

Food Stamp Employment and Training Program

NAME:	DATE:
E&T PARTICIPANT ASSESSMENT INFORMATION	
Work History	Possible Exemptions:
	Family Composition:
	Housing:
	Transportation:
Skills/Abilities	Daycare:
	Mental Health or Medical:
	Driver's License: Yes: ___ No: _____ CDL: Yes: ___ No: _____
	Education/Training:
Employment Interest:	
Observations (Employability, motivation, activity planning options, etc.)	

E&T #1