

Lincoln Action Program

Family Assessment Tool: Tier 1

Family Name: _____

Worker Name: _____

Initial Interview Date: _____

LAP Program: _____

INSTRUCTIONS FOR WORKERS and Informed Consent Participants:
(This is not a script, but rather a basic guide for the interviewing process.)

Introduce yourself to family and reason for administering assessment as *"a way to gather information related to their family strengths and possible concerns"* so that you may be *"more effective in helping them obtain the resources and support they desire or need."* Keep in mind the Family Assessment Tool is designed to gather basic needs information at Tier 1 and for other, more sensitive issues, at Tier 2. If applicable, let the family know they were referred to LAP by another agency or worker and advise them you will *"help coordinate services."*

Releases of information should be signed in the first interview, when appropriate. There is a coordination of services checklist in the back of this instrument to assist you with completing releases of information. This form also provides space for updates of information and scoring, as well as space for identifying family strengths and prioritizing needs to assist with family goal plans. There are shaded areas of the form which may or may not be completed. **

Please let your client family know the information received will be used to help them obtain resources and that the agency's services are confidential. It is important to remind them of the limits of confidentiality (e.g., issues of child abuse/neglect; court orders; and where releases have been signed). You may also let them be aware that some of the data may be used in research and reporting to funding sources, but no personal identifying information will be disclosed.

Prior to the interview, simply state to the family that some of the questions throughout the interview (either at Tier 1 or Tier 2) may be personal, sometimes sensitive, or awkward to answer. Let the family know they have rights of privacy and may choose not to respond to questions. However, in order to be more effective in helping them we would appreciate their openness, honesty, and cooperation.

Reminder — your primary concern is to establish rapport with the family, gather information related to coordination of services, and to do so efficiently in a courteous, non-judgmental, non-threatening manner. Your first interview leaves a lasting impression — not only for yourself professionally, but also as a representative of *Lincoln Action Program*.

** Shaded areas should be asked only if previous question is answered in the affirmative.

MKDc:\windows\desktop\agency\lap(March 9, 1998)

FAMILY ASSESSMENT TOOL GUIDE FOR CASE MANAGERS

	Worker/Client Balance of Effort	Language About Help	Existence of Obstacles or Barriers	Degree of Stability and Coping	Language about the Situation
1. Crisis	95% Case Worker 5% Client	Don't know who to turn to	Overwhelming barrier; lacks resources and awareness	Situation is unstable - worker needs to stabilize; a need for immediate support; individual is immobilized	"End of the Road"; "just can't go on"; "just don't know"; "totally at a loss"; "hit bottom"; "no way out"; "last straw"
2. Serious Problem	80% Case Worker 20% Client	Need help	Severe barrier; limited awareness and limited resources	May have some awareness of severity, largely or chronically immobilized, needs support but may not access; periodic immobilization	"Pretty stuck"; "know what to do but can't"; "it's a problem"
3. Moderate Problem	50% Case Worker 50% Client	Need some help; some goal attainment	Moderate barrier; aware but limited access to resources	Some coping strategies but may be inconsistent; situation is stable; a lot of good days; can build on some successes; has attained some of the basics	"Things seem to be improving"; some sharing of accomplishment; "we're hanging in there"
4. Slight Problem	20% Case Worker 80% Client	Now and then we need something; need a little information; just need to know someone is there if I need it	Slight barrier; barriers exist but are surmountable; aware and accesses resources but inconsistently or with support	Coping strategies, needs only a little support; usually with professional or agency intervention; communicates appropriately regarding needs; willingness to address needs and build on strengths	"Just a few problems"; "doing pretty good, OK most of the time"
5. No Problem	5% Case Worker 95% Client	We're doing okay; don't really need anything	No barriers; aware and access resources	Needs very little support; adequate resources; demonstrates growth and progress with some consistency	"Pretty good"; "good"
6. Thriving	1% Case Worker 99% Client	On track with goals; ready to meet and may welcome challenges	Pro-active and preventive in addressing needs; independently pursues and accesses resources/services	Knows support/how to get needs met; able to consistently fulfill obligations; steady progress; managed finances; copes with crises as they occur	"Great"; "things really going well"; "do what we need when we need to"; no current problems that we can't handle

