

3. Are any other family members employed? _____ Yes _____ No

If yes, please fill out the following information:

Family Member	Job	Rate of Pay (Indicate per hour/week)	
		\$	per
		\$	per
		\$	per
		\$	per

4. Other than housing, what needs do you currently have? (Please check those that apply)

- | | |
|--|--|
| _____ Need a better Job | _____ Need better transportation |
| _____ Need someone to take care of children (child care) | _____ Need to see a doctor for health problems |
| _____ Need more money to pay bills each month | _____ Need help being a better parent |
| _____ Want to finish school | _____ Counseling |
| _____ Need food assistance | _____ Need help managing money |
| _____ Job training | |

Please list other needs you or your family have: _____

5. Please check the different agencies you have visited or received services from in the last six (6) months.

- | | |
|---|--|
| <input type="checkbox"/> Health Department doctor or clinic | <input type="checkbox"/> Community Action Agency or Community Services |
| <input type="checkbox"/> Job training program | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Mental Health Center | <input type="checkbox"/> Alcohol or Drug Program |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Free Meals Program |
| <input type="checkbox"/> Head Start for child(ren) | <input type="checkbox"/> Children's Services Program |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Vocational/Tech School |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (please list below) | |
-

6. Do you speak English? Yes No

If no, what language(s) do you speak? _____

7. Do other family members speak English? Yes No

If no, what language(s) do they speak? _____

8. Do you have a high school diploma or GED? Yes No

9. If you were to get a job or change your job, would you need help find someone to watch your children (childcare)? Yes No

10. Do you now work with one person or case manager who helps you and your family find the services you need.? Yes No

If yes, please list the person's name: _____

What agency does she/he work for? _____

11. Are you currently receiving Case Management Services from any agency?

_____ Yes _____ No

If yes, what agency? _____

12. What are the two or three biggest problems that YOU are facing now?

13. What are the two or three biggest problems currently faced by YOUR FAMILY?

SIGNATURE _____ DATE _____