

**CENTRAL TEXAS WORKFORCE CENTERS
ASSESSMENT OF PRACTICAL NEEDS**

Name: _____

Social Security Number: _____

Activity/Program: _____

HEALTH

- Currently under the care of a doctor or other health professional? Yes:__ No:
- Currently taking prescribed medication on a regular basis? Yes:__ No:
- Recovering from extended illness or injury? Yes:__ No:
- Have any long-term health problems? Yes:__ No:
- Have health problems that are not currently being treated? Yes:__ No:
- Eligible for, or receiving, health benefits? Yes:__ No:

LEGAL

- Currently on probation, parole, or under arrest bond? Yes:__ No:
- Ever charged or convicted of a felony or misdemeanor? Yes:__ No:
- Facing any legal problems or constraints? Yes:__ No:

LIVING CONDITIONS

- Living conditions/location stable for the foreseeable future? Yes:__ No:
- Adequate support or resources for basic needs of life?
(Food, clothing, shelter, etc). Yes:__ No:
- Depend on others for income or help with the basics of living? Yes:__ No:

PERSONAL/FAMILY SITUATIONS

- Responsible for care of ill or incapacitated family members? Yes:__ No:
- Have any personal or family problems for which help is needed? Yes:__ No:
- The sole or major provider or support of others? Yes:__ No:
- Have family members that require day care (Adult or child)? Yes:__ No:
If yes, are they currently receiving day care? Yes:__ No:

If family day care is needed and the family member(s) is (are) not receiving day care, does the applicant have family members who could provide this service? Yes:___ No:

FINANCIAL

Based on the financial assessment sheet, does it appear that the customer will need alternate source of income or financial support while receiving services? Yes:___ No:

Does it appear that the person may need support services? Yes:___ No:

If yes, are alternate sources of financial help available? Yes:___ No:

Is the customer willing to accept credit counseling if required? Yes: ___ No:

Is the customer aware of agencies and sources for financial assistance? Yes: ___ No:

Has the customer applied for student financial aid? Yes:___ No:

Workforce Specialist's Comments:

Workforce Specialist Signature: _____ Date: _____