

## Personal Pathway

At DSHS, our goal is to offer program assistance, opportunities and support to help connect you and your family to what you value most.

We invite you to complete the information below. This will allow us to understand what would be most helpful right now. We look forward to working together to connect you to available services and resources.

**We appreciate your time, as you are the expert of your life!**

<b>1. How do you feel in your current situation (check all that apply)?</b>	
<input type="checkbox"/> Unsure about DSHS programs	<input type="checkbox"/> Helpless or afraid
<input type="checkbox"/> Frustrated	<input type="checkbox"/> Understood
<input type="checkbox"/> Anxious or stressed	<input type="checkbox"/> Thankful
<input type="checkbox"/> Relieved I'm here for help	<input type="checkbox"/> Trapped or alone
<input type="checkbox"/> Overwhelmed or numb	<input type="checkbox"/> Ready to move forward
<input type="checkbox"/> Excited	<input type="checkbox"/> Other:
<b>2. What would it look like if a DSHS program was successful for you (check all that apply)?</b>	
<input type="checkbox"/> Found a job that provided for my family	<input type="checkbox"/> To develop healthy relationships
<input type="checkbox"/> Access training to have a career in something I enjoy	<input type="checkbox"/> Be able to afford safe and stable housing
<input type="checkbox"/> Obtain my GED or HS diploma	<input type="checkbox"/> More confidence in myself and abilities
<input type="checkbox"/> Be more financially stable	<input type="checkbox"/> Better connected to my community
<input type="checkbox"/> Be a positive role model for my family	<input type="checkbox"/> To give opportunities to my children for a better life
	<input type="checkbox"/> Other:
<b>3. What personal goals do you have in mind (check all that apply)?</b>	
<i>What would make you want to jump out of bed in the morning?</i>	
<input type="checkbox"/> To be healthy and have a healthy family	<input type="checkbox"/> To give back and contribute
<input type="checkbox"/> A job that takes care of my family	<input type="checkbox"/> To gain work experience
<input type="checkbox"/> To help my kids graduate school	<input type="checkbox"/> To be the best parent I can be
<input type="checkbox"/> To further my education	<input type="checkbox"/> To be able to buy things for my family
<input type="checkbox"/> To have safe and stable housing	<input type="checkbox"/> To have independence and freedom
<input type="checkbox"/> A better life	<input type="checkbox"/> Other:
<b>4. What are some problems getting in the way of reaching your goals (check all that apply)?</b>	
<i>Solving which of these problems would help you the most?</i>	
<input type="checkbox"/> No recent work history to find work	<input type="checkbox"/> No transportation
<input type="checkbox"/> Legal or background check issues	<input type="checkbox"/> Lack of stable housing
<input type="checkbox"/> No employment or employment skills	<input type="checkbox"/> Child Support issues (safety concerns, receiving support or adjusting order / debt)
<input type="checkbox"/> No money for the things we need	<input type="checkbox"/> School issues with my children
<input type="checkbox"/> No education for me to get a better job	<input type="checkbox"/> Working with too many agencies right now
<input type="checkbox"/> No child care to go to work or school	<input type="checkbox"/> Health issues for someone in my family
<input type="checkbox"/> Personal health issues (physical, mental / emotional, addiction)	<input type="checkbox"/> Other:
<b>5. What would be most helpful to you today (check all that apply)?</b>	
<input type="checkbox"/> Help with benefits (cash, food, medical)	<input type="checkbox"/> Exploring other DSHS benefit options (WorkFirst, BFET, Employment Pipeline, Child Support / Alternative Solutions, DVR)
<input type="checkbox"/> Help with transportation	<input type="checkbox"/> Discussing job opportunities
<input type="checkbox"/> Learning more about programs and resources that are available in the community	<input type="checkbox"/> Other:
<input type="checkbox"/> Childcare assistance	
<input type="checkbox"/> Connecting with Family Violence resources	

**6. Which of these do you value and have an interest in strengthening (check all that apply)?**

*What do you love to do even if you weren't getting paid for it?*

- |   |  |
|---|--|
| <input type="checkbox"/> Spending time with my family               | <input type="checkbox"/> Creating or building things             |
| <input type="checkbox"/> Taking care of my health                   | <input type="checkbox"/> Being social with friends and family    |
| <input type="checkbox"/> Personal wellness and fitness              | <input type="checkbox"/> Learning, reading, or increasing skills |
| <input type="checkbox"/> Spending time on hobbies                   | <input type="checkbox"/> Volunteering at my child's school       |
| <input type="checkbox"/> Connecting to my community, schools, faith | <input type="checkbox"/> Other:                                  |

**7. What skills are you good at that you also enjoy (check all that apply)?**

- |   |  |
|---|--|
| <input type="checkbox"/> Working as part of a team          | <input type="checkbox"/> Being creative          |
| <input type="checkbox"/> Information technology / computers | <input type="checkbox"/> Working with your hands |
| <input type="checkbox"/> Working with numbers or data       | <input type="checkbox"/> Helping people          |
| <input type="checkbox"/> Communication                      | <input type="checkbox"/> Solving problems        |
| <input type="checkbox"/> Organizing and planning            | <input type="checkbox"/> Other:                  |

**8. What would get you closer to your goals (check all that apply)?**

*Be stubborn about your goals and flexible about your methods.*

- |   |   |
|---|---|
| <input type="checkbox"/> Learning about free training / educational programs  | <input type="checkbox"/> Connecting with Family Violence resources                    |
| <input type="checkbox"/> Securing safe childcare  | <input type="checkbox"/> Discussing job opportunities                                 |
| <input type="checkbox"/> Gaining paid or unpaid work experience   | <input type="checkbox"/> Exploring volunteering at my child's school or daycare       |
| <input type="checkbox"/> Exploring resources to help with   | <input type="checkbox"/> Coordinating activities with other agencies I'm working with |
| <input type="checkbox"/> Connecting with Public Health resources  | <input type="checkbox"/> Support in pursuing Social Security benefits                 |
| <input type="checkbox"/> Receiving ongoing support and goal setting   | <input type="checkbox"/> Discussing programs or support for legal issues              |
| <input type="checkbox"/> Information about parenting resources / support  | <input type="checkbox"/> Exploring Child Support options                              |
| <input type="checkbox"/> Learning about support for elderly or disabled care  | <input type="checkbox"/> Learning about money management support                      |
| <input type="checkbox"/> Exploring options for education, training, and employment services for refugees and immigrants | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Exploring other DSHS benefit options   |   |

**What are the top two, checked above, that you want to focus on today to help you toward your goals?**

**9. Additional Comments**

**Thank you for completing your Personal Pathway!**

**We will review this information together to help create a plan that works for you and your family.**