

Initial Needs Assessment Checklist

Name: _____

Date: _____

1) Overview of W2W requirements

2) Family

School/education

Employment

Health

Activities

Issues/other

Relationship(s) with outside of home parent

Parents/siblings/sources of social support

Childcare

Any children out of home

3) Applicant

a) Marital status

Child support

Income sources

Welfare assistance

b) Housing

c) Transportation

d) Legal

e) Physical/mental health

f) Employment

1) Present

_ Company

_ Position

_ Responsibilities

_ Salary

_ Benefits/insurance

_ Days/hours

_ Lengths of employment

_ Like about job/dislike about job

_ Future Plans

2) Past

3) Future

g) Education

_ Present

past

Future

h) Training

GAIN

Other

i) Financial

1) Long standing debt

Creditors/amounts/schedule of payments

Credit check (report)

Bankruptcy

Reason(s) for debt

2) Current ability to manage finances

j) Social/recreational/activities/areas of interests

4) Where person/family would like to be in 5 years/future outlook.

Perceived opportunities for "success"

Perceived barriers to "success"

5) Outline of Action Plan

Referrals made: _____

Date: _____
Date: _____
Date: _____
Date: _____