



## Information for Case Management Session

### Internet Access:

Do you have a working cell phone?

Do you have reliable access to Wi-Fi?

Do you have a computer, laptop, or tablet with audio and video capabilities to meet virtually?

### Check all that Applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Needs interpretation services | <input type="checkbox"/> Behind grade level for age (Youth Only) |
| <input type="checkbox"/> Non-reader                    | <input type="checkbox"/> Lacks Computer Skills                   |

If yes, Career Advisor made referral to \_\_\_\_\_

### Workplace Readiness

Have motivational factors affected employment?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> N/A                | <input type="checkbox"/> Negative attitude             | <input type="checkbox"/> Coworker relation issues | <input type="checkbox"/> No clearly defined goals |
| <input type="checkbox"/> Punctuality issues | <input type="checkbox"/> Issues making clear decisions | <input type="checkbox"/> Other: _____             |   |

Do any of these apply?

- |                              |   |  |   |
|------------------------------|---|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Obsolete work skills | <input type="checkbox"/> Union dues in arrears | <input type="checkbox"/> Occupational license expired/revoked |
|------------------------------|---|--|---|

Are any of these tasks difficult to perform independently?

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Seeing         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Talking              | <input type="checkbox"/> Using hands |
| <input type="checkbox"/> Getting Around | <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Learning or thinking |                                      |

Are any of these items needed to pursue training or employment?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Personal Coaching        | <input type="checkbox"/> Note takers for regular meetings | <input type="checkbox"/> Assistance with writing  |
| <input type="checkbox"/> Scent free environment   | <input type="checkbox"/> Wheelchair accessible facilities | <input type="checkbox"/> Audiotaped material      |
| <input type="checkbox"/> Screen magnifier         | <input type="checkbox"/> Interpretations (including ASL)  | <input type="checkbox"/> Flexibility (i.e. hours) |
| <input type="checkbox"/> Screen reader            | <input type="checkbox"/> Considerations for medication    | <input type="checkbox"/> Materials in braille     |
| <input type="checkbox"/> Materials in large print | <input type="checkbox"/> Materials in electronic format   | <input type="checkbox"/> Meeting reminders        |
| <input type="checkbox"/> TTY/Test Display devices | <input type="checkbox"/> Videophone                       |   |

### Financial Situation & Resources

Do you have any concerns regarding your credit/financial situation? Select all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Interested in money management services | <input type="checkbox"/> Interested in consumer credit counseling services |   |
| <input type="checkbox"/> Poor credit history                     | <input type="checkbox"/> Defaulted student loan                            | <input type="checkbox"/> Bankruptcy       |
| <input type="checkbox"/> Inability to be bonded                  | <input type="checkbox"/> Inability to pay bills/rent                       | <input type="checkbox"/> Credit card debt |
| <input type="checkbox"/> No financial resources                  | <input type="checkbox"/> Other: _____                                      |   |

Have you utilized any of the following resources in the last 6 months? Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Local social services                    | <input type="checkbox"/> Local/County Assistance programs               |
| <input type="checkbox"/> Migrant Seasonal Farm Worker Program     | <input type="checkbox"/> Housing and Urban Development (HUD)            |
| <input type="checkbox"/> Job Corps                                | <input type="checkbox"/> Native American Programs                       |
| <input type="checkbox"/> Social Security Administration           | <input type="checkbox"/> Foster Care                                    |
| <input type="checkbox"/> Trade Adjustment Assistance (TAA)        | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP) |   |

### Job Search Needs

Are you currently job searching?  Yes  No

If so, how are you job searching? (i.e. online, newspaper, etc.) \_\_\_\_\_

How can we assist with your job search? \_\_\_\_\_

Employment type wanted (Select all that apply)

- Regular       Contract       Apprenticeship       Temporary  
 Volunteer       Seasonal       Internship       On-the-Job Training (OJT)  
 Part time       Full time       Unsure

Shift Preferences?

- Day       Evening       Weekend Only       Any       Swing

Work attire needs?

- Uniforms       Interview Clothing       Tools/Equipment       N/A

Resume status:

- I have a polished resume       My resume requires revisions       I do not have a resume

Considering your interviewing skills, do you have any areas in need of improvement? Check all that apply.

- Making a positive first impression       Developing questions for interviewer  
 Focusing on a positive attitude       May benefit from a mock interview or FAQ/answers  
 Needs proper interview attire       Communication skills

When completing applications, do you need:

- Assistance with thoroughness and neatness       Help addressing sensitive issues  
 Assistance summarizing skills or work history       No assistance needed

Check your individual strengths and/or experience:

