



CalWORKs Program

Intake/Needs Assessment

Name	SS#	ID#
Address	City, State, Zip	
Phone #	Message #	
Date of Birth	Major	
Email Address	<input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two Parent Household	# of children _____
Are you currently enrolled at West Hills College?	Yes	No
Are you currently receiving CalWORKs/TANF (AFDC or cash aid) for yourself.	Yes	No
Benefits began _____		PTS _____
Have you signed a Welfare-to-Work plan?	Yes	No
Were you referred to our office by a county welfare representative?	Yes	No
		ETW Name _____
Do you have prior units at WHC or another college?	Yes	No
Do you have a High School Diploma or GED?	Yes	No
Are you currently employed?	Yes	No
		# of hrs/wk _____
Are you interested in job placement services?	Yes	No
Do you have a current Student Educational Plan?	Yes	No
Have you applied for financial aid?	Yes	No
Are you in need of child care assistance?	Yes	No
Number children requesting care for _____		
Are you enrolled with the EOPS/CARE Programs?	Yes	No
Are you enrolled in the Disability Resource Center Program?	Yes	No
DISCLOSURE		
<p>I certify that all information above is true and accurate to the best of my knowledge. I understand that if I do not maintain satisfactory progress and/or my CalWORKs/TANF status changes that I will no longer be eligible to receive services through West Hills College CalWORKs Program. I consent to release information for services related to my Welfare to Work plan to a Health and Human Services Agency Representative.</p>		
Signature _____	Date _____	

Please turn over →

I would like to further develop my skills in the following areas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Parenting | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Money Management | <input type="checkbox"/> Job Seeking Skills |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Other _____ | | |

I suspect the following may be barriers/obstacles to my success:

- | | | |
|---|--|---|
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Lack of support | <input type="checkbox"/> Applications |
| <input type="checkbox"/> Low motivation | <input type="checkbox"/> Transportation | <input type="checkbox"/> Job history |
| <input type="checkbox"/> Interview fear | <input type="checkbox"/> Low paying jobs | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Childcare | <input type="checkbox"/> No/low motivation |
| <input type="checkbox"/> Child's behavior | <input type="checkbox"/> Disability | <input type="checkbox"/> No recent experience |
| <input type="checkbox"/> No experience | <input type="checkbox"/> No telephone | <input type="checkbox"/> Poor jobs skills |
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Personal/Family | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> No direction | <input type="checkbox"/> Abusive partner | <input type="checkbox"/> Interview clothes |
| <input type="checkbox"/> Few interests | <input type="checkbox"/> Frequent anger | <input type="checkbox"/> Criminal Record |
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Legal problems | <input type="checkbox"/> Other _____ |

I may require services on the basis of a disability from the Disabled Students Programs & Services

If there are any other concerns, challenges or obstacles you face, please explain here:

Office Use Only	
Date	Referral