



INITIAL ASSESSMENT

Name: _____

ASSET PIN: _____

Goals

1. **Long-Term Goal:** What do you want to achieve in the next 3-5 years?

2. **Intermediate Goal:** What do you want to achieve in the next 1-3 years?

3. **Short-term Goal:** What do you want to achieve in the next 6 months to 1 year?

4. What would you like to gain specifically from the FORWD Program?

5. Will you need assistance with the following? Check all that apply

- Job searching
- Resume
- Interviewing skills
- Local labor market information
- Career option and exploration

Education

Indicate which educational levels you have completed	Date completed	Institution	Field of Study
<input type="checkbox"/> GED/HSED			
<input type="checkbox"/> H.S. Diploma			
<input type="checkbox"/> Associates			
<input type="checkbox"/> Bachelors			
<input type="checkbox"/> Masters			

1. List any job-related license or certifications: _____

Supportive Services

1. Are you currently enrolled in any of the following programs? Check all that apply.

- W2
- FSET
- TAA
- DVR
- Childcare assistance
- Veteran's program
- Other (please list: _____)

Childcare

- 1. Do you have children that will need childcare? Yes No

If yes, explain: _____

Transportation

- 1. How will you get to/from work and/or training? _____
- 2. Do you need assistance with transportation? Yes No
- 3. Do you own a vehicle? Yes No
- 4. Do you have car insurance? Yes No

Housing

- 1. What is your current living situation? Permanent housing Homeless

Health

- 1. Do you have medical insurance? Yes No
 - 2. Do you have dental insurance? Yes No
 - 3. Do you need any special accommodation while enrolled in this program? Yes No
- If yes, please list: _____

Legal

- 1. Are you an ex-offender (convicted of criminal charges)? Yes No
- If yes, what is your status? Probation Extended Supervision Other
- If applicable, Probation/Parole Officer and contact information: _____

Other

- 1. Do you have a Social Worker/Counselor? Yes No If yes, Social Worker/Counselor's and contact information: _____
 - 2. Is there any other assistance you will need while in this program? _____
- _____

I agree that the information I have given for this assessment is true and correct.

Participant Signature _____ Date _____

Staff Signature _____ Date _____

Form Date: 03/11/26

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