

Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Client Screens Assessment Questions

Category 1: Job Questions

1. What type of job are you looking for? If you click the “Other” check box, please type in a brief description.
 - a. I would like to work in an office.
 - b. I would like to work with children.
 - c. I would like to work outside.
 - d. I would like to work in a medical field.
 - e. I would like to work in construction.
 - f. I would like to drive a truck, a bus, etc.
 - g. Other: DESCRIPTION BOX

2. What type of job could you get in the next six months if the job was available? You can select more than one type of job. You can also select “Other” and type in a brief description.
 - a. Cashier
 - b. Clerk
 - c. Construction
 - d. Food service
 - e. Hospitality
 - f. Legal
 - g. Nursing or medical field staff
 - h. Receptionist
 - i. Security officer of other protective occupation
 - j. Teacher
 - k. Other: DESCRIPTION BOX

3. We want to learn more about your skills. Please select skills that you have from the list below. You may select more than one answer by clicking on the check boxes provided. You can also select “Other” and type in a skill.
 - a. I can type fast.
 - b. I have experience programming computers.
 - c. I have experience with computer software.
 - d. I have a license to drive a truck or bus.
 - e. I am licensed to operate special equipment, like in a warehouse.
 - f. I can use a cash register.
 - g. I have experience cooking or baking (at a restaurant).
 - h. I have experience with customer service.
 - i. I can answer multi-line phones.
 - j. I have experience working as a receptionist.
 - k. I have construction experience.
 - l. I have experience in plumbing or carpentry.

- m. I have experience working with kids in a classroom or at a day care center.
- n. I have experience working in a hotel or other hospitality fields.
- o. I am a Certified Nursing Assistance (CNA).
- p. I am a Registered Nurse (RN).
- q. I am a surgical technician.
- r. I have worked as a clerk in a hospital.
- s. I have experience in the dental field.
- t. Other: DESCRIPTION BOX

4. Are you currently employed and earning wages? Yes or No

If the user answers "Yes" to question #4, the participant is asked a subset of questions about the employment.

- a. Who is your employer? Business name
- b. What month and year did you start working with this employer? If you have been working off and on for several years, please enter the most recent month and year that you started working and earning wages: Your start date with this employer: Drop down for month, Drop down for year.
- c. Are you working at least 30 hours a week or earning at least \$ (calculation minimum wage x 30 hours)? Yes or No

Category 2: Education Questions

1. What is the highest grade level you completed? There is a dropdown of options available from "No formal schooling" through post-secondary options. The option of "12 grade completed" is not available alone. The user must select high school diploma, General Equivalency Diploma (GED) or 12 grade completed with a certificate of attendance. The goal was to ensure that the highest grade completed was clearly identified.
2. Do you have a technical certificate? For example, do you have a certificate in Microsoft Office or to practice as a Certified Nursing Assistance (CNA)? Technical certificates must be available to present to an employer.

If the individual answers "Yes" to #6, the system asks for more information about the participant's technical certificate.

- a. What type of certifications do you have? You may select more than one answer. The certifications must be current, and you must be able to provide proof to an employer.
 - i. I have a CDL license.

- ii. I have a computer programming certificate.
- iii. I have certification in Microsoft Office.
- iv. I have a certificate for working in an office (office management, office support, etc.).
- v. I am certified to work with digital design or other computer media.
- vi. I am certified to work with children in a childcare setting.
- vii. I am certified to work as a plumber.
- viii. I am certified to work as a welder.
- ix. I am certified to work as a carpenter.
- x. I am certified to operate heavy machinery (such as a forklift, baler, etc.).
- xi. I am certified to work as a Certified Nursing Assistant (CNA).
- xii. I am certified to work as a Registered Nurse (RN).
- xiii. I am certified to work as a Phlebotomist.
- xiv. I am certified to work in another medical field (X-ray technician, surgical technician, respiratory therapy, physical therapy, occupational therapy, etc.).
- xv. I am certified to work as a dental assistant.
- xvi. I am certified to work as a massage therapist.
- xvii. I am certified to work with air conditioning, heating and other systems.
- xviii. I am certified as an accountant.
- xix. I am a certified cosmetologist.
- xx. I am certified to work as a real estate broker.
- xxi. Other: Description box

3. Are you going to school now? Yes or No
If yes, a subset of questions display on the next screen.

- b. You stated that you are going to school. These hours may be used to count in the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) program. Where are you going to school? Description box
- c. How many hours are you going to classes each week (credit hours)?
- d. Is this considered "half-time" by the school? Please note, if you are going to college to get a degree, six or more credit hours are typically considered half-time. If you are taking at least 12 credit hours, you may be considered full-time. If you are in an Adult Basic Education (ABE) program, a technical program (certificate), or a program for English Speakers of Other Languages (ESOL), you will have to check with your school. Yes, I am going to school at least "half-time." Or, "No, I am not going to school at least "half-time."

If the individual indicates that (s)he is not in school, the individual is asked the following question:

4. You stated you are not in school right now. Are you interested in going back to school?

Category 3: Volunteer Questions

1. Are you volunteering at a for-profit or not-for-profit agency in your community? Yes or No

If the individual answers "Yes" to the first volunteer question, a subset of questions display on the next screen.

- a. What is the name of the agency or agencies where you are currently volunteering? Description box
- b. All together (in case you volunteer for more than one agency each week), how many hours are you volunteering each week? We recommend that you think back to the last two weeks to determine the number of hours you are volunteering each week. This can include court ordered community service hours.

Category 4: Participation Questions

1. Do you have a health issue that keeps you from working? Yes or No
2. Have you applied for disability benefits or other Social Security benefits because you are not able to work? Yes or No
3. Are you receiving Unemployment Compensation (UC) benefits? Yes or No
4. Are you caring for a child (an individual under 18) who lives in your home? Yes or No
5. Are you caring for a disabled person? Yes or No
6. Are you pregnant? Yes or No
7. Is there someone in your household that keeps you from going out, participating in the program or going to work? Yes or No

Participants are given information directly on the screen about services they can access if they are in a domestic violence situation. Even if the individual does not select "yes" because someone is with them or they are not comfortable doing so, they receive this basic information. The goal is that they understand they can ask for information at any time when they feel more comfortable to do so.

If you are being assaulted by someone in your household or if someone is abusing you emotionally or verbally, there is help available. Abuse includes someone making you feel threatened or scared for your safety, any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense that results in the physical injury or

death of one family or household member by another.

We want you to know that you can call the Domestic Abuse Hotline at 1-800-500-1119. The Florida Coalition Against Domestic Violence also has a website that you can visit. They have information about counseling, shelters and other assistance: <http://www.fcadv.org>.

8. Are you going to a drug or alcohol treatment program regularly (each week)? This does not include Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). If you are attending a drug or alcohol treatment program other than AA or NA each week, you will be required to turn in proof that you are going to the program. Yes or No