



Coming Together Getting Ahead Investigator Information Form

Date Submitted: _____ Initial **CTGA** Interview Date & Time: ____ / ____ / ____ - ____ AM / PM

Submitted By: _____

Vincentian Branch of the Family: _____

Telephone Number: _____ Email: _____

Investigator Name #1: _____

First

Middle Initial

Last

Current Address: _____

Telephone Number: _____ Birth Date: _____

Other Phone Numbers or Email: _____

Employers Name & Address: _____

Job Title/Description: _____

Employers Telephone #: _____ Years Employed: _____

Investigator Name #2: _____

First

Middle Initial

Last

Current Address: _____

Telephone Number: _____ Birth Date: _____

Other Phone Numbers or Email: _____

Employers Name & Address: _____

Job Title/Description: _____

Employers Telephone #: _____ Years Employed: _____

People Living at the Residence

Name _____ Age _____ Sex _____ Relationship _____

School or Employer _____

Name _____ Age _____ Sex _____ Relationship _____

School or Employer _____

Name _____ Age _____ Sex _____ Relationship _____

School or Employer _____

Name _____ Age _____ Sex _____ Relationship _____

School or Employer _____

Name _____ Age _____ Sex _____ Relationship _____

School or Employer _____

Family & Friends Network of Support & General Information

Following are some suggested areas of information that may be helpful to understand the Investigator's current situation. This should be gathered incrementally through natural dialogue, not as a formal "intake" process.

1. **Extended Family (siblings, parents, other relatives; location, and the current relationship with them)**

2. **Support System (family, friends who provide support – babysitting, transportation, financial, other)**

3. **Child Care Availability (Family, Friends, Vouchers)**

4. **Educational Background & Interests (levels attained, certificates received, courses started but not finished, favorite classes, least favorite classes)**

5. **Social and/or Religious Support Systems (church community involvement, faith experience, other clubs or social networks)**

Family & Friends Network of Support & General Information (cont.)

6. Housing (history, conditions, own / rent)

7. Health Issues for self and/or others in household (physical, emotional, addictions)

8. Transportation (bus, reliable car, friends/family)

9. Criminal History (can effect ability to find work, need to do community service, court ordered requirements)

10. Other _____

Professional Information

Employment Status – Investigator #1

Employed Unemployed Caregiver

Investigator Name: _____ Employer: _____

Employer Address: _____ City: _____ Zip Code: _____

Title / Position: _____ Years Employed: _____

Employer Opportunities: _____

Current challenges: _____

Employment history (helps give view of possibilities): _____

Future Story: _____

Professional Information

Employment Status – Investigator #1

Employed Unemployed Caregiver

Investigator Name: _____ Employer: _____

Employer Address: _____ City: _____ Zip Code: _____

Title / Position: _____ Years Employed: _____

Employer Opportunities: _____

Current challenges: _____

Employment history (helps give view of possibilities): _____

Future Story: _____

Family Notes

Please explain in detail, the back-ground for the recommended Investigator.

Use additional sheets of paper if necessary

Families Future Story

What is their vision of their future story? Of their families future story?

Use additional sheets of paper if necessary

Family's Financial Recap

INCOME AND EXPENSES

(All forms submitted are confidential)

ACTUAL MONTHLY INCOME:

INVESTIGATOR SALARY: _____

INVESTIGATOR SALARY: _____

CHILD SALARY: _____

CHILD SUPPORT: _____

CalWORKS: _____

SSI: _____

(Do not list Social Security number)

(Please define)

EXTRA INCOME: _____

(Please define)

Outside Support: _____

(Please define)

OTHER: _____

(Please define)

OTHER: _____

(Please define)

OTHER: _____

SAVINGS: _____

TOTAL INCOME : _____

FOOD STAMPS? Y / N AMOUNT: _____

DO NOT ADD TO TOTAL ABOVE.

AVERAGE MONTHLY EXPENSES:

RENT: _____

FOOD: _____

TELEPHONE: _____

CABLE/INTERNET: _____

ELECTRICITY: _____

GAS: _____

WATER: _____

TRANSPORTATION: _____

AUTO INSURANCE: _____

GASOLINE: _____

BABY SITTER: _____

SPECIAL NEEDS: _____

CHILD SUPPORT: _____

CREDIT CARDS: _____

AUTOMOBILE: _____

OTHER: _____

TOTAL EXPENSE: _____

Financial Situation (debt, savings, % of income that goes to housing)

State or Local Benefits (SSI, SSDI, TANF, SNAP, health/dental care)

**Coming Together Getting Ahead
Program Requirements & Outline**

Program timeline (1 session per week for 20 weeks):	TBD
Weekly meeting day and time:	Thursday / _____ AM / PM to _____ AM / PM
Transportation Status:	Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Walk <input type="checkbox"/> Other <input type="checkbox"/> _____
Meals required:	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Number of meals: _____ Dietary restrictions: _____
Child care requirements:	No <input type="checkbox"/> Yes <input type="checkbox"/>

COOPERATION AGREEMENT

I / We agree to cooperate with the guidelines and commitment requirements for the Coming Together Getting Ahead (CTGA) Program.

I / We agree to cooperate with the Facilitators and Mentors who will leading the CTGA program during the twenty (20) week program.

I / We also agree to seek financial advice if for any reason an exit from the program is required.

I / We agree that all above information is truthful and I give permission to the members of the Vincentian Family, Facilitators and Mentors to research any or all of the information provided for accuracy.

Investigator #1 Signature: _____ Date: _____

Printed Name: _____

Investigator #2 Signature: _____ Date: _____

Printed Name: _____

Vincentian Representative Signature: _____ Date: _____

Printed Name: _____