

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
WV WORKS INITIAL SELF-SUFFICIENCY APPRAISAL**

PERSONAL DATA

Name: _____ Date _____

Address: _____ SSN _____

Directions to Home: _____

Home

Phone: _____ Message Phone: _____

YOUR WORK EXPERIENCE

List the last 3 paid jobs you have had. Start with your last job.

1. Job Title: _____ Dates Worked: _____
Employer: _____ City/State: _____
Describe what you did: _____

How

much were you paid? _____ Did you get any raises or promotions? _____
What would this employer say about you if asked for a reference? _____

Reason for Leaving: _____

2. Job Title: _____ Dates Worked: _____
Employer: _____ City/State: _____
Describe what you did: _____

How

much were you paid? _____ Did you get any raises or promotions? _____
What would this employer say about you if asked for a reference? _____

Reason for Leaving: _____

3. Job Title: _____ Dates Worked: _____
Employer: _____ City/State: _____
Describe what you did: _____

How

much were you paid? _____ Did you get any raises or promotions? _____
What would this employer say about you if asked for a reference? _____

Reason for Leaving: _____

MORE WORK EXPERIENCE

What jobs have you done from time to time to make extra money?

What work have you done without pay to help in your church, your kid's school, or community organization?

What jobs have you done without pay to help family, friends or others?

Military Service? What branch of the service and what was your job function?

The Type of Job you Liked Most:

What kind of work do you think you would like to do? _____

In a job, what salary would you need to cover your expenses? _____

What benefits would be important to you?

- _____ Health insurance
- _____ Paid sick days
- _____ Tuition reimbursement
- _____ Paid vacation
- _____ Retirement
- _____ Credit Union
- _____ Union

What kind of place would you like to work in ?

- _____ Outdoors
- _____ An office or a store
- _____ A factory
- _____ A medical setting
- _____ Other

What shift or hours would work best for you?

- _____ Day hours, no nights
- _____ Night shift
- _____ Evening hours
- _____ No weekends
- _____ Will be flexible, any hours scheduled to work

How quickly would you expect to get a raise and/or promotion in a job?

- _____ Within 3 months
- _____ Within 6 months
- _____ Within one year
- _____ At least 2 years

If you could do what you want on a job, what do you see yourself doing every day?

- _____ Helping people
- _____ Working with machines
- _____ Selling a product or service
- _____ Making things with your hands
- _____ Operating a computer
- _____ Teaching children

_____ Working with the elderly
_____ Talking to people on the telephone

_____ Other

YOUR EDUCATION

What is the highest grade you completed? _____

When was the last year you attended school? _____

Do you have a high school diploma _____ or GED _____?

What other schooling have you had since high school?

_____ Community College	_____ Vocational/Trade School
_____ 4 Year College	_____ Military
_____ Job Corps	_____ Other

Have you received services through Workforce Investment (WIA) or Job Service? _____

What services did you receive? _____

Did you complete any testing there or elsewhere? _____ If yes, what type? _____

Did you receive a degree, diploma or certificate of completion from any of the above? Yes__ No__

Please describe _____

Do you have any licenses or certificates? Yes _____ No _____

If yes, please describe: _____

Are there other classes or training you would like to have? _____ If yes, what kind? _____

What interests and hobbies do you have? _____

YOUR FAMILY

How many people are living in your household? _____ How many adults? (include yourself) _____

How many children are living in your household? _____

How many children would need child care if you went to work or school? _____

Do you have someone to watch your children while you work or go to school? _____

Are you responsible for caring for a disabled person on a daily basis? _____

If so, whom? _____ Does this person live in your home? _____

Who would encourage and support your working? _____

Is there anyone who would discourage your working? _____ If yes, who? _____

What help do you think you could get from family and friends? _____

Do any of your children have problems at school? If yes, who, and what is the problem?

YOUR FAMILY'S HEALTH

Do you or any family member in your home have medical or mental health problems that could affect your working? Yes _____ No _____

If yes, with whom, and what is the problem? _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Which of the following problems do you have that would make it difficult for you to work?

Lifting _____ Standing _____ Walking _____ Bending _____ Sitting _____ Breathing _____

Vision _____ Hearing _____ Heights _____ Other _____

Name other social workers or agencies working with your family.

YOUR FINANCES

What amount of income would you need to earn to cover your monthly bills? _____

What other income do you have that could help you? _____ Child

Support _____ Social Security _____ Other family income _____

Are there any present financial problems that you need to solve in order to work?

_____ In danger of eviction

_____ Utility shut off

_____ Debts that could cause wage attachment

_____ Other _____

YOUR LIFE SITUATION

Do you have a Valid Driver's License? _____ What state? _____

Other types of Licenses? (CDL, Chauffeurs, etc.) _____

License Revoked? _____ If yes, why? _____

Do you have transportation to work? _____

Would you drive, ride with someone, use public transportation? _____

Would you have transportation if you could pay for it? _____

Do you have family in the area? _____ Are they supportive? _____ Do

you have a criminal record? _____ If yes, what were the offenses? _____ Home

Confinement? _____ If yes, date Home Confinement is to end _____

Parole/Probation? _____ Parole/Probation Officer's Name _____

YOUR GOALS

WHAT I DON'T LIKE ABOUT MY LIFE NOW

Check all the things you don't like about your life now.

- Where I live
- What I can't buy for my children
- The car I have now
- Not having a car
- Having to use public assistance
- What I can't buy for myself
- Having others controlling my life
- Depending on friends and relatives
- Where I have to shop
- Not being able to go on a nice vacation
- Not being able to help people who have helped me
- People looking down on me because of my present situation
- Other Items:

WHAT I WOULD LIKE TO HAVE IN MY LIFE

Check all the goals you want for yourself.

- A better place to live
- Buy myself things
- Buy things for my children
- Get a car
- Spend my money the way I want to
- More independence from relatives and friends
- Nice furniture
- Have people respect me
- Take my children on a nice vacation
- Be free of other people's rules
- Help some of the people who have helped me
- Other goals:

YOUR STRENGTHS

Check all the strengths you have that make it possible for you to work toward your goals:

- I have worked before.
- I have done volunteer work at school, church, or my community.
- I am now helping or have helped friends, family and neighbors.
- I have someone to watch my children.
- I have a stable place to live.
- I have finished high school or GED.
- I am enrolled in school or training.
- I have or can get a ride to look for work.
- I am in good health.
- When faced with a difficult problem, I can usually find ways to solve it.
- I have overcome difficult personal problems.
- My family and friends encourage me.
- I know people who could help me find work.
- I have set goals for my family and myself.
- I do something to work on my goals every day.
- I have access to Internet, my e-mail address is:

Other:

PROBLEMS YOU HAVE TO SOLVE

Check all the problems you have to work on in order to reach your goals.

- Drug or alcohol abuse
- Domestic Violence
- Unstable Housing
- Health Problems
- Childcare
- Transportation
- Depression or other emotional problems
- Lack of work experience
- Bad work record
- Trouble with reading or math
- Lack of education
- Criminal record or other legal problems
- Other:

WHAT HELP DO YOU NEED?

What can we do to help you work toward your goals? Check all that apply to you.

- Childcare assistance
- Transportation assistance
- How to look for work
- Work experience
- Education and/or training
- Obtaining child support
- Help with drug or alcohol abuse
- Eye Exam, glasses
- Dental treatment
- Help with budgeting
- Help with parenting skills
- Counseling
- Help with emotional problems
- Other: