



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #19-45-EMP (This Policy Bulletin Replaces PB #19-38-EMP)

NYCWAY EMPLOYABILITY ASSESSMENT / EMPLOYMENT PLAN FOR APPLICANTS/PARTICIPANTS

<p>Date: September 12, 2019</p>	<p>Subtopic(s): Employment</p>
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to:</p> <ul style="list-style-type: none"> • Inform staff that New York City Work Accountability and You (NYCWAY) Employability Assessment/Employment Plan (EA/EP) screenshots for exempt individuals were added. Please refer to Attachment A. <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Job Center staff that an EA/EP is required for all adults, except homebound individuals, applying for or in receipt of Cash Assistance (CA). This policy bulletin is informational for all other staff.</p> <p>Applicants/Participants in receipt of CA must have the EA/EP completed and participate in approved work activities, if not otherwise exempt, as a condition of eligibility for CA. The EA/EP is used by the Human Resources Administration (HRA) to gather relevant information about a CA applicant's/participant's strengths, barriers to obtaining employment, and to help the family become economically secure. The EA/EP assesses the CA applicant's/participant's progress towards the goal of finding and sustaining employment as the foundation towards self-sufficiency.</p> <p>Previously, the EA/EP was initiated only for CA applicants/participants 18-59 years old, except for homebound individuals. Effective immediately, the Job Opportunity Specialist (JOS)/Worker must initiate an EA/EP for all CA household members 18 years of age and older, including emancipated minors 16-17 years old, and for participants, if an EA/EP was not</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

previously initiated. Homebound individuals still do not need to have the EA/EP completed.

The EA/EP, accessed through NYCWAY, gathers the following information:

- family circumstances, including the special needs of a child;
- child care or other supportive services needed;
- educational level, including literacy and English language proficiency;
- skills and prior work experience;
- basic skills and proficiency skills;
- training and vocational preferences.

A CA applicant/participant may be exempt from work activities when an EA/EP is completed, and the following barriers are selected:

- Special Assessment
- Needed at Home
- Over 60 years of age
- Caretaker of child under 3 months of age
- Pregnant – 8 months or more
- Refugee exemption
- In receipt of Supplemental Security Income (SSI).

Note: An applicant/participant may also be exempt from work activities if “No” is selected to the question “Currently Employable” in the EA/EP. The EA/EP will allow the JOS/Worker to bypass the signature page, if the signature pad is not available, and complete the EA/EP.

Once the EA/EP is completed for the exempt individuals, action code **119U** (EP Barrier Assessment Completed – Exempt) will post in the NYCWAY system, and the Employability Assessment and Employment Plan (**W-584A**) form will be printed.

Please refer to **Attachment A** for NYCWAY EA/EP screenshots for exempt applicants/participants.

Effective Immediately

References:

[11-ADM-06](#)

Attachments:

Attachment A NYCWAY EA/EP Screenshots for Exempt Applicants/Participants

W-584A Employability Assessment and Employment Plan (Rev. 5/15/19)

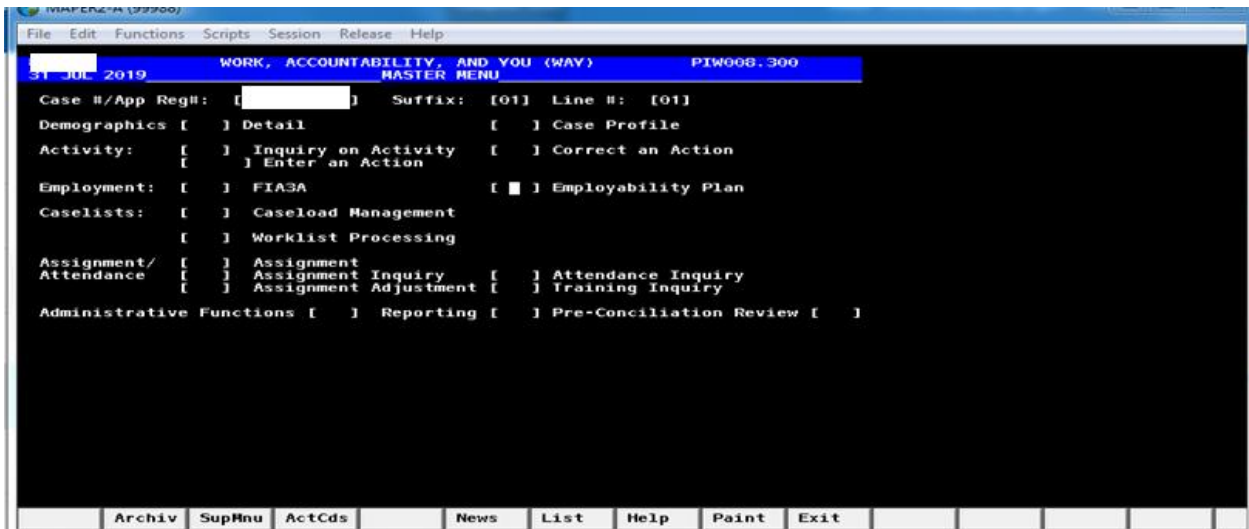
W-584A (S) Employability Assessment and Employment Plan (Spanish) (Rev. 5/15/19)

NYCWAY Employability Assessment / Employment Plan (EA/EP) Screenshots for Exempt Applicants/Participants

The following are steps to fill out the EA/EP in NYCWAY for exempt applicants/participants.

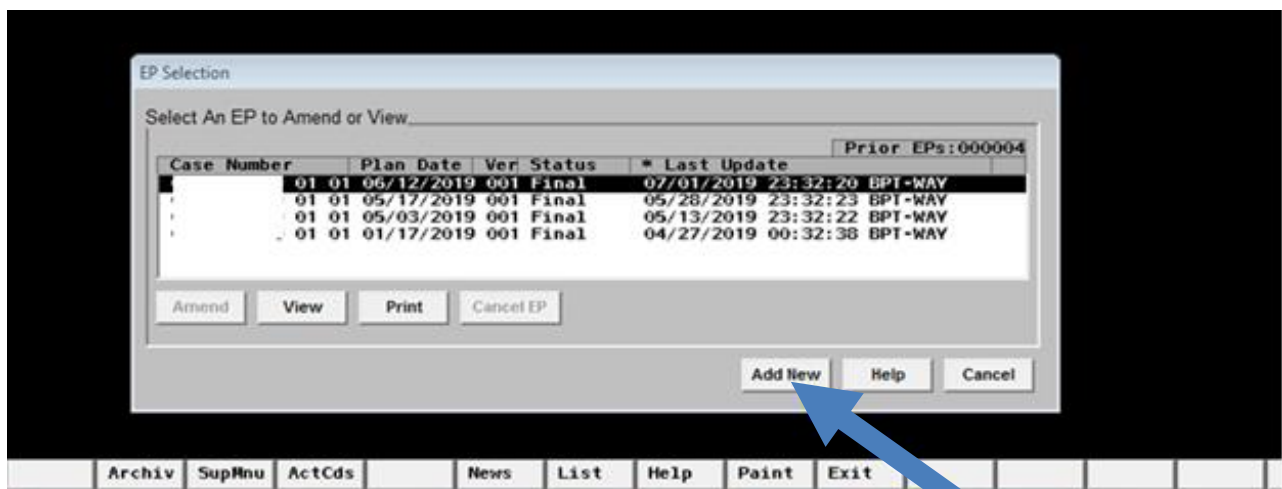
Step 1:

Enter the Case Number. Tab over to the Employability Plan. Press Enter on the keyboard.



Step 2:

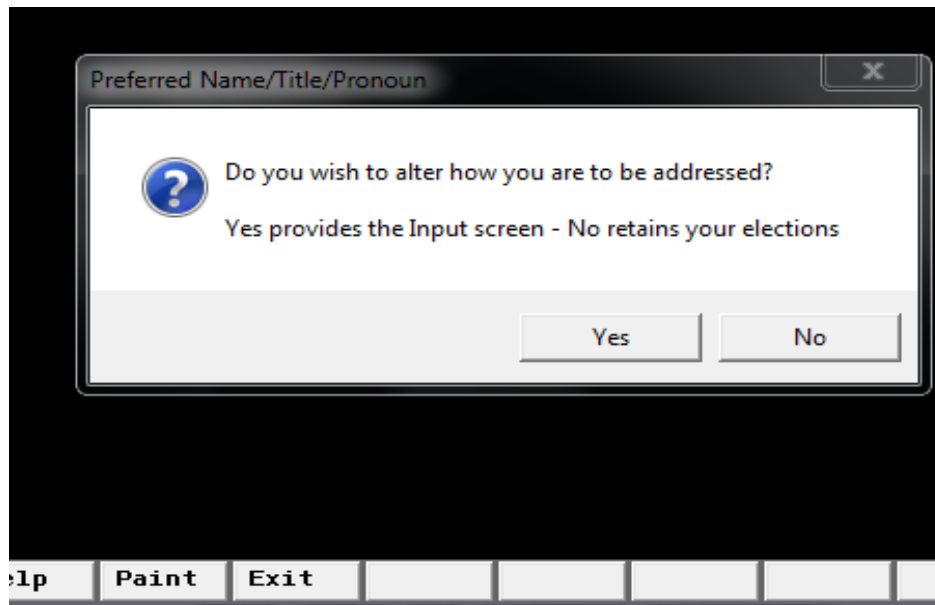
A pop-up screen will appear. Select "Add New" or "Amend".



ATTACHMENT A

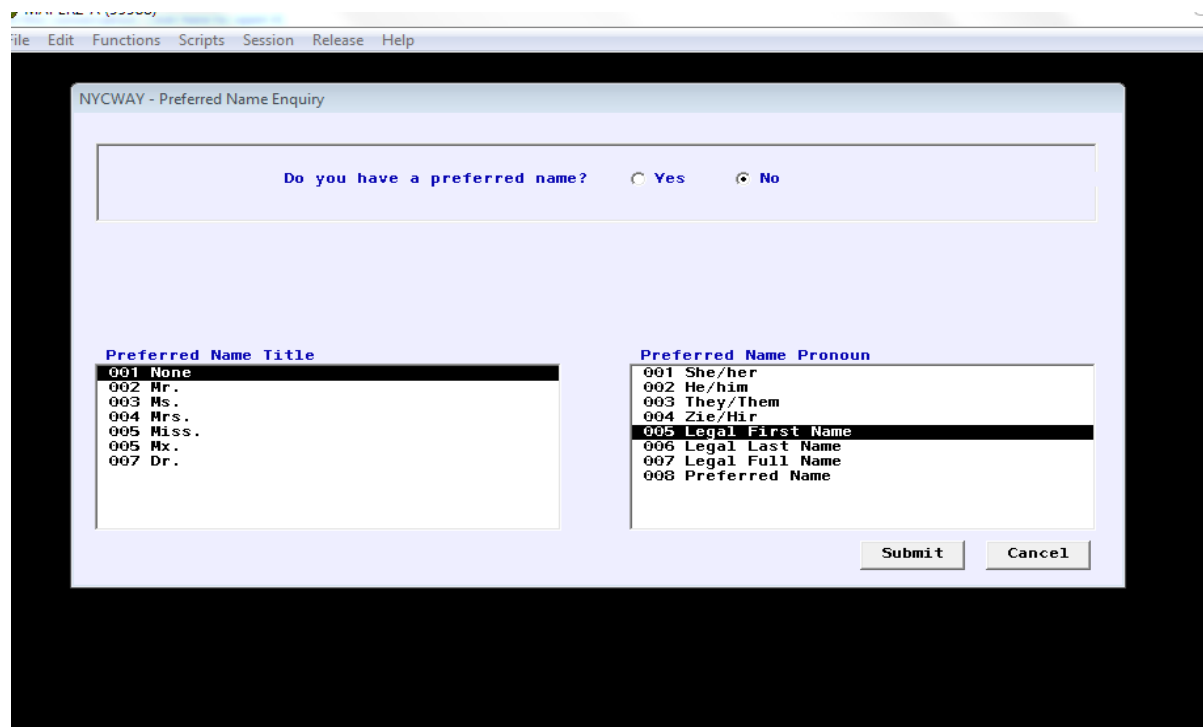
Step 3:

A pop-up screen appears to record whether the applicant/participant wishes to alter how they would be addressed. Select "Yes".



Step 4:

Select "Yes" or "No" to indicate if the applicant/participant has a preferred name. Press the Submit button.



ATTACHMENT A

Step 5:

Select the language(s) the applicant/participant speaks, reads, and/or writes. Select “Next”.

NYC Employment Services System
Human Resources Administration
Department of Social Services

Employability Assessment

Case: [] Name: [] Title: Preferred Name: Pronoun: Legal First Name []

Please indicate languages the client Speaks, Reads, and/or Writes:

English	<input checked="" type="checkbox"/> Can Speak	<input checked="" type="checkbox"/> Can Read	<input checked="" type="checkbox"/> Can Write
Is English The Primary Language?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Spanish	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Traditional Chinese	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Simplified Chinese	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Russian	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Korean	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Creole	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Arabic	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write
Bengali	<input type="checkbox"/> Can Speak	<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Write

Previous Next Submit Return

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Step 6:

Select any barrier(s). Then select “Next”.

NYC Employment Services System
Human Resources Administration
Department of Social Services

Employability Assessment

Case: [] Name: [] Title: Preferred Name: Pronoun: Legal First Name []

Please indicate if any of the below Barriers exist:

Is there a Special Assessment issue?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is there an Alcohol or Drug issue?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Medical/Mental Health Issue?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needed at Home Claimed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Personal Issues?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are You Authorized to Work in the U.S.?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Currently Employable?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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Note: If the applicant/participant is aged 60 or older, the following screen will appear. Select “Next”.

Please indicate if any of the below Barriers exist: Info

Is there a Special Assessment issue? Yes No

Is there an Alcohol or Drug issue? Yes No

Medical/Mental Health Issue? Yes No

Needed at Home Claimed? Yes No

Other Personal Issues? Yes No

Over 60 years of Age? Yes No

Caretaker of Child under 3 months of Age? Yes No

Pregnant - 8 Months or over? Yes No

Refugee Exemption? Yes No

Teen in High School Full Time? Yes No

In Receipt of SSI? Yes No

Are You Authorized to Work in the U.S.? Yes No

Currently Employable? Yes No

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Step 7:

A pop-up for exempt barrier(s) will appear. Select “OK” to complete the exempt EP.

Note: For applicants/participants aged 60 or older, they will select “OK” to complete the exempt EP. If the applicant/participant is interested in a volunteer assignment, they will select “Continue to Assignment” to be referred to the vendor.

Exempt Barrier!

You have selected the below listed exemption for this client. If you click Ok, this will guide you to complete an exempt EP. If the client is requesting a referral to Career Services, select Continue to assignment

- Over 60 years of Age? (Yes)

Cancel OK Continue to assignment

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Step 8:

The section on “Children found on the case” is read-only for the exempt applicant/participant. The JOS/Worker will see the word “Exempt” on the upper right-hand corner of the screen. Select “Next” to continue.

Step 9:

Select any skills listed. Select “Next” to continue.

ATTACHMENT A

Step 10:

Enter any degrees or programs attended. Select “Next” to continue.

The screenshot shows the 'Employability Assessment' form. At the top, there is a header for 'Administration Department of Social Services' and 'Employment Services System'. A 'Client Demographics' section contains fields for 'Case:', 'Name:', and 'Title: Preferred Name: Pronoun: Legal First Name'. Below this is a section titled 'Please list any degree/program that you have attended including foreign degree'. It features a table with one header row labeled 'Program Type/Degree' and a '+ Add row' button.

Step 11:

Answer questions regarding Veteran Status. Select “Next” to continue.

The screenshot shows the 'Employability Assessment' form at a later stage. The 'Military Experience' section is active, displaying 'Veteran's Indicator' as 'Not A Veteran'. Below this, a question asks: 'You said that you have been/have never been in the military when you applied for Cash Assistance. Is this correct?' with radio buttons for 'Yes' and 'No'. A confirmation prompt says 'Please confirm your status.' with a dropdown menu currently set to 'Not A Veteran'. The bottom of the form has navigation buttons: 'Previous', 'Next', 'Submit', and 'Return', along with a 'Page 11' indicator.

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Step 12:

Answer questions regarding English proficiency. Select “Next” to continue.

Employability Assessment Client Demographics

Case: [Redacted] Name: [Redacted] Title: Preferred Name: Pronoun: Legal First Name

English proficiency and foreign language skills Info

Applicant Requests Free Interpreter Services Yes No

Reading - Comfort Level With the English Language Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

Writing - Comfort Level With the English Language Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

Speaking - Comfort Level With the English Language Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

Understanding - Comfort Level With the English Language Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

Acquired Skills

Computer

Acquired Skill	Yes
Computer Skills	<input checked="" type="checkbox"/>

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Step 13:

Answer questions regarding Readiness to Work. Select “Submit”. If the JOS/Worker selects “Sign”, they will be able to capture the applicant/participant’s signature electronically.

Employability Assessment Client Demographics

Case: [Redacted] Name: [Redacted] Title: Preferred Name: Pronoun: She/her

Readiness To Work Info

Do you own clothing that is appropriate for a job interview? Yes No

Describe anything else you may need to enable you to work. Uniform License Renewal Tools

Other: [Text Input Field]

Do you have a resume? Yes No

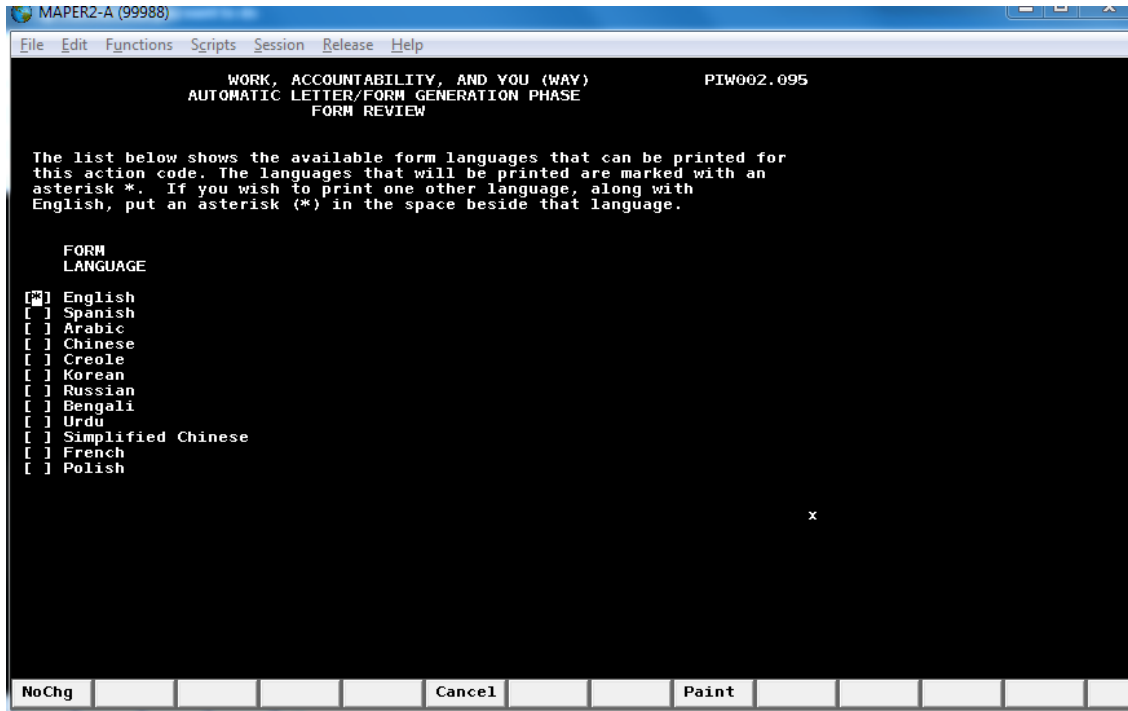
Do you have any professional references? Yes No

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ATTACHMENT A

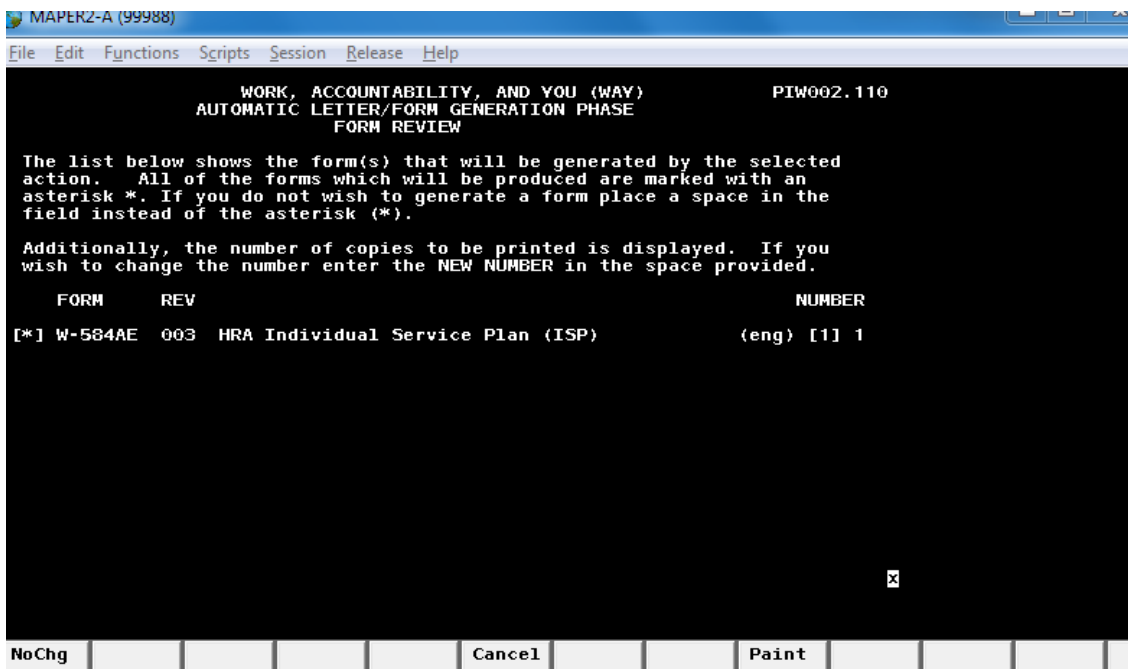
Step 14:

Select language(s) for forms to be printed in, and tab to bottom (x).



Step 15:

Form **W-584A** will be printed. Confirm the form language and number of copies. Tab to bottom (x).



ATTACHMENT A

Step 16:

Action code **119U** is posted.

The screenshot shows a terminal window for MAPER2-A (99988). The main display area contains the following information:

Months on PA [end SEP] : 18
 812B64 WORK, ACCOUNTABILITY, AND YOU (WAY) PIW065,380
 14:11 Activity Inquiry 07/31/2019

Case Number [redacted] AppReg [redacted] CIN [redacted] SSN [redacted]
 DOB [redacted] Gender Female Case Type FA Indiv Status SN Office 038
 ES Codes - CA (70) Snap (70) ABAWD (N) Household Size (03) Worker [redacted]
 Prog Stat INTAKE - SPECIAL CALL IN
 Client (First Name/Last Name) [redacted]
 Title Preferred Name Pronoun Legal First Name
 Hours - Model (25) Engagement (25) EP (0) WMS () Weekly Core Hr (9)

DATE	ACTION/DESCRIPTION	STATUS	CMP	FUT	DATE	OFF	WORKR	SITE
[] 07/31/19	119U EP BARRIER: EXEMPT	INTSP	119U	/	/	B38	T0011	
[]! 07/31/19	0S70 SNAP ES 70	INTSP	0S70	/	/	Sys	System	
[] 07/31/19	105M SPEC ASSE RETRN TO J	INTSP		08/14/19		B38	T0011	B38
[] 07/31/19	191A REFERRED - SP ASSESS	INTSP		08/06/19		X38	T0011	X38
[] 07/31/19	119A EP INITIATED	AWT01	119U	07/31/19		B38	System	
[] 07/29/19	14NR OCSE REF NOT NEEDED	AWT01	14NR	/	/	023	F0416	
[]! 07/08/19	1YDC LDSS-4231 COMPL	AWT01	1YDC	/	/	SYS	SYSTEM	
[] 07/07/19	1YDS LDSS-4231 INITIATED	AWT01	1YDC	07/07/19		038	SYSTEM	
[]! 06/26/19	100A CASE NOTE	WORW5	100A	/	/	YX4	K0244	

CSS Next Case _____ Suffix ___ Line No. ___ Category ___

Prior | RollFw | AsgInq | DemInq | AddAct | Assign | HistPr | Profile | MnMenu | | | |



Date: _____

Case Number: _____

Case Name: _____

Case Type: _____

Caseload: _____

EMPLOYABILITY ASSESSMENT AND EMPLOYMENT PLAN

Preferred Name: _____

First Name: _____

Last Name: _____

Case Number: _____

Date Completed: _____

Email Address: _____

Staff Name: _____

Staff Phone Number: _____

ASSESSMENT SUMMARY

SAMPLE

1. Language Proficiency Assessment:

Language	Speak	Read	Write
Arabic			
Bengali			
Chinese-Simplified			
Chinese-Traditional			
Haitian Creole			
English			
French			

Language	Speak	Read	Write
Korean			
Polish			
Russian			
Spanish			
Urdu			
Other: _____			

Describe your comfort level with your ability to do the following in English:

