

## *Permanent Supportive Housing* **SELF-SUFFICIENCY MATRIX**

<i>DOMAIN</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A. Shelter/ Housing</b>	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable > 30% income	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
<b>B. Employment</b>	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
<b>C. Income/ Financial Resources</b>	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt with own resources	Income is sufficient, well managed, has discretionary income and is able to save
<b>D. Food/ Nutrition</b>	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
<b>E. Childcare *</b>	Needs child care but none is in place and/or child is not eligible	Child care is unreliable, unaffordable, inadequate supervision is a problem for childcare that is available	Affordable, subsidized childcare is available, but limited	Reliable, affordable childcare is available so no need for subsidies	Able to select quality childcare of choice
<b>F. Children's Education *</b>	One or more school-age children not enrolled in school	One or more school age children enrolled, but not attending classes	Enrolled in school, but one or more children sporadically attending	Enrolled in school and attending most of the time	All school age children enrolled and attending regularly
<b>G. Adult Education</b>	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
<b>H. Health Insurance/Health Status (adults)</b>	No medical coverage with immediate medical need. May have serious chronic or acute health problems.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members have private insurance or Title 19. May have occasional, recurring health challenges.	All members can get medical care when needed, but may strain budget. Health is generally good.	All members are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.
<b>H. Health Insurance/ Health Status (children)</b>	No medical coverage with immediate medical need. May have serious chronic or acute health problems.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Children covered by family health insurance or Hawkeye.	Children can get medical care when needed, but may strain budget. Health is generally good.	Children are covered by affordable, adequate health insurance. Engaged in preventative health care, any illnesses minor and well-managed.
<b>I. Life Skills</b>	Unable to meet basic needs such as hygiene, food,	Can meet a few but not all needs of daily living without	Can meet most but not all daily living needs without	Able to meet all basic needs of daily living	Able to provide beyond basic needs of daily living

	activities of daily living.	assistance.	assistance.	without assistance.	for self and family.
<b>J. Family/ Relationships</b>	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
<b>K. Mobility</b>	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.
<b>L. Community Involvement</b>	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers (transportation, childcare issues, etc).	Actively involved in community.
<b>M. Parenting Skills *</b>	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed
<b>N. Legal</b>	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.
<b>O. Mental Health</b>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.
<b>P. Substance Abuse/Addiction</b>	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol, or with gambling, sex, shopping or other behaviors; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use or episode within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least 1 mo.	Client has used or had behavioral episode during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse or addictive behavioral episode in last 6 months.
<b>Q. Safety</b>	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable

\*(If no children are in the household, these domains do not apply = N/A)

**Case Management Assessment Questionnaire -used w/ Self-Sufficiency Matrix to determine current level:**

*The Case Manager may use this questionnaire to gather information so that the family may be accurately scored on the self-sufficiency assessment profile at beginning of tenancy and every six months until program end at which time a final assessment profile is completed.*

Client Name \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Type of Assessment:  Initial  Intermediate (every 6 mos.)  Final

**A. SHELTER/HOUSING**

What is your current housing situation?

Does this housing meet your needs?

Is it affordable? Safe? Long-term?

Convenient to job, school, services, etc?

Have you been homeless in the past year?

What housing resources are available to you?

**B. EMPLOYMENT**

Are you employed?

Who is your employer?

Full time or part time?

Describe benefits you receive, if any.

How long have you had this position?

Describe the jobs you've held prior to now.

What are your goals for future employment, and have you been able to make progress toward that goal?

### **C. INCOME/FINANCIAL RESOURCES**

What is your monthly income?

What is the source of your income?

Is your income adequate to meet your needs?

Describe any on-going budget challenges and/or debt/credit problems/past due bills.

Tell me how you manage your income to meet your needs.

Are you able to save any of your income for future needs?

Do you have a checking/savings account? How much do you currently have in checking/savings?

### **D. FOOD/NUTRITION**

How do you obtain food for your family?

If you receive Food Stamps or WIC, what is the amount?

Do you generally have enough food?

Describe the typical meals and snacks you most often prepare.

Any nutrition-related health concerns? (Obesity, diabetes, high blood pressure, etc)

### **E. CHILD CARE\*\***

Do you have child care in place when you need it? (Describe)

Is your child care affordable, convenient, reliable, safe, etc.?

Does a need for child care prevent you from attending work, school, appointments, etc.?

What do you do if you need child care on short notice, after hours, with a sick child, etc.?

### **F. CHILDREN'S EDUCATION\*\***

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

Do they attend regularly?

Any challenges associated with getting them to school, attendance record, academic performances, etc?

## **G. ADULT EDUCATION**

What's the highest grade of education you've completed?

Are you currently enrolled in any educational programming, or do you have plans to do that?

Is your level of education attainment adequate for your career planning?

Any challenges such as learning disability, language barriers?

## **H. HEALTH INSURANCE/HEALTH Status (Adults)**

Do you currently have health insurance for everyone in your family?

If so, is it affordable? If no health insurance, how do you obtain medical care?,

Do you have a family doctor or regular medical provider?

Are you able to see a doctor when there are health concerns?

Please describe any chronic health conditions for your family. Are any current conditions going untreated?

## **H. HEALTH INSURANCE/HEALTH STATUS (CHILDREN)\*\***

What health insurance, if any, do you have for your children?

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?

How would you describe your children's health, generally?

Have they any current or chronic health conditions?

Does the health of your children prevent you from attending work, school, appointments, etc?

## **I. LIFE SKILLS**

Can you describe how you manage daily routines such as bathing/showering, laundry, keeping your apartment or house clean, preparing meals, etc?

Any challenges with any of this (such as no money for soap or cleaning supplies, physical disability making it difficult to take a bath or do housecleaning, etc.)??

## **J. FAMILY/RELATIONSHIPS**

Who in your life is a source of support and help?

Are friends and family you rely on available and close by?

Are any relationships in your life causing you concern?

Describe any involvement you have with church, clubs, social groups.

## **K. MOBILITY**

What transportation is currently available to you?

Is your primary mode of transportation safe? Affordable? Convenient? Reliable?

Have you used public transportation? Describe your familiarity and experience with this, please.

Do transportation challenges ever prevent you from getting to work, school, appointments, shopping, social events, etc?

## **L. COMMUNITY INVOLVEMENT**

Tell me about any community activities you participate in. (Neighborhood activities, clubs, church, school, volunteerism, etc.)

Describe anything that prevents you from getting involved in activities (cost, transportation, child care, not knowing what's available, etc.)

## **M. PARENTING SKILLS\*\***

Describe your parenting style/philosophy.

What challenges you as a parent?

How would you describe your child's(children's behaviors)?

What strategies do you use to manage you kids' behaviors, encourage their development, etc?

Have you ever been investigated for child abuse, or required to participate in a parenting class?

## **N. LEGAL**

Have you had any involvement with the legal system?

Any outstanding tickets, warrants, or scheduled hearings? (Describe status of those)

### **O. MENTAL HEALTH**

Has anyone in your family been diagnosed with any mental health concerns, or seen a mental health professional?

Any problems with managing stress, depression, anger?

Describe how you manage stress or work through difficult times.

### **P. SUBSTANCE ABUSE**

Have you been assessed or treated for drug/alcohol dependency or for any behavioral additions (gambling, sex addiction, shopping compulsion, etc.)?

Describe current usage of alcohol, drugs, other substances and/or any current compulsive behaviors (amount, frequency, etc.)

Have you ever had problems with work, school, family relationships as a result of drinking/drug use and/or compulsive behaviors?

### **Q. SAFETY**

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

Is your current living situation safe?

Any concerns about home security, crime in your neighborhood, the condition of your home or vehicle, etc.?

Does anyone in your life cause you to be concerned for your safety?

Tell me some ways you keep yourself (and family) safe. (Seat belts, home security, fire safety, curfew, avoiding dangerous locations, etc)

**\*\* If no children are in the household, these domains do not apply = N/A**

**NOTES:**

**PERMANENT SUPPORTIVE HOUSING CASE MANAGEMENT SERVICES  
 SELF SUFFICIENCY ASSESSMENT PROFILE  
 (to be used to summarize results of Self-Sufficiency Matrix/Questionnaire)**

Client Name: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Type of assessment: \_\_\_Initial \_\_\_Intermediate (every 6 mos.) \_\_\_Final

*--Assessment profiles are completed at the beginning of tenancy and every six months until program end at which time a final assessment profile is completed. Case managers conduct an interview with tenants about each of the life domains to obtain a “point in time” snapshot of the tenants’ situation. Score does not reflect **potential** or **capacity** but rather the status on the day the assessment is conducted.--*

<b>Life Domain</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A. Shelter/Housing					
B. Employment					
C. Income/Financial Resources					
D. Food/Nutrition					
E. Childcare**					N/A
F. Children’s Education**					N/A
G. Adult Education					
H. Health Insurance/Health Status (Adults)					
Health Insurance/Health Status (Children)**					N/A
I. Life Skills					
J. Family/Relationships					
K. Mobility					
L. Community Involvement					
M. Parenting Skills**					N/A
N. Legal					
O. Mental Health					
P. Substance Abuse					
Q. Safety					

<b>RATING SCALE</b>
1 = in crisis
2 = vulnerable
3 = Safe
4 = building capacity
5 = empowered

\*\*If no children are in the household, these domains do not apply = N/A

How many life domains scored in the “in crisis” or “vulnerable” range? \_\_\_\_\_

Average life domain score (total of scores divided by number of domains rated): \_\_\_\_\_

*Assessment information is used to inform case management goal planning and to measure progress and program outcomes. Case managers use assessment information to help tenants capitalize on their areas of strength so that they can address areas of need.*