

FAMILY SELF-SUFFICIENCY ASSESSMENT AND PLAN

Date of Intake

Caseworker

Client Name/Case #:

Check box if this issue will be addressed in the service plan.	1	2	3	4	Intake Status	Date and Status Update <i>(conduct re-assessment a minimum of every 30 days for active cases)</i>			
	Not Stable	Minimally Stable	Moderately Stable	Fully Stable		Date:			
HOUSING <input type="checkbox"/>	homeless	resides in a temporary shelter or friend's home	has basic housing; maintaining rent problematic	has stable housing; pays rent without assistance		Date:			
						Status:			
FOOD <input type="checkbox"/>	no food; minimal access to food	receives food from emergency services	access to food of choice; supplements with food stamps	purchases sufficient food of choice without assistance		Date:			
						Status:			
PHYSICAL HEALTH <input type="checkbox"/>	severe health problems; no access to care	insufficient treatment due to limited access and expense	health and medication issues being treated with assistance	no significant health problems; manages health issues on own		Date:			
						Status:			
MENTAL HEALTH <input type="checkbox"/>	severe mental/emotional impairments	mental/emotional problems somewhat effect daily function	functions daily despite mental/emotional problems; in treatment	no significant mental problems; successful in treatment		Date:			
						Status:			
CLOTHING <input type="checkbox"/>	no additional clothing; no weather-appropriate clothing	limited access; insufficient weather-appropriate clothing	has sufficient and appropriate clothing	able to purchase sufficient and appropriate clothing		Date:			
						Status:			
EMPLOYMENT <input type="checkbox"/>	unemployed; no source of income	occasional work; participating in job training	employed; paid regularly	self-sufficient through employment		Date:			
						Status:			
SCHOOL <input type="checkbox"/>	no sign of adjustment; behavioral problems; parents uninvolved	sporadic behavioral problems; parents rarely involved	continually improving toward full adjustment and parent involvement	well adjusted; no behavioral problems; parents involved		Date:			
						Status:			
ENGLISH LANGUAGE <input type="checkbox"/>	unable to read, write or speak English	limited English abilities	working command of English; taking an ESL class	fluent in English; can work and easily interact in English		Date:			
						Status:			
CHILD CARE <input type="checkbox"/>	has no access to child care; no funds to pay for care	sporadic access to child care; has applied for assistance	receiving assistance for child care expenses	has regular access and means to pay for childcare		Date:			
						Status:			
TRANSIT <input type="checkbox"/>	has no access to transportation	often lacks transportation; lacks knowledge of bus system	regular transportation to/from work and family duties	owns car/insurance; mastered use of public transit		Date:			
						Status:			
FAMILY FUNCTIONING <input type="checkbox"/>	has severe relationship problems (i.e. abuse, alcoholism)	family stressed by poor internal relations	shows ongoing improvement toward stable family relations	supported by healthy, positive family relationships		Date:			
						Status:			
BUDGET SKILLS <input type="checkbox"/>	has no understanding of finances/expenses	limited budget skills; sometimes overspends budget	understands household needs; regularly lives within budget	maintains budget; engages in saving for asset purchase		Date:			
						Status:			
LIFE SKILLS <input type="checkbox"/> (time, laws, hygiene, etc.)	no knowledge of US culture systems or expectations	limited knowledge of US culture systems (behavior, time)	basic ability to integrate US culture into daily activities	ability to build and utilize skills in all aspects of life		Date:			
						Status:			
OTHER (describe) <input type="checkbox"/>						Date:			
						Status:			

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Use the space provided to define the problem(s) and what activities/interventions are in progress or planned to correct the problem(s). If no intervention is necessary, write N/A.

HOUSING		<i>Target Date:</i>
		<i>Completion Date:</i>
FOOD		<i>Target Date:</i>
		<i>Completion Date:</i>
PHYSICAL HEALTH		<i>Target Date:</i>
		<i>Completion Date:</i>
MENTAL HEALTH		<i>Target Date:</i>
		<i>Completion Date:</i>
CLOTHING		<i>Target Date:</i>
		<i>Completion Date:</i>
EMPLOYMENT* <input type="checkbox"/> Documents		<i>Target Date:</i>
		<i>Completion Date:</i>
SCHOOL		<i>Target Date:</i>
		<i>Completion Date:</i>

CLIENT NAME (Print): _____

*Note: If employment is a family need, an employment assessment must be done on every adult in the family aged 18-64.

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Use the space provided to define the problem(s) and what activities/interventions are in progress or planned to correct the problem(s). If no intervention is necessary, write N/A.

LANGUAGE		Target Date:
		Completion Date:
CHILD CARE		Target Date:
		Completion Date:
TRANSIT		Target Date:
		Completion Date:
FAMILY FUNCTIONING		Target Date:
		Completion Date:
BUDGET SKILLS		Target Date:
		Completion Date:
LIFE SKILLS		Target Date:
		Completion Date:
OTHER		Target Date:
		Completion Date:

STAFF NAME (Print): _____

STAFF SIGNATURE: _____

CLIENT NAME (Print): _____

CLIENT SIGNATURE: _____