

Granite Workforce Assessment

1. JMS ID#: _____

2. RID #: _____

3. Gender: Male Female

4. What is your Marital Status? Single Married Divorced
 Separated Widowed/Widower Other (please specify)

5. Have you or a family member ever served in the military? Yes No

6. Indicate the number of adults (18+) in your household (including yourself):

- | | | |
|-------------------------|-------------------------|----------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 or more |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |
| <input type="radio"/> 4 | <input type="radio"/> 8 | |

7. Indicate the number of children, along with each of their ages, in your household:

**Please note that you only need to fill out the number of rows for the number of children you have. For example, if you only have one child you only need to fill out the first child row.*

	Under 6	6-18 years old	18+ years old
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do any of the children in your household have or experience any of the following? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Health Problem | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> Behavioral Problem | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Frequent disciplinary problems at school or child care |
| <input type="checkbox"/> Miss school or child care frequently | | <input type="checkbox"/> Face suspension or expulsion from school or child care |
| <input type="checkbox"/> Face charges, involvement with the juvenile system, detention, or probation | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (please specify) | |

9. Do you have dependent adults needing assistance, care or supervision, in your household?

Yes No If yes, how many? _____

10. Have you ever used any of the following community services/resources? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Town & City Welfare Services |
| <input type="checkbox"/> 211 Hotline | <input type="checkbox"/> VITA Site Tax Assistance |
| <input type="checkbox"/> Food Pantries | <input type="checkbox"/> National School Lunch Program |
| <input type="checkbox"/> More Than Wheels | <input type="checkbox"/> Assistance from Faith Based Organizations |
| <input type="checkbox"/> Good News Garage | <input type="checkbox"/> Women, Infants & Children (WIC) |
| <input type="checkbox"/> Community Action Programs (Including Fuel Assistance & Weatherization) | |
| <input type="checkbox"/> I have never used a community service/resource | |
| <input type="checkbox"/> Other(s) (please specify) | |

11. What factors contributed to your need to applying for Granite Workforce? (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Job loss | <input type="checkbox"/> Lack support from my family |
| <input type="checkbox"/> Reduced work hours | <input type="checkbox"/> Lack motivation and/or career direction |
| <input type="checkbox"/> No jobs available in local labor market | <input type="checkbox"/> Lack job search skills such as a resume or interviewing skills |
| <input type="checkbox"/> Lack work experience | <input type="checkbox"/> Too much stress to focus on my career |
| <input type="checkbox"/> Lack education/training | <input type="checkbox"/> Criminal background |
| <input type="checkbox"/> Child care issues | <input type="checkbox"/> I have a mental health issue |
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> I have a physical health issue |
| <input type="checkbox"/> Unstable housing | <input type="checkbox"/> A household member has a health issue |
| <input type="checkbox"/> Other (please specify) | |

12. If you indicated that child care issues contributed to your need to applying for Granite Workforce, please check the reason(s) why: (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Could not find child care in my area | <input type="checkbox"/> Could not find child care for special needs child |
| <input type="checkbox"/> Could not afford child care | <input type="checkbox"/> Child misbehaved and not allowed in child care facility |
| <input type="checkbox"/> Could not find child care available for nights/weekends | |
| <input type="checkbox"/> Other (please specify) | |

13. Are you currently experiencing any of the following challenges with child care? (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Child care is not required due to the age(s) of my child(ren) | <input type="checkbox"/> Slots not available |
| <input type="checkbox"/> Difficulty maintaining child care due to child's behavior | <input type="checkbox"/> Cannot find child care |
| <input type="checkbox"/> I am not experiencing any challenges with child care | <input type="checkbox"/> Too far away to get to |
| <input type="checkbox"/> Cannot afford the cost of child care | <input type="checkbox"/> No transportation to get to child care provider |
| <input type="checkbox"/> Not comfortable with others caring for my child(ren) | <input type="checkbox"/> Cannot find care for nights/week-ends |
| <input type="checkbox"/> Worry about unsafe environments | <input type="checkbox"/> Not available for my sick or disabled child |
| <input type="checkbox"/> Owe money to a current and/or past child care provider | |

14. If you have child care, what is your backup child care plan for when you have to get to work or your Granite Workforce activity and your main arrangements are not available and/or school is not in session?

- | | |
|--|--|
| <input type="checkbox"/> A family member provides child care | <input type="checkbox"/> A neighbor/friend provides child care |
| <input type="checkbox"/> I take my child(ren) with me | <input type="checkbox"/> I don't have a backup plan |
| <input type="checkbox"/> Child care is not required due to the age(s) of my child(ren) | |
| <input type="checkbox"/> Other (please specify) | |

15. Is there anything about your transportation that presents a challenge for you to work or participate in work activities?

- Yes No

If yes, please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Car broke and did not have enough money to fix it | <input type="checkbox"/> Unable to afford car registration |
| <input type="checkbox"/> Unable to afford gas | <input type="checkbox"/> Do not have a car |
| <input type="checkbox"/> Issues with my driver's license | <input type="checkbox"/> Rides from other people are unreliable |
| <input type="checkbox"/> Never had a driver's license | <input type="checkbox"/> No local bus route where I live |
| <input type="checkbox"/> Unable to afford car insurance | <input type="checkbox"/> Behind in car payments |
| <input type="checkbox"/> Other (please specify) | |

16. Do you own a vehicle? Yes No

17. Is your vehicle reliable? Yes No

If no, please explain why not:

18. Do you usually have money for gas to get to the places you need to go?

- Yes No

19. How often do you have access to a reliable vehicle?

- Never Rarely Sometimes Most of the time Always

20. How do you usually get to the places you need to go? (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Drive my own vehicle | <input type="checkbox"/> Use public transportation (bus, Uber, taxi, etc.) | |
| <input type="checkbox"/> Ride with someone | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Borrow a vehicle |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other (please specify) | |

21. If your usual transportation fails, do you have a backup plan? Yes No

If yes, what is it?

22. How many times have you used public transportation in the last month?

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="radio"/> 0 times | <input type="radio"/> 7-10 times | <input type="radio"/> 21-25 times |
| <input type="radio"/> 1-3 times | <input type="radio"/> 11-15 times | <input type="radio"/> 26-30 times |
| <input type="radio"/> 4-6 times | <input type="radio"/> 16-20 times | <input type="radio"/> More than 30 times |

23. Do you currently have a valid New Hampshire driver's license?

- Yes No

24. Why do you not have a valid New Hampshire driver's license?

- | | |
|---|--|
| <input type="radio"/> Never applied | <input type="radio"/> Expired |
| <input type="radio"/> Have an out of state driver's license | <input type="radio"/> Suspended or revoked |

25. Why is your driver's license suspended or revoked? (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Demerit Point Suspensions | <input type="checkbox"/> Transporting Alcoholic Beverages |
| <input type="checkbox"/> Habitual Offender | <input type="checkbox"/> Implied Consent-Failure of required testing |
| <input type="checkbox"/> Default Court Summons | <input type="checkbox"/> Driving While Intoxicated (DWI) |
| <input type="checkbox"/> Driving While Under the Influence of Drugs (DUI) | |
| <input type="checkbox"/> Refusal to Submit to a Chemical Test or Prior New Hampshire Refusal | |
| <input type="checkbox"/> Transportation/Possession of Drugs in Motor Vehicle | |
| <input type="checkbox"/> State Reciprocity for Non-Commercial Driver License Operators-unpaid out-of-state convictions, court defaults,and/or license suspension | |
| <input type="checkbox"/> Reckless Operation | <input type="checkbox"/> Other (please specify) |

26. How long is your driver's license suspended or revoked for?

- 0-12 months 1-2 years 2-3 years 3+ years

27. What do you need to do for your driver's license to be reinstated? (please check all that apply)

- I can never have my license reinstated
- Apply for reinstatement
- Pass the full driver license exam
- Receive Confirmation or Restoration/Rescind Notice
- Wait for the required suspension or revocation period to end
- Clear the suspension with the New Hampshire Financial Responsibility Bureau
- I do not know what I need to do for it to be reinstated
- Other (please specify)
- Pay all restoration fees
- File an SR22 proof of insurance with the DMV
- Complete an alcohol education/treatment program

28. Do you have any outstanding fines or court fees pertaining to your driver's license?

- Yes No

If yes, please explain why and how much money you owe:

29. Is there anything else about your driver's license that presents a challenge for you to work or participate in work activities?

