

RESET/ROSS ASSESSMENT

Date:
Name:
Address:
Phone:
Email:
Number in Household:

The purpose of this inventory is to develop an Individual Training and Services Plan (ITSP) based on the goals set in the ReSet/ROSS Contract of Participation. The ITSP can be modified to meet the needs based on mutual agreement with the case manager and the client.

List three goals you hope to achieve within the next five years:
1.
2.
3.

Family Stability/Basic Needs

Area	Yes	No	Comment/Other
Do you have immediate needs that are not being met? <i>(Circle all that apply)</i>			Food Utilities Transportation Other: Crisis Prevention
Are you currently working with other agencies?			
Are you or any member of your family receiving any of the following? <i>(Circle all that apply)</i>			TANF Food Support MSA DWP Other:
Do you have other needs not being met? <i>(Circle all that apply)</i>			Medical Dental Optical Professional Clothing Other:
Are your housing costs 40% or less of your income?			
Do you have affordable internet at home?			
Do you have a PC or laptop?			

Well-Being

Area	Yes	No	Comment/Other
How many of your children need child care?			
Do you currently have reliable child care?			
Do you need activities/tutoring for your children?			
Do your children need support with high school completion or alternative education resources?			
Do you have a personal support system in place for yourself?			
Do you make time for self-care? If so, what does that look like for you?			
Do you have health insurance coverage for your household?			

Area	Yes	No	Comment/Other
Are you interested in receiving assistance or counseling with any of the following for you or a member of your household?			Physical Health Depression Mental Health Stress Domestic Violence Life Threatening Issues Substance Abuse Family Issues Other:

Financial Management

Area	Yes	No	Comment/Other
Sources of household income: <i>(Circle all that apply)</i>			Social Security (SSA, SSI, SSD) Employment Self-Employment Unemployment Retirement Child Support Spousal Support Other:
Do you pay your bills on time?			
Are you or have you ever received services from a credit-counseling agency?			
Do you have a checking or savings account?			
Have you ever requested a credit report?			
Would you like assistance with any of the following?			Budgeting Financial Counseling Retirement Homeownership Credit Counseling
Is homeownership one of your goals?			
Are you interested in IDA (Individual Development Account) or other asset building opportunities?			If so, for what areas? Homeownership Education Small Business Retirement Other:

Education & Training

Area	Yes	No	Comment/Other
Do you have a H/S or GED diploma?			
Are you currently enrolled in an education program?			If so, what?
What is the highest grade you completed?			
Do you have a Post-Secondary education?			If so, what degree field?
Are you receiving financial aid?			
Have you currently in default on student loans?			
Do you plan or would you like to return to school or individual classes?			If so, what is your education goal?

Employment & Career

Area	Yes	No	Comment/Other
Are you currently employed?			
If so, are you satisfied with your employment?			
Would you like support identifying employment opportunities?			
Have you ever taken part in a career assessment?			
What areas of employment are you interested in?			
Are you interested in starting your own business?			If so, in what area?

Are you able to work?	
If employed:	Start Date:
Current hourly wage:	Employer:
What benefits do you receive from your employer?	Healthcare Bus pass 401K Other
What certifications do you hold?	
If unemployed:	Most recent work experience:
Are you currently looking for employment?	
Do you have a resume?	
Do you have any type of criminal history that is a barrier to obtaining desired employment?	
If so, has it been expunged?	

Transportation

Area	Yes	No	Comment/Other
Do you own or have access to a vehicle?			
Is your car in working order?			
Are you in need of gas vouchers?			
Do you have a valid drivers' license?			
Do you have valid automotive insurance?			

I understand that this information will be released and exchanged in order for me to receive services. This information will be shared with staff to provide services to myself and /or my family.

Information obtained by the Service Coordinator will be maintained as confidential and released only to those employees who have a need to know such information, as required by law, or as provided in this Release. The Service Coordinator shall adhere to all applicable laws, regulations or professional license requirements.

I understand that I may revoke this consent or any part of it upon written or verbal notice. This revocation will not apply to information that has been previously released or action that has been taken in accordance with, and in reliance upon, this consent.

I understand that I may refuse to give consent to release and exchange information. I understand that if I do not share this information I may not receive all the services I and /or my family need or for which I am otherwise eligible.

Signature

Date

Everyone has a purpose, helping you plan and build for your future is ours!

