

Initial Assessment Form

Revised 3/19/2020

The answers you provide on this form will help us develop your reemployment plan together. This form will be completed telephonically by staff during the **Reemployment & Eligibility Assessment Interview workshop**.

- Name _____ SSN Last Four _____ Are you a Veteran? Yes___ No___
- What is your usual occupation? _____ Length of Experience _____ Last Rate of Pay _____
 - Were you laid off from your job? Yes___ No___
 - Have you worked since you filed your UI claim? Yes___ No___
 - Do you have a definite return to full-time work date? Yes___ No___ (If Yes) Date: _____
 - If yes, what is the employer name and phone number? _____
 - What type of work are you seeking? _____
 - During your interview, we will review your work search history and compare it to the job market.
 - Are you enrolled or planning to enroll in school or training? Yes___ No___ (If Yes) Date: _____
 - During your interview, we may talk about possible job training and apprenticeship opportunities.
 - How do you spend your days since you stopped working? _____
 - Do you, a family member, or a friend, have a history of opioid use? Yes___ No___ (Additional benefits may apply)

What do you think is preventing you from getting a full-time job? (Check all that apply.)

<input type="checkbox"/>	Skills outdated or lacking, need training	<input type="checkbox"/>	Legal restrictions
<input type="checkbox"/>	No jobs available in labor market	<input type="checkbox"/>	Need resume or cover letter assistance
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Need child care
<input type="checkbox"/>	Reliable transportation	<input type="checkbox"/>	Language barrier
<input type="checkbox"/>	Need better interview skills	<input type="checkbox"/>	Lack of computer experience/no email address
<input type="checkbox"/>	Need tools or work clothes	<input type="checkbox"/>	Food/lodging
<input type="checkbox"/>	No working telephone	<input type="checkbox"/>	Gas assistance for job search
<input type="checkbox"/>	Was primarily a homemaker	<input type="checkbox"/>	Other: _____

Individual Reemployment Plan

Reemployment Service

Based on our assessment of your work search activity, the labor market, and the area(s) selected above, we agreed this reemployment service will help you get a full-time job:

Notes: _____

Referral to WIOA, STEP, or DWG Services (Complete SSR Form on own time)

We agreed to a referral to job training, supportive services, job search services, and/or relocation. Yes___ No___

Important: If the assessment AND the reemployment service are not completed by this date _____, your UI benefits may be denied. During your interview, please sign and date this form to show that you understand that your UI benefits may be affected if you do not timely complete reemployment services requirements.

Signature: Verbally signed per emergency office closure policy

Date: _____

Staff Signature: _____

Date: _____