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.

|  |  |
| --- | --- |
| **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?       |