

TRANSPORTATION

- | | | |
|--|-----|----|
| 1. Do you have a VALID DRIVER'S LICENSE? | YES | NO |
| 2. Do you own a CAR IN GOOD REPAIR? | YES | NO |
| 3. Do you have a access to a CAR? | YES | NO |

Whose_____

- | | | |
|---------------------------------|-----|----|
| 4. Do you live near a bus line? | YES | NO |
|---------------------------------|-----|----|

5. How do you get to places not within walking distance?_____
-

PERSONAL, MEDICAL AND FAMILY

- | | | |
|--|-----|----|
| 1. Do you participate in any medical programs? | YES | NO |
|--|-----|----|

What type?_____

- | | | |
|---|-----|----|
| 2. Are you seeing a doctor regularly? | YES | NO |
| 3. Are you taking prescription medications? | YES | NO |

What are they?_____

- | | | |
|--|-----|----|
| 4. Do you have any physical limitations? | YES | NO |
| 5. Have you ever had treatment for an emotional or mental problem? | YES | NO |
| 6. Does any member of your family have a health or behavior problem? | YES | NO |
| 7. Are you needed in the home to care for a sick or disabled relative? | YES | NO |
| 8. Have alcohol or drugs ever caused problems for you or your family? | YES | NO |
| 9. Have you ever tried to cut down on your use of alcohol or drugs? | YES | NO |
| 10. Are your able to communicate well with family members? | YES | NO |
| 11. Do friends help provide emotional and moral support? | YES | NO |
| 12. Are you pregnant? | YES | NO |

If YES, when are you due _____

13. Have you applied for SSI, SS Disability, or Worker's compensation?

YES NO

14. Are you on PROBATION or PAROLE now?

YES NO

If YES, who is your probation officer? _____

EDUCATION

1. Do you have a high school diploma?

YES NO

Year _____ School _____

2. Have you taken and passed the GED equivalency test?

YES NO

3. Were you in SPECIAL classes in school?

YES NO

4. Do you have difficulty reading or writing?

YES NO

5. Do you speak another language?

YES NO

Which language _____

PLEASE LIST ALL EDUCATION AND TRAINING YOU HAVE RECEIVED.

Name and Address of School	Curriculum Or Training	Diploma or Certificate	Dates Start-End
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If you are currently enrolled in any educational or training program, please provide a verification.

EMPLOYMENT HISTORY

Unpaid work experience (Church, Scouts, PTA, CWEP, etc.)

ORGANIZATION	HOURS	DUTIES	DATES
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PAID WORK EXPERIENCE

Employer #1 _____ **Address** _____

Duties _____

Wage _____ **Dates employed:** _____ **To** _____

Reason for leaving: _____

Employer #2 _____ **Address** _____

Duties _____

Wage _____ **Dates employed:** _____ **To** _____

Reason for leaving: _____

Employer #3 _____ **Address** _____

Duties _____

Wage _____ **Dates employed:** _____ **To** _____

Reason for leaving: _____

Are you presently: _____ Employed _____ Unemployed _____ Self Employed

EDUCATION/TRAINING INTEREST CHECKLIST

Please indicate the Fields that interest you.

Accounting _____ Business _____ Childcare _____ Computer _____

Cosmetology _____ Dental related _____ Electronics _____ Factory _____

Food Service _____ Legal Related _____ Medical Fields _____ Nursing (LPN) _____

Nursing (RN) _____ Physical Therapy _____ Plumbing _____ Radio/TV _____

Retail Mgt _____ Sales/Service _____ Secretarial _____ Social Services _____

Teaching_____ Welding_____ Other_____

1. Are you unsure about the type of work you want or can do?
2. Are you interested in learning more about your abilities and the jobs you can do?
3. Have you been tested before to determine your skills?

When_____ Where_____

PERSONAL INTERESTS

Hobbies_____

Sports/Physical activities_____

Other_____

SOCIAL AGENCY INVOLVEMENT

Circle any agencies or programs

JOBS	ETA	CWEP	HUMAN SERVICES	PIP(UTILITY)
HEAP	LCCDA	AA	NORD CENTER	P.I.E PROGRAM
GED	LCCC	C.A.	PATHWAYS	YES, I CAN

Other_____

CREDIT HISTORY

- | | | |
|---|------------|-----------|
| 1. Do you have a savings or checking account? | YES | NO |
| 2. Do you have a credit card? | YES | NO |
| 3. Are you Delinquent in any bills? | YES | NO |

If YES which ones_____

- | | | |
|--|------------|-----------|
| 4. Do you need help with money management? | YES | NO |
| 5. Have you ever filed bankruptcy? | YES | NO |

If YES, when_____

SELF-ASSESSMENT

Circle those words that describe you.

Energetic **Outgoing** **Ambitious** **Happy** **Intelligent**

Signature

Date

Family Budget

Name: _____ SS#: _____

Monthly Expenses

Is your rent delinquent?	YES	OR	NO
Is your gas bill delinquent?	YES	OR	NO
Is your electric bill delinquent?	YES	OR	NO
Are you on the PIP program?	YES	OR	NO
Is your telephone bill delinquent?	YES	OR	NO

Water: _____

Garbage: _____

Cable: _____

Medical Insurance: _____

Car Insurance: _____

Life Insurance: _____

Car Payment: _____

Child Care: _____

Groceries: _____

Clothing: _____

Prescriptions: _____

Allowance: _____

Student Loan: _____

Other: _____

Other: _____

Other: _____

Total Expenses: _____

Income Type and Monthly Amount:

Employment _____
Alimony: _____
Child Support: _____
TANF/OWF: _____
SSI: _____
SSD: _____
GA: _____
Other: _____
Other: _____

Total Income: _____