

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. Please check any items below that you consider a current need. *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Need a better job | <input type="checkbox"/> Need better transportation |
| <input type="checkbox"/> Need someone to take care of children (child care) | <input type="checkbox"/> Need to see a doctor for health problems |
| <input type="checkbox"/> Need more money to pay bills each month | <input type="checkbox"/> Need help being a better parent |
| <input type="checkbox"/> Want to finish school | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Need food assistance | <input type="checkbox"/> Need help managing money |
| <input type="checkbox"/> Job training | |

Please list other needs for services, or goals you or your family have:

5. Please check the different agencies you have visited or received services from in the last six 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? _____

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

10. Do you now work with one person or a 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 _____

Phone Number _____ Email Address _____