A. Manages Financial Resources

1. Do you use a budget?

2. Describe how you manage your living expenses on your income.

3. What resources have you used to help you meet your monthly expenses?

4. Do you have on going expenses that go unpaid?

Interval	1	2	3	4	5	6	Date	A. FINANCIAL RESOURCES	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

B. Adequate Housing

1. Do you rent or own? _____

2. Do you receive any subsidies from the Housing Authority or any other subsidized housing program, such as HUD Homeless, Supportive Housing, or Catholic Social Services? _____

3. How much is your rent? _____

Does this housing meet your basic needs, as far as location near school, work, child care, neighborhood, and personal space? _____

5. Is this a long term housing resource for you? _____

Interval	1	2	3	4	5	6	Date	B. ADEQUATE HOUSING									
								1. CRISIS									
								2. SERIOUS									
								3. MODERATE									
								4. SLIGHT									
								5. NO BARRIER									
								6. THRIVING									

C. Transportation Resources

1. What are some of your family's most common needs for transportation?

2. What transportation do you use?

Is it reliable?

3. Does your transportation situation limit you from doing things?

Interval	1	2	3	4	5	6	Date	C. TRANSPORTATION										
								1. CRISIS										
								2. SERIOUS										
								3. MODERATE										
								4. SLIGHT										
								5. NO BARRIER										
								6. THRIVING										

D. Resources For Clothing And Household

1. Do you have enough clothing and household resources to meet your family's needs?

2. Where do you call/go for clothing and household items, and are these services helpful?

3. How often have you used them?

4. If you ever needed help, would you know where to get these services?

Interval	1	2	3	4	5	6	Date	D. CLOTHING & HOUSEHOLD RESOURCES	Interval	1	2	3	4	5	6	Date
									1. CRISIS							
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

E. Access To And Use of Nutritional Food

1. Do you have enough food to meet your family's need?

2. Do you use commodities, WIC, EFNEP, SHARE, etc? (where access?)

3. Have you ever received information on how to prepare nutritional meals for your family?
If so, where?

4. How do you make your food dollars stretch? (Meal plans, food stamps, budget meals, food baskets, free soup, kitchens like "Gathering Place" or "Matt Talbot")

5. What are some of the most common meals and snacks your family eats?

6. Who prepares meals in your household?

Interval	1	2	3	4	5	6	Date	E. FOOD & NUTRITION								Interval	1	2	3	4	5	6	Date						
								1. CRISIS																					
								2. SERIOUS																					
								3. MODERATE																					
								4. SLIGHT																					
								5. NO BARRIER																					
								6. THRIVING																					

F. Personal Hygiene

1. What kind of personal hygiene routine do you and your family follow?

2. Do you have enough resources to meet your hygiene needs?

Interval	1	2	3	4	5	6	Date	F. PERSONAL HYGIENE									
								1. CRISIS									
								2. SERIOUS									
								3. MODERATE									
								4. SLIGHT									
								5. NO BARRIER									
								6. THRIVING									

G. Understands and Uses Health Services for Adults

1. Do you have a family physician?

2. Do you see a specialist? (such as eye doctor, gynecologist, or mental health professional)

3. When was the last time you saw a physician? Dentist? (Include date)

How often do you see him/her?

4. Are you currently taking prescribed or over-the-counter medication?

5. Has/Does your family work with a Public Health Nurse?

6. Do you have regular dental and medical exams? (pap smear, mamogram, prostate, etc.)

7. When was the last time you or a family member received Emergency Room Services, and what was the nature of the visit?

8. Do you have resources to cover medical expenses? (Ex. Medicaid, medical insurance)

Interval	1	2	3	4	5	6	Date	G. HEALTH SERVICES FOR ADULTS								Interval	1	2	3	4	5	6	Date
								1. CRISIS 2. SERIOUS 3. MODERATE 4. SLIGHT 5. NO BARRIER 6. THRIVING															