#### WS logo

#### CUSTOMER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECISION-CLARIFICATION ACTIVITIES**



**There are a total of TWO (2) Decision-**

**Clarification Activities. They are:**

 1. Family Care (if applicable)

 2. Transportation

**The instructions on how to complete each activity are included either in the following paragraphs, or contained on the activity sheet itself. If you have any questions about any of the activities, please call and speak with the counselor who gave them to you.**

1. ***Family Care***: This activity is for individuals who have pre-school children, or a family member, who would need day care if they were attending a training program. The instructions for completing this activity are included on the activity sheet.
2. ***Transportation:*** The instructions for this activity are included on the activity sheet.

## ACTIVITY I: FAMILY CARE

**Part of your decision to enter an activity may depend on being able to find family care that makes you feel comfortable. As you explore family care in the area, you may find a variety of options, and to help you determine the best option, we have prepared the following questions:**

* Are you a Welfare Transition Program customer? YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_
* What kind of family care provider do you currently have/desire? Circle choice:
1. Relative/Friend/Unlicensed Provider
2. Licensed Provider
3. Head Start/Local Preschool
4. Other
* Create a backup plan for family care in the event the original plan doesn’t work out, or if your child/family member is ill and cannot go to the provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you have school-age children, who will care for them before and after school, on their school breaks, and on holidays?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How will your family care be paid for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *Following are questions you need to ask the family care provider of your choice:*

#### Name (Of Family Care Provider): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages of Children Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are overtime hours allowed? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ If so, how much advance notice is

required? \_\_\_\_\_\_\_\_\_ Can the facility accepted ill children? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Which meals are provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there educational activities

that the children can do? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_ Does this facility offer occasional

drop-in services? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ If so, at what cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is the availability of slots? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What are the regular hourly, daily, or

### weekly costs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the payment schedule (daily, weekly,

### monthly, pre-paid?) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ What are the overtime rates? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a special rate for infants? If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a discount for a second or third child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVITY II: TRANSPORTATION:**

**You will need to think about how you will get to your activity site each and every day.**

**You may own a car, plan to ride public transportation, walk or make other arrangements. You will want to consider time, distance, and costs.**

* What type of transportation will you use to get to activities?

 \_\_\_\_My personal transportation \_\_\_\_Public transportation (bus)

 \_\_\_\_Friends/Parents will drive \_\_\_\_Bicycle/Walk

 \_\_\_\_Carpool \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If using personal vehicle:

a. On a scale of 1 - 10, with 10 being "very reliable", how reliable is your

personal vehicle? \_\_\_\_\_\_\_

b. If not reliable, what repairs might be needed in the next 6 months to 2 years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Do you have a current and valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Do you have violations or unpaid traffic tickets on your record? Explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have automobile insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
* If you are planning to use public transportation:

a. What is the bus schedule? (bring in schedule, if available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. How much does it cost? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you are planning to rely on family or friends, describe the arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Since the primary transportation plan sometimes does not work out, what would

be a good back-up plan for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Some activities are not provided in the local community; therefore you will need to decide how many miles you are willing to travel for certain activities. \_\_\_\_\_\_\_\_\_\_\_

##### Are you willing to pay for your own gas? Yes \_\_\_\_ No \_\_\_\_\_

##### If you have determined that you have transportation problems, what would need to be done to solve these problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you convinced that you have a reliable plan for transportation which will get you to and from activities twice a day for up to several years, to possibly include dropping off and picking up family at a day care facility? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUSTOMER SIGNATURE DATE