King County

Employment & Education Resources

ASSESSMENT

Social Security Number

CM Initials

Assessment Date: ______________________

Applicant Name: ____

Last Name *First Name* *Middle Initial*

1 EMPLOYABILITY BARRIERS: (✓ all that apply)

- ☐ **1** Basic Skills Deficient
- ☐ **2** Attending Alternative Education Program
- ☐ **3** Literacy Issues
- ☐ **4** Dropout
- ☐ **5** Behind in Credits
- ☐ **6** Education Below Level for Age
- ☐ **7** ESL Barriers
- ☐ **8** At Risk of Suspension/Excessive Absence
- ☐ **9** Unemployed
- **10** Individual with Disability: (✓ all that apply)
  - ☐ **a** Physical
  - ☐ **b** Learning Disability
  - ☐ **c** Special Ed. History
- ☐ **11** Alcohol/Drug Involvement
- ☐ **12** Public Assistance
- ☐ **13** Homeless
- ☐ **14** Pregnant
- ☐ **15** Parenting
- ☐ **16** Offender (Any Arrest)
- ☐ **17** Police arrest or "picked up"
- ☐ **18** Gang Involved
- ☐ **19** Truant (Becca Bill)
- ☐ **20** Live with Non-Relatives
- ☐ **21** Foster Care
- ☐ **22** Kinship Care
- ☐ **23** Refugee/Immigrant
- ☐ **24** Health Problems
- ☐ **25** Mental Health Issues
- ☐ **26** Victim of Discrimination
- ☐ **27** Victim of Child Abuse
- ☐ **28** Victim of Sexual Abuse
- ☐ **29** Domestic Violence Issues
- ☐ **30** Runaway Youth
- ☐ **31** Live with Single Parent
- ☐ **32** Live with Dysfunctional Parent
- **33** **Other Barriers:** (✓ all that apply)
  - ☐ **a** Transportation
  - ☐ **b** Lacks Childcare
  - ☐ **c** Social Skills Deficits

2 HOUSING AND LIVING SITUATION:

A. How many times have you moved in the last 3 months?
- ☐ **1** 0 – 1
- ☐ **2** 2 - 3
- ☐ **3** 4 or more

B. Can you stay at current residence for at least 6 months?
- ☐ **1** Yes
- ☐ **2** No

C. Is your parent or guardian: (✓ all that apply)
- ☐ **1** A Substance Abuser
- ☐ **2** Criminally Involved
- ☐ **3** Violent Toward Family

D. Do you have "head of household" responsibilities: (e.g., care of younger siblings)
- ☐ **1** Yes
- ☐ **2** No

E. Were you mistreated as a child: (✓ all that apply)
- ☐ **1** Physically
- ☐ **2** Emotionally (Neglect)
- ☐ **3** Other: (Please Specify)

F. Do you receive a regular monthly child support payment assigned by the court?
- ☐ **1** Yes (If Yes, how much?) $______________________
- ☐ **2** No

G. Is there someone you consider a Partner?
- ☐ **1** Yes
- ☐ **2** No

H. How supportive is your family: (✓ One Box)
- ☐ **1** Very Supportive
- ☐ **2** Somewhat Supportive
- ☐ **3** Neutral
- ☐ **4** Somewhat Destructive
- ☐ **5** Very Destructive

I. Have you ever been in: (✓ One Box)
- ☐ **1** Group Home
- ☐ **2** Institution
- ☐ **3** Detention
- ☐ **4** Foster Care
- ☐ **5** Shelter
- ☐ **6** Other (Specify) ______________________

J. Do you have regular court ordered child support payments?
- ☐ **1** Yes (If Yes, how much?) $______________________
- ☐ **2** No

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3 JOB SPECIFIC:

A. At Application, **Job Specific Skills** have been determined to be?

☐ **1** Deficient
☐ **2** Proficient

4 EDUCATIONAL TESTING:

LEARNING DIFFERENCES

LD Screen Score:	

5 EDUCATIONAL HISTORY:

A. If not enrolled in school, when did you leave? Month/Year: ______ Why? ______

B. What disciplinary situations, if any, were you involved in? ______

C. Did you have any learning difficulties? ______

D. Were you ever in Special Education classes? ______

6 LEGAL HISTORY AND SITUATION:

A. Have you ever had a:
☐ **1** Misdemeanor conviction
☐ **2** Felony conviction
☐ **3** Diversion

B. Have you ever been assigned to :
☐ **1** Day/Evening Reporting
☐ **2** Drug Court
☐ **3** Mental Health Court

C. Community Service? ☐ **1** Yes ☐ **2** No

(If YES, ✓ box below and note hours)
☐ **1** Assigned:
☐ **2** Served:

D. Pending Court Dates: ☐ **1** Yes ☐ **2** No
(If YES, Provide Information in chart below)

E. Have ever been Incarcerated?
☐ **1** Yes
☐ **2** No

F. Have you ever been “pick-ed up” or arrested but not charged?
☐ **1** Yes
☐ **2** No

If yes, how many times?

Why?

G. Are you currently on: ☐ **Parole** ☐ **Probation**

Parole/Probation Officer Name:

Parole/Probation Officer Phone:

DATE	ISSUE	COURT

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7 SOCIAL SERVICES:

A. Have you been treated or participated in a support group? (AA, parenting, anger management, etc.)
☐ **1** Yes ☐ **2** No
If yes, specify: ____________________

B. Have you ever received services from a Social Service Agency?
☐ **1** Yes ☐ **2** No
If yes, specify: ____________________

C. Are you currently receiving service from another Social Service Agency?
☐ **1** Yes ☐ **2** No
(If yes, provide name and type of service received, examples DSHS for childcare, church, food bank, clothing bank)

Name of Agency: ____________________

Type of Service received: ____________________

8 HEALTH STATUS AND HISTORY:

A. Are you taking any Prescription Drugs?
☐ **1** Yes ☐ **2** No
If yes, specify: ____________________

B. Are you currently using Street Drugs?
☐ **1** Yes ☐ **2** No
If yes, how often? ____________________

C. Do you have any current Chronic Health problems?
☐ **1** Yes ☐ **2** No
If yes, describe: ____________________

D. Do you have Health Insurance? ☐ **1** Yes ☐ **2** No

E. Have you been treated for Substance Abuse / Dependency? ☐ **1** Yes ☐ **2** No

F. Have you been treated for Mental Health issues? ☐ **1** Yes ☐ **2** No

G. Date of Last Physical: Month/Year: ____________________

H. Date of Last Eye Examination: Month/Year ____________________

9 TRANSPORTATION:

A. Do you usually travel by: (✓ One Box)

☐ **1** Own Car
☐ **2** Motorcycle
☐ **3** Bus
☐ **4** Ride with Friend or Relative
☐ **5** Walk/ Hitchhike
☐ **6** Bicycle

B. Do you possess a valid Washington State Driver's License or Instruction Permit?

☐ **1** Yes
☐ **2** No

WSDL #: ____________________

C. Do you have any Outstanding Traffic or Parking Fines?

☐ **1** Yes (If YES, how much?) $ ____________________
☐ **2** No

D. Do you have Auto Insurance?

☐ **1** Yes
☐ **2** No

____________________ *Case Manager Signature*

____________________ *Date*