

**BVCOG – Workforce Solutions
FAMILY SELF-SUFFICIENCY PROGRAM
CASE REVIEW FORM**

PARTICIPANT NAME: _____

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

ATTENDEES:

1) _____

3) _____

2) _____

4) _____

PART A. BARRIERS TO OBTAINING EMPLOYMENT OR TRAINING

1. Is the participant employed? Yes No
 Part-Time or Full-Time
2. Is the participant registered in Work in Texas? Yes No
3. Does the participant have their GED or high school diploma? Yes No
4. What barriers and factors are keeping the participant from working or seeking training or education to obtain employment?

PART B. OTHER INFORMATION NEEDED

5. If no GED, has the participant been TABE tested? Yes No
6. What is the quality of the participant's Work-in-Texas registration?
 Marketable Unmarketable NONE
7. What other information is needed to make a determination on the next steps for the family?

PART C. REQUIRED FOLLOW-UP STEPS

1. _____

2. _____

3. _____
