

Pre-Assessment Screen v1.1 for use by CT Community Action Self-Sufficiency Centers

Income*

1. Do you have income from employment? Yes No N/A
Answer only if employed. Check No if unemployed.
2. Do you have income from disability or SSI? Yes No N/A
3. Do you have income other than employment or disability? Yes No N/A
- If yes, what is the source of income? _____.
Other sources of income can include pension, child support, alimony, other.
4. Do you receive Food Stamps? Yes No N/A

Employment*

5. Do you have a job? Yes No N/A
6. If you have a job, is it a part-time job? Yes No N/A

Education*

7. What is your highest level of education? (*Check only 1*)
- Post-secondary degree such as an: associates, bachelors, masters or doctorate degree. Yes N/A
 - Post high school vocational education, or non-college business, or technical or professional training, or some college credits. Yes N/A
 - High school diploma or G.E.D. Yes N/A
 - TABE (Adult Basic Education). Yes N/A
 - Did not complete High School or receive a G.E.D. Yes No N/A
8. Is your primary language English? Yes No N/A
9. Are you able to read and write in English? Yes No N/A

Training*

10. Have you ever attended a training program or received a certificate? Yes No N/A
- If no, do you have any skills that can get you a job? Yes No N/A

Housing*

11. What are your housing arrangements?
- Are you homeless or in a shelter? Yes No N/A
 - Is your housing unaffordable or unsafe? Yes No N/A

Transportation

12. Do you have access to public transportation or a reliable car to take you where you want to go? Yes No N/A

Childcare

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 13. Do you need childcare? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| • If yes, do you need childcare but cannot afford it? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Elder care

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 14. Do you need care for an elderly person? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| • If yes, do you need elder care but cannot afford it? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Health Insurance

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 15. Do all adults in your family/household have health insurance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 16. Do all children in your family/household have health insurance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Shaded responses indicate a need for services.

**Shaded responses in two or more of the Income, Employment, Education, Training, or Housing dimensions indicate a need for case-management and self-sufficiency services.*