



**Office of Workforce &  
Community Initiatives**

**Comprehensive  
Assessment Summary  
(OAS) Navigation Guide**

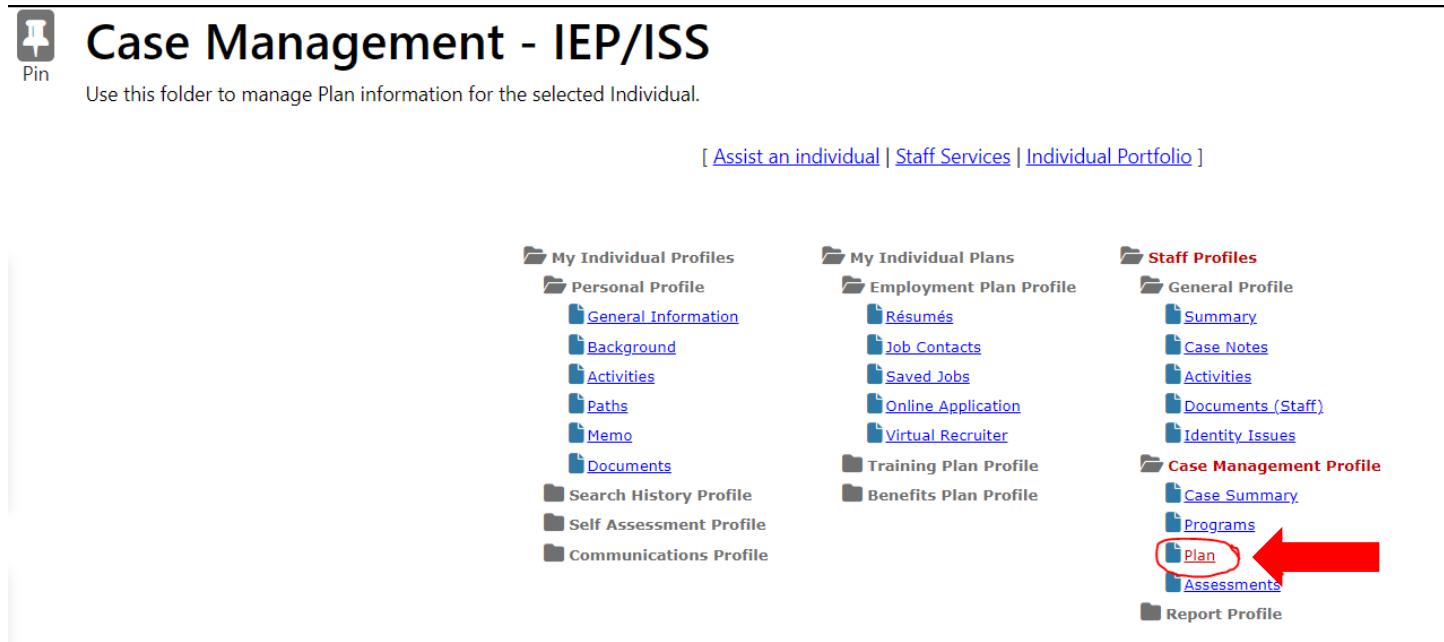
OWCI Guide for navigating  
the Objective Assessment Summary

# Introduction

This document was created to help case managers navigate the Comprehensive Assessment Summary within the MoJobs system. This is NOT an instruction manual on how to complete or what to include in the assessment for a specific program. Please refer to program and local provider policy guidelines for specific information that is required for completing this assessment.

## Where to go and how to get there

Start by selecting “Plan” under the Case Management Profile Tab



The screenshot shows the 'Case Management - IEP/ISS' folder structure. It includes sections for 'My Individual Profiles' (Personal Profile, General Information, Background, Activities, Paths, Memo, Documents, Search History Profile, Self Assessment Profile, Communications Profile), 'My Individual Plans' (Employment Plan Profile, Résumés, Job Contacts, Saved Jobs, Online Application, Virtual Recruiter, Training Plan Profile, Benefits Plan Profile), 'Staff Profiles' (General Profile, Summary, Case Notes, Activities, Documents (Staff), Identity Issues), and 'Case Management Profile' (Case Summary, Programs, Plan, Assessments). A red arrow points to the 'Plan' option under 'Case Management Profile'.

Next, scroll to the middle of the screen under “Objective Assessment Summary.” Here, select “Create Objective Assessment Summary”.

