



Reach Up/Reach First Enrollment Questionnaire

Please answer these questions as completely as possible. The information will be used to help select your lead team member.

Name: _____ SSN: _____ Date of Birth: _____

Mailing Address: _____ Physical Address: _____

_____ Ages of Children: _____

Telephone: _____

Other Parent (if living with you): _____ SSN: _____

1. Last grade completed _____ Please check all the degrees you have:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Grade school | <input type="checkbox"/> Some high school | <input type="checkbox"/> GED | <input type="checkbox"/> High school diploma | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Vocational certificate | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Post-graduate degree | <input type="checkbox"/> Professional license |

2. Are you currently participating in any education or training activity? Yes No

What is it? _____

3. Do you have a valid VT driver's license? Yes No **What form of transportation do you rely on?**
 Your own car Public transportation A family member Other _____

4. Do you have housing that is: Safe Permanent Affordable?

5. Are you more than 2 months behind in rent or Utilities? Yes No

6. Do you have conditions with corrections or family services that could affect your ability to work or impact your schedule?
 No Yes With whom are you working? _____

7. Do you have childcare in place? No Yes Hours per week _____; Who is your provider? _____

8. Please check any of the following organizations that are providing services to you and/or your family:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Public or Section 8 Housing | <input type="checkbox"/> Parent Child Center | <input type="checkbox"/> Child Care Services Subsidy | <input type="checkbox"/> Probation & Parole/Corrections |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> DCF/Family Services | <input type="checkbox"/> Family Infant Toddler Program | <input type="checkbox"/> Alcohol & Drug Services |
| <input type="checkbox"/> Domestic Violence Organization | <input type="checkbox"/> Counseling or Mental Health Org. | <input type="checkbox"/> Head Start or Early Essential Education | <input type="checkbox"/> Vermont Department of Labor |

9. What current event or crisis caused you to apply for Reach Up/Reach First? (check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Lost job/reduced hours | <input type="checkbox"/> Medical issue | <input type="checkbox"/> Household member with income left | <input type="checkbox"/> Divorce/separation |
| <input type="checkbox"/> Back bills | <input type="checkbox"/> Moved from another state _____ | <input type="checkbox"/> Car repairs | <input type="checkbox"/> Housing crisis |
| <input type="checkbox"/> Other unexpected expense _____ | | | |

10. Do you currently have a physical, mental health, or substance use issue that affects your daily life or ability to work?
 No Yes If yes, Please explain _____

Over Please →

11. Work history – list your last 3 jobs, whether paid or volunteer. Please start with your most recent job.

Employer	Job Title	Start/end dates	Hours per week	Wage	Reason job ended

12. Will your situation change in the next four months in a way that will end your need for financial help?

For example, do you plan to move to another state, be recalled to work, collect Unemployment Insurance or change your circumstances in another way? Yes No

If yes, please explain _____

13. Have you had trouble finding or keeping a job? No Yes What type of trouble? _____

14. Are you willing and able to work right now? Yes No If no, Why not? _____

15. In order to go back to work successfully, I would like to speak with someone about:

- Childcare
- Health
- Physical disabilities
- Transportation
- Mental health
- Financial obligations
- Housing
- Legal issues
- Family responsibilities
- Education/training
- Drug/alcohol use

16. Please check if you have the following:

- Social security card
- Birth certificate
- Valid driver's license
- DMV photo ID or passport
- Clothing appropriate for job search/employment
- Current resume
- 3 job references

17. What is your preferred short term job for which you are qualified? _____

18. How confident are you that you will find another job within the next three months? Please check the answer that best fits your current situation.

- Very confident – I'm going back to my old job, or I have a new job lined up - Expected start date _____
- Fairly confident – I'm looking and think I'll find something quickly
- Unsure of my job future
- Not confident – I don't think I'll find work within the next three months

Please sign below

I understand, to help me prepare for a job, information about my readiness for work might require information to be shared with employers or other agencies. I give Reach Up permission to do so as long as it is relevant to my participation in the program.

Participant signature

Date

Original to Reach Up Supervisor if not already in OnBase