

We are here to help you set and achieve your GOALS! The information you provide will help us as we start to work together to get you connected with services and activities of interest to you.

1. **Are you a first time parent or caretaker for a child under 24-months?** Yes No

2. **Do you have an open case with Children and Family Services or have ever been involved with Children and Family Services in the past 12-months?** Yes No

3. **Is anyone in your household currently employed?** Yes No
 If yes, whom and how many hours a week? _____
 Name/Address of current employer: _____
 If no, is there anything preventing you from participating in work and/or training related activities? If yes, please explain: _____

4. **Are you currently attending school?** Yes No
 If so, name of school _____
 What is your highest level of education? _____
 Please list any degrees, certificates, licenses, trades: _____

5. **Do you have or would like to be screened for a learning disability?** Yes No

6. **Do you have reliable transportation?** Yes No
 Car Bus Rideshare

7. **Do you have reliable child care?** _____ Yes No

8. **Is anyone in your household currently receiving, or would you like more information on the following services:** Yes No
 Substance Abuse Domestic Violence Public Health
 Behavioral Health (adult/child)

9. **Are you currently homeless or in a shelter?** Yes No

10. **Do you have any health issues or concerns for yourself or anyone in your household?** Yes No

11. **Are you a current/former foster youth between the ages of 16-26?** Yes No

12. **Have you or any household member applied for, or receiving SSI or any other monetary benefits?** Yes No
 If yes, what type of benefits? _____

13. **Have you ever been convicted of a felony or misdemeanor?** Yes No

14. **Are you currently on parole or probation?** Yes No

15. **Are you a veteran?** Yes No

Getting to Know YOU

Notes:

Name: _____
Case #: _____
Email: _____

Caseload #: _____
Date: _____