



TSK Staff:

Date:

PERSONAL INFO

Full name:

Age:

Birthday:

Current Address:

Phone number(s):

How long in present address:

Who else lives in the home/alone:

Emergency contacts/contacts:

Referral name & phone number:

Current transportation:

Health concerns/allergies (Physical and/or emotional):

Are you/have you received assistance from other organizations:



EDUCATION

Name of current school (if applicable):

Current grade/Graduation date:

Diplomas/degrees:

Future schooling plans:

Favorite subject/why:

Least favorite subject/why:

EMPLOYMENT

Current employment and duration (if applicable):

Previous jobs:

What do you like best/least about the job:

What is your dream job and why:

What skills do you need for that dream job:

Are you currently working towards that or what can support that path:



SKILLS & VALUES

What are your strengths:

What would you like to most improve:

What is important to you/What makes you happy/What brings you joy:

What would you like others to know about you?

Any hobbies or special interests (Drawing? Make up? Singing? Collections)

TSK/LIFT UP SPECIFIC:

What are the areas that you most need support from us:

How often can you commit to come in:

Are you interested in:

- Individual cooking skills
- Culinary/hospitality training (for career)
- Resume writing
- Interview skills
- Job search
- Movement, breath & meditation (wellness classes)
- Household budgeting
- Nutrition class
- First aid training
- Volunteer &/or leadership opportunities



VOLUNTEER OBSERVATIONS/NOTES: