

## **WDD Initial Assessment**

290 North D Street, Suite 600 San Bernardino, CA 92415 (909) 387-9859

☐ HIGH DESERT AJCC ☐ WEST VALLEY AJC		CC		_ EAST VALLEY A	JCC
Customer Name:				Last 4-SSN:	
INSTRUCTIONS: Discuss and complete all questions with customer.					
A.	General Information:				
1.	Employment Goal:				
2.	Work History Summary (List experience in months/years, include special skills; examples: 12 yrs. construction, 5 mos. retail sales, etc.):				
3.	Education/Training (List diplomas, licenses, certificates, etc. you have achieved. If currently attending school or training, provide details.):				
4.	<u>Transferable Skills</u> (List knowledge, skills and abilities; examples: customer service, MS Word, warehouse operations, operate forklift, etc.):				
B. Potential Challenges/Barriers to Employment:					
1.	<u>Transportation</u> (Explain your transportation situation; suspended driver's license, own vehicle, use public bus system, walk, bicycle, etc.):				
2.	<u>Legal/Court/Convictions</u> (List any misdemeanor/felony convictions, including active parole/probation status if applicable, etc.):				
3.	Family/Housing Situation (Do you have a stable place to live?):				
4.	. Financial/Income (Specify source of income. Examples: Wages, UI, supported by parents, etc.):				
5.	5. Needed Assistance (What AJCC resources/services do you need to obtain gainful employment? Examples: resume help, job search assistance, job referral, and/or type of skills upgrade/training):				
C. Partner Referral:					
Referral From:					
1.	Referral To:	2.	Referral To:		
3.	Referral To:	4.	Referral To:		
Customer Signature: Date:					
Staff Signature:			_ Date Review	wed:	
Assigned WDS:					

 $\hfill \Box$  Check if screened for DW or specialized grants: