

QUESTIONNAIRE

Directions: Please fill out the form to the best of your knowledge. If you need help in completing the form, please ask a staff member for assistance.

Name: _____ Date: _____

Disability Information:

1. Describe your disability and how it affects you.

Tell us about you:

1. What is your living situation? House Apartment Shelter Homeless Other
2. Do you live: alone or with others If so, who do you live with: _____
3. Marital status: Never married Married Separated Divorced Widowed
4. Number of dependents: _____
5. How do your family/friends support your decision to get a job?

Legal Information:

1. Do you have a (*select one*): Legal Guardian Conservator Guardian ad Litem Not Applicable
2. Do you have any legal issues that might impact employment if an employer ran a background check?
(*This could include arrest record, any time incarcerated, misdemeanors, felonies, and civil suits.*)
Yes No If yes, please describe:

Training and Education:

1. Please check highest grade completed: 1-6 7 8 9 10 11 12 GED
Some College AA Degree BA/BS Degree Graduate Degree Vocational/Trade School
2. Graduation Date: _____ Degree: _____ Certification/License: _____

What do you need in order to get a job?