IDAHO DEPARTMENT OF
HEALTH & WELFARE

# Employment & Training Self-Assessment

At DHW our goal is to support Idahoans in need on their journey to self-reliance. We're excited that you're ready to join us by becoming an Employment & Training partner.

To help us determine which DHW resource(s) your organization may be eligible, please complete this quick self-assessment. Upon receiving this assessment, an E&T partner specialist will review your answers and reach out to you to initiate our partnership with you.

First Name _____ Last Name _____

Organization _____

Organization Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

1. Which of the following employment and training services does your organization directly provide? Select all that apply.

| | |
|---|---|
| Adult Basic Education (ESL, literacy, GED prep) | ☐ |
| Industry recognized certificates/credentials (Construction/Trade, culinary, Customer Service, Logistics, Information Technology, etc.) | ☐ |
| Integrated Education and Training or Bridge Programs | ☐ |
| Internships | ☐ |
| Job placement assistance | ☐ |
| Job retention coaching services | ☐ |
| Job search assistance/training | ☐ |
| Pre-Apprenticeship and/or Apprenticeship program | ☐ |
| Vocational Education | ☐ |
| Work Experience | ☐ |
| Work Readiness/Soft Skill Training | ☐ |

If none of the above, please list and describe your services:

2. Do you currently receive non-federal funding?
(Non-federal funding include all funding streams not in the form of federal contracts, funds, or grants. Non-federal funding streams may include state funding/grants, private donations, customer payments, investors, etc.)

No Yes

3. Are you able to track any personally identifiable information regarding your customers?
(This information may include name and date of birth, social security number, gender, income level, etc.)

No Yes

4. Are you able to track any program participation, measurable skill gains, and/or services provided for the individual customer?
(This may include attendance, completion, customer payments, credentials, certificates, etc.)

No Yes

Thank you for your interest in Idaho's Employment and Training program.
Your responses will be reviewed, and you will be contacted within 5-7 business days.

Please fill out and save this form. Attach the completed form to an email and send to SNAPPartners@dhw.idaho.gov

Upon receiving this assessment, an E&T partner specialist will review your answers and reach out to you to initiate our partnership with you.