### Objective Assessment Summary

#	LWIA/Region	Office Location	Program	Staff	Date	Action
26382	Kansas City & Vicinity	FSD Partner KC & Vicinity	SNAP Employment and Training	HAWKINS, JOHN	12/02/2019	<a href="#">Edit</a> <a href="#">Void</a> <a href="#">Delete</a> <a href="#">Print</a>
26389	Kansas City & Vicinity	FSD Partner KC & Vicinity	SNAP Employment and Training	VANDEGRIFFE, DONNA	12/02/2019	<a href="#">Edit</a> <a href="#">Void</a> <a href="#">Delete</a> <a href="#">Print</a>
30389	Central Region	CENTRAL OFFICE	Title III - Wagner-Peyser (WP)	PITCHFORD, LESLIE	02/20/2020	<a href="#">Edit</a> <a href="#">Void</a> <a href="#">Delete</a> <a href="#">Print</a>

 [Create Objective Assessment Summary](#)

The next screen will take you to the “General” tab.

## General

Enter the program, select the application ID, the region, the office location, and the assessment create date. As you scroll you will be able to edit contact information and add an alternative contact. At the bottom, enter an overall note explaining the participant's situation overall. Please refer to program and local provider policy guidelines for specific information that is required.

## Objective Assessment - General Information Form

### General Information

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<b>User Name:</b>	JJOBSEEKER616				
<b>User ID:</b>	1064567				
<b>State ID:</b>	3123949801				
<b>* Program:</b>	SNAP				
<b>* Application ID:</b>	6927653				
<b>* LWIA:</b>	North Region				
<b>* Office:</b>	FSD Partner Northeast (North)				
<b>* Assessment Create Date:</b>	02/26/2025	<input type="button" value="Today (MM/DD/YYYY)"/>			
<b>Attach Active Plan:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>IEP ID #</b>					
<b>Age at Assessment</b>	22				
<b>* Name</b>	JOHNNY	J	JOBSEEKER		
<b>* Address Line 1</b>	12345 Forrest Drive				
<b>Address Line 2</b>					
<b>* City</b>	Maryville				
<b>* State</b>	Missouri				
<b>* Zip Code</b>	64468				
<b>* Primary Phone Number</b>	573	-	694	-	9538
		-		-	
		-		-	
<b>* Email</b>	bobby.barlow@dhewd.mo.gov				

### Contact Information

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## Alternate Contact

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Alternate Contact

[Add Alternate Contact](#)

## Staff

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Staff User ID

2778513 (Bailey,Cooper)

Date Completed

02/26/2025



### Overall Note

Some HTML tags such as  
embedded videos are not  
allowed in this text box and  
will not be saved.

successful in the field as verified with her Get My Future Interest Assessment results; she scored highest in Social, Enterprising and Conventional, both Social and Conventional are in alignment with being a CMT. Client is in need of training to increase her skills and education level from some college to s certificate to obtain employment as a CMT. Obtaining employment as an CMT would allow for self-sufficiency and allow the client to become free from public assistance. The client is in need of financial assistance to pay for training and training related costs as she does into have the financial ability to pay for training and training related costs.

[\[ Clear Text \]](#)

After finishing this information, select “Next”. The next screen will take you to the “Expectation” tab.

## Expectation

In this section, you will enter information relating to *Program Expectations* and *Employment Expectations*.

[\[General\]](#) [\[Expectation\]](#) [\[Education\]](#) [\[Degree\]](#) [\[Certificate\]](#) [\[Employment\]](#) [\[Household & Income\]](#) [\[Work Readiness\]](#) [\[Barriers\]](#) [\[Criminal Background\]](#) [\[Tests\]](#) [\[Referrals\]](#)

## Program Expectations

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\* Are you seeking immediate employment

Yes  No

\* What services are you seeking

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will not be saved.

enrolled at State Fair Community College to attend beginning on 10/17/2023. Client is in need of financial assistance to complete the program. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. She has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results. The client is in need of financial assistance to pay for training and training related costs as she does into have the financial ability to pay for training and training related costs.

## Employment Expectations

**Occupation 1**[Select Occupation](#)

29-2099.00

Health Technologists and Technicians, All Other

**Occupation 2**[Select Occupation](#)

31-9092.00

Medical Assistants

**Occupation 3**[Select Occupation](#)**Employment Type**

Regular

**Full or Part Time**

Full Time (30 Hours or More)

**Shift Preferences** 1st     2nd     3rd  
 Rotating     Split Shift     Any**Desired Salary**

\$28.75 hourly (Approx. \$60,000 annually) or more

**Benefits Needed** Health Insurance     Paid Vacation Time  
 Paid Sick Leave     Retirement/Pension**Longest Commute Distance (mi)****Job Search Assistance Requested** Help Getting Started in Job Search     Resume Assistance  
 Completing Job Applications     Interviewing Skills  
 Job Openings     Referrals to Employers**\* Desires Help in Career Planning****\* Seeking Training Services****Training Preferences**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

State Fair Community College, CMT program; client is enrolled and is set to begin class on 10/17/2023. Client is in need of financial assistance to complete the program. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. She has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results. The client is in need of financial assistance to pay for training and training related costs as she does not have the financial ability to pay for training and training related costs. Obtaining

 Yes     No

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

State Fair Community College, CMT program; client is enrolled and is set to begin class on 10/17/2023. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT.

[\[ Clear Text \]](#)**Other Assistance Expected**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing this information, select “Next”. The next screen will take you to the “Education” tab.

## Education

In this section, enter information relating to *Education History and Basic Skills/Education Factors*.

### Education History

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**Highest Grade Completed**

1 Year at College or a Technical or Vocational School ▾

**Currently Enrolled in School**

Yes, Attending College or a Technical or Vocational School ▾

**Education History Assessment Summary**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client does have their high school diploma and less than one semester at a post-secondary school. The client's current level of education (secondary school equivalency and some college) is not sufficient for the client to obtain employment as a CMT. They must continue their education to obtain a certificate as a CMT.

### Basic Skills / Education Factors

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**High School Dropout**

**Basic Skills Deficient**

- Reading below 9th Grade
- Math below 9th Grade
- Language Below 9th Grade
- Literacy
- Non-Reader

**Lacks Computer Skills**

**Primary language spoken at home:**

English ▾

**Needs interpretation services**

**Limited English Proficiency**

**Currently Enrolled in ABE/Literacy or ESOL**

**Behind Grade Level for Age (Youth Only)**

**Financial Aid**

- Needs a Free Application for Federal Student Aid (FAFSA)
- Pell Grant
- Monetary Award Program (MAP) Grant
- Other Financial Aid

**Basic Skills / Education Factors Assessment Summary**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Program is not PELL eligible and is not eligible for other financial aid.  
Client has HS diploma.

After finishing this information, select “Next”. The next screen will take you to the “Degree” tab.

## Degree

In this section, enter information relating to any “Degrees”, a participant may have.

### Degrees

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Degree	Issuing Institution	Completion Date	Action
<a href="#">[Add a New Degree]</a>			
			<a href="#">&lt;&lt; Back</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Finish</a> <a href="#">Next &gt;&gt;</a>

After finishing this information, select “Next”. The next screen will take you to the “Certificate” tab.

## Certificate

In this section, enter information relating to any “Certificates”, a participant may have.

### Certificates

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Certificate License	Organization	Completion Date	Action
<a href="#">Certified Nursing Assistant</a>	unknown at this time	05/2009	<a href="#">Edit   Delete</a>
<a href="#">[Add a New Certificate]</a>			
			<a href="#">&lt;&lt; Back</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Finish</a> <a href="#">Next &gt;&gt;</a>

After finishing this information, select “Next”. The next screen will take you to the “Employment” tab.

## Employment

In this section, enter information relating to *Occupational Transferable Skills and Employment History*. If the participant’s Employment History was entered in a different area, for example within the Resume, those will show up here automatically.

### Occupational Transferable Skills

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#### Summary of Skill Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client is currently employed at Summit Villa Nursing Home. She has previous experience of being a CNA and Direct Support Staff. The client has occupational skills from previous employment including patient care, handing out medications, customer and personal service, money handling, time management, sales experience, maintaining clean a work environment, meeting deadlines, and dietary needs of patients. The client currently lacks the skills and knowledge to become a CMT at this time. Client will need the following skills: Prepare and administer medications as directed by a physician, authorize drug refills and provide prescription information to pharmacies, collect blood, tissue, or

## Occupational Transferable Skills

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### Summary of Skill Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client is currently employed at Summit Villa Nursing Home. She has previous experience of being a CNA and Direct Support Staff. The client has occupational skills from previous employment including patient care, handing out medications, customer and personal service, money handling, time management, sales experience, maintaining clean a work environment, meeting deadlines, and dietary needs of patients. The client currently lacks the skills and knowledge to become a CMT at this time. Client will need the following skills: Prepare and administer medications as directed by a physician, authorize drug refills and provide prescription information to pharmacies, collect blood, tissue, or

[\[ Clear Text \]](#)

After finishing this information, select “Next”. The next screen will take you to the “*Household & Income*” tab.

## Household & Income

In this section, enter information relating to *Household & Income*. **Please note:** if your screen is showing the red messages below, you will not be able to enter any information here. If this is the case, just choose Next at the bottom of the screen.

### Household & Income

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Information collected on this screen will NOT be included in print form.

You are in VIEW ONLY mode.

Name	Relationship	Age	Income Source	Annualized Income
			Annualized Total	\$0.00

#### Household & Income Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

The next screen will take you to the “*Work Readiness*” tab.

## Work Readiness

In this section, enter information relating to *Work Readiness* and *Workplace Behavior*. Please refer to program and local provider policy guidelines for specific information that is required.

# Work Readiness

Number of Children under 18

5

**Dependent Care Needs**

- Child Care
- Special Needs Child
- Adult Care
- Not at This Time

**Dependent Care Comments:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

5 children in the home at this time, no dependent care is needed at this time.

**Transportation**

Driver's License:

- Has a Valid License
- Does not have a License
- Suspended
- Restrictions
- DUI

Driver's License Endorsements:

- Air Brakes
- Hazardous Materials
- Tankers
- Passenger Vehicles
- School Bus
- Double and Triple Trailers
- Two or Three-wheeled Motorcycles
- Private Vehicle class
- Combination Hazardous Materials and Tanker Vehicles
- No Endorsements
- City Government Vehicles

Automobile:

- Owns Automobile
- Auto Needs Repair
- Lacks Automobile Insurance
- Cannot Afford Gasoline
- Automobile Impounded
- Automobile Repossessed
- Access to Dependable Automobile
- Access to Public Transportation
- Relies on Public Transportation
- Not at this Time

**Contacts**

- Telephone in Home
- Access Telephone (Neighbor/Other)
- Adequate Contact Person(s)
- Transient History
- Not at this time

**Work Attire**

- Uniforms
- Interviewing Clothes
- Needs Work Tools/Equipment

**Emergency Food/Nutritional Needs**

## Work Readiness Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client has a vehicle at this time and car insurance, a phone in the home, and is not in need of assistance with any work or school attire at this time. Client is receiving nutrition assistance from SNAP at this time.

## Workplace Behavior

### Motivational Factors Affecting Employment

- Negative Work Attitude
- Punctuality Issues
- Attendance Problems
- Co-Worker Relations Issues

### Career Decision Making (Clearly defined goals/plans)

### Interviewing Skills

- Difficulty Making Positive First Impression
- Negative Attitude
- Proper Interview Attire
- Need to Improve Communication Skills
- Research Labor Market Information (LMI)
- Questions for Interviewer
- Preview List of most common Q&A's
- References
- Verbally explain work experience and skills

### Resume

- Has Acceptable Resume
- Resume Requires Revision
- Does not Have Resume
- Unable to Identify/Communicate Transferable Skills

### Application Completion

- Lacks Thoroughness
- Needs to Address Sensitive Issues (i.e. Criminal Record)
- Neatness
- Difficulty Summarizing Skills/Work History

### Appearance/Hygiene Issues

### Needs to Learn how to use Labor Market Information

#### Workplace Behavior Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing this information, select "Next". The next screen will take you to the "Barriers" tab.

## Barriers

In this section, enter information relating to *Health & Behavioral Observations, Living Environment, Economic Factors/Financial Situation, Vocational/Occupational Factors, Other Assistance Received, Barriers to Employment, and Access Assessment*. Please refer to program and local provider policy guidelines for specific information that is required.

### Health & Behavioral Observations

#### Health

- Lacks Medical Insurance Coverage
- Disclosed Disability
- Needs Glasses
- Needs Dental Work
- Speech Impairment
- Cannot Afford Medication
- Reasonable Accommodation Required
- Limitations in Ability to Work Certain Jobs
- Health has been cause for Absences from Job
- Pending Surgery or Medical Leave
- Not at this time

#### Behavior

- Demonstrates Low Self-Esteem
- Demonstrates Behavioral Problems
- Requires Medication
- Disclosed Disability
- Required Therapy/Treatment
- Not at this time

#### Substance Abuse

- Seeks Referral for Treatment
- Failed Drug Test
- Not at this time

#### Health & Behavior Observations Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client lacks medical insurance currently. Nothing else to report at this time.

