

CENTRAL REGION

INITIAL ASSESSMENT FORM

Name: _____ DOB: _____

Phone: _____ Email: _____

Home Address: _____

1. Are you a Veteran? Yes ___ No ___
2. Do you currently receive any public assistance? SNAP ___ TANF ___ Free/Reduced Lunch ___ Other: _____
3. Are you registered on www.vawc.virginia.gov? Yes ___ No ___
4. Do you have a current resume? Yes ___ No ___
5. Is your resume uploaded or created in www.vawc.virginia.gov? Yes ___ No ___
6. Are you employed ___ or unemployed ___?
If employed, where are you employed? _____ Current Employment Start Date? _____
What is your hourly wage? _____
If unemployed, what was your last position? _____ Employment End Date? _____
What was your hourly wage? _____
7. Have you been recently laid off ___ terminated ___ or quit a job ___?
Do you currently receive unemployment benefits? Yes ___ No ___
8. What is your highest-grade level completed? _____
Do you have either a High School Diploma ___ or GED ___?
9. Do you have reliable transportation? Yes ___ No ___
10. Do you need special accommodations for you to be effective in a position? Yes ___ No ___
11. Are you an ex-offender? Have you been arrested / convicted of a crime? Yes ___ No ___
12. Are you in need of training? Yes ___ No ___
If so, what are you interested in? _____

Did you view the online orientation video? Yes ___ No ___ Date: _____

Participant Signature: _____

For Staff Use Only

Date Received _____

Received By _____

VaWC Registration Verified _____

Referral Made To _____