

This box is for county use only

SSI ADVOCATE REQUIRED	Y	N
SSI DISC. DUE TO D&A ISSUES	Y	N
SSI PENDING AT WHAT STAGE	_____	
SSI DATE OF DISC.	____/____/____	
MEDICAL APPOINTMENT	Y	N
SOCIAL WORK SERVICES	Y	N
SHELTER	Y	N
CFET	Y	N
D&A REFERRAL	Y	N
TODAY'S DATE	____/____/____	

General Assistance / CFET Questionnaire

It is important that you fill out this form as clearly and as accurately as possible. Your answers will be used to offer you the necessary assistance or program.

SECTION I. GENERAL INFORMATION

Last Name: _____ First Name: _____

Case Number: _____

SECTION II. REFUGEE/ IMMIGRANT / LANGUAGE STATUS

1. Are you able to speak and write in English? **Yes No**

If no, what language do you speak? _____

2. Did you enter the country as a refugee/immigrant? **Yes No**

If yes, date: ____/____/____ Entry code: _____
Month/Year

SECTION III. HEALTH

1. How would you rate your overall health?

Excellent **Good** **Fair** **Poor**

2. Are you under a doctor's care? **Yes** **No**

a) If yes, for what condition: _____
b) If yes, doctor's or health provider's name: _____

3. Do you have any medical conditions that limit your ability to work? **Yes** **No**

If yes, What are they? _____

4. Are you taking any prescription medication(s) on a regular basis?

If yes, what are the medication(s): _____

5. Have you been hospitalized in the past five years? **Yes** **No**

If yes,
How many times have you been hospitalized? _____
Why were you hospitalized? _____

6. Have you ever received SSI? **Yes** **No**

If yes, What is your current SSI status? (*circle one*)

A. Still receiving SSI

B. Discontinued / Date ____/____/____

Reason for discontinuance: _____

7. Have you ever applied for SSI? **Yes** **No**

If yes, what is the status of your application? (*circle one*)

Denied

Pending

What stage is your SSI application in? (*circle one*)

Initial

Reconsideration

Administrative Law

8. I have an attorney/advocate assisting me with my SSI application. **Yes** **No**

If yes, please provide name and phone number. _____

9. Do you feel safe in your current relationship? **Yes** **No**

10. Is there a partner from a previous relationship who is making you feel unsafe now? **Yes** **No**

11. Have you been hit, kicked, punched, or hurt by someone within the last year? **Yes** **No**

If yes,

By who? _____

How are they related to you? _____

SECTION IV. DRUGS AND ALCOHOL

1. Do you use drugs or drink alcohol? **Yes** **No**

If yes,

What kinds of drugs? _____

How many drinks a week? _____

Do you feel you should cut down on your		No
Do people annoy you by criticizing your drinking or drug use?	Yes	No
Do you feel bad or guilty about your drinking or drug use?	Yes	No
Do you ever have a drink or use drugs first thing in the morning to steady your nerves, to get rid of a hangover, or to get the day started?	Yes	No

- | | | |
|--|------------|-----------|
| 2. Are you currently living in a drug or alcohol treatment facility? | Yes | No |
| 3. Have you <i>ever</i> lived in a drug or alcohol treatment facility? | Yes | No |
| 4. Has anyone in your household had a problem with drugs or alcohol? | Yes | No |

If yes to either questions 2, 3, and/or 4, please explain:

SECTION V. VETERANS STATUS

- | | | |
|-----------------------|------------|-----------|
| 1. Are you a Veteran? | Yes | No |
|-----------------------|------------|-----------|

If yes,

What was your service period? From: ___/___/___ To: ___/___/___
Month/Year Month/Year

What kind of discharge did you receive? (circle one only)

Honorable

General Under Honorable Conditions

Under Other Than Honorable Conditions

SECTION VI. CRIMINAL RECORD

- | | | |
|---|------------|-----------|
| 1. Have you ever been convicted of a misdemeanor? | Yes | No |
| 2. Have you ever been convicted of a Felony? | Yes | No |

If yes, what is your P.I.N.? _____

List your convictions: _____

Do you have a probation or parole officer?	Yes	No
--	------------	-----------

Name of Officer: _____ Phone: _____

SECTION VII. HOUSING

- | | | |
|--|------------|-----------|
| 1. Please describe your current housing situation. | | |
| a) Permanent Housing | Yes | No |
| b) Temporary Housing | Yes | No |
| c) Homeless | Yes | No |

If Homeless,

How long have you been homeless this time?

