	Would you like additional support with: (check all that apply) <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math	Comments:	
64.	Have you taken an ESL class?	Yes No N/A Other	
65.	Do you feel your language skills are adequate for the kind of employment you are seeking?	Yes No N/A Other	
66.	What is the highest level of ESL you completed? Low 1 2 3 4 5 High	Comments:	
67.	Do you have Post-Secondary Education? Year _____ Degree _____	Comments:	
68.	Are you currently enrolled in Post-Secondary education? What _____, Where _____, and completion Date _____?	Yes No N/A Other	
69.	Are you receiving financial aid? Need to apply? Default on student loans?	Yes No N/A Other Yes No N/A Other Yes No N/A Other	
70.	Would you like support identifying work experience opportunities after completion such as Internships or On the Job Training (OJT)?	Yes No N/A Other	
71.	Do you plan or would like to return to school or individual classes?	Yes No N/A Other	

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72.	If yes, what are your educational goals?	Comments:	
73.	For what would you like to return? (check all that apply) <input type="checkbox"/> GED/HS completion <input type="checkbox"/> ESL/ENL <input type="checkbox"/> 2 yr college <input type="checkbox"/> 4 yr college <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Computer Basics <input type="checkbox"/> Vocational Training <input type="checkbox"/> Short Term Training <input type="checkbox"/> Small Business	Comments:	
74.	Have you taken a CASAS assessment within the last year that shows your academic levels? When & Where?	Yes No N/A Other	
75.	Other notes on education?		
CATEGORY: Youth Information			
76.	Do you currently have reliable child care?	Yes No N/A Other	
77.	Do you have back-up childcare?	Yes No N/A Other	
78.	How many of your children need child care? Ages?	Comments:	
79.	Do you need activities/tutoring for your children? What?	Yes No N/A Other	
80.	Are your children attending school or secondary education? What?	Yes No N/A Other	
81.	Do your children need support with high school completion or alternative education resources? What?	Yes No N/A Other	
82.	Are your children interested in job search or employment support services? What?	Yes No N/A Other	
83.	Do you need assistance with activities for your children in the summer?	Yes No N/A Other	
84.	Other notes about youth or additional needs they may have?		
CATEGORY: Financial / Credit Needs			
85.	Do you pay your bills on time?	Yes No N/A Other	
86.	Have you ever received services from a credit-counseling agency? Who?	Yes No N/A Other	
87.	Have you ever attended budget management workshops?	Yes No N/A Other	
88.	Have you ever filed for bankruptcy? When?	Yes No N/A Other	
89.	Do you have a Savings or Checking account?	Yes No N/A Other	
90.	Have you ever requested a credit report? When?	Yes No N/A Other	
91.	Would you like assistance with: (check all that apply) <input type="checkbox"/> Budgeting <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Credit Counseling <input type="checkbox"/> Homeownership <input type="checkbox"/> Other / What? _____	Comments:	
92.	Is Homeownership one of your goals?	Yes No N/A Other	
93.	Have you owned your own home?	Yes No N/A Other	
94.	Have you attended homeownership classes? When and Where?	Yes No N/A Other	
95.	Are you interested in IDA or other asset building opportunities? If yes, for what would you like to build assets? (check all that apply) <input type="checkbox"/> Homeownership <input type="checkbox"/> Education <input type="checkbox"/> Small Business	Yes No N/A Other	
96.	Do you have an IDA now or in the past? If yes, for what purpose? <input type="checkbox"/> Homeownership <input type="checkbox"/> Education <input type="checkbox"/> Small Business	Yes No N/A Other	
97.	Other notes about financial/credit needs?		

Q#	QUESTIONS TO PARTICIPANT	RESPONSES	COMMENTS
CATEGORY: Health			
98.	Do you have personal support system in place for yourself?	Yes No N/A Other	
99.	Do you have health insurance? What - Employer, OHP, etc?	Yes No N/A Other	
100.	Have you ever received assistance or counseling in the past for the following? (Check all that apply) <input type="checkbox"/> Physical Health <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health <input type="checkbox"/> Stress <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Life Threatening disease <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Family Issues <input type="checkbox"/> Other / What? _____	Comments:	
101.	Are you interested in receiving assistance or counseling with the following? (Check all that apply) <input type="checkbox"/> Physical Health <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health <input type="checkbox"/> Stress <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Life Threatening disease <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Family Issues <input type="checkbox"/> Other / What? _____	Comments:	
102.	Are you currently working with any other agency that provides supportive services? Who?	Yes No N/A Other	
103.	Other notes about health?		
CATEGORY: Transportation			
104.	Do you have access to a car?	Yes No N/A Other	
105.	If you answered yes, do you own this vehicle? Making payments? Interest rate _____	Yes No N/A Other Yes No N/A Other	
106.	Is your car in working order?	Yes No N/A Other	
107.	In need of gas voucher or Tri Met tickets?	Yes No N/A Other	
108.	Do you have access to public transportation?	Yes No N/A Other	
109.	If you answered yes to the previous question, is the transportation available when you need it?	Yes No N/A Other	
110.	Do you have access to other transportation, what?	Yes No N/A Other	
111.	When is the transportation above available to you?	Comments:	
112.	Do you have a valid driver's license	Yes No N/A Other	
113.	If you answered no to the previous question, have you ever had a license?	Yes No N/A Other	
114.	Do you have other licenses: CDL, motorcycle, etc? What?	Yes No N/A Other	
115.	Do you have any traffic violations: parking tickets, DUI, etc?	Yes No N/A Other	
	Other notes about transportation?		
CATEGORY: Other			
116.	Are you a United States citizen?	Yes No N/A Other	
117.	Would you like to become a United States citizen?	Yes No N/A Other	
118.	Is there anything you feel is a barrier that we have not addressed and wish to address?	Comments	
119.	Is there anything that I can clarify for you or not covered in this assessment?	Comments	

Additional Comments: _____

