



Getting to know YOU

Name	Case number	Date
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We are here to help you set and achieve your GOALS! As a first step we want to be sure we understand where you are coming from. This form will help us as we start to work together to get you connected with services and activities of interest to you. Please fill in both the front and back of this form. You may leave anything blank that you do not want to answer. **Thanks for answering these questions . . .**

Yes	No	Questions
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have a high school diploma or a GED?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you currently employed? If so, how many hours a week do you work? _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently attending school? (if so please fill in below)
		Name of school: _____
		School location: _____
		Class schedule (please circle days(s) you attend): M T W Th F Sa
		Times: <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you currently attending or would you like a referral to speak with someone about substance abuse, domestic abuse or violence, or anger management?
		Attending? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like a referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Counseling <input type="checkbox"/> Help with addictions <input type="checkbox"/> Help with violence at home <input type="checkbox"/> Anger management
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you participating in a transitional living program or are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	6. If you answered yes to questions 4 or 5, we have a program that provides free additional help to individuals and families that might benefit from a little extra support. The program is called Family Stabilization, can we tell you more about this?
<input type="checkbox"/>	<input type="checkbox"/>	7. Can you think of anything that is preventing you from participating in work and/or training related activities? If yes, what comes to mind?

<input type="checkbox"/>	<input type="checkbox"/>	8. Do you feel safe and stable right now? If no, why not?

<input type="checkbox"/>	<input type="checkbox"/>	9. Are you a current/former foster youth between the ages of 16-24?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever applied, or are you now in the process of applying for SSI/SSP/SDI?
		If yes, date applied: _____
		Outcome: <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Appealing <input type="checkbox"/> Awaiting decision

Signature	Date
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