Days_____ Weeks_____ Months_____

Have you used shelters before?	Yes	No
Have you been in the GA Shelter program before?	Yes	No
Are you willing to accept a referral to the Shelter program?	Yes	No

Why are you homeless? (Circle all that apply)

Loss of Income	Domestic Violence	Drugs/Alcohol
Mental Health Issues	Physical Disability (specify): _____	
Other (specify): _____		

2. Are you in a living situation that makes it difficult for you to get and/or keep a job?

Yes No

If yes, what about your situation makes it difficult?

SECTION VIII. CHILDREN

NOTE: If you are the parent of any children under the age of 18 regardless of custody, you may be eligible for additional benefits. Please provide as much information as possible about any children you have and the child's other parent.

1. Child's name: _____, _____
(Last) (First)

Child's Birthday: ___/___/___ Sex: Male Female Child's SSN ___-___-___

Other parent's name _____, _____
(Last) (First)

Is the child receiving CalWORKs? **Yes No Don't Know**

2. Child's name: _____, _____
(Last) (First)

Child's Birthday: ___/___/___ Sex: Male Female Child's SSN ___-___-___

Other parent's name _____, _____
(Last) (First)

Is the child receiving CalWORKs? **Yes No Don't Know**

3. Child's name: _____, _____
(Last) (First)

Child's Birthday: ___/___/___ Sex: Male Female Child's SSN ___-___-___

Other parent's name _____, _____
(Last) (First)

Is the child receiving CalWORKs? **Yes No Don't Know**

4. Do you have more than three children? **Yes No**

SECTION IX. EDUCATION AND TRAINING

1. What is the highest grade you completed?

Circle the highest grade completed:

Grades: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5+

2. Did you graduate from high school? **Yes No**

If yes, date: ____/____

3. Do you have a GED or California High School Proficiency Certificate? **Yes No**

If yes, date: ____/____

4. Have you received a community college certificate / A.A. degree or other advanced degree? **Yes No**

If yes, date: ____/____ **Major/Field** _____
Month/year

5. Do you have any difficulty or need improvement in any of the following?

Reading Writing Math

6. Did you attend special education classes in school? **Yes No**

7. Have you ever been told that you have a learning disability? **Yes No**

If yes, can you list the learning disabilities:

8. Have you completed a vocational training program? **Yes** **No**

If yes , please list the following:		
Training program	Completion Date	Type of Certificate

SECTION X. JOB STATUS

1. Are you currently employed? **Yes** **No**

2. Do you have a valid drivers license? **Yes** **No**

3. What is your license number or California ID number _____

4. Do you have reliable transportation? **Yes** **No**

5. What jobs are you currently qualified to do?

6. What type of work would you like to be able to do?

SECTION XI. JOB HISTORY

List your last three jobs, beginning with your current or most recent job.

1. Employer: _____
Job Title: _____
Start Date: ____/____/____ End Date: ____/____/____
Reason for leaving: _____

2. Employer: _____
Job Title: _____
Start Date: ____/____/____ End Date: ____/____/____
Reason for leaving: _____

3. Employer: _____
Job Title: _____
Start Date: ____/____/____ End Date: ____/____/____
Reason for leaving: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN ON THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

Signature of applicant/recipient

_____/_____/_____
Date

This form has been reviewed and completed by the client.

Worker Name / Number

_____/_____/_____
Date