



**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


Pin

Case Management - IEP/ISS

Use this folder to manage Plan information for the selected Individual.

[\[Assist an individual \]](#) | [\[Staff Services \]](#) | [\[Individual Portfolio \]](#)

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

Case Management Profile


- Case Summary
- Programs
- Plan
- Assessments

Report 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 | Edit Void Delete Print |
| 26389 | Kansas City & Vicinity | FSD Partner KC & Vicinity | SNAP Employment and Training | VANDEGRIFFE, DONNA | 12/02/2019 | Edit Void Delete Print |
| 30389 | Central Region | CENTRAL OFFICE | Title III - Wagner-Peyser (WP) | PITCHFORD, LESLIE | 02/20/2020 | Edit Void Delete Print |



Create Objective Assessment Summary

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

OAS Navigation Guide (3.2025)

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

User Name:

JJOBSEEKER616

User ID:

1064567

State ID:

3123949801

* Program:

SNAP

* Application ID:

6927653

* LWIA:


North Region

* Office:

FSD Partner Northeast (North)

* Assessment Create Date:

02/26/2025

 Today (MM/DD/YYYY)

Attach Active Plan:

☐ Yes

☒ No

IEP ID #

Age at Assessment

22

* Name

JOHNNY

J

JOBSEEKER

* Address Line 1

12345 Forrest Drive

Address Line 2

* City

Maryville

* State

Missouri

* Zip Code

64468

* Primary Phone Number

573

-

694

-

9538

-

-

-

-

* Email

bobby.barlow@dhewd.mo.gov

Contact Information

Alternate Contact

Alternate Contact

[Add Alternate Contact](#)

Staff

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

* Are you seeking immediate employment

☐ Yes ☒ No

* What services are you seeking

Some HTML tags such as embedded videos are not allowed in this text box and 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

☐ Yes ☒ No

* Seeking Training Services

☒ Yes ☐ No

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 into have the financial ability to pay for training and training related costs. Obtaining

Seeking Post-secondary Education (Youth)

☒ Yes ☐ No

Post-Secondary 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 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

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

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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

☐ 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

| Degree | Issuing Institution | Completion Date | Action |
|--|---------------------|-----------------|--------|
| [Add a New Degree] | | | |
| <div><< Back Cancel Print Finish Next >></div> | | | |

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

| Certificate License | Organization | Completion Date | Action |
|--|----------------------|-----------------|---|
| Certified Nursing Assistant | unknown at this time | 05/2009 | Edit Delete |
| [Add a New Certificate] | | | |
| <div><< Back Cancel Print Finish Next >></div> | | | |

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

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

OAS Navigation Guide (3.2025)

Occupational Transferable Skills

Summary of Skill Assessment

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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

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

☒ **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

☒ **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

- ☒ 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

- ☒ 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

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

[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

| Agency Name | Result | Action |
|-------------|--------|--------|
|-------------|--------|--------|

[\[Add a New Referral\]](#)

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