



Program Name:

Client ID:

Boulder County Common Assessment: Self-Sufficiency Matrix

Instructions: Please assign a rating of 1-5 for each of the 10 domains listed. Definitions are provided below

DOMAINS	In Crisis (1)	Vulnerable (2)	Safe (3)	Stable (4)	Thriving (5)	N/A (Not Applicable)
CHILDCARE	(1) Needs childcare but none is available or accessible and/or child is not eligible.	(2) Childcare is unreliable, unaffordable and inadequate supervision is a problem for childcare that is available.	(3) Affordable or subsidized childcare is available, but limited.	(4) Reliable, affordable childcare is available. No need for subsidies.	(5) Able to select quality childcare of choice. No need for subsidies.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
PARENTING SKILLS	(1) Reports or exhibits behaviors that put child/ren at risk of mental or physical harm.	(2) Needs additional skills and information to keep child/ren safe and/or manage their behavior.	(3) Possesses adequate skills to keep child/ren safe and manage their behavior some of the time.	(4) Possesses adequate skills to keep child/ren safe, manage their behavior and provide some enrichment opportunities.	(5) Possesses positive approach to parenting and to keeping child/ren safe, managing their behavior and providing many enrichment opportunities.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
SUPPORT SYSTEM	(1) Does not have a support system.	(2) Has an unreliable support system and it is not always healthy.	(3) Has a healthy support system only in times of crisis.	(4) Has a healthy support system most of the time.	(5) Is able to give support as well as receive support. Always has support.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
SUBSTANCE ABUSE	(1) Severe alcohol abuse and/or chemical dependence; institutional living or hospitalization may be necessary.	(2) Significant abuse of substances, resulting in chronic family/work difficulties.	(3) Occasional abuse of substances. Use has a tendency to lead to an abuse pattern and negative consequences.	(4) Occasional misuse of substances but no evidence of dangerous or continued use.	(5) No drug use. Uses alcohol minimally and prescription drugs as prescribed.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						

Boulder County Common Assessment: Self-Sufficiency Matrix

Instructions: Please assign a rating of 1-5 for each of the 10 domains listed. Definitions are provided below

	In Crisis (1)	Vulnerable (2)	Safe (3)	Stable (4)	Thriving (5)	N/A
PHYSICAL HEALTH	(1) Untreated and chronic medical and life threatening conditions, with inconsistent to minimal follow-up care.	(2) Chronic medical conditions, potentially life threatening, with inconsistent follow-up care.	(3) Chronic illness generally well managed and attempting to make and keep routine medical and dental appointments.	(4) No chronic illness or stable chronic illness and maintaining good preventive medical and dental care practices.	(5) No chronic illness and maintaining pro-active preventive medical and dental care practices.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
MENTAL HEALTH	(1) Experiencing severe difficulty in day-to-day life due to mental health challenges. Mental health needs are not being met.	(2) Feels that mental health symptoms may get in the way of daily living. Could benefit from mental health services.	(3) Identified mental health need and working towards getting them met.	(4) Needs are being managed. Only minimal symptoms that are expected responses to life stressors.	(5) Feels good about mental health—does not need any assistance in this area.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
CAREER RESILIENCY/TRAINING	(1) Negative or no work history, unable to obtain and retain employment in any industry.	(2) Limited or inconsistent work history of less than 1 year, lacks skills in two of the following areas: work readiness, literacy/numerical or occupational skills in a declining industry.	(3) Established work history of 1-2 yrs and some skills that offer potential for obtaining a comparable position.	(4) Established work history of 2-5 yrs and skills that offer potential for obtaining a comparable position.	(5) Established work history of 5+ yrs at a single place of employment, single occupation or career ladder.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						

Boulder County Common Assessment: Self-Sufficiency Matrix

Instructions: Please assign a rating of 1-5 for each of the 10 domains listed. Definitions are provided below

FUNCTIONAL ABILITY	(1) Because of functional disabilities, current living situation is unsafe and individual is unable to live alone. Assistance is not available.	(2) Requires limited or total assistance or supervision but assistance is not available.	(3) Not able to perform ADL (activities of daily living) at an age appropriate level but is in a safe and supportive environment. Or requires extensive or total assistance and assistance is available with back up support.	(4) Fully able to perform most ADLs at an age appropriate level. Or fully able to perform ADLs with assistance or support.	(5) Fully able to perform all activities of daily living (ADLs) without assistance or support.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
ENGLISH LANGUAGE SKILLS	(1) Has not learned English and has no access to a family or friend interpreter.	(2) Speaks "survival" English, limited access to a family or friend interpreter.	(3) Has reading, writing and conversational English skills or access to interpreters as needed.	(4) Has reading, writing and speaking English proficiency.	(5) Has advanced reading, writing and speaking English proficiency.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
CRIMINAL JUSTICE	(1) Current outstanding warrants or tickets.	(2) Current charges/trial pending; noncompliance with probation/parole.	(3) Fully compliant with probation/parole terms.	(4) Has successfully completed probation/parole within past 12 months; no new charges filed.	(5) No felony criminal history and/or no active criminal justice involvement in more than 12 months.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						

Boulder County Common Assessment: Self-Sufficiency Matrix

Instructions: Please assign a rating of 1-5 for each of the 10 domains listed. Definitions are provided below

LEGAL	(1) Has significant legal problems and is not addressing them or does not understand that the problem involves legal issues.	(2) Has identified legal problems but is unable to proceed without legal assistance.	(3) Has responded to legal issues with appropriate legal assistance.	(4) Has legal representation and issues are moving towards resolution.	(5) No legal issues or legal issues have been fully resolved.	N/A
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
COMMUNITY INVOLVEMENT	(1) No community involvement; in "survival" mode.	(2) Socially isolated and/or limited social skills and/or lacks motivation to become involved.	(3) Lacks knowledge of ways to become involved.	(4) Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues.	(5) Actively involved in community	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
UTILITY ASSISTANCE	(1) Has a shut-off notice or an outstanding bill with no resources to pay it.	(2) Received energy assistance (LEAP, EOC, etc) because of trouble with paying energy bill on a regular basis.	(3) Has trouble paying bill during the months that energy use is higher.	(4) Usually able to pay bill but occasionally have emergencies.	(5) Can pay energy bill on an ongoing basis.	
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						
<i>Date:</i> _____ <i>Rating:</i> _____						