

<b>SERVICE DELIVERY</b>	<b>AJC Initial Assessment</b>
<b>Classification:</b>	AJC
<b>Date Adopted:</b>	01/25/18
<b>Background:</b>	Workforce Services Policy – American Job Center Initial Assessment Guidance – WIOA, 20 CFR 680.220; WIOA Section 129(c)(1)(A); WIOA Section 134(c)(2)(A)(iii); WIOA Section 134(c)(2)(B); WIOA Section 134(c)(3)(A)(ii) speak to and mandate services that must be universally available.
<b>Policy:</b>	<p>When an individual enters an AJC, they will be presented with the AJC Initial Assessment Form. The assessment includes Occupational Goals Evaluation, KSA (Knowledge, Skills, Abilities) Evaluation, Barriers to Employment Evaluation, and Job Search Skills Evaluation. This initial assessment should be completed in an effort to determine the needs and strategies for achieving sustainable/self-sufficient employment. This form, upon completion, should be uploaded to VOS/Jobs4TN and then destroyed. The intent here is to maintain an electronic file, not a paper file. A case note should be created/entered summarizing the initial assessment for partner/program review, auditing, and future reference.</p> <p>Assessment results will determine the services to which the applicant is referred.</p>

**INITIAL ASSESSMENT FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you a veteran or the spouse of a veteran? Yes  No

Are you authorized to work in the United States? Yes  No

Are you currently working? Yes  No

Current Employer: \_\_\_\_\_

If no, were you laid off from your job? Yes  No  Company \_\_\_\_\_

What is your usual occupation? \_\_\_\_\_ Length of Experience \_\_\_\_\_

What is your desired occupation? \_\_\_\_\_ Desired Pay Rate \_\_\_\_\_

What do you think is preventing you from getting a full-time job? (Check all that apply.)

<input type="checkbox"/>	Disability	<input type="checkbox"/>	No reliable transportation
<input type="checkbox"/>	Skills outdated/lacking, need training	<input type="checkbox"/>	No working telephone
<input type="checkbox"/>	Need resume assistance	<input type="checkbox"/>	Need tools or work clothes
<input type="checkbox"/>	Need help with interviewing skills	<input type="checkbox"/>	Inadequate or no food/lodging
<input type="checkbox"/>	Lack of references	<input type="checkbox"/>	Need gas assistance for job search
<input type="checkbox"/>	Limited/No work history	<input type="checkbox"/>	Was primarily a homemaker
<input type="checkbox"/>	No jobs available in labor market	<input type="checkbox"/>	Need child care/elderly care
<input type="checkbox"/>	Lack of computer skills/no email address	<input type="checkbox"/>	Legal restrictions (ex-offender)
<input type="checkbox"/>	English skills need improvement	<input type="checkbox"/>	Other: _____

Highest Grade Completed: \_\_\_\_\_

Are you enrolled or planning to enroll in school or training? Yes  No

To help us serve you better, please check **all** services that you wish to access:

<input type="checkbox"/>	Training/vocational information	<input type="checkbox"/>	Computer use
<input type="checkbox"/>	Career guidance	<input type="checkbox"/>	Use of fax machine/copier
<input type="checkbox"/>	Career/academic assessments	<input type="checkbox"/>	Resume assistance
<input type="checkbox"/>	HISET Prep/Basic Skills/Adult Education	<input type="checkbox"/>	Job search services
<input type="checkbox"/>	Military veteran services	<input type="checkbox"/>	Job related workshops

Have you applied for any of the following? (Check all that apply.)

<input type="checkbox"/>	SNAP	<input type="checkbox"/>	TAA	<input type="checkbox"/>	TANF
<input type="checkbox"/>	Unemployment Insurance	<input type="checkbox"/>	Voc Rehab	<input type="checkbox"/>	WIOA

<b>Staff use only:</b>
Date entered in VOS: _____
Staff initials: _____

Signature \_\_\_\_\_ Date \_\_\_\_\_