

Questions:

1. Do you have a high school Diploma/GED?

Choose One

yes

no

2. Are you or a family member interested in getting a GED?

Choose One

yes

no

3. Have you ever attended college?

Choose One

yes

no

4. Did you receive a degree from a college or technical school?

Choose One

yes

no

5. Do you know how to use a computer?

Choose One

yes

no

6. Are you interested in pursuing professional licensing, i.e.. Nursing, cosmetology?

Choose One

yes

no

7. Are you in need of a tutor for educational purposes?

Choose One

yes

no

8. Do you or a family member need to learn to read, write, or speak English?

Choose One

yes

no

9. Are you currently employed?

Choose One

yes

no

10. Are you happy with your job?

Choose One

yes

- no
- n/a

11. Are you currently seeking employment?

Choose One

- yes
- no

12. Do you need help preparing a resume?

Choose One

- yes
- no

13. Have you ever thought about owning your own business?

Choose One

- yes
- no

14. Are you interested in career counseling?

Choose One

- yes
- no

15. Do you have a valid drivers license?

Choose One

- yes
- no

16. Do you have a working car?

Choose One

- yes
- no

17. Do you have access to public transportation?

Choose One

- yes
- no

18. Do you have special transportation needs?

Choose One

- yes
- no

19. Have you had a complete physical exam within the last 12 months?

Choose One

- yes
- no

20. Have your children had a physical exam within the last 12 months?

Choose One

yes

no

21. Is there a history of a particular medical affliction or condition in your family?

Choose One

yes

no

22. Do your children have medical coverage?

Choose One

yes

no

23. Are you covered by health insurance?

Choose One

yes

no

24. Are you or any member of your household currently receiving medical treatment?

Choose One

yes

no

25. Are there members of the household who are affected with a physical or mental disability?

Choose One

yes

no

26. Do you have any concerns about your family's nutritional health?

Choose One

yes

no

27. Does anyone in your household have a substance or drug addiction?

Choose One

yes

no

28. Do you have a problem teen in your home?

Choose One

yes

no

29. Would you be interested in attending parenting classes?

Choose One

yes

no

30. Are you or a member of your family in need of legal assistance?

Choose One

yes

no

31. Are you or a member of your family a victim of domestic violence?

Choose One

yes

no

32. Are you interested in purchasing a home?

Choose One

yes

no

33. Would you be interested in attending homeownership classes/workshops?

Choose One

yes

no

34. Do you have a savings account?

Choose One

yes

no

35. Are you in need of child care assistance?

Choose One

yes

no

36. Do you need after school care for your child(ren)?

Choose One

yes

no

37. Do you often run out of money between pay periods?

Choose One

yes

no

38. Would you be interested in a personal finance workshop/class?

Choose One

yes

no

39. Are you caring for an elderly family member?

Choose One

yes

no

40. Are you in need of in home care for a elderly family member?

Choose One

yes

no

41. Do you need transportation for an elderly family member?

Choose One

yes