

my goals. I give	permission I give is permission to the N s as needed for case	lissouri Work Ass	sistance			give this information
Participant Signature:			Date:		DCN:	
		Section 1	l - Pers	sonal		
1. Name:					2. Birth Date	e:
3. Address:						
4. Contact Phon	e:	5. Alternate Phor	ne:		6. Gender:	☐ Male ☐ Female
7. What is your I		Living with Other Temporary Resid Other:		☐ Mortgage helter	= -	wn
		8. List House	ehold l	Members		Homeless
	Name		Age	Birth Date		Relationship
☐ Yes (Describ Are all househ ☐ Yes ☐ No	arrier to employme be current living co old members supp (Explain)	onditions)			ities?	□ No
Comments:						
		Section 2	- Empl	oyment		
1. Are you worki	ng? 🗌 Full-time	☐ Part-time		Not working	☐ Seas	onal
2. Are you lookii	ng for work? $\square$ Yes	s 🗌 No (Explain)	)			
3. What type of v	vork are you looking	for?				
4. When are you	able to work? (Che Hours Available: (i.e. 9 am - 12 pm & 2 pm - 4 pm)	eck and complete al	Hour (i.e. §	s Available: 9 am - 12 pm pm - 4 pm)		Hours Available: (i.e. 9 am - 12 pm & 2 pm - 4 pm)
■ Monday		☐ Thursday			☐ Sunday	
☐ Tuesday		☐ Friday				
☐ Wednesday		☐ Saturday				
5 Lis	t vour last 3 employ	ers (paid or unpai	d) starti	na with vour n		
0. 2.0		munity service, vo			employment.	
			olunteer	work or self-e	employment.	
6. What is the lo	Include com ongest you have wor leave this employer	ked with any one	olunteer employ	work or self-e	employment.	
6. What is the low Why did you 7. Have you app	Include come ongest you have wor leave this employer' lied for a job within ain)	ked with any one? the last 3 months	employ but we	work or self-e	employment.	□ No
6. What is the low Why did you with the you app Yes (Explain Section 1) Yes (Explain Section 1) Child Care Could not Did not has Other Section 1) Other Section 1) Is there any reserved the low with th	Include come ongest you have wor leave this employer olied for a job within ain) r been fired or had to	ked with any one the last 3 months o quit a job becau Fighting at N S Could not g	employ but we use of: Work et along	work or self-eer?  re not hired?  Drugs / A with Supervis  Transpor	Alcohol sor(s)	



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11. Veteran Status:  ☐ V-Regular ☐ S-Special Disabled ☐ R-Reserve/National Guard ☐ O-Spouse ☐ N-None ☐ D-Disabled	
Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard	
Dates of Service: From To	
FOR OFFICE USE ONLY	
Is there a work history?	
Are there specific job skills? ☐ Yes ☐ No	
Are there current barriers to employment? $\square$ Yes $\square$ No	
Comments:	
Section 3 - Education and Training	
1. Highest Grade Completed.	
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ GED	
☐ High School Diploma ☐ 13 ☐ 14 ☐ 15 ☐ Bachelors Degree ☐ Above Bachelors Degree	•
High School Name and Address if Diploma Received	
College Name and Address if Diploma Received:	
2. a.) List any training you have completed with a certificate (i.e. computer class, welding class).	
Training Completion Certificates	
b.) List any classes that you have completed that led to a license or certification (i.e. CNA, insursales, medical technologist, radiology technician).	ance
License / Certificate	
3. Are there any training programs you started but either didn't complete or have not yet completed?	
☐ Yes ☐ No If yes, please complete the following:	
4. Do you have a learning disability?   Yes (Explain)	$\square$ No
5. Are you interested in more training or skill enhancement?	
☐ Yes (Explain)	□ No
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Is AEL needed? ☐ Yes ☐ No Is ESL needed? ☐ Yes ☐ No	
Is short-term training recommended? $\square$ Yes $\square$ No $\square$ Is remedial education needed? $\square$ Yes	$\square$ No
Is the license/certificate still valid?	
If no, can they become recertified (Explain if necessary)	
Is the individual able to work in the field they are licensed/certified? $\Box$ Yes $\Box$ No	
Comments:	
Section 4 - Legal	
1. Have you ever been convicted or found guilty of a crime after the age of 17?	
☐ Yes (Explain)	$\square$ No
2. Do you have criminal charges pending against you or a pending court case?	
☐ Yes (Explain)	□ No



