

Client Identifier:

Case Mgmt START Date:

Client's Zip Code:

Case Mgmt END Date:

Rating Date:

Rating Type (*circle one*): **INITIAL** **90 DAY** **6 MONTH** **1 YEAR** **CLOSURE**

1. INCOME (Household)

		YES		NO	
A.	Does the household have income (earned income and/or cash benefits)?		B		stop
B.	Is the household's income greater than or equal to 200% of Federal Poverty Guidelines (FPG)?		C		stop
C.	Does the household show appropriate spending habits (focus on meeting basic needs before purchasing luxuries, no unusually high costs, no spontaneous or inappropriate spending)?		D		stop
D.	Does the household need assistance (outside of own income) to meet basic needs?		stop		E
E.	Does the household have discretionary income, and the ability to save?		stop		stop

2. EMPLOYMENT (individual)

		YES		NO	
A.	Is the client retired?		stop		B
B.	Is the client employed (including self employment)?		C		stop
C.	Is the job full-time (32+ hours per week)? If the client works more than one job, is a single job full-time (32+ hours per week)?		D		stop
D.	Does the job pay adequately? If the client works multiple jobs, does the combined income meet the definition of adequate?		E		stop
E.	If the client works a full-time job, is the full-time job regular (not temporary)? (If the client does not work a full-time job, mark "No".)		stop		stop

3. HOUSING (Household)

		YES		NO	
A.	Is the household unhoused or at imminent risk of losing their housing?		stop		B
B.	Is the housing stable (able or likely to continue; transitional housing is not considered stable) and affordable (household pays no more than 30% of gross income for housing)?		C		stop
C.	Is the housing adequate? Housing is adequate if it is legally occupied (not squatting or doubled up), affordable (30% or less of the household gross income), habitable, accessible for all household members, containing needed materials, facilities and infrastructure working (heating and plumbing systems, etc.)		D		stop
D.	Is the housing subsidized?		stop		stop

4. FOOD (Household)

		YES		NO	
A.	Is the household's primary food source shelters, food pantries, or soup kitchens?		stop		B
B.	Does the household have food AND the means/ability to prepare it?		C		stop
C.	Can the household meet their basic food needs without food stamps?		D		stop
D.	Can the household meet their basic food needs without any assistance (e.g. food bank, charitable food sources, family help, etc.)?		E		stop
E.	Can the household satisfy any food need (purchase discretionary food) without assistance?		stop		stop

5. CHILD CARE (Household)

		YES		NO	
A.	Does the household need child care?		B		stop
B.	Does the household have the child care (e.g. child care center, family/household arrangement, etc.) they need?		D		C
C.	Is child care available that the household can access?		D		stop
D.	Is the child care reliable, affordable (via household's income, benefits, and subsidies), and adequate?		E		stop
E.	Is the child care subsidized?		stop		F
F.	Can the household select quality child care of their choice?		stop		stop

6. CHILDREN'S EDUCATION (Household)

		YES		NO	
A.	Does the household include children who are eligible for school?		B		stop
B.	Are all eligible children enrolled in school?		C		stop
C.	Are all eligible children attending classes?		D		stop
D.	Are all eligible children attending classes most of the time?		E		stop
E.	Are all eligible children attending class and making progress?		stop		stop

7. ADULT EDUCATION (Individual)

		YES		NO	
A.	Does the client have a high school diploma or GED?		B		stop
B.	Is literacy and/or language a serious barrier to employment?		stop		C
C.	Does the client have the education/literacy/language skills to function effectively in society (i.e. manage daily living, and employment tasks)?		D		stop
D.	Has the client completed education/training needed to become employable?		stop		stop

8. LEGAL (Individual)

		YES		NO	
A.	Has the client ever had serious legal problems (such as a felony, significant legal issues [see definition], or probation/parole)?		B		stop
B.	Does the client have an outstanding warrant, tickets, or other serious unresolved legal issues?		stop		C
C.	Does the client have current charges or a trial pending, or non-compliance with their probation/parole, or other legal issues that would impact their housing or benefits qualifications?		stop		D
D.	Is the client in compliance with their probation/parole terms (if applicable), have only non-violent felony convictions, or is working on a plan to resolve other legal issues (serious issues, as defined above, or other legal issues)?		stop		E
E.	Has the client successfully completed probation/parole within the last 12 months and had no new charges filed? Has the client resolved all other legal issues?		F		stop
F.	Has the client had any active legal issue in more than 12 months?		stop		stop

9. HEALTH INSURANCE COVERAGE (Household)

		YES		NO	
A.	Does the entire household have medical coverage?		B		C
B.	Is the coverage both affordable (family can afford the healthcare without cutting other basic needs), and adequate (provides for all the family's health care needs)?		stop		stop
C.	Do the household members without medical coverage have an immediate or chronic health care need?		stop		D
D.	Can all members of the household access some form of health care (public clinics, etc.) when needed?		stop		stop

10. LIFE SKILLS (Individual)

		YES		NO	
A.	Can the client perform some Activities of Daily Living (ADL) without assistance?		B		stop
B.	Can the client perform most ADLs without assistance?		C		stop
C.	Can the client perform all ADLs without assistance?		D		stop
D.	Is the client able to perform beyond ADLs (e.g. care of others, care of pets, child rearing, health management, etc.) for self without excessive strain, or can the household use social networks, or afford to hire others to perform ADLs without excessive strain to the household budget and relationships (e.g. will a relative be able to perform the ADLs for the client, or a home health aid be hired without excessive strain)?		stop		stop

11. MENTAL HEALTH (Individual)

		YES		NO	
A.	Does the client report or exhibit symptoms of mental illness?		B		stop
B.	Is the client a danger to self or others?		stop		C
C.	Does the client have significant difficulty (4 or more times per week) functioning due to symptoms of mental illness?		stop		D
D.	If the client's symptoms of mental illness impair functioning about 3 times per week, select "No". If the client's symptoms of mental illness impair functioning about 1 time per week, select "Yes".		stop		stop

12. SUBSTANCE ABUSE (Individual)

		YES		NO	
A.	Does the client report or show symptoms of substance abuse?		B		C
B.	Does the client need hospitalization, inpatient treatment, or institutional living?		stop		stop
C.	Does the client show evidence of recurrent social, emotional, or physical problems associated with drug or alcohol use?		stop		D
D.	Is the client free from problems associated with drug or alcohol use during the past six months? (answering "Yes" includes clients with no history of substance abuse.)		stop		stop

13. FAMILY RELATIONS (Household)

		YES		NO	
A.	Does the household have any type of support from family or close friends?		B		stop
B.	Is abuse or neglect present?		stop		C
C.	Do family/friends seek to improve negative behaviors within the relationship?		D		stop
D.	Do family/friends have the ability to offer all types of support?		E		stop
E.	Do family members communicate and offer strong support to each others' efforts?		F		stop
F.	Is the support network expanding?		stop		stop

14. TRANSPORTATION (Individual)

		YES		NO	
A.	Does the client have an operable car or access to public transportation?		B		stop
B.	Is the transportation (including public transportation) reliable, predictable, affordable, and legal (care has insurance, driver's license is not suspended)?		C		stop
C.	Is the transportation limited or inconvenient?		stop		D
D.	If the client is using their own vehicle, are they minimally insured? If the client is not using their own vehicle, proceed to the next domain.		stop		E
E.	Does the client have insurance and a valid driver's license?		F		stop
F.	Is the client's transportation generally accessible and meets basic travel needs?		stop		stop

15. COMMUNITY INVOLVEMENT (Individual)

		YES		NO	
A.	Is the client in a "survival mode" that is limiting their ability to be involved?		stop		B
B.	Is the client socially isolated or lacking the social skills and/or motivation to become involved?		stop		C
C.	Is the client new to the community and is lacking connections within the community?		stop		D
D.	Does the client know how to become involved in the community?		E		stop
E.	Is the client involved in the community?		F		stop
F.	Are there barriers (such as transportation or child care issues) that prevent the client from being as involved in the community as he/she would like to be?		stop		stop

16. SAFETY (Individual)

		YES		NO	
A.	Does the client report a living environment that is safe and stable (able or likely to continue with regard to safety) in the long term, with low or no lethality?		stop		B
B.	Does the living environment have high lethality and, in the case of domestic violence, lack temporary protection?		stop		C
C.	Is temporary protection (such as a personal protection order) necessary and available?		stop		D
D.	If safety is minimally adequate, and safety planning is essential, mark "No". If safety is present, but uncertain in the future, and safety planning is important, mark "Yes".		stop		stop

17. PARENTING SKILLS (Individual)

		YES		NO	
A.	Is the client responsible for children under the age of 18 (including children who are in the foster care system, as well as children living in the home)?		B		stop
B.	Is DHS or Child Protective Services involved in the family situation?		C		D
C.	Are any of the children placed outside the home via the child protection system?		stop		stop
D.	Are there safety concerns in the home for the child including parenting skills, adequate resources, and household environment?		stop		E
E.	Are the client's parenting skills well developed (parent is a positive role model, maintains child's structure/routine, and is involved in child's education)?		stop		F
F.	Are the client's parenting skills adequate (parent usually employs age-appropriate parenting techniques)?		stop		G
G.	Are the client's parenting skills apparent (parent makes some effort to apply age-appropriate parenting techniques, but application is inconsistent)?		stop		H
H.	Are the client's parenting skills minimal (parent is generally disengaged, discipline consists primarily of yelling, blaming, shaming, or physical punishment)?		stop		stop

18. CREDIT HISTORY (Individual)

		YES		NO	
A.	Does the client have any outstanding judgments, evictions, bankruptcy, or foreclosure?		B		C
B.	Has the client implemented a documented credit repair plan for the judgment, etc?		stop		stop
C.	Does the client have any debt in collections?		D		E
D.	Has the client implemented a documented credit repair plan for the debt in collections?		stop		stop
E.	Has the client ever had credit (credit cards, loans, etc.)?		F		stop
F.	Does the client have good credit, with a manageable debt ratio (using less than 30% of their available credit)?		stop		stop

19. ADULT CARE (Household)

		YES		NO	
A.	Is there an adult in the household who can not care for themselves (a person with a disability, a frail or ailing senior, etc.)?		B		stop
B.	Does the household have the services they need to support the adult members of the household who can not care for themselves?		D		C
C.	Are there adult care services available that the household can access (adult-day centers, in-home services)?		D		stop
D.	Is the adult care reliable, affordable (via household's income, benefits, and subsidies), and adequate?		E		stop
E.	Is the adult care subsidized?		stop		F
F.	Can the household select quality adult care services of their choice?		stop		stop

Case Manager: _____
 Printed Name

 Signature

Client: _____
 Printed Name

 Signature