



SNAP EMPLOYMENT AND TRAINING REFERRAL ASSESSMENT
(Referrals from FCRC to the Office of Workforce Development)

Customer Information:

Participant's Name: _____ Case Number: _____ Individual Number: _____
 Address: _____ Phone: _____ Mobile: Home:
 City, State, Zip: _____ Email: _____
 Date of Birth: _____ SSN: _____
 Gender: Female Male Non-binary Prefer not to answer
 How would you like to be addressed: She/Her/Hers He/Him/His They/Their/Theirs
 Are you the primary caregiver for anyone in your SNAP household (if so who)? _____
 What Languages do you speak fluently? _____ Military Status: _____
 Race: _____ Ethnicity: _____ Are you authorized to work in the US? _____
 Do you need assistance with applying for any type of Government assistance such as SNAP, Medicare, Childcare, etc? _____
 Your SNAP household size? _____ What is the source and amount of your current SNAP household income: _____

Availability

When are you able to attend trainings? 9am-12pm 9am-3pm 9am-5pm 4pm-9pm Other: _____
 Are you willing to travel to get to training or worksite? Miles _____ Minutes _____ How will you get there _____

Skills

What are your work-related skills? Technology Mechanical/Trades Administrative Caretaking
 Management Sales Art/Music Teaching/Training others Food Preparation Services
 Customer Services/Retail Cleaning/Facility Maintenance Financial/Math/Accounting
 What kind of work would you like to do? Professional/Technical Management Craftsmen/Foreman
 Service Farm/Other Labor Clerical Sales
 Current employment status: Employed Not Employed looking Not Employed not looking Never Employed
 Which best describes you: (**only mark 1**) Have some training need to update my skills in order to get a job Need training to get a job
 Already have training just need help getting a job Already have work experience just need help getting a job
 How comfortable do you feel working on a computer: 1 (not well), 5 (very well) 1 2 3 4 5

Training

What type of training would be best for you? Classroom Training that you get while on the job
 What length of time are you willing or able to be in training? 3 months or less 3-6 mo. 6-12 mo. Over a year
 Are you interested in full or part time training? Part time Full Time Both
 Which of the following are you most interested in attending? A refresher course A short certificate program
 A program that leads to an associate degree A program that leads to a bachelor's degree Learning on the job
 A program that helps get a license in a chosen field A program that moves me from apprentice to journeyman to master

Potential Barriers:

Do you have any challenges or other situations that we need to plan around to be successful in the workplace or in training?
 (Education, Physical/ Health, Family, Financial, Legal, Housing, Employment Related, Transportation)



SNAP EMPLOYMENT AND TRAINING REFERRAL ASSESSMENT
(Referrals from FCRC to the Office of Workforce Development)

Additional Information

How long of a commute are you willing to travel to get to a training or work site?

In your last job, what did you get compliments on or were you best at?

What would your friends or family say are your best qualities?

What subjects in school did you find the easiest and that you were best at?

	Not Very					Very well					
How do/did you handle stressful situation in the workplace:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How do you handle getting along with others:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How do you feel about working on a team:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How important is it to you to find a job as soon as possible:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Have you had any problems getting along with others when previously employed?						Yes <input type="checkbox"/>					No <input type="checkbox"/>
Have you ever been let go from a job?						Yes <input type="checkbox"/>					No <input type="checkbox"/>

Explain: _____

What role do you usually play in a team? _____

To you, what is the difference between a career and a job? _____

Is a Career important to you? Yes No

If you could have any long-term career today, what would it be? _____

What do you enjoy doing for fun? _____

Do you have any hobbies? _____

What are your immediate goals for employment? _____

How soon can you begin looking for work? _____

Education

Did you graduate High School or have a GED? Yes No If no, what was the last grade you completed? _____

Have you attended any colleges or Trade Schools? Yes No

If yes, what colleges/Trade Schools did you attend and did you earn a certificate/degree/license? _____

If long-term incarcerations, did you participate in any classes or training while incarcerated? Yes No N/A

