SECTION 8 WTW/ FSS PARTICIPANT NEEDS ASSESSMENT

C = Completed **E** = Enrolled **X** = Services Needed

Employment = **F/T**, **P/T**, **S**easonal, **V**olunteer (+) = Employed over 1 year (-) = Employed under 1 year TANF = **E**ligible, **C**urrent, **F**ormer **NI** = Not Insured

Name Address Phone #	ESL	GED	College	Skilled Training	Life Skills Training	Resume/ Cover Letter	Initial Annual Income	Current Annual Income Report Period	Emp (+/-)	Driver's License	Finance Consolidation/ Credit Repair	Personal Saving/ Checking Account	Escrow Account	# Of Children For child care	Transportation (Require transport- No vehicle/ license)	Health Insurance	TANF Status (E/Cu/F)
Doe, John (SAMPLE) 555 Participant Lane, Apt. 234 Anywhere, NJ 55555 (732) 555- 5555	E	X			X	C	P/ T 6, 350	F/T 15, 650	-	X Reinstate		X	$250	3	X	NJ FamilyCare AETNA	Cu Food Stamps

SAMPLE

Prepared by Nilda S. Delgado- 07/26/02