3. Are there some jobs you can no longer do because of your conviction?
☐ Yes (Explain) ☐ No
4. Are there any special limitations or issues you must comply with?
i.e. Due to receiving a DWI, I can't work anywhere when the major sales is alcohol)
☐ Yes (Explain) ☐ No
5. What is your legal status?
☐ On Parole ☐ On Probation ☐ On Work Release ☐ In Court Ordered Community Service ☐ None
6. How have you or will you find ways to obtain employment given your current legal circumstances?
Explain:
FOR OFFICE USE ONLY Is there a legal issue creating a barrier?
Comments:
Comments.
Section 5 - Transportation
1. If you have a valid driver's license, indicate the following:
(a) Class: U Operators U E-Chauffeurs U C-Class CDL B-Class CDL U A-Class CDL
<b>(b) Endorsements:</b> ☐ Air Brakes ☐ Double/Triple Trailer ☐ Hazardous Materials ☐ Passenger
$\square$ School Bus $\square$ Tank Vehicle
(c) Status (if applicable):
2. What is your transportation (Explain)?
3. What is your back-up plan if primary transportation is unavailable (Explain)?
4. What would keep you from having your own transportation? Explain:
☐ None ☐ Never learned to drive ☐ Health Problem(s)
☐ Insurance ☐ Problem making car payment ☐ May lose license (going to court)
☐ Need license plate ☐ Need car repairs ☐ License suspended
☐ Other
FOR OFFICE USE ONLY Is transportation a barrier to employment?
Comments:
Section 6 - Child Care
If you have children under 13, or older children with special needs, please fill out the section below
1. Do you need child care while you are looking for work or working?
Yes No (Explain)
2. What is your back-up plan if your primary child care provider is not available?
Explain:
FOR OFFICE USE ONLY Is a child care application needed? $\Box$ Yes $\Box$ No
Comments:
Section 7 - Family Health
FOR OFFICE USE ONLY  Are there health limitations?  Yes  No
Is a referral needed to:
☐ Counseling ☐ Mental Health
Comments:



that may help you. Some questions are very personal and some people find them difficult to find your answers are completely confidential and will not affect your eligibility for assistance.	o answer. I	Each
1. Are you the primary caregiver for a disabled family member?	☐ Yes	□ No
2. How does it affect your ability to gain or maintain employment (Explain)?		
3. Could you pass an employment drug screening test if given today?	☐ Yes	□ No
4. Are you pregnant?		□ No
5. Do you require, need, or desire any special work environment?		
6. Explain why any of you/your household's conditions keep you from working or doing cell Alcohol/Drug Abuse Physical Problems Emotional Problems Physical Developmental Disability Other (Explain):	rtain kinds o al Violence	of work.
7. Have you applied for SSI, SSDI, VA, or any other disability benefits?  \[ \text{ Yes Date Applied: Appeals:} \]		□ No



MWA	Participant Agreem	ent
I understand that I must:		Initial:
<ul> <li>Immediately provide my MWA case is address and phone number.</li> </ul>	manager with any changes to	my
<ul> <li>Turn in any required paperwork to m logs, paycheck stubs, etc.</li> </ul>	y case manager, including: jo	
<ul> <li>Contact my case manager with job c quitting, getting laid off or fired from a</li> </ul>		or
<ul> <li>Participate in my required hours as a manager.</li> </ul>	agreed upon with my MWA cas	e 
Failure to comply with this agreement of Assistance grant received.	could result in a decrease to	the amount of Temporary
Participant Signature	Date	DCN (To be entered by case manager
MWA	A Participant Releas	е
I agree the MWA service provider ha	as my permission to:	Initial:
<ul> <li>Contact and obtain written verificatio at any treatment and support facility.</li> </ul>	,	ending ———
<ul> <li>Contact my employer to verify wages</li> </ul>	s and hours of employment.	
As a MWA participant, you do not have allow the MWA case manager permiss stated above.	•	•
Participant Signature	Date	DCN (To be entered by case manager



MWA Assessment Summary:
1. What are the participant's barriers?
□ Lack of child care □ Alcohol or substance abuse □ Poor work habits □ Poor hygiene □ Learning disabilities □ Does not have work clothes □ Fighting at home □ Education □ Health Problems □ Could not get along with others □ Could not get along with supervisor(s) □ Lack of transportation □ Other
2. How will you help the participant resolve the above barriers?
3. What are the participant's major strengths? (i.e. Good communication skills)
4. How can the participant use their strengths to participate in countable activities?
(i.e. Use communication skills in interviews and look for jobs where this skill is desired.)
5. What are the participant's major weaknesses? (i.e. Lacks interviewing skills.)
6. How can the participant overcome their weaknesses? (i.e. Attending job readiness classes.)
7. Does the participant pood referrals? If so, to who and when?
7. Does the participant need referrals? If so, to who and when?
8. Does the participant refuse to give answers to any part of the assessment?
If so, was there a reason?
9. Other information:
10. What is the next step?
(i.e. Overcome child care barrier.)
11. How will participant "successfully" perform the next step?
(i.e. Participant will need to look for suitable, affordable childcare. I advised participant to look in the newspaper and check with local child care facilities. I told participant to contact me in one week and report on places contacted and status. Also advised the participant if there are not openings in affordable, suitable child care facilities to get placed on a waiting list.)



12	What are the participant's short-term goals?
12.	What are the participant's short-term goals:
13.	What are the participant's long-term goals?
	Triat are the participant of long term goaler