### Living Environment

#### Housing

- Homeless
- Residing in Shelter
- Facing Possible Eviction
- Substandard Living Conditions
- Needs Energy Assistance
- Resides in Public Housing
- Not at this time
- At risk of becoming homeless

#### Home Life

- High Risk Family/Living Situation
- Lacks Family Support System
- Victim of Domestic Violence
- Not at this time

#### Living Environment Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

## Economic Factors / Financial Situation

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### Credit/Financial

- Bankruptcy
- Poor Credit History/Bad Debts
- Needs Money Management Services
- Needs Consumer Credit Counseling Services
- Inability to be Bonded
- Defaulted Student Loan
- Not at this time

#### **Economic Factors/Financial Situation Assessment:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

## Other Assistance Received

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### Public Assistance

- Temporary Aide to Needy Families (TANF)
- Supplemental Nutritional Assistance Program (SNAP)
- Housing
- SSI
- Foster Care
- Medicaid
- Not at this time

### Partner Services

- Adult Education
- Job Corps
- MSFW
- Native American
- Veterans
- TAA
- NAFTA/TAA
- Vocational Education
- Vocational Rehabilitation
- Wagner-Peyser
- Community Services Block Grant
- HUD
- Older Workers
- Food Stamp Employment and Training Activities
- Other

#### **Other Assistance Received Assessment:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client is receiving SNAP at this time and is dual enrolled in WP and Skill Up.

## Barriers To Employment

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- Lacks Significant Work History**
- Sporadic or Limited Work History**
- Restricted Commuting Distance**
- Restricted Work Schedule**
- Unrealistic Wage**
- Legal Issues**
  - Ex-Offender
  - Currently on Probation
  - Existing/Pending Workers Compensation Claims
  - Pending Court Appearances
  - Court Ordered to Pay Child Support
  - Wage Garnishment
- Single Parent**
- Displaced Homemaker**
- Pregnant or Parenting Youth**
- Runaway Youth**
- LWIA Designated Barrier**
- Other (Specify in Comments)**
- No Barriers to Employment/Work Readiness Issues**

## Access Assessment

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- To better assist the individual, which of the following tasks are difficult to perform independently in daily life. (Must be voluntarily offered)**
  - Chose not to Answer
  - None
  - Seeing
  - Hearing
  - Talking
  - Using hands
  - Getting around
  - Interacting with others
  - Learning or thinking
  - Other (specify)
- Individual needs the following assistance for program participation or employment (select all that apply)**
  - Chose not to Answer
  - None
  - Wheelchair accessible facilities
  - Other (specify)
  - Assistance with writing
  - Audiotaped materials
  - Flexibility (e.g. in hours)
  - Materials in Braille
  - Materials in electronic format
  - Materials in large print

- Meeting reminders
- Notetakers for regular meetings
- Personal coaching
- Scent free environment
- Screen magnifier
- Screen reader
- Interpretation (including sign language)
- Considerations for medication
- Alternative seating arrangements
- TTY/Text Display Device
- Videophone

#### **Employment Barriers Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing all the information on this section, select “Next”. The next screen will take you to the “*Criminal Background*” tab.

## **Criminal Background**

In this section, enter information relating to *Criminal Background, Arrests, and Convictions*. Please note if your screen is showing the red messages below, you will not be able to enter any information here. If this is the case, document the information in the individual’s paper file and choose Next at the bottom of the screen.

### **Criminal Background**

Responses to the following items must be completely voluntary and confidential. This information is only used to determine need for additional services or resources in support of training and employment goals.

Information collected on this screen will NOT be included in print form.

You are in **VIEW ONLY** mode.

### **Arrests**

**Arrests:**

**Conviction:**

**Current status of arrest:**

- None
- Formerly incarcerated (not on parole)
- On probation
- On parole (adult)/aftercare (juvenile)
- Under supervision
- In work release program
- Living in halfway house/shelter care
- Evening reporting center
- Under house arrest/home confinement
- Under electronic monitoring
- Incarcerated
- Other (specify)
- Chose not to answer

## Convictions

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Conviction type(s):

- Misdemeanor
- Other
- Don't know
- Felony
- Both Misdemeanor & Felony

Have any convictions been:

None Selected

Most Recent Conviction:

(MM/DD/YYYY)

Date of Discharge of Sentence:

(MM/DD/YYYY)

### Criminal Background Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Keyboard shortcut F10, toggles between editor toolbar and edit field.

The next screen will take you to the “*Tests*” tab.

## Tests

In this section, enter information relating to any *Tests* the participant took during or for the enrollment. These can include the WorkKeys, an Aptitude test, Career Interest or Readiness testing etc.

### Tests

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#### Basic Skills Assessment

WorkKeys

[Click Here](#)

#### Other Testing

Aptitude

Career Interest

#### Testing Results Comments:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results; she scored highest in Social, Enterprising and Conventional, both Social and Conventional are in alignment with being a CMT. Per acceptance letter into State Fair, client meets the requirements for admission into the CMT program.

## Referrals

In this section, enter any referrals that are necessary. Many times there will not be information to enter on this screen.

### Referrals

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Agency Name	Result	Action
<a href="#">[Add a New Referral]</a>		

After any referrals are entered you will complete the assessment by selecting “Finish”.