



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
INITIAL ASSESSMENT

SCN	IND DCN
DWD REFERRAL DATE	REFERRAL CODE (D, W, F, J)
EXEMPT <input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07	
TEMPORARY EXCLUDED <input type="checkbox"/> TEMP. DISABLED <input type="checkbox"/> DV	

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)	SOC. SEC. NUMBER	DATE OF BIRTH
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I understand the information I give is private. I understand that it will be used to help me get a job. If it is decided I am work and/or training ready, I understand I must be in work activities in order to receive a cash grant. I understand that information I give on this form may be needed by other agencies to help me reach my goals. The Family Support Division staff have my permission to give this information to other agencies. I give my permission to give out this information as long as I am required to be in a work activity.

I have read and agree to the above.

PARTICIPANT SIGNATURE	DATE
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CASEWORKER SIGNATURE	DATE
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List your last two employers (paid or unpaid). Start with your most recent job. Include volunteer work or self-employment.

EMPLOYER	DATES WORKED	JOB TITLE	HOURS PER WEEK	WAGE	REASON FOR LEAVING

LIST YOUR SKILLS

IS THERE ANY REASON YOU CAN NOT LOOK FOR WORK OR ACCEPT A JOB?
 YES NO IF YES, PLEASE LIST

DO YOU HAVE SOMEONE TO TAKE CARE OF YOUR CHILDREN WHEN YOU ARE LOOKING FOR WORK OR WORKING?
 YES NO

DO YOU CURRENTLY FEAR FOR THE SAFETY OF YOU OR YOUR CHILDREN FROM AN ADULT?
 YES NO

DO YOU THINK PARTICIPATING IN A WORK ACTIVITY MAY RESULT IN YOUR PARTNER BECOMING ABUSIVE OR MORE ABUSIVE?
 YES NO