ECM#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Do you have identification?  Social Security Card?  Birth Certificate? | Yes 🞏  Yes 🞏  Yes 🞏 | No 🞏  No 🞏  No 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently employed? | Yes  🞏 | No  🞏 | How long, have you been employed? |
| Are you seeking employment? | Yes  🞏 | No  🞏 | What experience do you have? |
| Do you have a resume? | Yes  🞏 | No  🞏 | Would you like help with the resume? |
| Would you like to continue your education? | Yes  🞏 | No  🞏 | What are your interest? |

If Any:

|  |  |
| --- | --- |
| What are your barriers to employment? | What are your barriers to education? |