Read	<input type="checkbox"/> Very Comfortable	<input type="checkbox"/> Somewhat Comfortable	<input type="checkbox"/> Not at all Comfortable
Write	<input type="checkbox"/> Very Comfortable	<input type="checkbox"/> Somewhat Comfortable	<input type="checkbox"/> Not at all Comfortable
Speak	<input type="checkbox"/> Very Comfortable	<input type="checkbox"/> Somewhat Comfortable	<input type="checkbox"/> Not at all Comfortable
Understand	<input type="checkbox"/> Very Comfortable	<input type="checkbox"/> Somewhat Comfortable	<input type="checkbox"/> Not at all Comfortable

2. Potential Challenges:

	YES	NO
a. Special Assessment concerns? If YES, answer 1 1. Form LDSS-4583 completed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol or Drug concern? If YES, answer 1 and 2 1. Screening Form (LDSS-4571) completed? 2. Do you want to refer for CSM/CASAC Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical/Mental Health Condition? If YES, answer 1, 2, and 3 1. Are physical limitations claimed? 2. Is a mental health condition claimed? 3. Do you want to refer for medical evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you Needed at Home?	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Personal concerns? 1. Are you over 60 years of age? 2. Are you a caretaker of a child under 3 months of age? 3. Are you pregnant (8 months or over)? 4. Are you a refugee? 5. Are you a teen in high-school full-time? 6. Are you receiving SSI?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you ever been convicted of a felony? If YES, what is the nature of the felony?	<input type="checkbox"/>	<input type="checkbox"/>

3. Children Associated with Case:

a. All Children known to WMS

Child's Name	Date of Birth	Special Needs?	Type of Care
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Turn Page)

4. Education & Training History

a. Degree Programs Attended and/or Completed

Degree	School Name	Completed?	Date Completed
HS Diploma		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Associate's Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bachelor's Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Master's Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PhD		<input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Other Education Programs Attended and/or Completed

Program Type	School Name	Completed?	Date Completed
Literacy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-HSE/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HSE/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ESL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SAMPLE

5. Employment Goals and Preferences:
Short Term Goals

a. What kind of job would you like to work now?

b. Industry of Interest:

<input type="checkbox"/> 1. Healthcare	<input type="checkbox"/> 6. Construction	<input type="checkbox"/> 11. Maintenance
<input type="checkbox"/> 2. Social Assistance	<input type="checkbox"/> 7. Retail	<input type="checkbox"/> 12. Security
<input type="checkbox"/> 3. Technology	<input type="checkbox"/> 8. Customer Service	<input type="checkbox"/> 13. Transportation
<input type="checkbox"/> 4. Industrial	<input type="checkbox"/> 9. Food Service	<input type="checkbox"/> 14. Warehousing
<input type="checkbox"/> 5. Manufacturing	<input type="checkbox"/> 10. Accommodation	<input type="checkbox"/> 15. Other _____

c. Do you want to attend an education, training, or degree program now or within the next 6 months?

Yes No

(Turn Page)

5. Employment Goals and Preferences (continued):

Long Term Goals

a. What kind of job would you like to have five years from now?

b. Industry of Interest:

<input type="checkbox"/> 1. Healthcare <input type="checkbox"/> 2. Social Assistance <input type="checkbox"/> 3. Technology <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Manufacturing	<input type="checkbox"/> 6. Construction <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Customer Service <input type="checkbox"/> 9. Food Service <input type="checkbox"/> 10. Accommodation	<input type="checkbox"/> 11. Maintenance <input type="checkbox"/> 12. Security <input type="checkbox"/> 13. Transportation <input type="checkbox"/> 14. Warehousing <input type="checkbox"/> 15. Other
--	--	--

6. Workplace Preferences and Accommodations:

a. Preferred Location(s):

- Bronx
 Brooklyn
 Manhattan
 Queens
 Staten Island
 Other

b. Preferred Shifts:

- Weekdays
 Weeknights
 Weekends
 Overnight
 Flexible

7. Work History and Military Experience:

a. Employment History and Volunteer Work Experience

Employer Name	Dates Worked (Month/Year)	Occupation Title

b. Military Experience

1. Branch of Service: _____

2. Dates of Service (MM/YY) – (MM/YY): _____ – _____

8. Training Preferences and Experience:

- 1. Requesting Enrollment/Currently Enrolled in a Training Program: Yes No
- 2. How many Education/Training Programs attended in last 3 years? _____
- 3. How many Education/Training Programs completed? _____
- 4. Name of the last Program Completed? _____
- 5. Date the last Program was completed? _____
- 6. What was the outcome of the last program? _____
- 7. Reason for any Program not completed: _____
- 8. Currently attending Program? Yes No
- 9. Total number of months in completed and Current Programs? _____
- 10. Referred to Current or Latest completed Program by HRA? Yes No
- 11. Enrolled in a Program with a future start date? Yes No

9. Training Assessment Group:

a. Currently Enrolled Program Details

- 1. Program Name: _____
- 2. Field of Study: _____
- 3. Program Address: _____
- 4. HRA Approved Program? Yes No
- 5. CUNY Program? Yes No
- 6. Does client pay an out-of-pocket cost? Yes No
- 7. Cost to client? \$ _____
- 8. Program Start Date: _____
- 9. Program End Date: _____
- 10. Expected Outcome: _____

b. Certified Statement

- 1. Training Signoff Date: _____
- 2. TAG Caseworker: _____
- 3. TAG Caseworker Telephone Number: _____

(Turn Page)

10. TABE Score:

1. Reading: _____ / _____ Date Taken: _____
 2. Math: _____ / _____ Date Taken: _____
 3. Best Plus/CASAS Score: _____

11. Job Ready Questions:

1. Are you ready to look for a job? Yes No
 2. If you were offered a job today, would you be ready to start? Yes No
 3. Do you agree or disagree with the following statement? Agree Disagree
My personal responsibilities make it hard for me to find a job.
 4. Do you agree or disagree with the following statement? Agree Disagree
There are many jobs available for someone with my skills.

