

Child Care Assistance Program Individual Assessment

Case Name:	HH#:
Date Completed:	State I.D. #:
Tech Name and phone #:	Two Parent Household? Yes No

Work History: Start with your most recent job and list the employment you have had.

1. Current or previous employer (circle one)			
Name of Company:			
City and State			
Employment dates: From (month/year):		To (month/year):	
Earnings of \$	per (circle one)	Day	Week Month
Reason For leaving:			
Job Title:			
List primary job duties:			
2. Previous employer? Name of company:			
City and State?			
Employment dates: From (month/year):		To (month/year):	
Earnings of \$	per (circle one)	Day	Week Month
Reason For leaving:			
Job Title:			
List primary duties:			
List job skills you possess such as typing, computer skills, languages, machinery, equipment, communication, etc?			
If looking for work, please answer the following questions:			
How long has it been since you were employed?			
What do you consider your main occupation?			
What have you done to find employment in the last 60 days?			
What can you offer an employer?			
Are you a veteran?			
Are you registered with Job Service or unemployment?			
List the kinds of work you like to do?			

Education and Training:	
What is the highest grade you have finished?	1-6th 7 8 9 10 11 12
What month and year did you complete this grade?	
(Circle one) Do you have a GED or High School Diploma?	What month and year?
Years of secondary education?	1 2 3 4 5 6 7 8
What month and year did you complete this grade level?	
Do you have a degree such as an AAS BA BS MA Ph.D.?	
In what field?	
Do you have specialized training or a certificate?	
In what?	
Do you have a vocational degree?	
In what?	
Are you currently enrolled in school or training?	
If yes, where and for what?	
Transportation:	
Do you have a reliable car, truck or vehicle?	
Do you have a valid Colorado Driver's License?	
Do you have car insurance?	
Do you live near a bus stop?	
Other:	
Is there anything else you would like to tell us about yourself, your family or your situation?	

Signature of participant

Date

**If you need help, tell us. Your worker will help you.
We provide accommodations.**

Services
Provided:

