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? |