Phoenix Print Shop Intake Questions

Name:	
Email:	Phone:
Referring Worker:	Agency:
Contact info:	
Phoenix Print Shop Questions	
Why are you interested in participating in the Phoenix Print	t Shop?
What do you want to gain from the program?	
What other employment programs have you participated in	?
What did you like about these?	
What did you not like about these?	
Housing Information	
What is the main intersection nearest to you?	
What is your current housing arrangement?	
Have you ever used the shelter system? If yes where did you	u stay?
How stable is your current housing situation?	
Educational Information	
What is the highest grade you have completed?	
How do you learn best?	

Have you experienced any issues/barriers in learning (e.g. learning disability)?

If did not complete high school what were the issues that prevented you from completing?

Do you have any future plans to complete your high school or attend post-secondary?

How comfortable are you with written instructions?

Employment Information

Do you have your SIN card?

What is your current employment status?

If unemployed or underemployed how long have you been looking for work?

If unemployed or underemployed what do you think is keeping you from finding work?

What are some of the jobs you have done in the past and how long did you work there?

What are some of the challenges you face in keeping a job?

What do you enjoy doing for work?

What are your employment goals for the next year?

What are your employment goals for five years from now?

What do you think you will need to do to obtain your long term employment goal?

What support do you require for your job search (e.g. resume, interview skills)?

What do you feel are your employment strengths?

What would you like to improve on?

How do you motivate yourself for work?

How are you currently financially supporting yourself?

Factors

Have you ever used the shelter/hostel system?

Have you had interactions with the legal system that could affect your ability to apply for certain jobs?

Are you taking any medications (prescribed or not prescribed) that alters your alertness and may make it unsafe to work with equipment?

Have you been diagnosed with any mental health challenges or do you suspect you may have a mental health challenges?

Supports

How would you describe your relationship with your family?

How would you describe your relationship with your friends?

Do you have people in your life who will keep you motivated while you are in the program?

Do you have any upcoming appointments that will affect your attendance (medical, legal, housing)?