

Family Shelter Partnership Program  
Self-Sufficiency Assessment

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Name: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_

Shelter Intake date: \_\_\_\_\_  
Assessor: \_\_\_\_\_

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**Homelessness:**

Reason for Current Homelessness:

Previous Episodes

(Include where they stayed, what was the outcome)

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**Personal Support:**

Marital Status:      single;  married;  divorced;  widowed  separated – intention to reunite;  separated – intention to stay apart

Relationship with child(ren) other parent(s):

Extended family that is supportive in the community? If so what neighborhood(s)

Faith community support? If so what church/community?

Other support system?

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**Housing History**

Number of places you lived in the last year  last five years

Last permanent address:

Landlord

Reason for leaving last housing unit: \_\_\_\_\_

Eviction history

Market Rate Housing Date(s) \_\_\_\_\_  
 CMHA Date(s) \_\_\_\_\_

Section 8 Date(s) \_\_\_\_\_  
 Other subsidized hsg. Date(s) \_\_\_\_\_

Reason(s) for evictions – select as many as apply

- Non payment of rent Amount owed \$ \_\_\_\_\_
- Utility disconnect Amount owed \$ \_\_\_\_\_ PIP \$ \_\_\_\_\_
- Double up lease violation
- Substance/alcohol abuse
- Damage to property
- Other \_\_\_\_\_
- Never had housing in clients name

Barriers to housing: \_\_\_\_\_

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**Income History**

- No Income
- Currently receiving OWF  OWF Under Sanction  OWF Timed Off
- Currently Employed  Part-time  Full-time  Day labor  Other \_\_\_\_\_  
Employment Issues: \_\_\_\_\_
- Other cash income currently received: \_\_\_\_\_

Spending Issues: \_\_\_\_\_

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**Education/Training – Adult (Head of House)**

- Literate      Literacy Issues/Interventions: \_\_\_\_\_  
 Cognitive Issues      Issues/Interventions: \_\_\_\_\_  
 High School Diploma or GED      Intervention attempt: \_\_\_\_\_  
 Post High School Education \_\_\_\_\_  
 Technical Training/Education/Skill \_\_\_\_\_

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**Social Service/Health History**

Substance (alcohol or other drug use)     None     Alcohol - Active     Other Drugs – Active     SA – Recovery/Remission

If yes, treatment history

If yes, Relapse history

SA Issues:

Mental health history     None     MH Diagnosis     MH Issues

Current diagnosis \_\_\_\_\_

Mental Health Assessment Needed:     Yes       No

Mental Health Case Manager (Name/Agency) \_\_\_\_\_

Current medication(s) \_\_\_\_\_

In need of medication     Yes       No

MH Issues:

Physical Health Issues     None     Physical Assessment Needed

Physical Issue 1: Type \_\_\_\_\_ Treatment \_\_\_\_\_

Physical Issue 2: Type \_\_\_\_\_ Treatment \_\_\_\_\_

Physical Issue 3: Type \_\_\_\_\_ Treatment \_\_\_\_\_

Physical Issue 4: Type \_\_\_\_\_ Treatment \_\_\_\_\_

Medical Home for Adult(s)       None      Home: \_\_\_\_\_

Medical Home for Child(ren)     None      Home: \_\_\_\_\_

**Life Skills**

- assistance with parenting issues Specific: \_\_\_\_\_
  - assistance with budgeting
  - assistance with housekeeping
  - assistance with personal organization
  - assistance with other \_\_\_\_\_
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**Special Issues:**

- Transportation Issues \_\_\_\_\_
  - Mobility Issues \_\_\_\_\_
  - Safety Concerns \_\_\_\_\_
  - Legal Issues \_\_\_\_\_
  
  - Criminal Record Background  Currently on Probation PO Name: \_\_\_\_\_
    - None  Misdemeanors
    - Felony  CapiasHistory \_\_\_\_\_
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**Children's Issues (General)**

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|--|--|
| <input type="checkbox"/> Custody Issues        | <input type="checkbox"/> Cognitive Issues    |
| <input type="checkbox"/> School Issues/Needs   | <input type="checkbox"/> Sensory Issues      |
| <input type="checkbox"/> Day Care Issues/Needs | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Health Care Needs     | <input type="checkbox"/> Needs counseling    |
| <input type="checkbox"/> Mental Health Needs   |  |

- Open Children's Service Case** Worker Name : \_\_\_\_\_