FORM 3: PARTICIPANT SERVICE NEEDS

Participant Name:	D. P	ost-Assessment Case Status:
Last First MI		
Participant ID Number:	D1.	Were any of the services court-ordered,
**Note: Based on participant assessment, check		required as part of a child neglect or abuse
box of each service needed by the participant**		case, or required as a condition of parole or
A. Education/Training/Job Placement Needs:		probation?
☐ 1. Primary Education, Basic Skills, Pre-GED		☐ 1. Yes ☐ 2. No ☐ 3. Don't know
☐ 2. Secondary Education/GED Preparation		
☐ 3. Post-Secondary Education	D2.	Enrollment Status:
☐ 4. English as a Second Language (ESL)	22.	☐ 1. Enrolled in program as of:
□ 5. Job Club/Job Search		MM/DD/YY:/
☐ 6. Job Referrals		□ 2. Not enrolled in program
☐ 7. OJT/Apprenticeship/Subsidized Job		2. Not enfonce in program
□ 8. Job Skills Training/Vocational Education	D3.	Project Staff:
□ 9. Job Readiness/Life Skills/Pre-Employment	D 3.	Date://
☐ 10. Job Retention Services		Date/
	D.4	
☐ 11. Other (specify):	D4.	Case Notes (continue on the reverse side, if
		needed):
B. Child Support/Parenting/Visitation Needs:		
☐ 1. Help with Paternity Establishment		
☐ 2. Help with Establishing a Child Support Order		
☐ 3. Help with Modifying a Child Support Order		
☐ 4. Help with Child Support Arrearage		
☐ 5. Help Establishing/Modifying Visitation Order		
☐ 6. Help Establishing/Modifying Custody Order		
☐ 7. Help Dealing with Child Abuse or Neglect		
☐ 8. Help Establishing a Parenting Plan		
☐ 9. Help Getting to Visit Children		
☐ 10. Mediation		
☐ 11. Parenting Education		
☐ 12. Other (specify):		
C. Other Service Needs:		
☐ 1. Peer Support		
☐ 2. Transportation Assistance		
☐ 3. Child Care Assistance		
☐ 4. Medical/Dental/Vision Exams and Treatment		
☐ 5. Substance Abuse Treatment/Counseling		
☐ 6. Mental Health Treatment/Counseling		
☐ 7. Vocational Rehabilitation		
☐ 8. Services Related to Anger Management		
☐ 9. Services Related to Partner Abuse		
☐ 10. Housing Placement/Assistance		
☐ 11. Money Management/Budgeting		
☐ 12. Other Legal Assistance		
☐ 13. Clothing/Work Equipment		
☐ 14. Help Obtaining an ID Card		
☐ 15. Case Management		
☐ 16. Other Advocacy/Referral Services		
☐ 17. Other (specify):		
_ 1,. Outor (specify)		