WORK FIRST APPLICANT SURVEY-JUNE 2002

_____COUNTY DSS

WORKER_____   DATE(S)_____

INSTRUCTIONS:FROM INTERVIEW OR INFORMATION OTHERWISE KNOWN TO WORKER,
PLEASE CHECK ALL BOXES THAT APPLY

CHARACTERISTICS/ CAUSAL FACTORS	1	2	3	4	5	6	7	8	9	10
SINGLE PARENT										
2 PARENT CASE										
CHILD ONLY										
UNDOC ALIEN										
MARRIED										
1ST APPLICATION-NEWBORN										
CHILD CARE – WAIT LIST										
CHILD CARE- CAN'T FIND SLOT										
CHILD CARE – CAN'T AFFORD										
REDUCED WORK HOURS										
LAYOFF/PLANT CLOSED										
LOST JOB-FIRED										
LOST JOB-QUIT										
SEASONAL JOB ENDED										
CAN'T FIND JOB										
UIB ENDED										
LACK OF EDUCATION/WORK EXPERIENCE										
MOVED FROM ANOTHER COUNTY										
MOVED FROM ANOTHER STATE/COUNTRY										
FAMILY VIOLENCE										
CHILD SUPPORT-NO ORDER/COLLECTIONS										
CHILD SUPPORT STOPPED-AP LOST JOB										
LOSS OF SPOUSE OR SIGNIFICANT OTHER-SEPARATION/DEATH										
INCARCERATION										
PHYSICAL/MENTAL ILLNESS										
TRANSPORTATION										
HOUSING PROBLEMS										
SUBSTANCE ABUSE										
*OTHER REASON										

*OTHER REASON-Please code as APPLICANT #____ on reverse side and state reason.