



Why Not Prosper, Inc.

ASSESSMENT FORM

SERVICE LOCATION _____

Date: _____

Client ID# _____

Contact Information:

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ Phone: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Race: African American _____ Caucasian _____ Latino _____ Other (specify) _____

Income: Very Low _____ Low _____ Moderate _____ High _____ DPW _____ SSI _____

Prison: _____ Anticipated Release Date: _____

Referral Information:

Are you registered to vote? Yes No

Have you been a victim of domestic violence? Yes No

Are you registered with the police as a drug offender? Yes No

Do you need to register with domestic relations? Yes No

Can you read? Yes No

Can you write? Yes No

Do you have any open cases? Yes No

Do you have children? Yes No

If you have children, how many? _____ What are their ages? _____

What is your highest level of education: Some High School __ Diploma __ GED __ College __

How did you hear about us? _____

Which of the following services would you like Why Not Prosper, Inc. to assist you with?

(Please check all that apply)

- GED
- Job Search/CareerLink
- Interview Skills
- Computer Training
- Obtain PA ID
- Obtain Birth Certificate
- Individual counseling
- Parenting counseling
- Graphic Arts Program
- Legal Issues
- Registering to Vote
- Obtaining a Pardon
- Requesting Expungement
- Alcohol Treatment
- Drug Treatment
- Housing
- Budgeting
- Employment mentoring
- Employment workshops
- Genesis housing referral
- Employment
- Daycare Assistance
- Applying for Welfare
- Medical Services
- Mental Health Services
- Family Reunification