A. SHELTER/HOUSING

- 1. What is your current housing situation?
- 2. Does this housing meet your needs?
- 3. Is it affordable? Safe? Long-term?
- 4. Convenient to job, school, services, etc.?
- 5. Have you been homeless in the past year?
- 6. What housing resources are available to you?

B. EMPLOYMENT

- 1. Are you employed?
- 2. Who is your employer?
- 3. Full time or part time?
- 4. Describe benefits you receive, if any.
- 5. How long have you had this position?
- 6. Describe the jobs you've held prior to now.
- 7. What are your goals for future employment, and have you been able to make progress toward that goal?

C. INCOME/FINANCIAL RESOURCES

- 1. What is your monthly income?
- 2. What is the source of your income?
- 3. Is your income adequate to meet your needs?
- 4. Describe any on-going budget challenges and/or debt/credit problems/past due bills.
- 5. Tell me how you manage your income to meet your needs.
- 6. Are you able to save any of your income for future needs?
- 7. Do you have a checking/savings account? How much do you currently have in checking/savings?

D. FOOD/NUTRITION

- 1. How do you obtain food for your family?
- 2. If you receive Food Stamps or WIC, what is the amount?
- 3. Do you generally have enough food?
- 4. Describe the typical meals and snacks you most often prepare.
- 5. Do you have any nutrition-related health concerns? Examples could be obesity, diabetes, high blood pressure, etc.

E. CHILDCARE**

- 1. Do you have childcare in place when you need it? Please describe.
- 2. Is your childcare affordable, convenient, reliable, safe, etc.?
- 3. Does a need for childcare prevent you from attending work, school, appointments, etc.?
- 4. What do you do if you need childcare on short notice, after hours, with a sick child, etc.?

F. CHILDREN'S EDUCATION**

1. Are all of your school-age children enrolled in school?

- 2. Do they attend regularly?
- 3. Any challenges associated with getting them to school, attendance record, academic performances, etc.?

G. ADULT EDUCATION

- 1. What's the highest grade of education you've completed?
- 2. Are you currently enrolled in any educational programming, or do you have plans to do so?
- 3. Is your level of education attainment adequate for your career planning?
- 4. Any challenges such as learning disability, language barriers?

H. HEALTH INSURANCE/HEALTH Status (Adults)

- 1. Do you have health insurance for everyone in your family?
- 2. If so, is it affordable? If you do not have health insurance, how do you obtain medical care?
- 3. Do you have a family doctor or regular medical provider?
- 4. Are you able to see a doctor when there are health concerns?
- 5. Please describe any chronic health conditions for your family. Are any current conditions going untreated?

I. HEALTH INSURANCE/HEALTH STATUS (CHILDREN)**

- 1. What health insurance, if any, do you have for your children?
- 2. Do you ever decide not to get your children's illnesses treated due to lack of insurance, funds to cover co-pays, transportation or other barriers?
- 3. How would you describe your children's health, generally?
- 4. Do they have any current or chronic health conditions?
- 5. Does the health of your children prevent you from attending work, school, appointments, etc.?

J. LIFE SKILLS

- 1. Can you describe how you manage daily routines such as bathing/showering, laundry, keeping your apartment or house clean, preparing meals, etc.?
- 2. Do you have any challenges with daily routines? Examples could be no money for soap or cleaning supplies, physical disability making it difficult to take a bath or do housecleaning, etc.

K. FAMILY/RELATIONSHIPS

- 1. Who in your life is a source of support and help?
- 2. Are friends and family you rely on available and close by?
- 3. Are any relationships in your life causing you concern?
- 4. Describe any involvement you have with religious organizations, clubs, social groups, etc.

L. MOBILITY

- 1. What transportation is currently available to you?
- 2. Is your primary mode of transportation safe? Affordable? Convenient? Reliable?
- 3. Have you used public transportation? Describe your familiarity and experience with this.
- 4. Do transportation challenges ever prevent you from getting to work, school, appointments, shopping, social events, etc.?

M. COMMUNITY INVOLVEMENT

- 1. Tell me about any community activities you participate in. (Neighborhood activities, clubs, religious organizations, school, volunteerism, etc.)
- 2. Describe anything that prevents you from getting involved in activities (cost, transportation, childcare, not knowing what's available, etc.)

N. PARENTING SKILLS**

- 1. Describe your parenting style/philosophy.
- 2. What challenges you as a parent?
- 3. How would you describe your child's (children's behaviors)?
- 4. What strategies do you use to manage your kids' behaviors, encourage their development, etc.?
- 5. Have you ever been investigated for child abuse, or required to participate in a parenting class?

O. LEGAL

- 1. Have you had any involvement with the legal system?
- 2. Any outstanding tickets, warrants or scheduled hearings? If so, describe the status of those.

P. MENTAL HEALTH

- 1. Has anyone in your family been diagnosed with mental health concerns, or seen a mental health professional?
- 2. Any problems with managing stress, depression or anger?
- 3. Describe how you manage stress or work through difficult times.

Q. SUBSTANCE ABUSE

- 1. Have you been assessed or treated for drug/alcohol dependency or for any behavioral additions (gambling, sex addiction, shopping compulsion, etc.)?
- 2. Describe current usage of alcohol, drugs and other substances and/or any current compulsive behaviors (amount, frequency, etc.)
- 3. Have you ever had problems with work, school or family relationships as a result of drinking/drug use and/or compulsive behaviors?

R. SAFETY

1. Tell me about any safety concerns you've had in the past few months.

- 2. Is your current living situation safe?
- 3. Do you have any concerns about home security, crime in your neighborhood, the condition of your home or vehicle, etc.?
- 4. Does anyone in your life cause you to be concerned for your safety?
- 5. Tell me some ways you keep yourself and your family safe. This could include seat belts, home security, fire safety, curfew, avoiding dangerous locations, etc.