Based on your assessment, the following referrals are suggested:

Referral Activity	Date Created	Start Date	Site Details
SAMPLE			

Primary Assignment:

Referral Activity	Date Created	Start Date	Site Details
SAMPLE			

Concurrent Assignment:

Referral Activity	Date Created	Start Date	Site Details

Participant Signature

Date

Staff Signature

Date



Fecha: _____
Número de caso: _____
Nombre del caso: _____
Tipo de caso: _____
Unidad de casos: _____

EVALUACIÓN DE EMPLEABILIDAD Y PLAN DE EMPLEO

Nombre preferido: _____
Nombre: _____ Apellido: _____
Número de caso: _____ Fecha en que se rellenó: _____
Correo electrónico: _____
Nombre del personal: _____ Teléfono del personal: _____

RESUMÉN DE LA EVALUACIÓN

1. Evaluación de dominio del idioma:

Idioma	Hablar	Leer	Escribir	Idioma	Hablar	Leer	Escribir
Árabe				Coreano			
Bengalí				Polaco			
Chino simplificado				Ruso			
Chino tradicional				Español			
Criollo haitiano				Urdú			
Inglés				Otro: _____			
Francés							

Describe su nivel de dominio del inglés para:

Leer	<input type="checkbox"/> Buen dominio	<input type="checkbox"/> Dominio limitado	<input type="checkbox"/> No dominio
Escribir	<input type="checkbox"/> Buen dominio	<input type="checkbox"/> Dominio limitado	<input type="checkbox"/> No dominio
Hablar	<input type="checkbox"/> Buen dominio	<input type="checkbox"/> Dominio limitado	<input type="checkbox"/> No dominio
Comprender	<input type="checkbox"/> Buen dominio	<input type="checkbox"/> Dominio limitado	<input type="checkbox"/> No dominio

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2. Posibles retos:

	SÍ	NO
a. ¿Tiene alguna inquietud sobre la Evaluación Especial ? Si es así, responda la pregunta 1: 1. ¿Rellenó el formulario LDSS-4583?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le inquieta el uso de alcohol o drogas? Si es así, responda la pregunta 1 y 2: 1. ¿Rellenó el formulario de evaluación (LDSS-4571)? 2. ¿Desea referir para hacer evaluación para CSM/CASAC?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Existe alguna condición médica/de salud mental? Si es así, responda las preguntas 1, 2 y 3: 1. ¿Se afirma tener limitaciones físicas? 2. ¿Se afirma tener condición de salud mental? 3. ¿Desea usted referir para hacer una evaluación médica?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Se le necesita a usted en casa?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Tiene otras inquietudes personales? 1. ¿Tiene usted más de 60 años? 2. ¿Cuida usted a un(a) niño(a) menor de 3 meses? 3. ¿Está usted embarazada (de 8 meses o más)? 4. ¿Es usted refugiado(a)? 5. ¿Es usted adolescente y estudiante de escuela secundaria a tiempo completo ? 6. ¿Recibe usted el SSI?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Ha sido usted condenado alguna vez por algún delito mayor? Si es así, ¿qué tipo de delito mayor?	<input type="checkbox"/>	<input type="checkbox"/>

3. Niño(a)s asociado(a)s al caso :

a. Niño(a)s que aparecen en el Sistema de Gestión de Welfare (WMS, por sus siglas en inglés)

Nombre del niño(a)	Fecha de nacimiento	¿Necesidades especiales?	Tipo de cuidado
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	

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4. Educación e historial de capacitación

a. Programas que ofrecen títulos a los que haya asistido y/o haya terminado

Título	Nombre de la institución	¿Ha terminado?	Fecha de terminación
Diploma de la escuela secundaria		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Diploma de dos años de universidad		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Licenciatura		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Maestría		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Doctorado		<input type="checkbox"/> Sí <input type="checkbox"/> No	

b. Otros programas a los que haya asistido y/o haya terminado

Tipo de programa	Nombre de la institución	¿Ha terminado?	Fecha de terminación
Alfabetización		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Pre- HSE/GED: Preparación para la equivalencia de la escuela secundaria		<input type="checkbox"/> Sí <input type="checkbox"/> No	
HSE/GED: Equivalencia de la escuela secundaria		<input type="checkbox"/> Sí <input type="checkbox"/> No	
ESL: inglés como segundo idioma		<input type="checkbox"/> Sí <input type="checkbox"/> No	

5. Metas de empleo y preferencias

Metas a corto plazo

a. ¿En que tipo de trabajo le gustaría trabajar ahora?

b. Campo de interés:

