

Agency Name: _____



CLARITY HMIS: Work Readiness Assessment

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

Assessment Date: ____/____/____

CURRENT LIVING SITUATION

Where did you sleep last night?

☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐	Staying or living in a family member's room, apartment or house
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐	Rental by client, with GPD TIP housing subsidy
☐	Safe Haven	☐	Rental by client, with VASH housing subsidy
☐	Foster care home or foster care group home	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Hospital or other residential non-psychiatric medical facility	☐	Rental by client, with RRH or equivalent subsidy
☐	Jail, prison or juvenile detention facility	☐	Rental by client, with HCV voucher (tenant or project based)
☐	Long-term care facility or nursing home	☐	Rental by client in a public housing unit
☐	Psychiatric hospital or other psychiatric facility	☐	Rental by client, no ongoing housing subsidy
☐	Substance abuse treatment facility or detox center	☐	Rental by client, with other ongoing housing subsidy
☐	Residential project or halfway house with no homeless criteria	☐	Owned by client, with ongoing housing subsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Owned by client, no ongoing housing subsidy
☐	Transitional housing for homeless persons (including homeless youth)	☐	Client doesn't know
☐	Host Home (non-crisis)	☐	Client refused
☐	Staying or living in a friend's room, apartment or house	☐	Data not collected

Last permanent Zip Code? _____

EMPLOYMENT INFORMATION

Are you currently working?	☐	Yes	☐	No
Would you be interested in vocational training or increasing your income?	☐	Yes	☐	No

INCOME/BENEFITS

Do you have income?	☐	Yes	☐	No
Does your current income cover your bills and housing expenses without assistance?	☐	Yes	☐	No
Do you have CalFresh/SNAP/Food Stamps?	☐	Yes	☐	No

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POTENTIAL EMPLOYMENT BARRIERS

Do you have a valid ID? (e.g., State issued identification, Driver's License, Passport, or Military Identification)	☐	Yes	☐	No
Do you have "Right-to-Work" documents?	☐	Yes	☐	No

ARE ANY OF THE FOLLOWING REASONS WHY YOU ARE CURRENTLY UNEMPLOYED? (CHECK ALL THAT APPLY)

- ☐ Employer Initiated
- ☐ Job opportunity (please specify)
 - ☐ Quit
 - ☐ No jobs available
- ☐ Satisfaction/Motivation (please specify)
 - ☐ Did not like the work
 - ☐ Do not want to work
 - ☐ Schedule/shift issues
 - ☐ Too busy to work
- ☐ Compensation (please specify)
 - ☐ Low wages/hours
 - ☐ No benefits
 - ☐ Poor benefits
- ☐ Worksite Behavior (please specify)
 - ☐ Insubordination
 - ☐ Interpersonal conflicts
 - ☐ Tardiness/Absence
- ☐ Experience/Skills (please specify)
 - ☐ Inadequate education, experience, or skills
 - ☐ Language barriers
 - ☐ Returned to school
- ☐ Health (please specify)
 - ☐ Physical Health
 - ☐ Mental Health/Stress
 - ☐ Pregnancy
 - ☐ Alcohol/drugs
- ☐ Household (please specify)
 - ☐ Issue with child
 - ☐ Issue with household member
 - ☐ Need to work close to home
- ☐ Child Care (please specify)
 - ☐ Cannot find childcare
 - ☐ Location of available childcare
 - ☐ Cannot afford (childcare)
- ☐ Housing Transportation (please specify)
 - ☐ No transportation
 - ☐ Vehicle Needs repair
 - ☐ No permanent housing
- ☐ Other (please specify reason):

In the past 7 years have you had any legal issues that may hinder your hiring process?	☐	Yes	☐	No
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EDUCATION/TRAINING

What is your highest level of education?	☐	GED/Equivalency	☐	HS Diploma	☐	College Degree	☐	Post-graduate/Graduate School	☐	None
Do you have a professional license of vocational certificate?	☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused		
If yes to professional license or vocational certificate, please specify	☐	Vocational, technical or trade school					☐	Professional License		

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WORK PREFERENCES

What is your preferred work environment?

☐	Working alone	☐	Working with people or things	☐	Working with ideas	☐	Working indoors	☐	Working outdoors with tools or objects	☐	Creating or making things/objects
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What is your second choice for a work environment?

☐	Working alone	☐	Working with people or things	☐	Working with ideas	☐	Working indoors	☐	Working outdoors with tools or objects	☐	Creating or making things/objects
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What is another career path that interests you?

☐	Construction	☐	Mechanical	☐	Truck driving
☐	Office work (filing, answering phones, etc.)	☐	Landscaping/Groundskeeping	☐	Security
☐	Computer work (typing, writing letters, data entry)	☐	Hospitality (hotels)	☐	Bookkeeping or accounting
☐	Health Aide	☐	Working with animals	☐	Farming, fishing, and hunting for commercial or community use
☐	Nursing	☐	Retail jobs (cashier, stocker, supervisor, manager, etc.)	☐	Using traditional skills (canoe building, artwork)
☐	Housekeeping	☐	Restaurant jobs (cashier, server, host, hostess, cleaning, managing etc.)	☐	Working with the government or government agency
☐	Teaching (teachers, teacher assistant)	☐	Manufacturing	☐	Natural resource employment (game warden, land management)
☐	Childcare	☐	Cosmetology (beauty or barber shop)	☐	Other

ON A SCALE FROM, 1 (STRONGLY DISAGREE) TO 5 (STRONGLY AGREE), PLEASE ANSWER THE FOLLOWING STATEMENT AS IT APPLIES TO YOU:

When facing difficult tasks, I am certain that I will accomplish them.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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What do you do when you are faced with a difficult task?

I will be able to successfully overcome many challenges.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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Can you talk about one challenge you have faced when you were at work? How did you overcome that challenge?

In general, I think that I can obtain outcomes that are important to me.

5 – Strongly agree	4 – Somewhat agree	3 – Neither agree or disagree	2 – Somewhat disagree	1 – Strongly disagree
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As it relates to employment, training, or education, what outcomes are important to you in the next 90 days?
