

## FORM 2: INTAKE AND ASSESSMENT FORM

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### A. GENERAL INTAKE INFORMATION

A1. Where did the participant hear about the program? **[Check all that apply.]**

- 1. Health professional/Clinic/Hospital
- 2. Dept. of Corrections/Juvenile Justice
- 3. School
- 4. Friend
- 5. Spouse/ex-spouse/girlfriend/boyfriend
- 6. Contacted by program staff
- 7. Advertisement/media
- 8. Community organization (specify): \_\_\_\_\_

9. Other (specify): \_\_\_\_\_

A2.  Check here if the participant is required to attend this program.

A3. Date of Birth (MM/DD/YY):

\_\_\_\_/\_\_\_\_/\_\_\_\_

A4a. What is the participant's current marital status?

- 1. Legally married and living with spouse
- 2. Not married
- 3. Other (specify): \_\_\_\_\_

A4b.  Check here if the participant is currently living with the mother of the child.

A5. Does the father consider himself:

- 1. White/Non-Hispanic
- 2. Black/Non-Hispanic
- 3. Hispanic/Latino
- 4. Other (specify): \_\_\_\_\_

A6.  Check here if the participant is enrolled in school.

A7. What is the highest degree the participant has earned?

- 1. None
- 2. High school diploma/GED
- 3. Higher Degree

A8. With whom does participant normally live?

**[Check all that apply.]**

- 1. No one, live alone
- 2. One or both parents
- 3. Spouse
- 4. Girlfriend/Boyfriend
- 5. Own children
- 6. Children of spouse/girlfriend/boyfriend
- 7. Other relative(s)
- 8. Friend(s)
- 9. Other (specify): \_\_\_\_\_

A9.  Check here if the participant has any children under the age of 18 not living with him.

A10.  Check here if the participant's spouse or girlfriend is pregnant.

A11. Does the participant think he needs help with any of the following? **[Check all that apply.]**

- 1. Getting to see your children
- 2. Getting to see your children more often
- 3. Finding a job/Better paying job
- 4. Additional education or training
- 5. Child support payments or debts
- 6. Parenting skills/Being a better parent
- 7. Improving relationship with other parent
- 8. Substance abuse treatment/Counseling
- 9. Anger management
- 10. Health services
- 11. Talking with others in the same situation
- 12. Other: \_\_\_\_\_

### B. EMPLOYMENT HISTORY

B1. During the past 12 months, has the participant received any of the following:

**[Check all that apply.]**

- 1. TANF
- 2. Other Cash Assistance (Church, GA, SSI, VA, UI, Worker's Compensation)
- 3. Food Stamps
- 4. Other: \_\_\_\_\_

B2. Which best describes the participant's employment status in the past 12 months?

- 1. Employed full-time
- 2. Employed part-time
- 3. Temporary/Pick-up/Occasional jobs
- 4. Did not work

B3a.  Check here if the participant is currently employed.

B3b. If not employed, month/year participant left last job: \_\_\_\_/\_\_\_\_

B3c.  Check here if participant has never been employed. **If participant has never been employed skip to section C.**

**Complete for current/most recent job:**

B4. What was participant's current employment status?

- 1. Employed full-time
- 2. Employed part-time
- 3. Temporary/Pick-up/Occasional jobs
- 4. Did not work

B5. What kind of work does/did the participant do? \_\_\_\_\_

B6. How many hours each week does/did the participant usually work? \_\_\_\_\_ Hours

B7. What is the participant's usual hourly wage before taxes/deductions? \$\_\_\_\_\_ per hour

B8. How well does/did this salary cover the participant's financial needs?

- 1. Very well
- 2. Fairly well
- 3. Not very well
- 4. Not at all

B9. Does/did this job provide the participant with...**[Check all that apply.]**

- 1. Paid vacation
- 2. Paid sick leave
- 3. Medical Insurance
- 4. None of the above

### C. EMPLOYMENT ISSUES

C1. Does the participant have: **[Check all that apply.]**

Assets

- 1. Valid driver's license
- 2. Photo ID
- 3. Social Security Number
- 4. Birth certificate
- 5. Access to reliable transportation
- 6. Permanent place to live

Barriers

- 7. Health problems or disabilities
- 8. Problems with alcohol/drugs
- 9. Trouble reading or writing
- 10. Problems speaking English
- 11. Lack of a green card
- 12. Legal Problems
- 13. Lack of child care
- 14. Other: \_\_\_\_\_

C2a.  Check here if the participant has ever been incarcerated in prison or jail for committing a non-child support related offense.

C2b. If so, what was his most recent date of release?: \_\_\_/\_\_\_/\_\_\_

C3. Check here if participant is currently on

- Probation
- Parole

C4a.  Check here is participant currently has charges pending.

C4b. If so, What charges? \_\_\_\_\_

### D. PARENTING ISSUES

D1. How many people normally live in the father's household? \_\_\_\_\_

D2. How many children under age 18 does the father have? \_\_\_\_\_

D3. With how many different women has he had these children? \_\_\_\_\_

D4. How many of these children live with the him most of the time? \_\_\_\_\_

D5.  Check here if participant has established paternity for **ALL** of his biological children

(Note: Marriage before childbirth is considered paternity establishment.)

D6a.  Check here if the participant has an order through the court or the child support agency that says he is supposed to pay child support.

**[If not, skip to question D10.]**

D6b. If the participant has child support orders, how many? \_\_\_\_\_

D7. How much is the participant supposed to pay each month in child support? \$ \_\_\_\_\_

Check here if verified by Staff.

D8. During the past 6 months, about what percentage of the child support the participant was supposed to pay, did he actually pay? \_\_\_\_\_%

Check here if verified by Staff.

D9. How much does the participant owe in back due child support payments? \$ \_\_\_\_\_

Check here if verified by Staff.

D10. What types of support, if any, has the participant provided for his children who are not living with him? **[Check all that apply.]**

- 1. Gave money directly to the child or his/her other parent
- 2. Helped with bills
- 3. Purchased clothes, furniture, bikes, or other big items
- 4. Bought diapers
- 5. Anything else: \_\_\_\_\_
- 6. None of the above

D11.  Check here if participant has had contact with Child Protective Services (CPS) in the last 6 months.

Project Staff: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Case Notes: \_\_\_\_\_

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(If more room is needed continue notes on back of form.)