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Punctual               | <input type="checkbox"/> Clerical experience         | <input type="checkbox"/> Motivated                 |
| <input type="checkbox"/> Problem solving        | <input type="checkbox"/> Enjoys helping others       | <input type="checkbox"/> Enjoys working with kids  |
| <input type="checkbox"/> Dependable             | <input type="checkbox"/> Hard worker                 | <input type="checkbox"/> Cleaning                  |
| <input type="checkbox"/> Organizing             | <input type="checkbox"/> Budgeting skills            | <input type="checkbox"/> Cooking                   |
| <input type="checkbox"/> Supervisory experience | <input type="checkbox"/> Proficient typing skills    | <input type="checkbox"/> Working on/with computers |
| <input type="checkbox"/> Academics              | <input type="checkbox"/> Building things             | <input type="checkbox"/> Quick learner             |
| <input type="checkbox"/> Good listener          | <input type="checkbox"/> Creative                    | <input type="checkbox"/> Self-starter              |
| <input type="checkbox"/> Handles stress well    | <input type="checkbox"/> Support from family/friends | <input type="checkbox"/> Energetic                 |
| <input type="checkbox"/> Cultural               | <input type="checkbox"/> Enthusiastic                | <input type="checkbox"/> Self-confident            |
| <input type="checkbox"/> Not judgmental         | <input type="checkbox"/> Bilingual                   | <input type="checkbox"/> Risk taker                |
| <input type="checkbox"/> Able to make decisions | <input type="checkbox"/> Knows community resources   | <input type="checkbox"/> Loyal                     |
| <input type="checkbox"/> Good time management   | <input type="checkbox"/> Follows directions well     | <input type="checkbox"/> Honest                    |

**Transportation:**

Do you have a valid driver’s license?  Yes  No  Not old enough to drive

Do you have a vehicle available to use?  Yes  No

If yes, is it reliable?  Yes  No Is it in need of repairs?  Yes  No

Is it insured?  Yes  No Who is the car registered to? \_\_\_\_\_

**Living and Family Environment**

Do you have stable housing?  Yes  No

Do any of the following apply to your housing situation?

- Homeless  At risk of being homeless  Facing possible eviction
- Residing in public housing  Residing in shelter  Living with family
- Living alone  In need of food at home  Receiving housing assistance
- Past due on rent/utilities  Other: \_\_\_\_\_

If any of these are actionable items, Career Advisor referred to: \_\_\_\_\_

**Justice System Involvement**

Are you, or have you ever been, involved with the justice system?  Yes  No

If yes, what is your current status?

- None  Under supervision  House arrest/home confinement
- On probation  Work release program  Formerly incarcerated and not on parole
- On parole  Halfway house

If yes, Conviction Type(s):

- Misdemeanor  Felony
- Unsure of Charges  Other: \_\_\_\_\_

Conviction Date: \_\_\_/\_\_\_/\_\_\_

Discharge Date: \_\_\_/\_\_\_/\_\_\_

If yes, other legal issues:

- Existing/pending workers compensation claim
- Court ordered to pay child support
- Wage garnishment

If on probation/parole/aftercare, who is your Probation Officer/Parole Agent/JCA? What requirements do you have with this agency?

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Do you have any outstanding warrants, citations, pending charges, or court dates scheduled?

Yes       No      If yes, please explain:

**Healthcare Needs**

Do you have access to medical insurance or Medicaid?       Yes       No

Do you have any concerns regarding medical conditions or a disability that makes it difficult for you to obtain and/or keep a job?       Yes       No      If yes, please explain:

If yes, describe how this affects your daily living activities. (Examples, lack of or excessive appetite, everything is an effort, lonely, people dislike me, people are unfriendly, I'm unhappy/sad, poor sleep). Please do not include specific diagnoses or medications in this section.

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What support systems do you have in place to assist you with your mental wellness? \_\_\_\_\_

Are you currently under a doctor's care/receiving treatment for this condition?       Yes       No

Have you applied for or are you receiving Social Security Benefits (SSI/SSDI)?       Yes       No

Are you or anyone in your household currently pregnant?       Yes       No

If yes, what is the child's due date? \_\_\_\_\_

Is the pregnant person receiving regular prenatal care?       Yes       No

Are there any health concerns related to the pregnancy?       Yes       No

If yes, please describe: \_\_\_\_\_

Do you have a child(ren) who requires specialized care?       Yes       No

If yes, please describe your child(ren)'s daily routine and care requirements: \_\_\_\_\_

If yes, do you have a childcare provider that meets your child's specific needs?       Yes       No

**Substance Abuse**

Do you wish to discuss substance abuse concerns you may have?       Yes       No

Are you interested in receiving substance abuse services at this time?       Yes       No

If yes, Career Advisor made referral to \_\_\_\_\_

## Family Safety

Do you have any concerns with household members such as alcohol and/or substance use, mental health, lack of support, fighting, breaking the law, etc.? If yes, please explain:

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Have you asked anyone for help?       Yes       No    If yes, who? \_\_\_\_\_

Do you have any safety concerns for you or your family?       Yes       No

Do you need immediate help to remove yourself from a domestic situation?       Yes       No

If yes, do you have a safety plan?       Yes       No

If no, do you need help developing a safety plan?       Yes       No

Have you filed for a protection order?       Yes       No

If yes, Career Advisor made referral to \_\_\_\_\_