

**Danville Housing Authority**  
**Family Self-Sufficiency Program**

Initial Assessment

Date of Assessment \_\_\_\_\_

Participant's Name \_\_\_\_\_

FSS Coordinator \_\_\_\_\_

Member Status: (Check one) Head of Household \_\_\_\_\_

Adult Member on Lease \_\_\_\_\_

Q#	Question To Participant	Response	Comments
	<b>Category: Basic Needs/Community Resources</b>		
1.	Are you currently working with other community programs or agencies?	Yes No	
2.	Have you worked with other community programs or agencies in the past? If so, who, when, what services/programs?	Yes No	
3.	Do you have immediate needs such as food, utilities, transportation, crisis- intervention? If so, what are they?	Yes No	
4.	Are you or any member of your family receiving TANF, Food Stamps, Social Security?	Yes No	
5.	Do you have other needs such as medical, dental, vision, clothing, etc...?	Yes No	
6.	Are you doing any community service work?	Yes No	

	Category: Career/Skills Assessment	Response	Comments
7.	Have you ever had a career assessment or career counseling? If so, when and what agency provided it?	Yes No	
8.	Are you interested in career counseling?	Yes No	
9.	Are there any sectors of employment that you are interested in? If so, what are they?	Yes No	
10.	Are you interested in self employment?	Yes No	
11.	Do you have any other comments about career assessments or counseling?	Yes No	

	Category: Employment	Response	Comments
12.	Are you currently employed? If so, full or part time? Where? How long employed? Wage?	Yes No	

13.	Are you able to work?	Yes No	
14.	If unemployed, what is your most recent work experience?		
15.	In what field do you have the most work experience?		
16.	Are you satisfied with your current job?	Yes No	
17.	Are you looking for a different job?	Yes No	
18.	Are you interested in receiving vocational or job training services?	Yes No	
19.	Would you like assistance with a job search?	Yes No	
20.	Do you have a certification in a specialized career field?	Yes No	
21.	If you have a certification, what is the expiration date?		
	<b>Category: General Employment Needs/Barriers</b>	<b>Responses</b>	<b>Comments</b>
23.	Are your computer skills adequate for the kind of employment you are seeking?	Yes No	
24.	If not, what computer skills are needed?	Yes No	
25.	Would you like to take or need to take computer classes?	Yes No	
26.	Do you have a resume? Is so is it up to date?	Yes No	
27.	Do you know how to fill out a job application on-line?	Yes No	
28.	Have you ever applied for a job on-line?	Yes No	
29.	Have you ever submitted a resume/ or cover letter on-line?	Yes No	
30.	Do you have internet access at home or elsewhere?	Yes No	
31.	Are there factors that limit your availability to work such as transportation, childcare, medical conditions? What are they?	Yes No	
32.	Do you have any type of criminal history that is a barrier to getting desired employment? What?	Yes No	
33.	Has your criminal history been expunged?	Yes No	
34.	Does your criminal history need to be expunged?	Yes No	

	<b>Category: Education</b>	<b>Responses</b>	<b>Comments</b>
35.	Do you have your high school diploma or GED?	Yes No	
36.	Are you currently enrolled in a GED program?	Yes No	
37.	If you answered no, would you like to make it a goal to obtain your GED?	Yes No	
38.	What is the highest grade you completed?		
39.	Would you like assistance with reading, writing, or math?	Yes No	
40.	Do you have post-secondary education?	Yes No	
41.	Are you currently enrolled in college or vocational school?	Yes No	
42.	If in college, are you receiving financial aid?	Yes No	
43.	Would you like support identifying work opportunities after completion of your education?	Yes No	
44.	Do you plan or would you like to return to school if not enrolled?	Yes No	
45.	What are your educational goals?		

	<b>Category: Youth</b>	<b>Responses</b>	<b>Comments</b>
46.	If you have children, do you currently have reliable child care?	Yes No	
47.	How many of your children need childcare? What are their ages?		
48.	Do you need activities/tutoring for your child?	Yes No	
49.	Are your children attending school?	Yes No	
50.	Do you have other concerns regarding your children?	Yes No	
<b>Additional Concerns:</b>			

	<b>Category: Financial/Credit Needs</b>	<b>Responses</b>	<b>Comments</b>
51.	Are you able to pay your bills on time?	Yes No	
52.	Have you ever received services from a credit counseling agency?	Yes No	

53.	Have you ever attended budget management workshops?	Yes No	
54.	Have you ever filed bankruptcy? If so, when?	Yes No	
55.	Do you have a checking account?	Yes No	
56.	Have you ever requested a credit report? When?	Yes No	
57.	Would you like assistance with budgeting your money?	Yes No	
58.	Are you interested in receiving financial counseling?	Yes No	
59.	Do you want to own your own home?	Yes No	
60.	Are you interested in obtaining credit counseling?	Yes No	
61.	Do you have a savings account?	Yes No	

	<b>Category: Health</b>	<b>Responses</b>	<b>Comments</b>
62.	Do you have health insurance?	Yes No	
63.	Have you ever received assistance or counseling in the past for the following?  Physical Health    Depression/Anxiety    Mental Illness    Stress  Domestic Violence    Life Threatening Disease    Drugs/Alcohol  Family Issues	Yes No	
64.	Are you interested in receiving assistance or counseling for any of the above mentioned categories?	Yes No	
65.	Do you have a regular primary care physician?	Yes No	
66.	Are you working with any other community agencies that provides these types of supportive services?	Yes No	
67.	Other notes about health concerns?	Yes No	

	<b>Category: Transportation</b>	<b>Responses</b>	<b>Comments</b>
68.	Do you have access to a vehicle?	Yes No	
69.	If you answered yes, do you own this vehicle? Do you make payments?	Yes No	
70.	If you have a vehicle, is it in working order?	Yes No	
71.	Do you have access to other transportation? If so, what?	Yes No	
72.	Do you have a valid driver's license?	Yes No	
73.	Do you have any traffic violations, parking tickets, DUI, etc...?	Yes No	

	<b>Category: Other</b>	<b>Responses</b>	<b>Comments</b>
74.	Is there anything you feel is a barrier that we have not addressed and wish to address?	Yes No	
75.	Is there anything that I can clarify for you in this assessment?	Yes No	

Additional  
Comments: \_\_\_\_\_  
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