

Client Name: _____

Date: _____

I. SCREENING TOOL

Initial Conversation:

- Explain the purpose of asking these questions: trying to get as much info as possible about potential issues, ways we can assist client
- Remind client info is covered by attorney-client confidentiality
- All questions are voluntary

Living Situation

Tell me about your current living situation.

1. Do you have a reliable place to stay?

2. Who do you live with?

3. Do you feel safe?

4. Does your child have his/her own space?

Family

Tell me about your family.

1. What are some strengths?

2. What are some concerns?

Foster Care System Involvement

1. Have you ever been involved with the foster care system, how?

FIRST CALL FOR FAMILIES INTAKE ASSESSMENT & SELF-SUFFICIENCY MATRIX

Child Care

1. Tell me about your childcare situation generally.

2. Who takes care of your child when you are working/receiving services?
 - a. Are they reliable?

3. Do you feel that you have access to adequate childcare?

Domestic Violence

1. Have you ever accused of perpetrating domestic violence?

2. Have you ever been the victim of DV?
 - a. If yes, tell me more.

 - b. Do you have a safety plan in place?

3. Are you worried for your/your child's safety?
 - a. If yes, tell me more

Justice Involvement

1. Have you ever gotten in trouble with the law?
 - a. If so, when? Current criminal case?

2. Do you have any criminal records that you need to have cleared / expunged?

Immigration

1. Do you need any information about immigration services?

Mental Health

1. Have you ever seen a counselor? Psychiatrist?
 - a. If yes, are you currently seeing a counselor/psychiatrist?
 - b. When was the last time you spoke to your counselor/psychiatrist?
 - c. Did they put you on medication?
 - d. Are you currently taking medication?
 - i. For what?
 - e. Do you have problems sleeping?
 - f. Have you ever had a difficult time controlling your thoughts?

II. SELF SUFFICIENCY MATRIX

Domain	1 (in crisis)	2 (vulnerable)	3 (safe)	4 (building capacity)	5 (thriving/ empowered)	Unable to Assess
1. Housing	1	2	3	4	5	UA
2. Employment	1	2	3	4	5	UA
3. Mobility	1	2	3	4	5	UA
4. Life Skills	1	2	3	4	5	UA
5. Family / Social Relations	1	2	3	4	5	UA
6. Community Involvement	1	2	3	4	5	UA
7. Parenting Skills	1	2	3	4	5	UA
8. Legal	1	2	3	4	5	UA
9. Substance Abuse	1	2	3	4	5	UA

Employment

1. Tell me about your current employment status
 - a. Full-time, Part time, Unemployed
2. Do you have enough pay to live?
3. Do you have benefits?
4. Would you like additional support in this area?

Mobility

1. How do you get around?
2. Do you have access to consistent and reliable transportation?

Life Skills

1. Do you have trouble meeting the basic demands on life due to stress or other reasons (food, hygiene, every day activities?)
2. How do you cope with stress or anger?

Substance Abuse

1. Tell me about the drugs you have used.

Type of Drug	How often at time of involvement with Dependency/Criminal (daily, weekly, etc.)	How much?	Most ever?	Last use (date or about how long ago)?

2. How likely are you to quit using?
 - a. Never used
 - b. Highly likely

FIRST CALL FOR FAMILIES INTAKE ASSESSMENT & SELF-SUFFICIENCY MATRIX

- c. Likely
- d. Unlikely
- e. Highly unlikely

- 3. Are you currently enrolled in treatment?
- 4. Do you have a sponsor?
- 5. Would you like additional support here?

FIRST CALL FOR FAMILIES INTAKE ASSESSMENT & SELF-SUFFICIENCY MATRIX

REFERENCE SHEET: Definitions for rating self-sufficiency in each domain

Domain	1 (in crisis)	2 (vulnerable)	3 (safe)	4 (building capacity)	5 (thriving/empowered)
Housing	Homeless	In transitional or temporary housing; housing payment is unaffordable	In stable housing that is safe, but is not adequate	In stable subsidized housing that is safe and adequate.	Unsubsidized household is safe and adequate.
Employment	No job	Temporary; part-time, seasonal; or not enough pay to live	Employed full time, but inadequate pay to live Few or no benefits.	Employed full time. Enough pay to live, and/or benefits.	Maintains permanent employment.
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured
Life Skills	Unable to meet basic needs such as: hygiene, food, everyday activities	In need of assistance for some daily living activities	Very minimal assistance to meet daily living activities.	Meets all basic needs of daily living without assistance.	Provides beyond basic needs of daily living for self and family.
Family / Social Relations	Lack of support from family and/or friends.	Limited Support from family or friends; or family or friends lack the ability/skills to help.	Minimal support from family or friends. Family or friends are learning to communicate and support.	Strong support from family or friends.	Has healthy / expanding support and good communication.
Community Involvement	Not applicable due to crisis.	Socially isolated; no social skills; lacks motivation to become involved.	Willing to be involved in the community, but is lacking skills or not aware of available opportunities.	Some community involvement, but has barriers such as transportation or childcare.	Actively involved in community.
Parenting Skills	Safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are evident, but continuous growth is recommended.	Parenting skills are adequate.	Parenting skills are well developed.
Legal	Legal issue that poses an imminent threat to family stability (e.g., current outstanding arrest warrants; pending eviction that has been filed in court; primary family member pending deportation)	A legal issue that may jeopardize stability in the near future (e.g., current criminal charges; noncompliance with probation or parole; 30-day notice of action that may lead to loss of housing; threatened termination of MediCal, food stamps, SSI, CalWORKs, or other public benefit)	A legal issue exists that needs to be resolved but does not imminently threaten the stability of family (e.g., on probation but in compliance; public benefit overpayment notice; past eviction on record; criminal history that could be eligible for expungement; custody dispute).	There is no current legal issue pending that would jeopardize family stability (e.g., successfully completed probation in past 6 months; no new criminal charges filed; resolved past housing issues)	There have been no legal issues that would impact family stability for 6 months nor are there any legal issues that would impact family stability for the foreseeable future. (no active criminal justice involvement in more than 6 months; no civil legal issues pending)
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems are severe so that require institutional living or hospitalization may be needed.	Meets criteria for dependence: <ul style="list-style-type: none"> • Preoccupation with use or obtaining substances • Withdrawal • Behaviors demonstrate avoiding withdrawals • Use results in neglect of essential life activities. 	Use within last 6 months; evidence of occupational, emotional or physical problems (such as disruptive behavior or housing problems) have persisted for at least one month.	Client has used during last 6 months, but no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.

III. SUPPORTS

I would like information or assistance with: (check all that apply)

	Parenting classes		Child custody or visitation
	Housing		Divorce
	Employment		Obtaining a restraining order
	Educational resources for myself or child		Domestic violence services
	Transportation		Healthcare
	Emergency services (food, clothing, shelter)		Creating a safety plan for my child(ren) if I am unable to care for them
	Substance Abuse treatment		Establishing a legal guardianship
	Finding NA/AA meetings		Childcare
	Finding a NA/AA sponsor		Signing up for public assistance or benefits
	Sober leisure activities		Immigration
	Relapse prevention		Other:
	Mental Health/ Psychiatry		
	Counseling		

Completed by: _____

Date: _____