

Agency Name: _____



CLARITY HMIS: Work Readiness Assessment

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

Assessment Date: ____/____/____

CURRENT LIVING SITUATION

Where did you sleep last night?

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including h homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected

Last permanent Zip Code? _____

EMPLOYMENT INFORMATION

Are you currently working?	<input type="radio"/>	Yes	<input type="radio"/>	No
Would you be interested in vocational training or increasing your income?	<input type="radio"/>	Yes	<input type="radio"/>	No

INCOME/BENEFITS

Do you have income?	<input type="radio"/>	Yes	<input type="radio"/>	No
Does your current income cover your bills and housing expenses without assistance?	<input type="radio"/>	Yes	<input type="radio"/>	No
Do you have CalFresh/SNAP/Food Stamps?	<input type="radio"/>	Yes	<input type="radio"/>	No

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POTENTIAL EMPLOYMENT BARRIERS

Do you have a valid ID? (e.g., State issued identification, Driver's License, Passport, or Military Identification)	<input type="radio"/>	Yes	<input type="radio"/>	No
Do you have "Right-to-Work" documents?	<input type="radio"/>	Yes	<input type="radio"/>	No

ARE ANY OF THE FOLLOWING REASONS WHY YOU ARE CURRENTLY UNEMPLOYED? (CHECK ALL THAT APPLY)

- Employer Initiated
- Job opportunity (please specify)
 - Quit
 - No jobs available
- Satisfaction/Motivation (please specify)
 - Did not like the work
 - Do not want to work
 - Schedule/shift issues
 - Too busy to work
- Compensation (please specify)
 - Low wages/hours
 - No benefits
 - Poor benefits
- Worksite Behavior (please specify)
 - Insubordination
 - Interpersonal conflicts
 - Tardiness/Absence
- Experience/Skills (please specify)
 - Inadequate education, experience, or skills
 - Language barriers
 - Returned to school
- Health (please specify)
 - Physical Health
 - Mental Health/Stress
 - Pregnancy
 - Alcohol/drugs
- Household (please specify)
 - Issue with child
 - Issue with household member
 - Need to work close to home
- Child Care (please specify)
 - Cannot find childcare
 - Location of available childcare
 - Cannot afford (childcare)
- Housing Transportation (please specify)
 - No transportation
 - Vehicle Needs repair
 - No permanent housing
- Other (please specify reason):

In the past 7 years have you had any legal issues that may hinder your hiring process?	<input type="radio"/>	Yes	<input type="radio"/>	No
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EDUCATION/TRAINING

What is your highest level of education?	<input type="radio"/>	GED/ Equivalency	<input type="radio"/>	HS Diploma	<input type="radio"/>	College Degree	<input type="radio"/>	Post-graduate/ Graduate School	<input type="radio"/>	None	
Do you have a professional license of vocational certificate?	<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Client Doesn't Know	<input type="radio"/>	Client Refused			
If yes to professional license or vocational certificate, please specify	<input type="radio"/>	Vocational, technical or trade school					<input type="radio"/>	Professional License			

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WORK PREFERENCES

What is your preferred work environment?

<input type="radio"/> Working alone	<input type="radio"/> Working with people or things	<input type="radio"/> Working with ideas	<input type="radio"/> Working indoors	<input type="radio"/> Working outdoors with tools or objects	<input type="radio"/> Creating or making things/objects
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What is your second choice for a work environment?

<input type="radio"/> Working alone	<input type="radio"/> Working with people or things	<input type="radio"/> Working with ideas	<input type="radio"/> Working indoors	<input type="radio"/> Working outdoors with tools or objects	<input type="radio"/> Creating or making things/objects
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What is another career path that interests you?

<input type="radio"/> Construction	<input type="radio"/> Mechanical	<input type="radio"/> Truck driving
<input type="radio"/> Office work (filing, answering phones, etc.)	<input type="radio"/> Landscaping/Groundskeeping	<input type="radio"/> Security
<input type="radio"/> Computer work (typing, writing letters, data entry)	<input type="radio"/> Hospitality (hotels)	<input type="radio"/> Bookkeeping or accounting
<input type="radio"/> Health Aide	<input type="radio"/> Working with animals	<input type="radio"/> Farming, fishing, and hunting for commercial or community use
<input type="radio"/> Nursing	<input type="radio"/> Retail jobs (cashier, stocker, supervisor, manager, etc.)	<input type="radio"/> Using traditional skills (canoe building, artwork)
<input type="radio"/> Housekeeping	<input type="radio"/> Restaurant jobs (cashier, server, host, hostess, cleaning, managing etc.)	<input type="radio"/> Working with the government or government agency
<input type="radio"/> Teaching (teachers, teacher assistant)	<input type="radio"/> Manufacturing	<input type="radio"/> Natural resource employment (game warden, land management)
<input type="radio"/> Childcare	<input type="radio"/> Cosmetology (beauty or barber shop)	<input type="radio"/> Other

ON A SCALE FROM, 1 (STRONGLY DISAGREE) TO 5 (STRONGLY AGREE), PLEASE ANSWER THE FOLLOWING STATEMENT AS IT APPLIES TO YOU:

When facing difficult tasks, I am certain that I will accomplish them.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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What do you do when you are faced with a difficult task?

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I will be able to successfully overcome many challenges.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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Can you talk about one challenge you have faced when you were at work? How did you overcome that challenge?

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In general, I think that I can obtain outcomes that are important to me.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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As it relates to employment, training, or education, what outcomes are important to you in the next 90 days?

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