- Yes No

If yes, please explain:

30. What is your highest completed level of education?

- Master's degree or higher
- Associate degree
- Did not complete high school or GED/HiSET
- Attended Technical/Training school, no certificate
- Bachelor's degree
- GED/HiSET
- High school diploma
- Some college, no degree
- Technical/Training certificate

31. Concerning your education and training, did you complete any of the following: (please check all that apply)

- Obtain any work skills or work experience to support your career plan/goals
- Attend GED/HiSET/high school diploma classes, no certificate or diploma
- Obtain technical/training certificate
- Obtain WorkKeys certification
- Obtain Bachelor's degree or higher
- Obtain Masters degree
- Internship
- Military Experience / Training
- Other (please specify)
- Attend college classes, no degree
- Obtain Associate degree
- Obtain GED/HiSET/high school diploma
- Attend technical/training classes, no certificate
- Community Services
- Volunteer
- Completed WorkReady NH Program

32. Are you currently enrolled in an education or training program?

- Yes No

If yes, please specify the program: _____

33. Concerning you and your family, do you need to: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Develop a healthier family/work life balance | <input type="checkbox"/> Improve tenant/landlord relations |
| <input type="checkbox"/> Obtain adequate, permanent housing | <input type="checkbox"/> Develop coping skills for stress and life's challenges |
| <input type="checkbox"/> Obtain regular receipt of child support payments | <input type="checkbox"/> Address any debt issues |
| <input type="checkbox"/> Obtain a doctor for your family | <input type="checkbox"/> Gain access to community services/resources |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (please specify) |

34. Concerning your finances, do you need to: (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Learn how to follow a budget | <input type="checkbox"/> Learn how to regularly balance a checkbook |
| <input type="checkbox"/> Learn how to pay your bills on time | <input type="checkbox"/> Learn how to build savings for emergencies |
| <input type="checkbox"/> Learn about debt management skills or develop a plan to get out of debt | |
| <input type="checkbox"/> Learn how to make credit card payments to pay down your debt | |
| <input type="checkbox"/> Learn about the Earned Income Tax Credit (EITC) | |
| <input type="checkbox"/> None of the above | |
| <input type="checkbox"/> Other (please specify) | |

35. What is your current employment status?

- | | |
|---|---|
| <input type="radio"/> Regular, full-time (35+ hrs / wk) | <input type="radio"/> Seasonal/temporary, full-time (35+ hrs / wk) |
| <input type="radio"/> Regular, part-time (less than 35 hrs / wk) | <input type="radio"/> Seasonal/temporary, part-time (less than 35 hrs / wk) |
| <input type="radio"/> Regular, hours per week vary/per diem | <input type="radio"/> Seasonal/temporary, hours per week vary/per diem |
| <input type="radio"/> Self-employed, full-time (35+ hrs / wk) | <input type="radio"/> Self-employed, part-time (less than 35 hrs / wk) |
| <input type="radio"/> Self-employed, hours per week vary | |
| <input type="radio"/> Regular, out on medical leave (includes pregnancy) | |
| <input type="radio"/> Seasonal/temporary, out on medical leave (includes pregnancy) | |
| <input type="radio"/> Unemployed | |
| <input type="radio"/> Other (please specify) | |

36. How long has it been since you were last employed?

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> 0-2 months | <input type="radio"/> 9-12 months | <input type="radio"/> 19-24 months |
| <input type="radio"/> 3-5 months | <input type="radio"/> 13-18 months | <input type="radio"/> 25+ months |
| <input type="radio"/> 6-8 months | | |

