The questions below include the initial question and potential follow-up questions (italicized) the CAO may wish to ask based on how the initial question is answered. Not every question will apply to every situation.

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| --- | --- |
| **Employment** | **Experience** |
| Are you currently working? | Tell me about your last 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? |
| **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? |  |
| **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? |  |
| **Legal Barriers** | |
| Do you have any previous criminal convictions or pending charges that would affect your ability to get a job? | 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 person 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: When is your 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 diagnosed 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 any sort of counseling services? |
| **Substance Abuse** | **Substance Abuse** |
| Does anyone in your household, including yourself, have a history of alcohol abuse? | Does anyone in your household, including yourself, have a history of street drug abuse? |
| Is anyone in your household, including yourself, seeking rehabilitation services for alcohol abuse? | Does anyone in your household, including yourself, have a history of prescription drug abuse? |
|  | Is anyone in your household, including yourself, seeking rehabilitation services for drug abuse? |
| **Domestic Violence** | **Safety** |
| Have you ever filed a PFA? | Do you feel safe in your home? |
| Do you have an active PFA? | Are your children safe in your home? |
| Have you ever been to an emergency abuse shelter? | Are you currently in an emergency abuse shelter? |
| **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 in your household 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 your 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? |