COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM
❑ Assessment ❑ TANF
❑ Reassessment ❑ TANF-UP

Participant Name:_____
Case Name: _____
Case Number:_____
Telephone Number:_____
Email Address:_____
Date:_____

VIEW ASSESSMENT – Part 1

A. EDUCATIONAL BACKGROUND

Last Grade Completed _____ Date Completed _____ School/Location_____

GED _____(yes/no) Date GED Completed _____ Other (test results, date given, type, etc. _____

_____

Other training/special schooling and dates: _____

_____

Agency Use Only: Functional Education. Level_____ Date Determined _____ Method _____

B. EMPLOYMENT HISTORY *(Begin with your last job):*

1. Employer_____ Job Title_____
   Duties_____
   Date Started _____Date Left _____Highest Pay_____
   Reason for Leaving_____

2. Employer_____ Job Title_____
   Duties_____
   Date Started _____Date Left _____Highest Pay_____
   Reason for Leaving_____

3. Employer_____ Job Title_____
   Duties_____
   Date Started _____Date Left _____Highest Pay_____
   Reason for Leaving_____

4. Employer_____ Job Title_____
   Duties_____
   Date Started _____Date Left _____Highest Pay_____
   Reason for Leaving_____

5. Employer_____ Job Title_____
   Duties_____
   Date Started _____Date Left _____Highest Pay_____
   Reason for Leaving_____

Most favorite job_____Why?_____

Least favorite job?_____ _Why?_____

C. VOLUNTEER WORK/ HOBBIES/ INTERESTS *(Transferable skills)*: _____

_____

_____

D. GENERAL INFORMATION:

1. Please provide the following information for everyone living in your household.

Name	Relationship to You	DOB	Child Paternity Established?	Student	Name of School
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____
_____	_____	_____	❑ Yes ❑ No	❑ Yes ❑ No	_____

2. Do you have a current driver's license?_____

3. Is your license currently suspended? _____ Explain: _____

4. Do you have access to a car?_____ If not, what do you do for transportation?_____

   _____

5. Have you ever been convicted of a crime?_____

   Felony or misdemeanor? _____Explain_____

   _____

6. Do you have any pending charges or court dates? _____ Explain _____

   _____

7. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job?

   Explain_____

8. What type of child care will you arrange to help you accept a job?_____

9. Are you registered with the Virginia Employment Commission (VEC)?_____
   If so, when was the last time you contacted the VEC about job openings?_____

10. Are you registered with a temporary employment agency? _____
    If so, give the name of the agency and last date of contact._____

11. Are you scheduled to begin an education or training program in the next sixty (60) days?_____ If so, what will you study? _____ Where? _____

E. CONSIDERATIONS IN EMPLOYMENT PLANNING:

Which of the following do you have to think about in finding and/or keeping a job? (Check all that apply):

❑ Family Circumstances	❑ Homeless	❑ Substance Abuse
❑ Legal/Criminal	❑ Child Care	❑ Transportation
❑ Education	❑ Work History	❑ Family Abuse*
❑ Limited English	❑ Illness/Disability	

❑ Other _____

What steps can you take to improve your situation in regard to each of the items checked?

_____

_____

*The Family Violence Hotline can be reached at 1-800-838-8238.

Participant Name:_____
Case Number:_____ Date:_____

VIEW ASSESSMENT – Part 2

F. EMPLOYMENT GOALS/ OTHER GOALS:

1. What kind(s) of job would you like to work in two years from now? _____

2. What kind(s) of job would you like to have five years from now? _____

3. What other goals (personal, financial, educational) do you have for yourself in the next five years? _____
_____
_____

G. PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS *(Number in order of anticipated assignment)*:

***Core Activities***

__ Currently employed part-time or full-time at _____

__ Job Search _____

__ Job Readiness at _____

__ Full Employment Program (FEP) at _____

__ On-The-Job-Training (OJT) at _____

__ Community Work Experience (CWEP) or Public Service Program (PSP) at _____
_____

__ Vocational Education and Training at _____
Field of Study _____

Non-Core Activities

__ Job Skills Training at _____

__ Education Above Post-Secondary that is Directly Related to Employment (meets definition of Job Skills Training) at _____Field of Study_____
_____

__ Education Below Post-Secondary at _____

Other Work Activities (not credited toward participation)

__ Other Locally Developed _____

H. WHAT ACTIONS WILL YOU TAKE TO HELP REACH YOUR GOALS?_____
_____
_____

I. WHAT OUTCOMES DO YOU EXPECT FROM YOUR VIEW PARTICIPATON? *(Explain that outcomes will be based on program participation and the participant's commitment to his/her own success):*
_____
_____
_____
_____