37. If you indicated that you are currently employed, how long have you worked for this employer

- 0-6 months 7-12 months 13-24 months 25+ months

38. Position & Title:

39. Hourly Wage

- | | | |
|---|--|--|
| <input type="radio"/> Less than \$7.25/hr | <input type="radio"/> \$9.51 - \$10.00/hr | <input type="radio"/> \$12.51 - \$13.00/hr |
| <input type="radio"/> \$7.25 - \$7.50/hr | <input type="radio"/> \$10.01 - \$10.50/hr | <input type="radio"/> \$13.01 - \$13.50/hr |
| <input type="radio"/> \$7.51 - \$8.00/hr | <input type="radio"/> \$10.51 - \$11.00/hr | <input type="radio"/> \$13.51 - \$14.00/hr |
| <input type="radio"/> \$8.01 - \$8.50/hr | <input type="radio"/> \$11.01 - \$11.50/hr | <input type="radio"/> \$14.01 - \$14.50/hr |
| <input type="radio"/> \$8.51 - \$9.00/hr | <input type="radio"/> \$11.51 - \$12.00/hr | <input type="radio"/> \$14.51 - \$15.00/hr |
| <input type="radio"/> \$9.01 - \$9.50/hr | <input type="radio"/> \$12.01 - \$12.50/hr | <input type="radio"/> More than \$15.00/hr |

40. Industry/Field:

- | | |
|--|--|
| <input type="radio"/> Management | <input type="radio"/> Business and Financial Operations |
| <input type="radio"/> Computer and Mechanical Operations | <input type="radio"/> Architecture and Engineering |
| <input type="radio"/> Life, Physical, and Social Sciences | <input type="radio"/> Community and Social Services |
| <input type="radio"/> Legal | <input type="radio"/> Education, Training, and Library |
| <input type="radio"/> Arts, Design, Entertainment, Sports, and Media | <input type="radio"/> Healthcare Practitioners and Technical |
| <input type="radio"/> Healthcare Support Protective Service | <input type="radio"/> Food Preparation and Serving |
| <input type="radio"/> Building and Grounds Cleaning and Maintenance | <input type="radio"/> Personal Care and Services |
| <input type="radio"/> Sales and Related | <input type="radio"/> Office and Administrative Support |
| <input type="radio"/> Farming, Fishing, and Forestry | <input type="radio"/> Construction and Extraction |
| <input type="radio"/> Installation, Maintenance, and Repair | <input type="radio"/> Production |
| <input type="radio"/> Transportation and Material Moving | <input type="radio"/> Military Specific |

41. Average number of hours per week:

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> 1-5 hours | <input type="radio"/> 16-20 hours | <input type="radio"/> 31-35 hours |
| <input type="radio"/> 6-10 hours | <input type="radio"/> 21-25 hours | <input type="radio"/> 36-40 hours |
| <input type="radio"/> 11-15 hours | <input type="radio"/> 26-30 hours | <input type="radio"/> 40+ hours |

42. Shift usually worked:

- | | | |
|---------------------------------|-------------------------------------|---------------------------------|
| <input type="radio"/> 1st shift | <input type="radio"/> Weekends only | <input type="radio"/> Irregular |
| <input type="radio"/> 2nd shift | <input type="radio"/> Split | |
| <input type="radio"/> 3rd shift | <input type="radio"/> On call | |

43. Benefits received from your job: (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Paid sick days | <input type="checkbox"/> Paid vacations |
| <input type="checkbox"/> Paid holidays | <input type="checkbox"/> Health insurance | <input type="checkbox"/> Life Insurance |

44. Why did your last job end?

- | | | |
|--------------------------------|--|-----------------------------|
| <input type="radio"/> Laid Off | <input type="radio"/> Temporary/Seasonal Ended | <input type="radio"/> Fired |
| <input type="radio"/> Quit | <input type="radio"/> Retired | |

45. Spoken Languages:

Language	How Fluent Are You?			
1. _____	<input type="radio"/> Basic	<input type="radio"/> Limited	<input type="radio"/> Proficient	<input type="radio"/> Expert
2. _____	<input type="radio"/> Basic	<input type="radio"/> Limited	<input type="radio"/> Proficient	<input type="radio"/> Expert
3. _____	<input type="radio"/> Basic	<input type="radio"/> Limited	<input type="radio"/> Proficient	<input type="radio"/> Expert
4. _____	<input type="radio"/> Basic	<input type="radio"/> Limited	<input type="radio"/> Proficient	<input type="radio"/> Expert
5. _____	<input type="radio"/> Basic	<input type="radio"/> Limited	<input type="radio"/> Proficient	<input type="radio"/> Expert

Other(s) (please specify)

46. Is there anything about your English skills that presents a challenge for you to work or participate in work activities?