If yes, what programs and did you earn a certificate/degree/license? _____

Have you completed an apprenticeship? Yes No

If yes, what apprenticeship and did you earn a certificate/degree/license? _____

Do you have any other certificates or credentials? Yes No If yes, what did you earn: _____

Have you already researched schools and/or programs in your field of interest? Yes No If yes, who: _____

Do you know who in our area provides training in your field of interest? Yes No If yes, who: _____

Financially, would you need to work while in training? Yes No



SNAP EMPLOYMENT AND TRAINING REFERRAL ASSESSMENT
(Referrals from FCRC to the Office of Workforce Development)

Have you taken any steps in researching careers or schools? Yes No

If so, what steps have you taken: _____

Have you taken an education assessment (TABE, CASAS, ESL, other) in the past 6 months? Yes No

If yes where and may we contact them? _____

Employment

If currently employed:

Employer Name: _____

Employer Address: (City, State, Zip) _____

Start Date: _____ End Date: _____ Job Title: _____

Job Duties: _____ How many hours per week did you work? _____

Does this job meet your needs? Yes No Why/Why not? _____

Reason for leaving last job? _____

Is this your primary employment? Yes No Are you self-employed? Yes No

In your prior jobs:

Which one did you like the most? _____

Which one did you like the least? _____

Is there any prior jobs you would like to do again (which ones)? _____

What work related skills did you learn? _____

Interest

What are your:

Job Interest: _____

Achievable Job Goals: _____

Immediate Job Goals and wage expectations: _____

Long Term Job Goals and wage expectations: _____

Target Employment Date: _____



SNAP EMPLOYMENT AND TRAINING REFERRAL ASSESSMENT
(Referrals from FCRC to the Office of Workforce Development)

Customer Signature: _____ Date: _____

Customer's Printed Name: _____ Date: _____

FCRC Signature: _____ Date: _____

FCRC Printed Name: _____ Date: _____

Case Number: _____

Client Printed Name: (Last) _____ First _____ M. _____

Date of Birth: _____ Gender: Female Male

(Month) (Day) (Year)

By signing below, you agree that you have read and agree to the following. If you do not understand something or have questions, be sure to ask. I hereby authorize the DEPARTMENT OF HUMAN SERVICES to disclose the following information about me for the purpose of providing me with service coordination.

Information to be disclosed (date, type of services including treatment recommendations, compliance status, schedule of activities, ability to engage in work activities, work schedule, supportive service needs, and justification):

_____ Client Initial: _____
(Information to be Disclosed)

The above checked information is to be disclosed to _____ only as necessary in order to administer the service coordination or for audit and evaluation purposes.

I hereby authorize (Service Provider Organization Name) _____ to disclose the following information about me for the purpose of providing me with service coordination.

Information to be disclosed (date, type of services including treatment recommendations, compliance status, schedule of activities, ability to engage in work activities, work schedule, supportive services, needs, and justification):

_____ Client Initial: _____
(Information to be Disclosed)

The above checked information is to be disclosed to the DEPARTMENT OF HUMAN SERVICES, only as necessary in order to administer the service coordination or for audit and evaluation purpose.

I understand that I may revoke this consent at any time in writing, but that revoking it will not cancel what was already done before I revoked it. I understand that I have the right to inspect and copy the information to be disclosed. If not previously revoked, this consent will terminate upon the completion of the service coordination, but in no event shall exceed one year from today. It has been explained to me that if I refuse to consent to this disclosure or if I revoke my consent during the case coordination, I may not receive case coordination services and my public assistance benefits may be affected. I understand that I may, however, receive mental health services and substance abuse treatment services, without agreeing to this consent.

Check here if client refuses to sign the consent.

Signature of Client: _____ Date: _____

Signature of Parent, Guardian, or
Authorized Representative (if appropriate) _____ Date: _____

Signature of Witness: _____ Date: _____

NOTICE TO RECEIVING PERSON: The information released hereunder may not be re-disclosed except as set forth herein or as otherwise allowed by law. If the information pertains to substance abuse services, it has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or persecute any alcohol or drug abuse patient. Violation of the federal rules is a criminal offense.