

PATH Program

Participants Achieving through Hard Work: A Raise the Age Support Program Intake and Assessment

Participant Information

Date of intake _____

Name _____

Address _____

Phone _____ Mobile _____ Email _____

Birthdate _____ Age _____ Grade _____ Country of birth _____ United States _____ Other _____

Parent or Legal Guardian Information

Guardian #1

Guardian #2

Name _____

Name _____

Address _____

Address _____

Home phone _____

Home phone _____

Mobile _____

Mobile _____

Email _____

Email _____

Emergency Contact Information

Name _____

If same as above, indicate: Mother Father Other

Mobile _____

If other, indicate relationship _____

Participant Demographics

Gender: Male Female Nonbinary (student does not identify as only male or female)

Race: African American/Black Asian American Indian or Alaska native Caucasian/white Hispanic

Native Hawaiian or Pacific Islander Declined

Ethnicity: English Hispanic

Primary language(s), participant: English Spanish Other (specify) _____ Participant is an English language learner

Primary language(s), household: English Spanish Other (specify) _____

Living arrangement (check all that apply): Both parents One parent Foster care Legal guardian Homeless

Shelter Facing possible eviction Living independently Other (specify) _____

Number of adults in household _____ Number of children _____

Technology (check all that apply)

Electronic devices at home: Computer Laptop Tablet Smart phone Other (specify) _____

Electronic devices with internet access at home: Computer Laptop Tablet Smart phone Other (specify) _____

Household Composition

Name	Age	Relationship	Location or Placement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Areas of Concern (check all that apply)

Current	History	Area of Concern	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Parenting stress	_____
<input type="checkbox"/>	<input type="checkbox"/>	Financial stress	_____
<input type="checkbox"/>	<input type="checkbox"/>	Food insecurity	_____
<input type="checkbox"/>	<input type="checkbox"/>	CPS involvement	_____
<input type="checkbox"/>	<input type="checkbox"/>	Budgeting assistance	_____
<input type="checkbox"/>	<input type="checkbox"/>	Developmental delays (parent or child)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Medical concerns (parent or child)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence/physical violence	_____
<input type="checkbox"/>	<input type="checkbox"/>	Homelessness	_____
<input type="checkbox"/>	<input type="checkbox"/>	Employment concerns	_____
<input type="checkbox"/>	<input type="checkbox"/>	SSI/SSD	_____
<input type="checkbox"/>	<input type="checkbox"/>	Truancy/school issues	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mental health	_____
<input type="checkbox"/>	<input type="checkbox"/>	Substance use/abuse	_____
<input type="checkbox"/>	<input type="checkbox"/>	Restraining order/order of protection	_____
<input type="checkbox"/>	<input type="checkbox"/>	Weapons in home (indicate type)	_____

If currently in home, are weapons secured? Yes No Don't know

Other Services Providers

Include current and past providers and list school placement for participant.

Service	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant Interests, Future, and Life Goals

Use additional sheets if necessary.

What are the participant's interests (what do they do for fun, how do they spend their free time)?

What are the participant's future/life goals and plans for the next 6 months?

What are the participant's future/life goals and plans for the next 12 months?

What are the participant's future/life goals and plans for the next 5 years?

If the participant could improve anything in their life, what would it be?

Is there any additional information that would be beneficial to know?

Employment History

Is participant currently employed? Yes No Don't know

If yes, describe nature of work and duties: _____

Has the participant been involuntarily released from a job? Yes No Don't know

If yes, explain: _____

Detail any job training participant has received (shadowing, internship, workforce training programs, volunteer work):

What work-related skills does participant have?

What are the participant's future job goals for short-term employment?

What are the participant's future career plans (ideal occupation)?

Job References

Contact Person	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant Personal, Family, and Community Information

What does the participant consider to be their personal strengths?

What specific things does the participant struggle with as a person?

Who is the most supportive person in your life? What are some of the strengths and skills of the members of your family?

Does the participant's family participate in any community or religious activities?

What types of things would the participant like their family to improve on?

Are there any other people in the participant's life that they rely on for help, guidance, or support (e.g., significant other, teacher, coach, social worker, pastor, etc.)?

How does the participant describe their friends; what do they like about their friends?

What types of things would the participant like to change about their friends?

How does the participant describe their neighborhood; what do they like most about where they live?

What types of things would the participant like to change about their neighborhood: what do they dislike or would like to change?

Initial Program Goals

1.

2.

3.

Participant signature

Date

Parent/legal guardian

Date

Outreach Worker signature

Date

Service Navigator signature

Date