<input type="checkbox"/> 1. Atención médica	<input type="checkbox"/> 6. Construcción	<input type="checkbox"/> 11. Mantenimiento
<input type="checkbox"/> 2. Asistencia social	<input type="checkbox"/> 7. Ventas al por menor	<input type="checkbox"/> 12. Seguridad
<input type="checkbox"/> 3. Tecnología	<input type="checkbox"/> 8. Atención al cliente	<input type="checkbox"/> 13. Transporte
<input type="checkbox"/> 4. Industrial	<input type="checkbox"/> 9. Servicio de comidas	<input type="checkbox"/> 14. Almacenería
<input type="checkbox"/> 5. Fabricación	<input type="checkbox"/> 10. Hospitalidad	<input type="checkbox"/> 15. Otro _____

c. ¿Desea asistir a un programa para obtener título, capacitación o educación, ahora o dentro de los próximos 6 meses?

Sí No

(Voltee la página)

5. Metas de empleo y preferencias (continuación):

Metas a largo plazo

a. ¿Qué tipo de trabajo le gustaría tener de aquí a cinco años?

b. Campo de interés:

<input type="checkbox"/> 1. Atención médica	<input type="checkbox"/> 6. Construcción	<input type="checkbox"/> 11. Mantenimiento
<input type="checkbox"/> 2. Asistencia social	<input type="checkbox"/> 7. Ventas al por menor	<input type="checkbox"/> 12. Seguridad
<input type="checkbox"/> 3. Tecnología	<input type="checkbox"/> 8. Atención al cliente	<input type="checkbox"/> 13. Transporte
<input type="checkbox"/> 4. Industrial	<input type="checkbox"/> 9. Servicio de comidas	<input type="checkbox"/> 14. Almacenería
<input type="checkbox"/> 5. Fabricación	<input type="checkbox"/> 10. Hospitalidad	<input type="checkbox"/> 15. Otro _____

6. Preferencia de lugar de trabajo y acomodamiento:

a. Ubicaciones preferidas:

Bronx Brooklyn Manhattan Queens Staten Island
 Otra

b. Turnos preferidos:

Días entre semana Noches entre semana Fines de semana Nocturno Flexible

7. Historial de trabajo y experiencia militar:

a. Historial de trabajo y experiencia de trabajo voluntario

Nombre del empleador	Fechas en las que trabajó (mes/año)	Título del puesto

b. Experiencia militar

1. Rama de servicio: _____

2. Fechas de servicio (MM/AA) – (MM/AA): _____ – _____

8. Preferencia de capacitación y experiencia:

1. Solicita inscripción/actualmente inscrito en programa de capacitación: Sí No
2. ¿A cuántos programas educativos/de capacitación asistió en los últimos 3 años? _____
3. ¿Cuántos programas educativos/de capacitación terminó? _____
4. Nombre del último programa que terminó _____
5. Fecha en que terminó el último programa _____
6. ¿Cuál fue el resultado del último programa? _____

7. Razón por la cual no terminó algún programa _____

8. ¿Asiste a algún programa actualmente? Sí No
9. Número total de meses terminados y total de meses de los programas actuales _____
10. ¿Fue referido(a) por la HRA al programa actual o al último que terminó? Sí No
11. ¿Está inscrito en un programa con fecha de inicio anticipada? Sí No

9. Grupo de evaluación para capacitación:

a. Información sobre el programa en el que está actualmente inscrito

1. Nombre del programa: _____
2. Campo de estudio: _____
3. Dirección del programa: _____

4. ¿Es un programa aprobado por la HRA? Sí No
5. ¿Es un programa de CUNY? Sí No
6. ¿Está el/la cliente pagando el programa de su bolsillo? Sí No
7. ¿Qué le cuesta al cliente? \$ _____
8. Fecha de inicio del programa: _____
9. Fecha de finalización del programa: _____
10. Resultado esperado: _____

b. Declaración certificada

1. Fecha de autorización para capacitación: _____
2. Trabajador(a) del caso de TAG: _____
3. Número telefónico del trabajador(a) del caso de TAG: _____

(Voltee la página)

10. Calificación de TABE:

1. Lectura: _____ / _____ Fecha de prueba: _____
 2. Matemáticas: _____ / _____ Fecha de prueba: _____
 3. Puntaje de Best Plus/CASAS: _____

11. Preguntas sobre la disposición para el trabajo:

1. ¿Está usted listo para buscar trabajo? Sí No
 2. ¿Si se le ofreciera trabajo hoy, está usted listo para empezar? Sí No
 3. ¿Está usted de acuerdo o en desacuerdo con la siguiente declaración? De acuerdo En desacuerdo
Se me hace difícil encontrar trabajo debido a mis responsabilidades personales.
 4. ¿Está usted de acuerdo o en desacuerdo con la siguiente declaración? De acuerdo En desacuerdo
Hay muchos trabajos disponibles para alguien con mis habilidades.

En base a su evaluación, se recomiendan las siguientes referencias:

Referencia para actividad	Fecha creada	Fecha de inicio	Detalles sobre el lugar

Asignatura principal:

Referencia para actividad	Fecha creada	Fecha de inicio	Detalles sobre el lugar

Asignatura simultánea:

Referencia para actividad	Fecha creada	Fecha de inicio	Detalles sobre el lugar

Firma del/de la participante

Fecha

Firma del personal

Fecha