

FORM 2: ASSESSMENT FORM

Name: _____
Last First MI

Participant ID Number: _____

A. CONTACTS -- Please identify two individuals (not living with you) who will know how to contact you:

- A1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____
Work Phone: (_____) _____
Pager Number: (_____) _____
Relationship: _____
- A2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____
Work Phone: (_____) _____
Pager Number: (_____) _____
Relationship: _____

B. EMPLOYMENT HISTORY

- B1. During the past 12 months, did you receive: **[Check all that apply.]**
___ 1. TANF
___ 2. State/Local General Assistance (GA)
___ 3. Supplemental Security Income (SSI)
___ 4. Social Security Disability Insurance (SSDI)
___ 5. Food Stamps
___ 6. Unemployment Insurance (UI) Compensation
___ 7. Worker's Compensation
___ 8. Veteran's Administration (VA) Benefits
___ 9. Other: _____
- B2. Have you ever been employed?
___ 1. Yes ___ 2. No **[If no, go to Question C1]**
- B3. Have you ever been employed full-time?
___ 1. Yes ___ 2. No
- B4. What is the longest you ever worked for any one employer full-time?
___ Years and ___ Months
- B5. Which best describes your employment in the past 12 months?
___ 1. Employed full-time
___ 2. Employed part-time
___ 3. Employed on temporary basis/worked at pick-up or occasional jobs
___ 4. Did not work

B6. During the past 12 months, about how many months did you work full-time? ___ Months

B7. Are you currently employed?
___ 1. Yes **[Go to Question B8]**
___ 2. No -- Month/year you left your last Job: ___/___ **[Go to Question B11]**

B8. Is this employment full-time or part-time?
___ 1. Full-time ___ 2. Part-time

B9. Is the job expected to end within the next 6 months?
___ 1. Yes ___ 2. No

B10. Do you have more than one job?
___ 1. Yes ___ 2. No

B11. Are you currently looking for another job?
___ 1. Yes ___ 2. No

Complete for your current/most recent job:

B12. When did you start working for your current/most recent employer? Month/Year: ___/___

B13. Are/were you self-employed? ___ 1. Yes ___ 2. No

B14. What kind of work do/did you do?

B15. How many hours each week do/did you usually work at this job? ___ Hours

B16. What is/was your usual wage before taxes/deductions? \$ _____ per:
 Hour Day Week Two Weeks
 Semi-Monthly Monthly Year

B17. How well does/did this salary cover your financial needs?
___ 1. Very well ___ 3. Not very well
___ 2. Fairly well ___ 4. Not at all

B18. Does/did this job provide you with...**[Check all that apply.]**
___ 1. Paid vacation ___ 3. Medical coverage
___ 2. Paid sick leave ___ 4. None of the above

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C. EMPLOYMENT/PARENTING ISSUES

- C1. Do you have...
 Yes No 1. A valid driver's license
 Yes No 2. A photo ID
 Yes No 3. A Social Security Number
 Yes No 4. A birth certificate
 Yes No 5. Access to reliable transportation
 Yes No 6. A permanent place to live
- C2. Do the following make it hard to find or keep a job...
 Yes No 1. Health problems or disabilities
 Yes No 2. Problems with alcohol/drugs
 Yes No 3. Trouble reading or writing
 Yes No 4. Problems speaking English
 Yes No 5. Lack of a green card
 Yes No 6. Lack of child care
 Yes No 7. Other: _____
- C3. Have you ever been...
 Yes No 1. Convicted of a misdemeanor
 Yes No 2. Convicted of a felony
 Yes No 3. Convicted of a violent crime
 Yes No 4. Convicted of spousal or child abuse
 Yes No 5. In an alcohol/drug abuse treatment program
 Yes No 6. Arrested for driving under the influence or driving while intoxicated (DUI/DWI)
- C4. Have you ever been incarcerated in prison or jail for committing a non-child support related offense?
 ___ 1. Yes -- Most recent release date: ___/___/___
 ___ 2. No
- C5. Are you currently on...
 Yes No 1. Probation
 Yes No 2. Parole
- C6. Do you have any current charges pending?
 ___ 1. Yes -- What charges? _____
 ___ 2. No
- C7. During the past six months, have you at any time been homeless or lived in an emergency shelter?
 ___ 1. Yes ___ 2. No
- C8. During the past six months, have you at any time lived in a halfway house?
 ___ 1. Yes ___ 2. No

C9. How many people normally live in your household?

C10. How many children under age 18 do you have? _____

C11. With how many different women/men have you had these children? _____

C12. How many of these children live with you most of the time? _____

C13. Do you have an order through the court or the child support agency that says you are supposed to pay child support for some or all of your children?
 ___ 1. Yes -- Number of child support orders: _____
 ___ 2. No [**Skip to Question C17.**]
 Check box if verified by child support records

Child Support Payments	Self-Reported	Child Support Records
C14. How much are you supposed to pay each month in child support?		
C15. During the past 6 months, about what percentage of the child support you were supposed to pay, did you actually pay?		
C16. How much do you owe in back due child support payments?		

C17. During the past 6 months, have you provided any of these types of support for children of yours who do not live with you? [**Check all that apply.**]
 ___ 1. Giving money directly to the child or his/her other parent
 ___ 2. Making car payments, purchasing a car, or loaning your car
 ___ 3. Paying medical bills
 ___ 4. Making mortgage or rent payments
 ___ 5. Purchasing of clothes, furniture, bikes, or other major items
 ___ 6. Buying diapers
 ___ 7. Anything else: _____
 ___ 8. None of the above

C18. Project Staff: _____ Date: ___/___/___

C19. Case Notes (continue on reverse side, if needed):

FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: _____

D. INFORMATION ABOUT EACH CHILD

[COMPLETE THIS FORM FOR EACH CHILD --
This form is for Child ___ of ___.]

D1. Child's Name: _____
Last First MI

D2. Child's Social Security #: _____ - _____ - _____

D3. Name of Child's Mother/Father: _____
Last First MI

D4. Child's Date of Birth: ____/____/____

D5. Child's Gender: ___1. Male ___2. Female

D6. Do you live with this child's mother/father?
___1. Always or most of the time
___2. Some of the time/off and on
___3. No

D7. Are you, or were you in the past, ever married to this child's mother/father?
___1. Currently married to her/him
___2. Previously married to her/him
___3. Never married to her/him-lived with in past
___4. Never married to her/him-never lived with in past

D8. Has legal custody for this child ever been decided by the court?
___1. Yes
___2. No [Skip to Question D10]
___3. Don't know [Skip to Question D10]

D9. If yes, what is the custody arrangement:
___1. Sole legal custody to you
___2. Sole legal custody to the other parent
___3. Joint legal custody, but primary physical custody to you
___4. Joint legal custody, but primary physical custody to the other parent
___5. Joint legal and physical custody
___6. Custody to a third party

D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child?
___1. Yes ___2. No ___3. Don't know
 Check box if verified by child support records

D11. Is this child covered by a child support order?
___1. Yes ___2. No ___3. Don't know

D12. With whom does the child usually live?
___1. With you [STOP-FORM COMPLETED]
___2. With other parent
___3. With a grandparent
___4. With another relative
___5. In a foster home
___6. Other: _____

D13. Do you have a court order saying you can spend time with this child?
___1. Yes ___2. No

D14. Has the court placed any restrictions on your contact with this child?
___1. Yes ___2. No [If no, go to Question D16]

D15. If yes, what kind of restrictions?
___1. No contact
___2. No overnights
___3. Supervised visits only
___4. Other: _____

D16. Do you have a temporary or permanent restraining order against the other parent of this child?
___1. Yes - Temporary or ex-parte order
___2. Yes - Permanent or ex-parte order
___3. No

D17. Does the other parent of this child have a temporary or permanent restraining order against you?
___1. Yes - Temporary or ex-parte order
___2. Yes - Permanent or ex-parte order
___3. No

D18. How many miles do you live from this child? _____

D19. How long has it been since you last saw this child?
___Months ___ Weeks ___ Days

D20. During the past 12 months, about how often did you see this child?
___1. Not at all
___2. About once a year
___3. Several times a year
___4. One to three times a month
___5. About once a week
___6. Several times a week

FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: _____

Child Name: _____ Child ___ of ___

D21. Overall, how satisfied are you with the amount of time you spend with this child?
__1. Very satisfied __3. Somewhat dissatisfied
__2. Somewhat satisfied __4. Very dissatisfied

D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion and health?
__1. A great deal __2. Some __3. None

D23. Overall, how would you describe your relationship with this child's other parent?
__1. Very friendly __4. Somewhat hostile
__2. Somewhat friendly __5. Very hostile
__3. Neutral __6. No relationship

D24. Do you think the other parent wants you to have a positive and close relationship with this child?
__1. Definitely __3. No
__2. Somewhat __4. Unsure

D25. Over the past 12 months, how much conflict have you and the other parent had on the following:
[Circle: 1= Great Deal, 2= Some, 3=None]

- 1 2 3 Who has custody of this child
- 1 2 3 Where this child lives
- 1 2 3 How this child is raised
- 1 2 3 Amount/frequency of child support payments
- 1 2 3 When and how often you visit with this child
- 1 2 3 What you do when you visit this child
- 1 2 3 Decisions about this child's education, health, etc.
- 1 2 3 Issues not related to the child

D26. When you and the other parent of this child have a serious disagreement, how often do you:
[Circle: 1= Often, 2= Occasionally, 3= Never]

- 1 2 3 Just keep your opinions to yourself
- 1 2 3 Discuss your disagreements pretty calmly
- 1 2 3 Argue, yell, and shout at one another
- 1 2 3 End up hitting or throwing things at each other