



Sokaogon Chippewa Community Tribal Child Support Agency



Name: _____

Date: _____

Barriers are difficulties that you feel are beyond your control and often get in the way of what you want. Barriers can often get in the way of one's ability to be successful in what they are trying or wanting to do. Barriers can come from anywhere and are different for everyone. The following is a list of possible barriers. Check those that apply to you so that your case worker can properly assist you in reaching your goals.

Basic Education

- _____ I do not have a High School Diploma, GED, or HSED
- _____ I have difficulty with reading or cannot read
- _____ I have a hard time understanding what I read
- _____ I have difficulty with math
- _____ I have or had a learning disability in school
- _____ I have trouble concentrating or staying focused
- _____ I am dyslexic
- _____ I do not know how to use a computer

Personal, Home, and Family Life

- _____ I have concerns about or need help with basic needs (housing, food, clothing, etc.)
- _____ I have a hard time meeting deadlines (getting things done on time)
- _____ I have concerns/problems in relationships (partner, family, friends, co-workers)
- _____ I am having difficulty with parenting and/or would like help with parenting skills
- _____ I have recently lost a friend or family member
- _____ I am pregnant
- _____ I do not have a telephone to contact jobs, etc.
- _____ I have domestic violence issues in the home
- _____ Other barriers/concerns: _____

Legal Issues:

- _____ I have felony convictions
- _____ I have old criminal charges that are making it hard for me to get a job
- _____ Current court issues: _____
- _____ Other concerns on any legal issues: _____

Ga-na-waji Ga-wi-nug Way-ji-mooki-ji-wung Yi-ewe-meing-gun-a-sepii

Physical Health/Mental Health

_____ I am currently being treated for the following physical health condition(s): _____

_____ I am currently being treated for the following mental health condition(s):

_____ I have concerns/needs with vision issues (self or family member)

_____ I have concerns/needs with hearing issues (self or family member)

_____ I need assistance with medications

_____ I have or had issues with alcohol or other drugs

_____ Someone in my family has or had issues with alcohol or other drugs

_____ I have question about counseling services (for self or family member)

_____ I have physical limitations to work I can perform (attach medical documentation)

_____ I will be having or just had surgery and have a physician's order for incapacitation

_____ I have applied for SSI/SSDI and I am waiting the determination.

Transportation

_____ I do not have a driver's license

_____ I do not have a vehicle

_____ I have a vehicle, but it does not work

_____ I have little or no knowledge of Public Transportation

_____ I live outside the city and there is no bus available

Child Care

_____ I do not know where to get child care

_____ I cannot afford child care

_____ I have children with different schedules (need child care at different times)

_____ I need all day or overnight child care

_____ My child needs specialized care (explain): _____

Other areas of concern

_____ List any other concerns you may have that have not been listed above i.e. custody, placement or visitation

Client Signature

Date

Child Support Case Manager Signature

Date

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