Yes No

If yes, please explain:

47. Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes No

48. What type of offense was it? (please check all that apply)

Felony Misdemeanor

49. Are you required to register as a sex offender?

Yes No

50. Are you on parole or probation now?

Yes No

51. Would you like information on expunging your criminal record?

Yes No No, my criminal record has already been expunged

52. What is your current housing situation?

Own home Rent (house or apartment)
 Transitional housing Staying in a shelter
 Temporarily staying with family/friends
 Homeless (includes living in a motel, hotel, campground, or vehicle)
 Share home (house or apartment) with family/friends

53. Are you currently in jeopardy of losing your housing?

Yes No

54. How much money do you pay per month for housing?

\$0 - \$99 \$300 - \$399 \$600 - \$699 \$900 - \$999
 \$100 - \$199 \$400 - \$499 \$700 - \$799 \$1000 or more
 \$200 - \$299 \$500 - \$599 \$800 - \$899

55. Which type(s) of utility bills do you owe back payments on? (please check all that apply)

Electric

Heating Fuel

Water

Sewer

Phone

Cable

Other (please specify)

56. Have you received any of the following documentation: (please check all that apply)

Demand for rent notice

Eviction notice

Foreclosure notice

Other (please specify)

57. Is your housing unsafe?

Yes

No

If yes, please explain:

58. Do you have any health concerns about your housing?

Yes

No

If yes, please explain:

59. Is there anything else about your housing situation that is unstable or presents a challenge to you to work or participate in work activities?

Yes

No

If yes, please explain:

60. Do you have any serious health or medical conditions?

Yes

No

61. Are you currently under a doctor's care?

Yes

No

62. Is there anything about your health and/or prescribed medications that presents a challenge for you to work or participate in work activities?

- Yes No

If yes, please explain:

63. In the past 12 months, have you had any concerns about any of the following (check all that apply)

- Domestic Violence Alcohol Abuse Substance Abuse
 Mental Health Other (please specify)

64. Is there anything about your safety in your past or present relationship that presents a challenge for you to work or participate in work activities?

- Yes No

If yes, please explain:

65. What are the top three challenges you face in obtaining long-term steady employment and pursuing your career goals?

- | | | |
|---|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mental health | <input type="checkbox"/> Loss of employment |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Education | <input type="checkbox"/> Training |
| <input type="checkbox"/> Child(ren)'s well-being | <input type="checkbox"/> Work experience | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Not ready to pursue a career plan | <input type="checkbox"/> Student loan debt | <input type="checkbox"/> English skills |
| <input type="checkbox"/> Credit card debt | <input type="checkbox"/> Learning differences/difficulties | <input type="checkbox"/> Car loan debt |
| <input type="checkbox"/> Criminal background | <input type="checkbox"/> Back rent | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Back mortgage | <input type="checkbox"/> Housing | <input type="checkbox"/> Child care debt |
| <input type="checkbox"/> Outstanding child support | <input type="checkbox"/> Transportation | <input type="checkbox"/> Driver's license |
| <input type="checkbox"/> Outstanding medical or dental bills | <input type="checkbox"/> Health | <input type="checkbox"/> Utility bill back payments |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other debt | <input type="checkbox"/> Domestic/family violence |
| <input type="checkbox"/> Outstanding fine and/or legal fee debt | <input type="checkbox"/> Not receiving all of the child support I am owed | |
| <input type="checkbox"/> Serving as a primary caregiver to an elderly, disabled, or sick member of your household | | |
| <input type="checkbox"/> Other (please specify) | | |

66. Are there any other barriers that present a challenge for you to work or participate in work activities?

- Yes
- No

If yes, please explain:

67. Is there anything else concerning your situation in getting or keeping a job that we can help you with?

- Yes
- No

If yes, please explain:
