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| **Job Readiness Assessment** (You may use [tab] to navigate fields) | |
| **Education Information** | **Post-Secondary Education** |
| What is the highest grade you completed? | Do you have an associate degree? |
| Did you graduate high school or receive a general equivalency diploma? | Have you completed any college semesters/credits? |
| Did you have any learning problems in school? | Do you have a bachelor’s degree? |
| Do you have any licenses or certificates? | Do you have a master’s degree? |
| **English Proficiency** | |
| Is English your first language? | Do you speak any other languages? |
| *If no: What language do you prefer?* | Have you ever been tested for English fluency? |
| *If no: Do you require an interpreter?* | Are you interested in English Literacy Training? |
| Can you read and write in English? |
| **Employment** | **Experience** |
| Are you currently working? | Tell me about your five most recent jobs (dates/roles/pay/hours worked). |
| *If yes: Where do you work and how many hours per week do you work?* | What kind of job skills or training do you have? |
| *If no: Tell me a little about why you’re currently unemployed.* | What do you think you’re good at? |
| Are you able to work? | Have you ever done any volunteer work or community service? |
| **Legal Barriers** | |
| Do you have any previous criminal convictions or pending charges? | Are you on probation or parole? |
| Are you responsible for fines/fees/costs? | Are you on a payment plan? |
| *If yes: In what counties do you owe fines/fees/costs?* | Are you interested in learning about Criminal History services and options? |
| **Housing Situation** | |
| Where do you live and who do you live with? | Are you currently in a shelter? |
| Is your current housing situation stable? | Is your current housing situation safe for your family? |
| Do you and your family have personal space where you live? | Have there been changes in your housing situation recently? |
| **Transportation** | |
| How do you get around? | Do you have a valid driver’s license? |
| Do you or someone in your household own a vehicle? | *If no: Is your license suspended?*  *When can it be restored?* |
| *If yes: Is the vehicle currently drivable, inspected, and insured?* | *If no: Have you ever had a driver’s license?* |
| Do you have access to someone else’s vehicle? | *If no: Are you interested in working towards earning a driver’s license?* |
| Do you have access to public transportation (bus/train/taxi)? | Do you have any specific issues with transportation that would prohibit you from getting to your job/training/school/medical appointments/child’s daycare? |
| **Pregnancy (self and/or household)** | |
| Are you or someone in your household pregnant? | Have you recently been pregnant? |
| *If yes: Who?*       *When is the due date?* | Have you ever had a high-risk pregnancy? |
| **Medical Health** | **Mental Health** |
| Is anyone in the household, including yourself, receiving care for an ongoing illness or disease? | Is anyone in the household, including yourself, under the care of a psychologist or psychiatrist? |
| Is anyone in the household, including yourself, taking prescribed medication? | Is anyone in the household, including yourself, receiving counseling services? |
| **Alcohol Use** | **Drug Use** |
| Does anyone in your household, including yourself, have a history of alcohol use? | Does anyone in your household, including yourself, have a history of prescription or street drug use? |
| Is anyone in your household, including yourself, seeking rehabilitation services for alcohol use? | Is anyone in your household, including yourself, seeking rehabilitation services for drug use? |
| **Domestic Violence (DV)/Personal Safety** | |
| ***NOTE:*** *CAOs must maintain client privacy and safeguard all domestic violence information. If domestic violence is suspected or disclosed, find a private place to talk, refer victims to appropriate services, and explore the need for a good cause waiver of one or more TANF requirements. Ask the CAO management for help if no private space is available.* | |
| CAO must: | |
| Review pages 1 and 6 in the PA 600 for affirmative responses.  Provide all applicants/individuals who have not previously disclosed abuse with the form PA 1747 indicating their right to claim good cause based on DV and PA/CS 173 WP must be signed and scanned in imaging.  Review case history and imaging for the family violence indicator and forms such as completed PA 1747, scanned PFAs, newspaper articles about DV perpetrated against the victim, or any other type of verification that exists in the record.  Review case comments for indication of past DV disclosure. | |
| **TIP:** To show all narratives:  Under View Comment click SHOW ALL cid:image004.png@01D4FB70.A8FB08C0  cid:image003.png@01D4FB70.A8FB08C0  Then, click the double down arrow in the grey section to reveal all text in the comments  From here, you can utilize the Control F function to search all case history for key words.  **REMINDER:** The words “domestic violence” should not appear on the AMR or in narratives. Utilize the term, “Individual is seeking supportive services.” | |
| **School-age Children** | **Children and Youth** |
| Do you have any school-age children? | Has there ever been Children and Youth involvement with any of your children? |
| *If yes: Do any of your school-age children have an Individualized Education Program (IEP) or receive wrap-around services?* | Has there ever been Youth Justice or Probation involvement with any of your children? |
| Do any of your school-age children have truancy issues? |
| **Caregiver** | |
| Who is the primary caregiver for your children? | Is there anyone that lives in your home and is related to you who is disabled/elderly that requires around the clock care? |
| *If yes: What is their relation to you?* |
| *If yes: Who is their primary caregiver?* |
| **Childcare Concerns** | **Disabled/Elderly Care Concerns** |
| Do any of your children require childcare services? | Do any elderly/disabled adults in your household require adult daycare services? |
| Do you have any concerns regarding childcare? | Do you have any elderly/disabled adults already receiving adult daycare services? |
| Do you have any children currently enrolled in Pre-K, Headstart, Early Headstart, or childcare services? | Has the elderly/disabled adult been connected to any in-home care options? |
| If your child is ill or the daycare center is closed, what is your back-up childcare plan? | If your relative is too ill or the adult daycare center is closed, what is your back-up care plan? |
| **Work Interests (Immediate or intermediate goals)** | **Career Interests (long-term goals)** |
| What kind of job interests you? | Is there a career that you would like to work toward? |
| What job do you think you could get today? | *If yes: What steps do you need to take to prepare yourself for this career?* |
| What kind of work do you see yourself doing in a year? |

**NOTE:** Clients may choose not to answer some questions. Please keep in mind, these questions are a guide to facilitate discussion. If the CAO wishes to use the term “substance abuse” instead of asking about specific types, that is acceptable. Reassure individuals that the CAO utilizes the responses to provide the best and most appropriate services we have to offer.