Georgia Department of Human Services

# TANF FAMILY ASSESSMENT

_____County Department of Family and Children Services

Case Name _____ Case Number _____ __

Client Name _____ __ Case Manager/Caseload _____ __

Client ID Number _____ Telephone Number _____

## Section I

TANF Received for _____

months Date _____ __

Purpose of visit to DFCS:

Sanction Status: D Yes D No

Active CPS case: D Yes 0 No

Personal Information

Client's name _____ Home phone# _____ Cell# _____

Client's current address _____

Contact person's name _____ Contact's phone# _____

Children

Name: _____ Age/DOB: _____ A/P's name/Child support **paid** _____

Name: _____ Age/DOB: _____ A/P's name/Child support paid _____

Name: _____ Age/DOB: _____ A/P's name/Child support paid _____

Name: _____ Age/DOB: _____ A/P's name/Child support paid _____

Name: _____ Age/DOB: _____ A/P's name/Child support paid _____

General Information

Do you have a permanent place to live? OYes D No If no, explain:

Do you own *your* home? D Yes D No If yes, how much is the mortgage? $_____

Do you rent *your* home? D Yes D No If yes, how much is the rent? *$* _____

Do *you* share your home? D Yes D No lfyeswithwhom? _____

Name and relationship of all other household members:

Section II

## Work History

1. Are you currently working? D Yes D No

   If yes, where? _____Salary$ _____per ____ _

   If no, have you ever worked? D Yes D No

2. Who was your most recent employer? _____

   Employer's name

   _____

   Employer's address

3. Date of most recent employment: _____ to _____

4. How much did you make? $

   (per hour/ week/ month - circle one)

5. What type of work did you do? ----------

6. Why did you stop working? ----------

7. What is the longest time that you had steady work? _____ Where? _____

8. Are you looking for a job now? D Yes D No

9. If yes, is anyone or any organization helping you find a new job? D Yes D No

10. If yes, who is it? ----------

    Name, phone#/ address of person/organization

11. If no, what has kept you from getting a job? _____

    _____

## Job Training

1. What is the highest grade completed? _____ _____

   High school or GED College

2. In what type of work are you interested? ----------

3. Have you completed any training programs? D Yes D No (if *no, go to strengths/barriers)*

   If yes, list the name of training and date completed _____

4. If you are currently in training, where? ----------

   Name, location and dates of completion

## Section III

### Strengths and Barriers

| What, if anything, makes it difficult for you to get or keep a job? (check all that apply) | | | | | |
|---|---|---|---|---|---|
| Family Barriers *(Referrals to DV, Child Care and Social Services)* | | Transportation Barriers *(Back-up transportation plan required)* | | Personal Barriers *(Referrals to DTAE, DOL, NCTW, VR)* | |
| | Needs child care | | Has no transportation | | Has health problems |
| | Needs care for disabled family member | | Has no auto insurance | | Has difficulty working with hands |
| | Cares for disabled family member | | Has an unreliable vehicle | | Is unable to lift heavy objects |
| | Cares for elderly family member | | Has no current driver's license | | Lacks skills and/or training |
| | Has concern for child safety | | Cannot drive | | Has difficulty writing |
| | Family opposes attempt to attain self-sufficiency | | Needs vehicle repairs | | Has difficulty reading |
| | | | May lose license (court) | | Has difficulty with math |
| | | | Driver's license is suspended | | Needs special aids/tools |
| | | | | | Is unable to read/write English. |
| | | | | | Has difficulty speaking/understanding English |
| | | | | | Feels threatened |
| | | | | | Feels depressed |
| | | | | | Feels anxious |
| | | | | | Feels angry |
| | | | | | Severe emotional trauma |
| | | | | | Abuses drugs and/or alcohol |
| | | | | | Has legal problems |

## Section IV

| IN THE PAST TWELVE MONTHS ... | Yes | No |
|---|---|---|
| Have you sought help, been in treatment for, or attended a support group for alcohol or other drug use? | | |
| If yes, was it voluntary or court-ordered? *(circle* one) | | |
| Have you lost a job or been refused employment due to drug or alcohol use? | | |
| Have you been in trouble with the law for drug-related problems? | | |
| Have you sometimes not remembered things you said or did while you were drinking alcohol or using other drugs? | | |
| Has a friend or family member, or anyone else told you that you drink alcohol or use drugs too much, or do you think you drink or use drugs too much? | | |
| Do you fight or argue with others while under the influence of alcohol or drugs? | | |
| Have you ever been to the emergency room or hospitalized as a result of alcohol or drug use? | | |

| | | |
|---|---|---|
| Do you think your spouse, partner or any other member of your household might have a problem with alcohol or other drugs? | | |
| Are you interested in overcoming any problems with alcohol or drugs so you can become employed? | | |
| Have you recently been turned down or lost a job due to criminal background? | | |
| Have you ever had to pass a drug test to get a job? | | |
| If you had to take a drug test today, would you pass? | | |
| Do you or anyone in your household have a past or present Domestic Violence issue? | | |
| If yes, explain: | | |

Based on individual information a referral is needed for:

Case Manager's Comments: ----------

Assessment Disposition (Based on initial assessment following Job Readiness level was determined)

D Job-ready (up to 3 months) Job search assigned: ----------

O Near job-ready (up to 6 months)

Referred to: ----------

0 Not job-ready (up to 12 months)

The applicant claimed ----------

Referred to: ----------

Follow up scheduled for ----------

Client's name

On _____ at: _____

Date Time

In _____

Location