

## **CalWORKs Intake & Needs Assessment Form**

| Name:   | ID #:                              |                            |
|---|------------------------------------|----------------------------|
| Birthdate:  |                                    |                            |
| Address:  | City:                              | Zip:                       |
| Home Phone:   | Cell Phone:                        |                            |
| VCCCD Email:  | How many dependents:               |                            |
| Names and Birth Year:                                   |                                    |                            |
|   | Childcare N                        | Needed: 🗆 No 🕞 Yes         |
| Cal WORKS Information:                                  |                                    |                            |
| Semester Cal WORKs assistance began (if known)          | : Number of mont                   | hs remaining (if known):   |
| Have you signed a Cal WORKs Participation Agree         | ment (given by counselor/coordinat | or)? 🛛 Yes 🖵 No 🖵 Not Sure |
| Who is your county specialist or case worker?           | Phon                               | ne: ()                     |
| How many hours of work activity are you required to     | o do? Do you                       | volunteer? 🗆 No 🕒 Yes      |
| Currently Employed: D No D Yes Where:                   | Type of wor                        | rk:                        |
| Hours per week:   |                                    |                            |
| Are you exempt from the Cal WORKS study/work re         | equirements at this time? D No     | Yes D Not Sure             |
| Previous Education/Training:                            |                                    |                            |
| High School Diploma: 🗆 No 🕒 Yes Date:                   | Where:                             | GED Proficiency Test       |
| College/University coursework: D No D Yes Whe           | re: Wher                           | וי:                        |
| Coursework/Units taken:                                 |                                    |                            |
| Degree or certificate received: Do No DYes Type:        |                                    |                            |
| Other Training: 🛛 Adult Education 🗅 Other               |                                    |                            |
| Coursework taken:                                       |                                    |                            |
| Degree or certificate received: Do No Degree State Type |                                    |                            |

## Vocational/Career Training and Development

| What areas do | you need assistance | with: (please check all that apply) |
|---------------|---------------------|-------------------------------------|
| JobSkills 🛛   | Interview Skills 🛛  | Resume Writing 🗖                    |
| Job Search 🛛  | Job Placement       |                                     |

| Would you be interested in career classes a | nd works | shops?   | Yes 🛛 | No 🗖 |
|---|----------|----------|-------|------|
| Would you like to work on campus? Yes D     | No 🗖     | Not sure | ן     |      |

| Are you interested in CalW  | etudy through financial aid?<br>ORKs work study? Yes ⊑<br>campus? Yes ⊒ No ⊒ N | ■ No □Not sure □                                  |
|---|--|---|
| Service Needs:  |  |   |
| I would like to further develo  | op my skills in the following a  | areas. (check all that apply)                     |
| Self-esteem   | Relationships  | Study Skills                                      |
| Parenting   | Money Management   | Goal Setting                                      |
| Time Management   | Job Seeking Skills   | Family Planning                                   |
| Other   | Please explain here:   |   |
| What type of transportation   | do you use?  |   |
| Do you have access to a co  | omputer? Yes 🖬 No 🗖  |   |
| I expect the following may  | y be barriers / obstacles to   | my success. (Please check all that apply).        |
| Health Problems   | Low motivation   | Interview fear                                    |
| Housing   | Child's behavior   | No experience                                     |
| Appearance  | No direction   | Few interests                                     |
| Self-esteem   | Lack of support  | Transportation                                    |
| Low paying jobs   | Childcare  | Disability  |
| No telephone  | Personal/Family  | Abusive partner                                   |
| Frequent anger  | Legal problems   | Applications                                      |
| Job history   | Drug abuse   | No/low motivation                                 |
| No recent experience  | Poor jobs skills   | Don't know what I want to do                      |
| Punctuality   | Interview clothes  |   |
| I will require services on the  | e basis of a disability Yes $lacksquare$                                       | No 🗖  |
| If there are any other conce  | erns, challenges or obstacles  | s you face please explain here:                   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| Career Goals: Check the   |  |   |
| -   | or know what work path to t  | -   |
| Have a couple of ideas of i | of work goals but not clear wl   | hich to take: (please list)                       |
| Have assessed my need   | ls and I <b>know</b> what work pat   | h to take:  Certificate                           |
| □ Transfer with AA □ Tr   | ansfer w/o AA Where?   |   |
| Degree (BS/BA) in   |  | License/Permit                                    |
|   | Othe   | 19  |
| Long term Work Goal:  |  |   |
| Are you currently enrolled a  | at Moorpark College? 🛛 Yes   | s 🗅 No 🛛 If Yes, what semester? 🗅 Fall 🗅 Summer 🗅 |
| Spring  |  |   |

\_\_\_\_

| Courses/Semester | registered? |
|------------------|-------------|
|------------------|-------------|

## Have you applied for:

| □ Financial Aid □ BOGG Waiver □ EOPS/CARE □ ACCESS |
|--|
| Do you receive any Scholarships? Yes 🛛 No 🖵        |
| Completed Educational Plan                         |
|  |
|  |
|  |
|  |

 Referred by \_\_\_\_\_
 Date \_\_\_\_\_

As a CalWORKs participant, I authorize Moorpark Community College, HSA of Ventura County, and other necessary agencies to share information (school attendance, academic progress, assessment results, work study, child care arrangements, verification of TANG Cash benefits/income, and educational plans among other departments) pertaining to my case as needed. Aside for the purpose of case management, all information is kept confidential and private.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

| Office use | :   |     |     |     |  |  |
|------------|-----|-----|-----|-----|--|--|
| 0          | 1   | 2   | 3   | 6   |  |  |
| N/S        | SIP | S/R | C/R | P/E |  |  |

Notes: