

LOG NUMBERS

BGT.

7/19/16 CEO 20057382, JUL 27, 2016

**EXECUTIVE/COUNCIL APPROVAL FORM****MANAGEMENT ROUTING:**

EXECUTIVE Dave Somers  
 EXEC. DIRECTOR Susan Neely  
 DIRECTOR/ELECTED Mary Jane Brell Vujovic  
 DEPARTMENT Human Services  
 DIV. MGR. Jackie Anderson  
 DIVISION Housing & Community  
 ORIGINATOR Jackie Anderson  
 DATE 7/19/2016 EXT. 3237

TO:

**COUNCIL CHAIRPERSON:****SNOHOMISH COUNTY COUNCIL****EXECUTIVE RECOMMENDATION:**

☒ Approve ☐ No Recommendation  
☐ Further Processing  
☐ Requested By

*Susan Neely* SUSAN NEELY  
 Executive Office Signature Executive Director 7/27/16  
 CEO Staff Review *Cep* 7/27/16  
 Received at Council Office *1st 2:55pm* 7/27/16

**DOCUMENT TYPE:**

☐ BUDGET ACTION:  
☐ Emergency Appropriation

☐ **CONTRACT:**

☐ New  
☐ Amendment

☐ GRANT APPLICATION☐ ORDINANCE☐ Amendment to Ord. # \_\_\_\_\_☐ PLAN☒ OTHER Fenn-Jorstad Matrix**DOCUMENT / AGENDA TITLE:**

The Fenn-Jorstad Self Sufficiency Matrix

**APPROVAL AUTHORITY:**EXECUTIVE ☐COUNCIL ☒

CITE BASIS

SC Charter 2.20

**HANDLING:**NORMAL ☒EXPEDITE ☐URGENT ☐

DEADLINE DATE \_\_\_\_\_

**PURPOSE:**

Request Council delegate authority to the Human Services Director to approve or disapprove written requests to use the Fenn-Jorstad Self Sufficiency Matrix.

**BACKGROUND:**

The Human Services Department (HSD) has required use of the Self Sufficiency Matrix (the Matrix) through the Investing In Futures Initiative and through contracting with organizations providing housing or services in Snohomish County. The Matrix was developed by HSD staff, Robin Fenn and Jess Jorstad, in 2013. HSD submitted for a copyright of the Matrix on August 4, 2015 and was notified by phone in March 2016 that the copyright was approved on March 4, 2016. The Certification subsequently arrived via mail and is effective retroactive to 2013 when the Matrix was developed.

HSD has received a number of requests to use the Matrix from organizations across the County. The DPA has reviewed and determined that the County Council has approval authority. The Department is requesting authority be delegated to allow the Director to grant or deny permission for use when the Department receives requests.

**FISCAL IMPLICATIONS:**

REVENUE: FUND, AGY, ORG, REV, SOURCE		CURRENT YR	2ND YR	1ST 6 YRS
TOTAL				

BUDGET REVIEW: Analyst MM Administrator [Signature] Recommend Approval ✓

ORIGINAL AMENDMENT	CONTRACT #	AMOUNT
	CONTRACT #	AMOUNT
		\$
		\$

ORIGINAL                      Start \_\_\_\_\_ End \_\_\_\_\_  
AMENDMENT                      Start \_\_\_\_\_ End \_\_\_\_\_

RISK MANAGEMENT	Yes	No
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PROSECUTING ATTY - AS TO FORM: Yes No

G:/ECAF/Dept/04\_humansvcs/2016/Matrix/FJMSSM\_ECAF.docx  
G:/ECAF/Dept/04\_humansvcs/2016/Matrix/FJMSSM\_Motion.docx

Copy - The Fenn-Jorstad Self Sufficiency Matrix  
Copy - Certificate of Registration

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

MOTION NO. 16-324

COUNCIL DELEGATE AUTHORITY TO THE HUMAN SERVICES DIRECTOR TO  
APPROVE OR DISAPPROVE WRITTEN REQUESTS TO USE THE FENN-JORSTAD  
SELF SUFFICIENCY MATRIX

WHEREAS, SCC 2.400.030 authorizes the Human Services Department to administer and coordinate County programs and projects relating to human services in accordance with County, State, and Federal laws and regulations; and

WHEREAS, Human Service's programs and projects have required the use of a self sufficiency matrix; and

WHEREAS, Human Services staff have developed the Fenn-Jorstad Self Sufficiency Matrix in 2013 to be utilized with these programs and projects; and

WHEREAS, Human Services staff have submitted the Fenn-Jorstad Self Sufficiency Matrix for copyright; and

WHEREAS, the copyright was approved on March 4, 2016; and

WHEREAS, multiple requests from organizations across the country have been received to utilize the Fenn-Jorstad Self Sufficiency Matrix;

NOW, THEREFORE, ON MOTION, pursuant to Snohomish County Charter 2.20, the Snohomish County Council authorizes the Director of the Human Services Department to approve or disapprove written requests to use the Fenn-Jorstad Self Sufficiency Matrix.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

\_\_\_\_\_  
Council Chair

ATTEST:

\_\_\_\_\_  
Asst. Clerk of the Council

# Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, *United States Code*, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

*Maria A. Pallante*

United States Register of Copyrights and Director

Registration Number

**TXu 1-980-754**

Effective Date of Registration:

August 04, 2015

## Title

Title of Work: The Fenn-Jorstad Self Sufficiency Matrix

## Completion/Publication

Year of Completion: 2013

## Author

- Author: Snohomish County
- Author Created: text
- Work made for hire: Yes
- Citizen of: United States
- Domiciled in: United States

## Copyright Claimant

Copyright Claimant: Snohomish County  
3000 Rockefeller Ave, M/S 305, Everett, WA, 98201, United States

## Rights and Permissions

Organization Name: Snohomish County Human Services Department  
Name: Robin Fenn  
Email: robin.fenn@snoco.org  
Telephone: (425)388-7289  
Address: 3000 Rockefeller Avenue  
M/S 305  
Everett, WA 98201 United States

## Certification

Name: Robin Fenn  
Date: August 04, 2015



# The Fenn-Jorstad Self Sufficiency Matrix

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Moving Communities Forward

Robin Fenn  
Jess Jorstad  
2013

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The Fenn-Jorstad Self Sufficiency Matrix is a tool to help case managers and other providers of housing and social services to track the progress that individual clients are making towards self-sufficiency. Focused on assessing a client's sufficiency level across 16 life domains, this matrix provides an assessment method that encompasses all populations, is user friendly, objectively focuses on each client's current life situation and does not require clinical expertise to administer.

*When referencing this  
document, please refer to  
it as "The Fenn-Jorstad  
Self Sufficiency Matrix –  
Snohomish County Human  
Services Department."*

©2013 Snohomish County  
Written permission required.

Mail Request to:

Snohomish County Human Services  
3000 Rockefeller Ave, M/S 305  
Everett, WA 98201

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## Introduction

Across Snohomish County, conversations were taking place around how to accurately measure participant progress in human service programs. In response to community demand, the Snohomish County Human Services Department was identified to take the lead on developing such a tool. In 2004, the Snohomish County Self Sufficiency Matrix was developed and implemented. This tool made great strides in beginning to quantify progress and acknowledged that homelessness and poverty are complex issues which require a holistic assessment. However, providers, community agencies and users found that it was not the objective measure that they had hoped it would be. Additionally, the matrix was being implemented in different ways for each program making analysis difficult. Providers indicated that a more objective tool was necessary for consistent assessment of participant progress in reaching self-sufficiency both within individual agencies and across community agencies as a whole. Therefore, the Snohomish County Human Services Department has started with lessons learned from the previous matrix, researched tools that are being utilized in other communities, gathered feedback through focus groups and determined that the community requires a new tool which encompasses all populations, is user friendly, objectively focuses on each client's current life situation and does not require clinical expertise to administer.

## Instructions

The Fenn-Jorstad Self Sufficiency Matrix (Matrix) is intended for human services professionals in social services settings. The Matrix is an assessment and screening tool that captures where a respondent is at any given moment with regards to that respondent's level of self-sufficiency across 16 dimensions, or life domains. These domains are as follows: English Comprehension and English Literacy, Housing, Food, Transportation, Childcare, Children's Education, Employment, Financial/Income, Skills for Daily Functioning, Social and/or Family Support, Security, Legal—Civil, Legal—Criminal, Healthcare, Mental Health, and Substance Use.

Within each of these life domains are four categories into which respondents could be located at the time of assessment: in crisis, at risk, safe, and self-sufficient. The Matrix may be administered by a case manager/service provider in conversation with a client, or it may be completed by a case manager/service provider using clinical notes, case notes, and observations. The Matrix may be administered several times over a period of time to identify whether there has been movement within each life domain. The frequency of administration will depend on the type of intervention in which the client is engaged (i.e., emergency shelter, transitional housing, rapid rehousing, etc.) and will be determined by the parameters of your agency or program's contract.

Each life domain includes a series of indicators developed with Coordinated Entry in mind. Each indicator is specific, objective, and reflects feedback from six focus groups consisting of 33 people from 20 agencies. In some life domains, the respondent needs to meet each of the indicators of in crisis, at risk, safe, or self-sufficient to be located within that category. Example:

### Childcare

#### 4: Self Sufficient

##### **Must meet all of the following:**

- ☐ Safe, reliable and sustainable childcare has been obtained for all children in the *household* requiring childcare with no subsidies.
- ☐ The childcare meets the cultural, structure and setting preferences of the parent/guardian.

In other life domains, they need to meet only one of the indicators of in crisis, at risk, safe, or self-sufficient to be located within that category. Example:

#### Childcare

##### 3: *Safe*

Childcare has been obtained for those children in the *household* requiring childcare. The childcare is safe, reliable, and sustainable.

However, for at least one child, the childcare ***must meet one of the following***:

- ☐ Does not meet the cultural preferences of the parent/guardian.
- ☐ The structure and setting do not meet the preferences of the parent/guardian.
- ☐ Is subsidized in full or in part.

This is clearly defined in each life domain and subsequent categories..

Begin with the lowest indicator. Stop as soon as the respondent has met the criteria to be considered in crisis, at risk, safe, or self-sufficient. A Glossary of Terms is included on page iii for all words in italics for your quick reference. The scores in each life domain stand alone and are not to be combined with the scores of other life domains or averaged in any way. While it is recognized that there needs to be flexibility in the administration of the matrix, the indicators themselves and the scoring of the life domains cannot be changed.

When the assessment is complete, complete the Scoring Summary Sheet.

Keep in mind that this tool does not seek to quantify the quality of life, interpersonal skill level, or employability of the respondent. Nor does it determine which areas someone may benefit from services in. This tool focuses solely on the level to which respondents are currently self-sufficient.

The following components necessary to complete the Self Sufficiency Matrix are included:

Page iii:	Glossary of Terms
Page vi:	Interview Tool
Page 1:	Self Sufficiency Matrix
Page 27:	Scoring Summary Sheet

The interview tool on page vi is a suggested tool only. Your agency or program may have other additional assessment tools that it uses to gather information from clients. The interview tool is not presented to take place of these other assessment tools but rather to help fill in any blanks that your agency or program's assessment tool might not gather that would be necessary to complete the matrix. It is expected that you become familiar enough with the matrix that you have a working knowledge of those things that you will need to find out from clients that will be necessary to complete the matrix. The questions in the interview tool are not all encompassing of every single data point in the matrix; it is expected that a client's answers to the interview tool questions will spur additional conversation and questions necessary to gather more complete information.



## Glossary of Terms

Throughout the Fenn-Jorstad Self Sufficiency Matrix there are italicized terms, defined here for user convenience.

Term	Definition
<i>In-Crisis</i>	Situation requires immediate attention, without intervention the household's safety or wellbeing is at risk.
<i>At Risk</i>	If the situation is not addressed promptly it will likely deteriorate and become a crisis.
<i>Safe</i>	The situation is such that immediate intervention is not necessary; however, additional supports and services may be necessary for the head of household to develop the knowledge/skills abilities to maintain the current situation.
<i>Self Sufficient</i>	The head of household has knowledge, skills and abilities to secure and maintain basic living needs including adequate food, housing and healthcare without the reliance on any public benefits and has consistently done so for at least 6 months prior to assessment.
<i>APS</i>	Adult Protective Services; this agency is responsible for receiving and investigating of abuse or neglect of vulnerable adults.
<i>Basic Needs</i>	The elements required for survival and functional mental and physical health, such as food, water, shelter, protection from environmental threats.
<i>BECCA Law</i>	<p>The BECCA Law (RCW 13.32A) was enacted by the Washington State Legislature to:</p> <ul style="list-style-type: none"> <li>• Protect children who are endangering themselves</li> <li>• Keep families together through assessment and treatment services</li> <li>• Provide tools for schools, parents and Juvenile Court to keep children in school</li> <li>• Hold children and parents accountable to the order of the Court</li> </ul> <p>Schools must file a truancy petition with Juvenile Court when a child has more than five unexcused absences in a month or ten in a school year. The parent will be notified of the truancy petition unless the child is attending an approved private school or home based instruction.</p> <p><a href="http://www.k12.wa.us/CISL/FamilyEngagement/Resources/Truancy.aspx">http://www.k12.wa.us/CISL/FamilyEngagement/Resources/Truancy.aspx</a></p>
<i>CPS</i>	Child Protective Services; this agency is responsible for receiving and investigating reports of suspected child abuse and neglect.
<i>Daily Functioning</i>	The tasks of daily living that are necessary for basic functioning: bathing/showering, bowel and bladder management, dressing, eating, feeding, functional mobility (ability to move from one place to another), and personal hygiene.
<i>Dependent Minor</i>	Using the standard set forth by the Internal Revenue Service (IRS), someone who must be under the age of 19 years and must have lived with the parent for more than half of the year and relied on the parent for financial support for at least 6 months out of the past year.
<i>Disability</i>	Under the Americans with Disability Act, a physical or mental impairment that substantially limits one or more major life activities.

<b>Term</b>	<b>Definition</b>
<i>Emergency Homeless Shelter</i>	A shelter that provides less than 90 days of housing (voucher or facility). Participant must exit to a different location.
<i>Free and Reduced Lunch</i>	A program through the USDA that allows families who fall within certain income guidelines to apply for free or reduced lunch prices through the federal lunch program.
<i>Head of Household</i>	An adult client or minor (if no adult is present in the household) who is identified as the head of the household.
<i>Household</i>	<p>A single individual or a group of persons who apply together to a project for assistance and who live together in one dwelling unit or, for persons who are not housed, who would live together in one dwelling unit if they were housed.</p> <p>For people participating in <i>Shared Housing</i>, the term <i>Household</i> would NOT apply to roommates; each person in the shared housing would be considered his/her own household.</p>
<i>Household Member</i>	Any person who is considered part of the household as described above.
<i>Illegal Employment</i>	Any type of work performed or services provided in exchange for money, food, or other benefits AND the person conducting the work or providing the services does not submit the proper taxing documents to the Internal Revenue Service OR uses criminal or illegal methods to conduct the work or provide the services.
<i>Illegal Immigrant</i>	A person who is a non-citizen and who has entered the United States without government permission or stayed beyond the termination date of a visa.
<i>Imminent</i>	Likely to occur at any moment; immediate.
<i>Legal Employment</i>	Employment which is subject to the rules of the Internal Revenue Service and for which the individual pays all required employment taxes.
<i>Neglect</i>	The failure of a parent or other person with responsibility for a child or dependent adult to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child or dependent adult's health, safety, and well-being are threatened with harm.
<i>Person</i>	The primary client, or, in cases where multiple household members will be interviewed for the matrix, the person who is currently being assessed.
<i>Physical Abuse/Violence</i>	Any non-accidental physical injury to a person; can include striking, kicking, burning, or biting or any action that results in a physical impairment of the recipient. It also includes acts or circumstances that threaten the recipient with harm or create a substantial risk of harm to the recipient's health or welfare. It is the use of physical force, body posture or gesture or body movement that inflicts or threatens to inflict pain on a recipient.
<i>Public Assistance</i>	Money or services given to individuals by government or social service agencies on the basis of need.
<i>Public Benefits</i>	Money or services given to individuals by government or social service agencies on the basis of need.
<i>Sexual Abuse</i>	The forcing of unwanted sexual activity by one person on another, as by the use of

Term	Definition
	threats or coercion. It can also be sexual activity that is deemed improper or harmful, as between an adult and a minor or with a person of diminished mental capacity.
<i>SNAP</i>	Supplemental Nutrition Assistance Program; a public benefit which allows eligible households to buy food for the household to eat, such as breads and cereals, fruits and vegetables, meats, fish and poultry, dairy products.
<i>Subsidized Housing</i>	Housing that is constructed by and/or receives some manner of government assistance. Its purpose is to provide housing to individuals and families with low to moderate incomes.
<i>Subsidy</i>	Money or services given to individuals by government or social service agencies on the basis of need.
<i>Transitional Housing</i>	90 days to 24 months of housing. At exit, the participant(s) must leave the unit and the subsidy ends.
<i>Verbal Abuse</i>	Verbal abuse may consist of shouting, insulting, intimidating, threatening, shaming, demeaning, or derogatory language.
<i>Vulnerable Adult</i>	Defined by law as: <ul style="list-style-type: none"> <li>• a person 60 years of age or older who lacks the functional, physical, or mental ability to care for him or herself;</li> <li>• an adult with a developmental disability per <u>71A.10.020</u>;</li> <li>• an adult with a legal guardian per <u>11.88 RCW</u>;</li> <li>• an adult living in a long-term care facility (an adult family home, boarding home or nursing home);</li> <li>• an adult living in their own or family's home receiving services from an agency or contracted individual provider; or</li> <li>• an adult self-directing their care per law (<u>74.39.050 RCW</u>)</li> </ul>
<i>WIC</i>	The <b>Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</b> is a <u>federal assistance</u> program of the <u>Food and Nutrition Service (FNS)</u> of the <u>United States Department of Agriculture (USDA)</u> for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of five.

## **Interview for Self Sufficiency Matrix**

### **Instructions for Using This Interview Guide**

The questions below are intended as a guideline for interviewing clients. These questions will allow you to obtain the information that will be needed to complete the Self Sufficiency Matrix. It is important that you use your own professional skills and training to obtain the information in a way that is most comfortable for you and the client. You will need to take into consideration the client's cultural reality; this includes his/her age, gender, religion, sexual orientation, country of origin, race, disability status, socioeconomic status as well as other factors. As the client answers your questions, you may find that there are issues which need to be immediately addressed (for example, mental health issues, safety issues, issues that require CPS/APS involvement.) If you do find issues like these exist, you should follow your agency's protocols and procedures for getting immediate assistance for the client.

### **Interview Questions**

As your case manager, I need to ask you a bunch of questions about different areas of your life so that I can figure out what issues you are currently facing. Some of these questions may seem personal but they will help me to help you. Please know that I recognize some of the things that I ask you might be difficult. Also know that these are standard questions that I ask all my clients; you will not be judged on any of your answers. If you find something difficult to talk about, let's explore it more together.

#### **Domain: English Literacy and English Comprehension**

The first thing I need to ask you about is how well you understand English. Do you understand English well enough to work with agencies and other people in the community?

If client says "no": is there another adult in your household that can speak, read and understand English well enough to work with agencies and other people in the community?

If client says "no": Do you have anyone that you can count on to help you when it requires someone who can speak, read and understand English?

#### **Domain: Housing**

Tell me about where you are living today.

If client says s/he is living in a house: Does the house you are living in have heat, electricity and running water? Is it in need of major repairs?

How do you pay your rent? Do you have public benefits that help you with rent?

Is there a chance that you might lose this housing anytime soon?

If client says "yes": When do you think you might lose this housing? Why? Do you have a plan for where you are going to go?

### **Domain: Food**

I need to ask you some questions about your access to food. Do you and the other people in your house have enough food to eat?

If client says "yes":

Do you or anyone in your house rely on SNAP, WIC, or the lunch program for your food?

Do you have access to the things you need to store and prepare your food; things like a working refrigerator and a working stove?

Are you able to buy the kinds of food that you and your household members want?

### **Domain: Transportation**

Let's talk about transportation. How do you usually get to the places you need to go?

If the client says s/he does not have any transportation: Do you have access to transportation like a bus or somebody else's car?

If the client says "yes": Can you count on that transportation being available when you need it?

Is there anything that gets in your way of using that transportation?

### **Domain: Childcare**

Do you have any children who are dependent on you living with you?

If client says "yes": Do any of these children need childcare?

If client says "yes": Are these children enrolled in childcare?

If client says "no": Why not?

If client says "yes": Do you get assistance in paying for childcare?

Is the childcare dependable?

Does the childcare meet all of your preferences?

### **Domain: Children's Education**

If client says "yes" to the above question about having children who are dependent upon him/her:: Are all of the children who are supposed to be enrolled in school actually enrolled (this includes special education and homeschooling)?

If client says "yes": Have any of the children been expelled?

Kept back a year?

Flunked at least half of his/her classes?

Had a truancy petition filed against him/her?

Are there any legal, mental health or substance use problems that are causing a problem for any of the children enrolled in school? Are any of the children being bullied at school?

### **Domain: Employment**

I need to ask you some questions about your employment. Do you currently have a legal job; that is, a job for which you are required to pay taxes?

If client says "yes":      How long have you had this job?  
Do you have any concerns that this job may end soon?

If client says "yes": Why do you think this job may end soon?

Now I need to ask you about other types of work that you might do for money including things that might be illegal. I will NOT be reporting this to the authorities. This will just help me better understand the kind of work that you do for money as this can help me help you better meet your own needs and the needs of your family.

Have you engaged in any illegal activity for money in the past month? (This can include work that you do "under the table" for someone or actual illegal things like selling drugs.)

### **Domain: Financial/Income**

Let's talk about your income. Are you currently bringing in any income? This can be from a job, from retirement benefits, pension, disability or from other sources.

If client says "yes":      Is the income you are bringing in sufficient enough to cover the basic living needs of the people living in your house?  
Do you have enough money to cover an emergency situation if it came up?

Do you have any debt right now?

If client says "yes":      Is it so much that it limits your ability to cover the basic living needs of the people living in your house?  
Do you have a plan or have you made any arrangements to get your debt paid down?

Do you need a payee to manage your money?

If client says "yes":      Do you have a payee?  
If client says "yes":      Does this person do a good job of handling your money for you?

Are you receiving any public benefits right now?

If client says "no":      Are you eligible for public benefits?  
If client says "yes":      Why are you not enrolled for any benefits?

### **Domain: Skills for Daily Functioning**

Are there any daily tasks of living like feeding yourself, bathing, dressing yourself, doing housework that are difficult for you to do?

If client says "yes":      How much difficulty do you have in doing these things?  
   Do you have to rely on someone else to do them for you?  
   Do you have someone who helps you with these things on a consistent basis?

### **Domain: Social and/or Family Support**

Who do you rely on for help when you need it?

If client identifies a professional service provider, ask: Is there anyone else who is not a service provider that you rely on for help when you need it?

Do you participate in all of the social and community activities that you want to?

If client says "no": Why not?

### **Domain: Security**

I need to ask you about some of the things that make a person feel safe or unsafe in his/her environment. Some of these questions are sensitive; I am asking them so that I can provide as much help to you should you need it.

Are you or anyone in your household experiencing physical or sexual violence? What about verbally; does anyone ever put you down, belittle you, shame you or shout at you? Do you ever feel threatened?

If client says "yes": Do you believe that your life is in immediate danger?

In the past two weeks, have you ever felt that your life was in danger?

Have you ever thought about hurting or killing yourself or someone else?

If client says "yes": Do you have a plan?

If client says "yes": What is your plan?

Do you have access to what you need to carry out the plan (e.g., a gun, knife, etc.?)

Do you have any guns in your house?

If client says "yes": Are these guns locked in a gun safe?

Has anyone in your house been investigated by children's protective services (CPS) or adult protective services (APS)?

If client says "yes": When was the investigation? Why was there an investigation?

Does your living situation feel safe to you? That is, do you have working locks and doors and windows?

Does your neighborhood feel safe to you?

If client says “no”: Why not? What feels unsafe about it?

Have you or anyone in your household not been allowed to eat or bathe or take care of themselves in any way?

Does anyone in your house talk to you in a way that makes you feel inferior or put down or scared?

### **Domain: Legal—Civil**

I need to ask you some questions about legal issues that you might be facing. Because legal concerns can sometimes get in the way of getting services, I need this information so that I can best help you access services.

Have you received notice of eviction or foreclosure?

If client says “yes”: Have you obtained legal advice on how to remedy this?

Do you have any issues with immigration right now?

If client says “yes”: What immigration issues are you currently facing?

Have you obtained any legal assistance to help you deal with these immigration issues?

Are you currently being sued?

If client says “yes”: Are you working with an attorney to resolve this?

Are there any garnishments or liens against you or your house?

If client says “yes”: Are you working with an attorney to resolve this?

Tell me about your child support situation. Are you currently responsible for paying child support to anyone?

If client says “yes”: Does the amount you have to pay get in the way of meeting the basic needs of your household?

Are you working with an attorney to resolve this?

Are you currently receiving or are you supposed to be receiving child support from anyone?

If client says “yes”: Are you getting the amount that you are supposed to be getting?

If client says “no”: Are you working with an attorney to resolve this?

Do you have any current custody issues going on?

If client says “yes”: Is there a chance that you might have one or more of your children taken from you?

If “yes”: Are you working with an attorney to resolve your custody issues?



## **Domain: Legal—Criminal**

Do you have any current criminal warrants out for your arrest?

Is there a chance that you might go to jail in the very near future because of a current charge?

Are you on supervised release or probation or in a court-diversion program (like drug court or mental health court?)

If client says "yes": Do you think you will be kicked out of the program or off of probation because of not following their rules?

Do you owe restitution or money to anyone for any legal issues?

If client says "yes": Are you making payments towards this like you are required to do?

Do you have a criminal history that might get in the way of you getting housing or other services? For example, do you have a felony record or are you a sex offender?

If client says "yes": Can you get this criminal history expunged/erased?

If client says "yes": Are you doing anything right now to get this expunged/erased?

## **Domain: Health**

Let's talk about your health.

Has everyone in your household had a check up and a dental exam in the past year?

Do you or does anyone in your household require medical or dental treatment?

If client says "yes": Does this health condition get in the way of you getting a job or in meeting the basic needs of the household?

Do you have the ability to pay for this treatment either through your own money or through some kind of insurance plan?

Are you eligible for health benefits?

If client says "yes": Are you enrolled for these benefits or in the process of getting enrolled?

Are there things that get in the way of you or someone in your household getting the treatment that is needed? This could be things like not having a ride to the doctor, not having a doctor or dentist in your area or other things like that.

Do you or another person in your household tend to use the emergency department to meet most of your healthcare needs?

## **Domain: Mental Health**

I need to ask you some questions related to your emotional state and how you are feeling mentally.

Have you ever received mental health or counseling services?

If client says "yes": When? Where? For what?

Are you currently taking any medications to help with your emotions or mental state?

If client says "no": Have you ever wanted to get mental health or counseling services?

If client says "yes": When? For what? What got in your way of getting these services?

Do you know if you are eligible for insurance or other benefits that would cover mental health or counseling services?

Have you ever thought about seriously hurting yourself or another person?

If client says "yes": Who? When? How?

## **Domain: Substance Use**

Let's talk about your substance use.

In the past six months, have you used alcohol or any other drugs?

If client says "yes": Do you spend a lot of time doing things related to using drugs or alcohol?  
Does your alcohol or drug use ever cause your problems in any area of your life?

Do you ever use prescription medication in ways other than it was intended?

Do you think that you need treatment for your alcohol or drug use?

If client says "yes": Are you looking for treatment now?

Is there anything that is getting in the way of you getting treatment?

Do you have insurance or other benefits that would cover treatment?

Have you ever had treatment for drug or alcohol use?

If client says "yes": When? For what?

Do you have a recovery program in place now?

### General Observations by Case Manager

*\*\* Responses to these questions are not included in the matrix but can provide supporting documentation about a client's daily functioning skills, mental health issues and substance use issues\*\**

Is the client's hygiene appropriate? ☐Yes ☐No

If "no", describe: \_\_\_\_\_

Is the client oriented to time, place and person? (Does the client know what time/day it is, where s/he is and who you are?)

☐Yes ☐No

Does the client's thought process appear to be impaired? ☐Yes ☐No

If "yes", describe: \_\_\_\_\_

Does the client's memory appear to be impaired? ☐Yes ☐No

If "yes", describe: \_\_\_\_\_

Does the client appear to be under the influence of drugs or alcohol? ☐Yes ☐No

## DOMAIN: ENGLISH LITERACY AND ENGLISH COMPREHENSION

### 1: *In Crisis*

#### **Must meet at least ONE of the following:**

- ☐ No one in the *household* has the ability to comprehend and speak English at the level necessary to interact effectively with or obtain services from organizations and others within the broader community and there is no access to someone with the ability to translate.
- ☐ No one in the *household* has the ability to read English (regardless of native language) and there is no access to someone with the ability to do so.

### 2: *At Risk*

#### **Must meet at least ONE of the following:**

- ☐ No one in the *household* has the ability to comprehend and speak English at the level necessary to interact effectively with or obtain services from organizations and others within the broader community (excluding culturally-specific communities) but there is access to someone with the ability to translate.
- ☐ There is no adult in the *household* who has the ability to comprehend and speak English at the level necessary to interact effectively with or obtain services from organizations and others within the broader community (excluding culturally-specific communities) and the *household* relies solely upon the child(ren) for translation.
- ☐ No one in the *household* has the ability to read English (regardless of native language) but there is access to someone who can.
- ☐ There is no adult in the *household* who has the ability to read English (regardless of native language) and the *household* relies solely upon the child(ren) in the *household* to do so

### 3: *Safe*

#### **Must meet the following:**

- ☐ An adult in the *household* has the ability to read, comprehend and speak English at the level necessary to interact effectively with or obtain services from organizations and others within the broader community although s/he may depend on occasional reliance or assistance from others to do so.

### 4: *Self Sufficiency*

#### **Must meet the following:**

- ☐ The *head of household* has the ability to read, comprehend and speak English at the level necessary to interact effectively with or obtain services from organizations and others within the broader community without any reliance or assistance on others.

## DOMAIN: HOUSING

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *person* is currently living in an *emergency homeless shelter*, the street or other place not meant for human habitation (this does not include substandard housing; that is, housing that was originally meant for human habitation but is now in serious disrepair.)
- ☐ The *household members* have been served with an eviction notice with 72 hours or less to vacate the premises AND there is no legal action available AND have no other identified place to go.
- ☐ The *household members* are at risk of losing their housing within two weeks and have no other identified place to go.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *household members* are living in substandard housing; that is, housing that is in serious disrepair and no longer meets the safety needs of its residents (e.g., lacks adequate heat, water, electricity.)
- ☐ The *household members* reside in *transitional housing*.
- ☐ The *household members* reside in other *subsidized housing* but are at risk of losing this housing due to noncompliance with program rules.
- ☐ The *household members* reside in *fair market housing* without subsidy but can no longer make mortgage payments or rent.
- ☐ The *person* is currently staying with family or friends out of necessity but is not named on the lease (i.e. couch surfing). It is probable that the *person* will lose this housing within the next two weeks and does not have anywhere else to go.

### 3: Safe

#### **Must meet the following:**

- ☐ The *household members* reside in subsidized housing and this housing is sustainable for at least the next 12 months barring any unforeseen circumstances (e.g., fire, natural disasters, and major unexpected crisis).
- ☐ Although not named on lease, the *person* lives with family or friends in a permanent living arrangement.

### 4: Self Sufficient

#### **Must meet ALL of the following:**

- ☐ The *household members* reside in permanent housing without subsidy.
- ☐ The *household members* are able to meet mortgage/rent payments monthly without assistance.
- ☐ Housing is sustainable for at least the next 12 months barring any unforeseen circumstances (e.g., fire, natural disasters, and major unexpected crisis).

## DOMAIN: FOOD

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *household members* have no food or means to prepare it.
- ☐ The *household members* rely solely on food bank or other sources of free food.
- ☐ The *household members* are eligible for *SNAP, WIC, free and reduced school lunches* and other food benefit programs but are not receiving or utilizing these benefits.
- ☐ *Minor dependent children* who live in the *household* go to school hungry on most days of the week due to lack of food.
- ☐ The *household members* go to bed hungry most days of the week due to lack of food.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *household members* rely on *SNAP, WIC, free and reduced school lunches* and other food benefit programs to meet their food needs.
- ☐ The *household members* sometimes go to bed hungry due to lack of food.
- ☐ *Minor dependent children* who live in the *household* sometimes go to school hungry due to lack of food.
- ☐ The *household members* need to utilize the food bank or other sources of free food to avoid *household members going hungry*.
- ☐ The *household* lacks adequate freezer OR refrigeration OR storage capacity for food.

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ The *household members* supplement their food purchases with *SNAP, WIC, free and reduced school lunches* and other food benefit programs.
- ☐ The *household members* never go to school or to bed hungry due to lack of food availability.
- ☐ The *household members* have the means to prepare food in the manner they see fit.
- ☐ The *household members* have adequate refrigeration, freezer and storage capacity for food.
- ☐ The *household members* are able to purchase from a variety of food types (e.g., frozen, fresh, packaged)

### 4: Self Sufficient

#### **Must meet ALL of the following:**

- ☐ The *household* is able to sustain its food supply without any *public assistance*.
- ☐ The *household members* never go to school or to bed hungry due to lack of food availability.
- ☐ The *household members* have the means to prepare food in the manner they see fit.
- ☐ The *household members* have adequate refrigeration, freezer and storage capacity for food.
- ☐ The *household members* are able to purchase a variety of food types (e.g., frozen, fresh, packaged)

## DOMAIN: TRANSPORTATION

### 1: In-Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *person* has no transportation or access to transportation.
- ☐ Transportation or access to transportation is so limited that *basic needs* cannot be met.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The transportation that is available to the *person* or family is so limited in hours of availability, expense, distance or safety that the *person* or family is unlikely to be able to continue to meet its *basic needs*.
- ☐ *Current* transportation methods are not dependable or reliable.
- ☐ The *person* does not have access to transportation in an emergency situation except for through the 9-1-1 system and the location of the *person* may serve as a barrier to a quick response time (e.g., lives in a rural area with limited emergency response vehicles.)
- ☐ The *person* has access to a car but does not have the required driver's license, insurance etc. to legally drive the car.

### 3: Safe

#### **Must meet at least ONE of the following:**

- ☐ The *person* generally has access to a reliable vehicle that is adequately insured and *currently* registered, the driver is *currently* licensed.
- ☐ Transportation may be limited by availability (e.g. sharing a car, hours of availability) but the limitation does not prevent the *person* or family from meeting its *basic needs*.
- ☐ The *person* has the skills/knowledge/ability and resources to use public transportation but lives in an area where the hours of operation, routes or other factors are a barrier to mobility, though, not to the degree that they interfere with the *person* or family's ability to meet their *basic needs*.
- ☐ The *person* walks/bikes or engages in some other type of manual transportation and lives in an area where the distance to *basic needs* is occasionally a barrier, though, not to the degree where the *person* or family is unable to meet their *basic needs*.

#### **AND must meet the following:**

- ☐ The *person* has access to transportation in an emergency situation either through his/her own vehicle, access to reliable transportation or through the 9-1-1 system for which location does not serve as a barrier to response time.

### 4: Self Sufficient

#### **Must meet at least ONE of the following:**

- ☐ The *person* has consistent access to a reliable vehicle (may include carpool), is adequately insured, vehicle registration is *current*, and driver is *currently* licensed. *Person* has adequate funds to purchase enough fuel to meet basic transportation needs for self, and if applicable, family (i.e. kids to daycare/school.)
- ☐ The *person* has the skills/knowledge/ability and resources to use public transportation and lives in an area where the hours of operation, routes or other factors are not barriers to mobility. *Person* is able to utilize public transportation to meet the basic transportation needs for self, and if applicable, family.
- ☐ The *person* walks/bikes or engages in some other type of manual transportation and lives in an area where the distance to *basic needs* is not a barrier to meeting the *basic needs* of housing, employment, food etc.

- ☐ This form of transportation is adequate to meet the *basic needs* of the *person*, and, if applicable, the family.
- ☐ The *person* utilizes a combination of the above to meet transportation needs without significant barriers.

***AND must meet the following:***

- ☐ The *person* has access to transportation in an emergency situation either through his/her own vehicle, access to reliable transportation or through the 9-1-1 system for which location does not serve as a barrier to response time



## DOMAIN: CHILDCARE

**\*\*Not applicable if there are no dependent minors within the *household* who require childcare\*\***

### 1: *In Crisis*

#### **Must meet the following:**

- ☐ For at least one child in the *household* who requires childcare, childcare has not been obtained due to lack of availability, lack of access, cost, or ineligibility.

### 2: *At Risk*

Childcare has been obtained for those children in the *household* requiring childcare. However, for at least one child, the childcare **must meet at least ONE of the following:**

- ☐ Is unreliable (e.g., cannot be counted on to be present when needed.)
- ☐ Is cost-prohibitive (e.g., cost of childcare is greater than wages earned.)
- ☐ Is not safe.
- ☐ Is not sustainable (e.g., is only available for a time-limited period, is too far away to access consistently, hours covered by childcare are inconsistent with those needed.)
- ☐ Subsidy for childcare will be ending within the next month and no other funding is available.

### 3: *Safe*

Childcare has been obtained for those children in the *household* requiring childcare. The childcare is safe, reliable, and sustainable. However, for at least one child, the childcare **must meet ONE of the following:**

- ☐ Does not meet the cultural preferences of the parent/guardian.
- ☐ The structure and setting do not meet the preferences of the parent/guardian.
- ☐ Is subsidized in full or in part.

### 4: *Self Sufficient*

#### **Must meet ALL of the following:**

- ☐ Safe, reliable and sustainable childcare has been obtained for all children in the *household* requiring childcare with no subsidies.
- ☐ The childcare meets the cultural, structure and setting preferences of the parent/guardian.

## DOMAIN: CHILDREN'S EDUCATION

**\*\*Not applicable if the *household* has no dependent minors OR all dependent minors within the *household* have obtained either a high school diploma or GED or foreign equivalent\*\***

**\*\*\*"School" includes special education programs for those dependent children who are disabled\*\*\***

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ There is at least one *minor dependent child* within the *household* who, by law, should be enrolled in school and is not; nor is s/he being homeschooled within a state regulated home school program.
- ☐ There is at least one dependent *minor dependent child* within the *household* who by law should be enrolled in school and within the past six months who has had a truancy petition filed with the juvenile court by the school district or who has an unresolved truancy petition regardless of filing date.
- ☐ There is at least one *minor dependent child* within the *household* who has been expelled from school for any reason within the past six months.
- ☐ There is at least one *minor dependent child* within the *household* who has flunked at least 50% of his/her courses during the *current* academic year.
- ☐ There is at least one *minor dependent child* within the *household* who has been held back one grade level or more within the past year.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ There is at least one *minor dependent child* who, by law, should be enrolled in school fulltime for whom the school district has contacted the parents within the past six months under the *BECCA Law* about the child's attendance but for whom no truancy petition has yet been filed.
- ☐ There is at least one *minor dependent child* enrolled in school who has failed or has been identified by the school at being at risk of failing up to 50% of his/her courses during the *current* academic year.
- ☐ There is at least one *minor dependent child* enrolled in school who has been suspended at least once in the *current* academic year.
- ☐ For at least one *minor dependent child* who should be enrolled in school, there are significant physical health, mental health, substance use, legal issues, housing issues or family dysfunction that are impacting the child's attendance and/or performance.
- ☐ For at least one *minor dependent child* enrolled in school full time, there is a significant problem at school (e.g., being bullied) that impacts that child's wellbeing.
- ☐ At least one *minor dependent child* in the *household* has switched schools more than once in the previous 12 months (does not apply to children moving whose school changed due to progression to middle or high school).

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ Every *minor dependent child* within the *household* who should by law be enrolled in school fulltime is enrolled as such.
- ☐ No *minor dependent child* enrolled in school has had difficulties with attendance or tardiness during the *current* academic year that would warrant intervention under the *BECCA Law*.

- ☐ For each child enrolled in school, the child has not switched schools more than one time in the past 12 months due to moving or other life circumstance. (This does not apply to children who move on to middle school or high school.)
- ☐ Every *minor dependent child* enrolled in school is not at risk of failing any courses.

4: *Self Sufficient*

**Must meet ALL of the following:**

- ☐ Every *minor dependent child* within the *household* who should by law be enrolled in school fulltime is enrolled as such.
- ☐ For every *minor dependent child* within the *household* who is enrolled in school, there are no reported problems with attendance or performance.
- ☐ For every *minor dependent child* within the *household* who is enrolled in school, none have been identified by the school as being at risk for failing any courses.
- ☐ For every *minor dependent child* within the *household* who is enrolled in school, there are no reported problems or issues which affect the safety and wellbeing of the child.
- ☐ For each child enrolled in school, the child has not switched schools at all within the past 12 months. (This does not apply to children who move on to middle school or high school.)

## DOMAIN: EMPLOYMENT

\*\*Not applicable if *person* being assessed is not able to work due to total disability or is a *dependent minor* or is over the age of 65. \*\*

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *person* has not had a *legal job* which was subject to payroll tax in the past month.
- ☐ The *person* cannot obtain employment due to immigration status within the country.
- ☐ The *person* has a criminal history which serves as a *barrier* to legal employment.
- ☐ The *person* does not have the education or skills necessary to obtain any *legal employment* AND does not have plans for developing or pursuing such.
- ☐ The *person* has *current* mental health or substance use problems that are so severe as to prohibit obtaining *legal employment*. (This differs from the presence of a permanent disability due to mental health or substance use issues; rather, it reflects an acute condition which has the potential to be addressed with appropriate intervention but this intervention has not yet occurred.)

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *person* has held *illegal employment* (a job for which no taxes were paid OR the *person* was doing something illegal for money) for the past month or longer.
- ☐ The *person* has *legal employment* for the past month or longer but this job may be lost within the next month due to any reason (e.g., health limitations, instability of job position.)
- ☐ The *person* holds *legal employment* but it is anticipated to end within the next three months (e.g., seasonal work); for temporary work, sustainability of the position beyond three months cannot be assumed.
- ☐ The *person* does not have the education or skills necessary to obtain any *legal employment* but is in the process of obtaining such as demonstrated by enrollment in an education or job-skills program

### 3: Safe

#### **Must meet the following:**

- ☐ The *person* has obtained safe, consistent and *legal employment* and sustainability of this job can be assumed.

### 4: Self Sufficient

#### **Must meet the following:**

- ☐ The *person* has held safe and *legal employment* for the past six months and sustainability of this job can be assumed.

## DOMAIN: FINANCIAL/ INCOME

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ There has been no earned income in the past month.
- ☐ There has been earned income in the past month but it is inadequate in covering *basic needs* of the *household* (e.g., food, housing, and healthcare).
- ☐ The *person* is retired; however, there has been no retirement income (e.g., Social Security, pension) in the past month.
- ☐ The *person* is unable to work due to either short-term or long-term disability, and there has been no disability income in the past month.
- ☐ The *person* qualifies for *public benefits*; however, s/he has not received them in the past month for any reason.
- ☐ The *person* has debt that is so significant that it prevents his/her ability to meet *basic needs* and has not established a plan for debt repayment or debt elimination.
- ☐ The *person* needs a payee to manage his/her finances and does not have one.
- ☐ The *person* is unable to manage his/her own finances due to a *disability*, lack of skills or lack of knowledge AND this inability to manage finances has prevented the *person* from meeting the *basic needs* of his/herself or the *household*.
- ☐ The *person* has absolutely no access to money to cover emergency expenses (e.g., from parents, credit card) OR the only access to money is through illegal or dangerous means (e.g., selling drugs, prostitution.)

#### **AND must meet the following:**

- ☐ The *person* has not had any additional source of income (e.g., interest from account, trust, money from parents, alimony, child support etc.) in the past month.

#### **AND must meet the following:**

- ☐ There is nobody else in the *household* that has had any earned income or *public benefits* in the past month.

#### **AND must meet the following:**

- ☐ No future source of income has been secured.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *person* is employed, and there is risk of loss of employment income within the next month.
- ☐ The *person* is retired and there is risk of loss of retirement income within the next month.
- ☐ The *person* is unable to work due to either short-term or long-term disability and there is risk of loss of disability income within the next month.
- ☐ The *person* is receiving *public benefits*; benefits are due to expire within the next month.
- ☐ The *person* has significant debt and has established a debt repayment or debt elimination plan; however, payment of this debt may impact the ability to pay for *basic needs*.
- ☐ The *person* has a payee or other *person* who oversees the *person's* finances and there are concerns about how the finances are being managed OR the management of the finances may be putting the *person* at risk for crisis.

- ☐ In the case of an emergency situation, the only option for the *person* to access money is through a public emergency benefits program

**AND must meet the following:**

- ☐ No future source of income has been secured.

**AND must meet the following:**

- ☐ Income and benefits do not adequately cover basic living needs of the *household* (e.g., food, housing, and healthcare.)

3: *Safe*

**Must meet ALL of the following:**

- ☐ Combined earned income (retirement, disability, pension, job income) and *public benefits* are consistent and adequate to cover *basic needs* of the *household* (e.g., food, housing, and healthcare) for at least the next three months.
- ☐ If there were to be a temporary (less than one month) loss of income, the *household* would be able to meet its *basic needs*.
- ☐ The *person* does not have debt so significant that it interferes with the ability to meet *basic needs* OR the *person* has debt but has a debt repayment/debt elimination plan in place that will not interfere with the ability to meet *basic needs*.
- ☐ There is at least one trusted *person* (including self) or professional who has full awareness and control over the finances.
- ☐ In the case of an unanticipated situation (e.g. unanticipated medical expenses, unanticipated transportation expenses), the *person* is able to access emergency funds through a source other than illegal or dangerous activity or a public emergency benefits program.

4: *Self Sufficient*

**Must meet ALL of the following:**

- ☐ *Household* has enough earned income that is consistent and adequate to meet *basic needs* of the *household* OR *household* has enough income from sources other than *public assistance* that is consistent and adequate to meet *basic needs* of the *household* for at least the next three months.
- ☐ The *person* does not have debt so significant that it interferes with the ability to meet *basic needs* OR the *person* has debt but has a debt repayment/debt elimination plan in place that will not interfere with the ability to meet *basic needs*.
- ☐ The *person* has full control over his/her finances.
- ☐ In the case of an unanticipated situation (e.g. unanticipated medical expenses, unanticipated transportation expenses), the *person* is able to access emergency funds through a source other than illegal or dangerous activity or a public emergency benefits program.

## DOMAIN: SKILLS FOR DAILY FUNCTIONING

### 1: In Crisis

#### **Must meet the following:**

- ☐ The *person* has impairment that without assistance would endanger health or wellbeing and requires intensive support and assistance in at least one of the following areas: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments AND no assistance or support is available.
- ☐ The *person* does not have the cognitive ability to follow a set of multiple directions or instructions either verbal or written and does not have access to someone who can help guide the process on a *regular basis*.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *person* has limited ability in at least one of the following areas that requires continuous support and assistance: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments AND assistance or support is available.
- ☐ The *person* has impairment that without assistance would endanger health or wellbeing and requires intensive support and assistance in at least one of the following areas: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments AND assistance or support is available.
- ☐ The *person* does not have the cognitive ability to follow a set of multiple directions or instructions either verbal or written but have access to someone who can help guide the process on a *regular basis*.

### 3: Safe

#### **Must meet BOTH of the following:**

- ☐ The *person* has impairment in the following areas that is able to be managed through intermittent assistance from a caregiver and the impairment does not endanger the *person's* health or wellbeing: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments.
- ☐ The *person* has the cognitive ability to follow a set of multiple directions or instructions either verbal or written although s/he may depend on occasional reliance or assistance from others to do so.

### 4: Self Sufficient

#### **Must meet at least ONE of the following:**

- ☐ The *person* has no impairment in any of the following areas: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments.
- ☐ The *person* has impairment in any of the following areas but for which s/he does not require any assistance or support: ability to feed self (including meal preparation); ability to toilet self; ability to provide basic hygiene (including bathing, brushing teeth); ability to dress self; ability to walk or navigate using equipment; ability to complete basic housework and ability to attend appointments.

- ☐ The *person* has the cognitive ability to follow a set of multiple directions or instructions either verbal or written without any reliance or assistance on others.



## DOMAIN: SOCIAL AND/OR FAMILY SUPPORT

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *person* has no one within his/her family or within the community who provides emotional support and sense of belonging AND has no ongoing support from a professional service provider (e.g., a case manager.)
- ☐ The *person* has no one within his/her family or within the community upon whom the *person* can turn to in a crisis situation for support except for emergency crisis professional services (e.g., Crisis Line, 9-1-1.)

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The only people who provide emotional support and sense of belonging to the *person* are connected with the *person* or family as ongoing professional service providers (e.g., a case manager.)
- ☐ The only people upon whom the *person* can rely for support in a situation which s/he considers to be a crisis are connected with the *person* or family as an ongoing professional service provider (e.g., a case manager, a treatment counselor.)
- ☐ The *person* is not able to access the social activities s/he desires due to significant barriers (e.g., money, location, transportation.)
- ☐ The *person* is not able to access the community activities s/he desires due to significant barriers (e.g., money, location, transportation.)

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ The *person* has at least one person within his/her family or within the community who is not connected with the *person* or family as a professional service provider (e.g., not the case manager) who provides emotional support and sense of belonging.
- ☐ The *person* has at least one person within his/her family or within the community who is not connected with the *person* or family as a professional service provider (e.g., not the case manager) upon whom the *person* can turn to in a crisis situation for support.
- ☐ The *person* is able to access some of the social activities s/he desires but not to the degree that s/he would like.
- ☐ The *person* is involved in some of the community activities s/he desires but not to the degree that s/he would like.

### 4: Self Sufficient

#### **Must meet ALL of the following:**

- ☐ The *person* has more than one person either within the family or within the community who are not connected with the *person* or family as a professional service provider (e.g., case manager) who provide emotional support and sense of belonging.
- ☐ The *person* has several people either within the family or within the community who are not connected with the *person* or family as a professional service provider (e.g., case manager) upon whom the *person* can turn to in a crisis situation for support.
- ☐ The *person* is involved in community activities to the degree to which s/he desires to do so and has prioritized as important.

- ☐ The *person* has the skills, knowledge and abilities to participate in social and community activities to the degree to which s/he desires and has prioritized as important.
- ☐ The *person* is able to access the social activities s/he desires and has prioritized as important with no significant barriers in doing so.

## DOMAIN: SECURITY

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ One or more *household members* are currently subjected to *physical* or *sexual violence* to the degree that death or injury is *imminent*.
- ☐ One or more *household members* are currently subjected to the threat (e.g. verbal or implied) of *imminent* death or injury.
- ☐ The *household* is located in an area where violence is prominent and the threat of death or injury is *imminent*.
- ☐ At least one *household member* is at risk for suicidal or homicidal behavior within the next 24 hours.
- ☐ There is at least one active *CPS* or *APS* investigation of one or more *household members*.
- ☐ One or more *household members* are currently experiencing *neglect* to the point that death or serious harm is *imminent*.
- ☐ The living situation of *household members* does not allow for members to secure their safety or wellbeing (e.g., living under the bridge, living in temporary shelter as a response to fleeing domestic violence).

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ One or more *household members* are currently experiencing or witnessing *physical* or *sexual violence* to the degree where it interferes with *daily functioning*.
- ☐ One or more *household members* are currently experiencing or witnessing verbal abuse to the degree where it interferes with *daily functioning*.
- ☐ One or more *household members* are currently being stalked to the degree where it interferes with *daily functioning*.
- ☐ The *household* is located in an area where one or more *household members* regularly hear or witness violence but the threat of death or serious injury is not present.
- ☐ There are loaded firearms that are not in a gun safe present in the house.
- ☐ The structure in which *household members* live does not have working locks, secure windows, or working smoking alarms.
- ☐ There has been previous *CPS* or *APS* investigations within the past two years but these have been resolved and closed.

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ *Household members* can reasonably maintain their possessions safely without worrying that they will be stolen or damaged.
- ☐ No one in the *household* is currently experiencing or witnessing *physical* or *sexual violence* or *verbal abuse* or *neglect*.
- ☐ Exposure to violence in the neighborhood area is minimal or nonexistent.

### 4: Self Sufficient

#### **Must meet ALL of the following:**

- ☐ No one in the *household* is experiencing or witnessing *physical* or *sexual violence* or *verbal abuse* or *neglect*.

- ☐ Exposure to violence in the neighborhood area is minimal or nonexistent.
- ☐ No one in the *household* has utilized safety-related services in the past two years (e.g., police, domestic violence services, legal services, temporary restraining orders, *emergency shelters*, *APS/CPS*) in order to protect themselves from abuse or violence.

## DOMAIN: LEGAL - CIVIL

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *head of household* has immigration issues severe enough that deportation is likely within the next six months and these issues are not resolvable OR the issues are resolvable but no formal legal action has been taken to do so.
- ☐ A *member of the household* has such a high level of past-due child support that the *household* is unable to afford *basic needs* due to wage garnishment and no formal legal action has been made to resolve the child support payment issue.
- ☐ The *household* has received notice of foreclosure or eviction and has not accessed any formal legal assistance to help address the foreclosure or eviction OR has not remedied the foreclosure or eviction through other processes (e.g., paying back rent or mortgage payments without legal intervention.)
- ☐ The *household currently* has unresolved custody issues which will result in at least one household member being removed from the *household* and there is no legal recourse to address the custody issues OR no formal legal action has been taken to do so (e.g., lack of parenting plan.)
- ☐ The *household* should be receiving child support above the amount *currently* received or is paying child support above the mandated amount and no legal action has been taken to address this.
- ☐ The *household* is *currently* being sued and has not obtained formal legal counsel.
- ☐ There are garnishments or liens against the *household* for which formal legal interventions do not exist or formal legal assistance has not been pursued and these garnishments or liens impact the *household's* ability to afford *basic needs*.
- ☐ CPS/APS has already removed a family member. This does not include families whose rights have been terminated.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *head of household* has immigration issues severe enough that deportation could occur. While the outcome is yet unknown, formal legal assistance is *currently* in process OR immigration status is unknown.
- ☐ The *head of household* has civil or criminal charges and is an immigrant whose plea to these charges will influence their *current* immigration status .
- ☐ There is involvement by CPS or APS to the degree that the *household* faces losing custody of household members within the next six months.
- ☐ There is at least one *member of the household* for whom the *current* custody arrangement puts him/her at risk of being separated from the *current* living environment.
- ☐ There is at least one *member of the household* for whom there is a child custody plan in place but this plan is not being followed or is not *current*.
- ☐ A *member of the household* has such a high level of past-due child support that the *household* is unable to afford *basic needs* due to wage garnishment and formal legal action has been taken to create an affordable repayment plan and resolution is probable.
- ☐ The *household* has received notice of foreclosure or eviction and formal legal assistance has been obtained to help address the foreclosure or eviction.
- ☐ The *household* should be receiving child support above the amount *currently* received or is paying child support above the amount mandated and legal action has been taken to address this although the issue has not yet been resolved.

☐ The *household* is *currently* being sued and while formal legal counsel has been obtained, the outcome of the suit is yet unknown.

☐ There are garnishments or liens against the *household* for which formal legal interventions or assistance is being pursued but the outcome is yet unknown and these garnishments or liens impact the ability of the *household* to afford *basic needs*.

3: *Safe*

**Must meet ALL of the following:**

- ☐ There are no pending immigration issues for which deportation is likely to occur but the *person* being assessed does not have US citizen status (e.g., is in the country on a work or other type of visa) or immigration status with which s/he is satisfied.
- ☐ A *member of the household* has such a high level of past-due child support that the *household* is unable to afford *basic needs* due to wage garnishment and an affordable payment plan has been established and is *currently* being followed or another legal remedy has been established OR there were never any child support issues that needed to be addressed legally.
- ☐ All legal issues related to custody of any *member of the household* have been resolved and the loss of custody of any *member of the household* is not likely OR there were never any custody issues that needed to be addressed legally.
- ☐ There are no *current* issues with eviction or foreclosure.
- ☐ The *household* is not being sued in a civil matter.
- ☐ There are no *current* garnishments or liens against the *household*.

4: *Self Sufficient*

**Must meet ALL of the following:**

- ☐ All members of the *household* are *currently* United States citizens or have lawful status.
- ☐ All legal issues related to custody of any *member of the household* have been resolved and the loss of custody of any *member of the household* is not likely OR there were never any custody issues that needed to be addressed legally.
- ☐ There are no issues with payment or receipt of child support.
- ☐ There are no *current* issues with eviction or foreclosure.
- ☐ There are no *current* garnishments or liens against the *household*.

## DOMAIN: LEGAL - CRIMINAL

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *head of household* is facing *imminent* incarceration or is *currently* incarcerated.
- ☐ The *head of household* has *current* outstanding criminal warrants.
- ☐ The *head of household* has a criminal history severe enough that it prohibits access to housing and employment (e.g., felony record, sex offender status) and this criminal history cannot be expunged or it could be expunged but no action has been taken to do so.
- ☐ The *head of household* is *currently* on supervised release (e.g., probation, parole community service) or is a participant in a problem-solving court or diversion program (e.g., mental health court, drug court, treatment alternative to prosecution) and is not able or willing to follow the rules of such a program and, as such, termination from the program is likely.
- ☐ The *head of household* owes restitution but is not paying anything towards it and because of this may be facing incarceration.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ The *head of household* has pending charges or pending court dates for which incarceration may be the outcome.
- ☐ The *head of household* has outstanding criminal warrants but is taking action to address these.
- ☐ The *head of household* has a criminal history severe enough that it prohibits access to housing and employment (e.g., felony record, sex offender status) and this criminal history can be expunged and action has been taken to do so.
- ☐ The *head of household* is *currently* on supervised release (e.g., probation, parole community service) or is a participant in a problem-solving court or diversion program (e.g., mental health court, drug court, treatment alternative to prosecution) and is *currently* following all program rules.
- ☐ The *head of household* owes restitution and is making minimal payments towards it but by doing so, this impacts the *household's* ability to afford *basic needs*.

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ The *head of household* does not have any *current* criminal charges, is not *currently* incarcerated, is not on supervised release, is not *currently* a participant in a problem-solving court or diversion program and does not have any outstanding warrants.
- ☐ The *head of household* either does not owe restitution OR the payment of restitution does not have any impact on the *household's* ability to afford *basic needs*.
- ☐ The *head of household* does not have any criminal history OR may have a criminal history that is not significant enough to serve as a barrier to employment or housing.

### 4: Self Sufficient

#### **Must meet ALL of the following:**

- ☐ The *head of household* does not have any *current* criminal charges, is not *currently* incarcerated, is not on supervised release, is not *currently* a participant in a problem-solving court or diversion program and does not have any outstanding warrants or restitution.

- ☐ The *head of household* does not have any criminal history OR may have a criminal history that is not significant enough to serve as a barrier to employment or housing.



## DOMAIN: HEALTHCARE

**\*\*Applies to medical and dental only; does not apply to mental health or substance use\*\***

### 1: In Crisis

**Must meet at least ONE in "Access/Coverage" OR at least ONE in "Health Condition":**

#### ACCESS/COVERAGE:

- ☐ At least one *household member* requires medical or dental treatment (e.g., medication, equipment) for which the *household member* has no means to pay for such treatment (e.g., no money, no insurance, and no prescription medication coverage).
- ☐ The *household* relies upon the emergency department as its primary source of medical or dental care.
- ☐ If financial means are not present to address medical and dental needs, at least one *household member* is eligible for medical or dental benefits but such benefits have not been accessed (e.g., the *household member* has not enrolled in a subsidized health insurance.)
- ☐ At least one *household member* is not eligible for medical or dental benefits AND there are no other means to pay for medical or dental services.
- ☐ The *household* is in an area where necessary medical or dental services are not available AND *household members* have additional barriers which prohibit them from obtaining the services elsewhere.

#### HEALTH CONDITION:

- ☐ At least one *household member* has a health condition or problem which requires medical treatment but no treatment is being obtained.
- ☐ At least one *household member* has a health condition or problem which requires medical treatment but s/he chooses not to follow through with treatment for reasons other than financial.
- ☐ The *head of household* has a health condition so severe that it serves as a barrier to employment, housing, parenting (if applicable) or meeting the *basic needs* of the *household*.
- ☐ At least one *household member* is in need of in-home medical help (e.g., in home caregiver) but does not have such.

### 2: At Risk

**Must meet at least ONE in "Access/Coverage" OR at least ONE in "Health Condition":**

#### ACCESS/COVERAGE:

- ☐ The *household* is in an area where necessary medical or dental services are not available but *household members* can obtain the services elsewhere with effort.
- ☐ At least one *household member* requires medical or dental treatment (e.g., medication, equipment) and the *current* health insurance coverage does not fully cover the treatment.
- ☐ The *household* relies upon urgent care centers (not emergency departments) as its primary source of medical or dental care.
- ☐ All *household members* have subsidized health insurance but the coverage is inadequate to allow for all *household members* to have at least one physical exam and one dental exam per year OR *household members* do not have any health insurance but do not have any known health conditions.

