



# YLYF Outreach Program

## Participant Questionnaire

All information is confidential and will only be shared as agreed and with participant's permission

(Please Print)

Today's date:

### YLYF Participant Information

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age:  Marital status (circle one) Single / Divorced/ Separated own? YES  No  Are you living on your

Are you a father or expecting father? YES  NO  If expecting, when? \_\_\_\_\_ How many children do you have?      What are the ages of you children?

Do you reside with your child/children? YES  NO  How often do you spend time with your child/children? Daily  Weekly  Weekends  Monthly  Less than monthly  Not at all

Do you currently provide child support for you child/children? YES  NO

Do you currently have a legal child support agreement in place? YES  NO

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  No

Do you have a valid driver's license? YES  No  Do you have a vehicle for use of transportation? YES  No

If No What do you do when you are in need of transportation?

Have you ever been convicted of a felony? YES  NO

If yes, and you are currently on parole please note the terms – conditions of your parole.

Are you currently in a rehabilitation or recovery program? YES  NO

If yes, please note terms and conditions of the program.

Do you currently have any civil or criminal court cases pending? YES  NO

If yes, please note the case/s and if it is a criminal or civil court case.

### Education Information

What level of education have you completed? High School Diploma  GED  Some College  Degree  None

Are you interested in completing / continuing your education? YES  NO

Please describe your interest in education:

Are there any circumstances that would hinder/interfere with your attendance to complete or continuing your education?

YES  NO

If yes please describe your circumstance:

**Employment Information**

Are you currently employed? YES  NO            If yes, where are you employed?          

What hours do you work?      Week days       Weekend       Day shift       Evening Shift       Night shift

If No, are you interested in assistance in with job search and job skill training? YES  NO

Describe any specific areas of job search interest:

List any employment experience:

List any skills training experience:

**Health Insurance**

Do you and your child/children currently have health insurance?      YES  NO

Are you or your child/children currently in need of medical, dental or vision care assistance?      YES  NO

Are you currently receiving any type of county assistance?      YES  NO

**Additional Information**

Please describe your experience/s as a father:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional information about yourself that would be helpful for the YLYF program staff to know so they can appropriately Assist you:

**Focused areas of interest that you would like YLYF outreach program to assistance you in**

- Financial and personal self-sufficiency
- Gainful employment and job skills
- Education completion/Encourage Post Secondary education
- Effective parenting skills and the benefits of accepting responsibility of fatherhood
- The legal aspects of fatherhood
- Behavioral issues/ Anger Management (A.R.T.)
- Delay of future unplanned pregnancies
- Self-esteem/Self Respect

Please note any other areas of assistance you are in need of:

**Signature:** I certify that my answers are true and complete to the best of my knowledge.

Signature of YLYF participant : \_\_\_\_\_ Date: \_\_\_\_\_

