**FSS Program Personal Needs Assessment (PNA)**

**Employee Completing the Assessment:**

**Today’s Date:**

**Participant’s Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **EMAIL** |  |
| **PHONE #** |  | **AGE** |  |
| **ADDRESS** |  | **GENDER** |  |
| **STATE/ZIP** |  | **MARITAL STATUS** |  |

**Future/Motivation**

1. What do you want most from life?
2. Can you describe some of your future goals?
3. What steps do you or will you need to take to achieve your goals?

**Support Systems**

1. Who do you go to for help when you are having problems?
2. What kind of problems do you seek advice on?

**Family**

1. Do you have any kids?
2. What are their ages? (if they are of college age mention the two scholarships offered by the FSS program)

**Social Service System**

1. What programs or groups are you getting help from right now and why?
2. What programs or groups have you gotten help from in the past and why?

**Health and Wellness**

1. How would you describe your overall health?
2. Do you have health insurance?
3. Does your family have health insurance?
4. Do you have a primary care provider?
5. Do you have hobbies or engage in sports or clubs?

**Employment, School/Training**

1. Are you currently employed? If not what are you doing about employment?

***If unemployed*** *answer the following questions:*

*(Intent: to determine appropriateness of job search, school or training plan)*

1. How often do you look for work?
2. Have you visited a career center? (if not explain what a career center is)
3. What jobs can you do/ were you doing?
4. How will you get the job/school/training that you want?

 ***If employed*** *answer the following questions:*

 *(Intent: to determine stability of employment)*

1. How long will your job be continuing?
2. How do you get along with your boss?
3. How often do you miss work? Why?
4. Are there changes you would like to make in your current employment situation?

1. Please describe any education or training certificates you have completed or in the progress of completing, would like to obtain?

**Education**

1. Do you have a high school diploma?
2. What is the highest grade you completed?
3. Will you be continuing in school?
4. How often do you miss school?
5. How are your grades?
6. What do you plan to do after leaving school? Adequacy

**Transportation**

|  |
| --- |
| On a scale from 1 to 5, rate the following items with 1 being poor and 5 being excellent: |
|  | Poor | Somewhat Poor Somewhat good Good | Excellent |
|  | 1 | 2 | 3 | 4 | 5 |
| Transportation Sufficient  |[ ] [ ] [ ] [ ] [ ]
| Access to transportation |[ ] [ ] [ ] [ ] [ ]
| Affordability of your transportation |[ ] [ ] [ ] [ ] [ ]
| Safety of your transportation |[ ] [ ] [ ] [ ] [ ]

**Notes:**

1. What type of transportation do you use?
2. Where can you get public transportation from where you live?
3. Are you able to pay for bus tickets, trolley tickets, and/or gasoline?
4. Approximately how much do you spend on transportation per month?

**Credit History**

1. Can you describe any financial goals that you wish to complete while on the FSS program? (Payoff debt, budgeting skills, and credit rating)
2. Do you know what your credit score is?
3. Do you know how to look up your credit score?
4. When was the last time you looked at your credit report?
5. Have you met with a financial counselor?
6. Do you any have debt?
7. Do you have trouble managing your debt?

**Technology**

1. Do you have the following items and how comfortable are you using them?

|  |
| --- |
| On a scale from 1 to 5, rate the following items with 1 being poor and 5 being excellent: |
|  | Poor | Somewhat Poor Somewhat good Good | Excellent |
|  | 1 | 2 | 3 | 4 | 5 |
| Computer (Yes / No) |[ ] [ ] [ ] [ ] [ ]
| Smart Phone **(**Yes/ No) |[ ] [ ] [ ] [ ] [ ]
| Tablet **(**Yes/ No) |[ ] [ ] [ ] [ ] [ ]

1. Do you have access to the internet at home?
2. How comfortable are you looking for resources on the internet?
3. Do you have an email address? If no, would you like to set up an email? **(Explain why having an email is important)**

**Housing:**

1. Is your current housing situation safe for you (and your children)? If no, why?
2. Do you need help with your household repairs/chores?
3. Does your family have an emergency preparedness plan?

**Comments: (Does the participant have any questions or concerns)**

**FSS Specialist Reviewed:**

[ ]  Participation is voluntary.

[ ]  How escrow is generated (income vs wages).

[ ]  Cash-aid free at the time of graduation.

[ ]  Participate 1 year before moving to avoid termination of contract or funds.

[ ]  Porting without notification will result in termination of contract.

[ ]  Required to complete bi-annual surveys as they are mandatory.

[ ]  Provide verifications as goals are completed.

[ ]  Allowed 2 contract changes throughout your contract.