#### HEALTH CONDITION:

- ☐ At least one *household member* has not had a physical preventive check up in the past year.
- ☐ At least one *household member* has not had a dental examination in the past year.
- ☐ At least one *household member* has a health condition or problem which requires medical treatment but s/he chooses not to follow through with treatment for reasons other than financial.

- ☐ At least one *household member* is in need of in-home medical help (e.g., in home caregiver) and has access to such but the help is insufficient (e.g., needs help on a daily basis but can only ascertain it twice per week.)

3: *Safe*

**Must meet ALL in "Access/Coverage" AND ALL in "Health Condition":**

ACCESS/COVERAGE

- ☐ The *household* is in an area where medical and dental services are available.
- ☐ At least one *household member* requires medical or dental treatment (e.g., medication, equipment) and the *current* health insurance coverage present fully covers the treatment OR no *household members* require medical or dental treatment.
- ☐ The *current* health insurance coverage is adequate to address all of the medical and dental needs of all *household members* although the health insurance plan may be restricted in choice of provider.

HEALTH CONDITION

- ☐ All *household members* have had at least one physical preventive check up in the past year.
- ☐ All *household members* have had at least one dental exam in the past year.
- ☐ No *household members* require in-home medical care OR at least one *household member* relies on an in-home caregiver for care and the coverage provided is adequate.

4: *Self Sufficient*

**Must meet ALL in "Access/Coverage" AND ALL in "Health Condition":**

ACCESS/COVERAGE

- ☐ All *household members* have health insurance coverage adequate to address their entire medical, prescription and dental needs.
- ☐ The *household* is in an area where medical and dental services are available and are convenient to access.
- ☐ All members of the *household* have a choice of providers for both medical and dental services.

HEALTH CONDITION

- ☐ No *household member* has a medical or dental condition so severe that it serves as a barrier to employment, housing, parenting (if applicable) or meeting the *basic needs* of the *household*.
- ☐ All members of the *household* have either no chronic medical or dental conditions OR if chronic medical or dental conditions do exist, treatment of these has been obtained and is being followed.
- ☐ All members of the *household* have an identified primary care physician.
- ☐ All members of the *household* regularly access preventive services specific to their gender, age, and health condition (e.g., well-woman exams, colonoscopy, dental x-rays.)
- ☐ No *household members* require in-home medical care OR at least one *household member* relies on an in-home caregiver for care and the coverage provided is adequate AND if the in-home caregiver is another *household member*, the provision of care does not impact the *household's* ability to meet its *basic needs*.

## DOMAIN: MENTAL HEALTH

### 1: In Crisis

#### **Must meet ONE of the following:**

- ☐ There is a high risk to physical safety of the *person* as a result of deliberate self-harm or suicide attempt.
- ☐ There is a high risk to the physical safety of others.
- ☐ Behavior is *currently* influenced by delusions or hallucinations.
- ☐ There is the inability to function in most life areas due to *current* mental health issues.
- ☐ The *person* reports that s/he is in need of immediate treatment mental health services but cannot access such treatment due to lack of availability or lack of insurance coverage.
- ☐ The *person* reports that s/he is in need of immediate treatment mental health services and the *person* is eligible for *public benefits* that would cover mental health treatment but has not yet been enrolled for these benefits.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ There has been at least one attempt of suicide or self-harm in the past year but there is no *current* threat of suicide or self-harm OR the *current* threat is passive (e.g., no plan.)
- ☐ There has been at least one attempt of harm to the physical safety or property of others but there is no *current* threat of either OR the *current* threat is passive (e.g., no plan.)
- ☐ There is some impairment in the ability to function in some life areas due to *current* mental health issues.
- ☐ The *person* reports that s/he is in need of mental health treatment and/or medication but cannot access such treatment due to lack of availability or lack of insurance coverage.

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ The *person* is *currently* receiving mental health services and/or medication as needed and the symptoms related to his/her mental health issue are being effectively managed.
- ☐ The *person* denies any plans for deliberate self-harm or suicide attempt.
- ☐ The *person* denies any plans for deliberate harm to the physical safety or property of others.

#### **AND must meet at least ONE of the following:**

- ☐ The *person* has the insurance coverage necessary to access mental health services as needed.
- ☐ The *person* is eligible for *public benefits* that would cover mental health treatment and has been enrolled in these benefits.

### 4: Self Sufficient

#### **Must meet at least ONE of the following:**

- ☐ The *person* has not had a mental health condition at any time.
- ☐ The *person* has a history of mental health issues but they have been treated to the degree that the *person* is able to function with no further mental health treatment.
- ☐ The *person* is *currently* engaged in mental health counseling/treatment and there are no *current* mental health symptoms that would interfere with daily living activities.

- ☐ The *person* has mild mental health symptoms but they are expectable reactions to life stressors (e.g., mild anxiety before a job interview; difficulty concentrating after an argument).

**AND must meet ALL of the following:**

- ☐ There are no concerns about risk of deliberate self-harm or suicide attempt.
- ☐ There are no concerns about risk to the physical safety or property of others.

## DOMAIN: SUBSTANCE USE

### 1: In Crisis

#### **Must meet at least ONE of the following:**

- ☐ The *person* reports that s/he is in need of immediate treatment for alcohol and/or drug problems but cannot access such treatment due to lack of availability or lack of insurance coverage.
- ☐ The *person* reports that s/he is in need of immediate treatment for alcohol and/or drug problems and the *person* is eligible for *public benefits* that would cover *substance* use treatment but has not yet been enrolled for these benefits.
- ☐ The *person* will likely go into withdrawal (e.g., shakes, vomiting) if s/he was to stop using alcohol and/or drugs at this moment with no intervention OR the *person* is *currently* in withdrawal.
- ☐ The *person's* use of alcohol and/or drugs has created a dangerous living situation where the threat to the safety and wellbeing of the *person* and/or other members of the *household* is *imminent*.
- ☐ The *person* appears to be intoxicated or high to such a degree that s/he cannot carry on a logical conversation.

### 2: At Risk

#### **Must meet at least ONE of the following:**

- ☐ Within the past six months, the *person* has spent considerable time in activities necessary to obtain the *substance*, use the *substance* or recover from the effects of using the *substance*.
- ☐ Within the past six months, the *person* has given up or reduced important social, occupational, family or recreational activities because of the *substance* use.
- ☐ The *person* has a medical problem that is exacerbated by the *substance* use yet the *person* continues to use the *substance*.
- ☐ Within the past six months, the *person* has made at least one attempt to cut down or stop his/her *substance* use (including going to treatment) but has been unsuccessful in these attempts.
- ☐ Within the past six months, the *person* has had significant legal, family, social, occupational/school or physical consequences of the *substance* use.
- ☐ Within the past six months, the *person* has had an increased tolerance for the *substance* (e.g., a need for increased amounts of the *substance* to achieve intoxication.)
- ☐ The *person* has recently completed a treatment program for *substance* use but does not have any sober support or relapse prevention plan in place.
- ☐ The *person* has recently completed a treatment program for *substance* use but has only done so within the past 6 months.
- ☐ The *person* lives with or hangs out with people who are *currently* misusing drugs and/or alcohol.

### 3: Safe

#### **Must meet ALL of the following:**

- ☐ The *person* does not *currently* need *substance* use treatment.
- ☐ The *person* has had a *substance* use problem but has successfully completed treatment and has not used any *substance* in the past 6 months.
- ☐ The *person* has sober support and a relapse prevention plan in place.
- ☐ The *person* has the insurance coverage necessary to access future *substance* use treatment services as needed.

- ☐ The *person* is eligible for publicly funded benefits that would cover *substance* use treatment and has been enrolled in these benefits.

4. *Self Sufficient*

***Must meet at least ONE of the following:***

- ☐ The *person* has not had a *substance* use problem at any time.
- ☐ The *person* has had a *substance* use problem and has successfully completed treatment and has not used any *substance* in the past 12 months AND the *person* has sober support and a relapse prevention plan in place.

## Fenn Jorstad Self Sufficiency Matrix Scoring Summary Sheet

Client Name _____ HMIS # _____ Assessment Date: _____ <div style="text-align: center;">             MM      DD      YEAR         </div>	Assessment Type: <input type="checkbox"/> Initial <input type="checkbox"/> Interim (____ months) <input type="checkbox"/> Exit Other: _____
Assessment Domain	Rating (See the Self Sufficiency Matrix Document for explanation of ratings for each domain)
	<div style="display: flex; justify-content: space-around;"> <span>In Crisis</span> <span>At Risk</span> <span>Safe</span> <span>Self Sufficient</span> <span>Not Applicable</span> </div>
English Literacy and English Comprehension	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Housing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Food	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Transportation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Childcare	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A
Children's Education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A
Employment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A
Financial/Income	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Skills for Daily Functioning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Social and/or Family Support	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Security	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Legal--Civil	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Legal--Criminal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Healthcare	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Mental Health	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Substance Use	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Comments	