



New Choices Program
Assessment

Today's Date: _____

Name: _____

Co Applicant: _____ (Must Fill out own form)

Referred by: _____

Do you have assigned case worker? Circle one YES NO

Name: _____

Agency: _____

Basic Information

Phone Number(s): _____ **Email:** _____

Current Address: _____

City, State, ZIP: _____ **County:** _____

Date of Birth: _____ **Age:** _____

Marital Status: Circle one

Married Divorced Single Separated Widowed

Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American | |

Native Language: Circle one

English Spanish Other

Number of Children: _____ **Number of Children residing with you:** _____

- | | | |
|-------------------------------------|--------------------|----------------------|
| <input type="checkbox"/> Aged 0-5 | How many male ____ | How many female ____ |
| <input type="checkbox"/> Aged 6-12 | How many male ____ | How many female ____ |
| <input type="checkbox"/> Aged 13-17 | How many male ____ | How many female ____ |
| <input type="checkbox"/> Aged 18+ | How many male ____ | How many female ____ |

of bedrooms requested _____

Barriers/Challenges: Check ALL that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Need Food | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Financial Strain | <input type="checkbox"/> Lack of Education |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drugs/Alcohol |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Other _____ |
- (Specify)

Current Housing Situation:

- Own Rent Homeless Facing Eviction

I am seeking housing from CEED because (check all that apply):

(these questions do not determine if we can help you, they determine how we can help you)

- I am currently being evicted and need lower rent.
- I have had previous evictions and cannot find a place to rent.
- I am interested in a lease to own program. I am gainfully employed and can make rent on a monthly basis on time without penalty.
- I am interested in renting a home for my family. I have had some problems with finances and am willing to be a part of a monthly counseling program to gain financial knowledge to maintain my household.
- I was living in a property that was affected by Hurricane Florence. I have documentation showing that the housing was not livable and can supply proof.

Is your name on the current lease?

Circle one **yes** **no**

Where did you sleep last night? _____

Were you affected by hurricane Matthew October 2016 or Florence September 2018?

How were you impacted (job, home, business, food, utilities)? _____

How were you helped? _____

Please list all social service agencies that you are currently receiving assistance from or have received assistance from in the past 6 months:

What are your strengths?

What are your challenges or barriers?

What are your needs?

What are your special skills?

What are your short term goals? (1-3 months)

What steps do you need to take to achieve your short term goals?

What are your long term goals? (6-12 months)

Where do you see yourself in one year?

What steps do you need to take to achieve your long term goals?

Education History

Highest Education:

- | | |
|--|--|
| <input type="checkbox"/> GED
<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some College
<input type="checkbox"/> Certificate/technical training | <input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Master/PhD
<input type="checkbox"/> Highest Grade Completed _____ |
|--|--|

Are you currently enrolled in school? Yes No

If yes, where? _____

Are you receiving subsidy or student loans? _____

Employment History

Are you currently employed? Circle one **YES NO**

Current Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Current/Former Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Current/Former Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Please list your five most recent employers.

Previous Employer: _____
Reason for Leaving: _____

Previous Employer: _____ **Previous Employer:** _____
Reason for Leaving: _____ **Reason for Leaving:** _____

Previous Employer: _____ **Previous Employer:** _____
Reason for Leaving: _____ **Reason for Leaving:** _____

Address History

Previous Address: _____ **Previous Address:** _____
Reason for Leaving: _____ **Reason for Leaving:** _____

Previous Address: _____ **Previous Address:** _____
Reason for Leaving: _____ **Reason for Leaving:** _____

Previous Address: _____ **Previous Address:** _____
Reason for Leaving: _____ **Reason for Leaving:** _____

Prior Military? Yes No

Do you have transportation? Yes No

If yes, please check type of transportation:

Personal Vehicle Bus Bicycle Other (please specify): _____

Budget History

Other Sources of Income:

Household monthly gross income

Write dollar amounts for ALL that apply.

\$ _____ Salary	\$ _____ Disability	\$ _____ TANF
\$ _____ Self Employ	\$ _____ Unemployment	\$ _____ Retirement
\$ _____ Food Stamps	\$ _____ Financial Aid	\$ _____ Alimony
\$ _____ Child Support	\$ _____ Social Security	\$ _____ Child Care
\$ _____ Work First	\$ _____ Spouse/Partner	\$ _____ Other

Current Monthly Expenses

Complete the following in terms of your MONTHLY budgeting/expenses. Write dollar amount for ALL that apply:

Rent _____

Utilities (Electric/Water/Gas) _____

Savings _____

Loans/Credit Cards _____

Telephone/Cell Phone _____

Car Payment _____

Groceries _____

Gas _____

Bus Pass _____

Health Insurance _____

Car Insurance _____

Prescriptions _____

Cosmetics/Nails/Hair _____

Laundry _____

Clothing/Uniforms _____

Entertainment/Restaurants _____

Doctor/Dentist _____

Miscellaneous (please specify) _____

