

## Washington County Integrated Services Survey August 21, 1996

Agency completing survey: Community Action Organization  
Name of program described in this survey: See attached spreadsheet  
Address: 1001 SW Baseline Hillsboro 97123  
Phone Number: 693-3251  
Contact Person: Jerralynn Ness

Please attach any flyers, brochures or program information that would better help us understand the services your organization provides.

Indicate mission, vision, values of your organization.

See attached CAO brochure

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**C. ADDITIONAL INFORMATION**

What is your organization's geographical service area within Washington County? County-wide

How many service sites does your organization have and where are they located? 12 throughout  
the county: Hillsboro, Aloha, Beaverton, Cornelius, Gaston, North Plains,  
Sherwood, Tigard

Do you currently have any staff located at other sites? Yes        No X

If "Yes", please explain? (Example: employment department—co-location at OHDC, PCC, VOC rehab, or staff outstationed at corrections, housing, etc.)

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# PART I ELIGIBILITY AND ASSESSMENT

## A. ELIGIBILITY

From the list below, please check those criteria which are used to determine the eligibility of applicants for your agency's services. Please indicate if documentation is required from the applicant to verify the information given. If "No" is indicated it is assumed that the applicant's self-report is accepted. For each of the eligibility criteria listed below that require documentation please indicate what documentation is acceptable in the column provided. See example below.

Eligibility Criteria:	Documentation Required:		Acceptable Documentation:
Example: <input checked="" type="checkbox"/> Income	Yes <u>  X  </u>	No <u>          </u>	<u>          W-4          </u>
<input type="checkbox"/> Income	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Age	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Residence	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Citizenship/alien status	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Educational level/Educational status	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Veteran status	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Disability	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Family composition	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Seeking full-time work	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Criminal justice involvement	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Laid-off	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Ethnicity	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Language	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Gender	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Occupational goal	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Other <u>                          </u>	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Other <u>                          </u>	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Other <u>                          </u>	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Other <u>                          </u>	Yes <u>          </u>	No <u>          </u>	<u>                          </u>
<input type="checkbox"/> Other <u>                          </u>	Yes <u>          </u>	No <u>          </u>	<u>                          </u>

## B. ASSESSMENT

Please describe the assessment(s) your agency requires (beyond eligibility determination) prior to the provision of services. (Feel free to do this on a computer and insert the page rather than using the lines below.)

Please address the following topics:

<b>Initial screening prior to assessment (i.e. ability to benefit)</b>
Yes/No (circle one)
Comment:
<b>Length of assessment process</b>
Hours/Days/Weeks/Other (circle all that apply—example: 36 hours/2 weeks)
Comment:
<b>Format of assessment process</b>
Group/Individual/Combined/Electronic (circle all that apply—example: Group/Electronic)
Comment:
<b>Primary areas of assessment</b>
(i.e.. skills, work history, barriers, goals, etc.:)
Comment:
<b>Tools and tests used</b>
(i.e. basis, caps, cops, etc.:)
Comment:
<b>Plan development at the completion of assessment</b>
Yes / No (circle one)
Comment: (If "Yes", please describe)

Please attach any forms you use in the assessment and plan development process. (If you use standard JTPA forms please indicate which ones. You need not include them.)

**PART II  
SERVICES, OUTCOMES AND ADDITIONAL INFORMATION**

**A. ELIGIBILITY**

Approximately how many participants do you serve each program-year in the program described herein?

1. Approximate participants served: \_\_\_\_\_
2. Specify program year (circle one.): Calendar \_\_\_\_\_ Fiscal \_\_\_\_\_

Please check each service you provide and list any additional services. Please give a brief explanation to clarify if necessary. If more space is needed, please attach additional sheet.

Service:	Explanation/Description:
<input type="checkbox"/> Job referrals	
<input type="checkbox"/> Job development	
<input type="checkbox"/> Job search workshops	
<input type="checkbox"/> Career exploration workshops	
<input type="checkbox"/> Work experience (job site) placements	
<input type="checkbox"/> Basic education	
<input type="checkbox"/> English-as-a-Second Language	
<input type="checkbox"/> Vocational training	
<input type="checkbox"/> Professional counseling—mental health, alcohol and drug, personal	
<input type="checkbox"/> Advising	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Emergency services—food, medical, transitional housing	
<input type="checkbox"/> Child care	
<input type="checkbox"/> Probation/parole supervision	
<input type="checkbox"/> Job retention	
<input type="checkbox"/> OJT/Jobs Plus	
<input type="checkbox"/> Tax credit	
<input type="checkbox"/> Other	

**B. OUTCOMES**

Please list the primary outcomes your agency's services are designed to produce (i.e. job placement rate, job retention rate, reduced recidivism rate, housing referrals.) Please quantify these outcomes whenever possible (i.e. number of participants or rate of participants expected to reach the outcomes.)

Please give the definition for a successful outcome (see example below.)

Outcome:	As defined by:
Example: 75% of all enrollees enter employment	Enter employment: Minimum 32 hours /week at minimum \$7.00 per hour
Example: 70% retained employment at 13 weeks	Employment 13 weeks after leaving program