

*Lincoln Action Program*  
**FAMILY ASSESSMENT TOOL PROFILE**

Family Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Interval: \_\_\_\_\_

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

**BARRIER | STRENGTH**

*MANAGING BASIC NEEDS:*

**A. Financial Resources**

1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6

Housing

Transportation

**D. Clothing & Household**

*DEVELOPING HEALTHY INDIVIDUALS AND FAMILIES:*

Food & Nutrition

Personal Hygiene

**G. Medical Services - Adults**

**H. Medical Services - Children**

**I. Family Planning**

**J. Disabilities**

**K. Child Care**

**L. Child Development**

**M. Support System**

1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	9
1	2	3	4	5	6	
1	2	3	4	5	6	9
1	2	3	4	5	6	9
1	2	3	4	5	6	9
1	2	3	4	5	6	

**P. Legal Issues**

**Q. Parenting**

**R. Substance Abuse - Others**

**S. Substance Abuse - Self**

**T. Domestic Violence - Adult**

**U. Domestic Violence - Child**

1	2	3	4	5	6	
1	2	3	4	5	6	9
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	9

*PLANNING FOR SELF-SUFFICIENCY:*

**N. Educational Needs**

**O. Vocational Readiness**

1	2	3	4	5	6
1	2	3	4	5	6

Strength: Circumstances which enhance a family's ability to work toward self-sufficiency.

Barrier: Point at which circumstances change from positive to negative influence on self-sufficiency



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A. Financial Resources

1	2	3	4	5	6
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B. Housing

1	2	3	4	5	6
---	---	---	---	---	---

C. Transportation

1	2	3	4	5	6
---	---	---	---	---	---

D. Clothing & Household

1	2	3	4	5	6
---	---	---	---	---	---

*DEVELOPING HEALTHY INDIVIDUALS AND FAMILIES:*

E. Food & Nutrition

1	2	3		5	6
---	---	---	--	---	---

F. Personal Hygiene

1	2	3	4	5	6
---	---	---	---	---	---

G. Medical Services - Adults

1	2	3	4	5	6
---	---	---	---	---	---

H. Medical Services - Children

1	2	3	4	5	6	9
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I. Family Planning

1	2	3	4	5	6
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J. Disabilities

1	2	3	4	5	6	9
---	---	---	---	---	---	---

K. Child Care

1	2	3	4	5	6	9
---	---	---	---	---	---	---

Child Development

1	2	3	4	5	6	9
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M. Support System

1	2	3	4	5	6
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P. Legal Issues

1	2	3	4	5	6
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Q. Parenting

1	2	3	4	5	6	9
---	---	---	---	---	---	---

R. Substance Abuse - Others

1	2	3	4	5	6
---	---	---	---	---	---

S. Substance Abuse - Self

	2	3	4	5
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T. Domestic Violence - Adult

1	2	3	4	5
---	---	---	---	---

U. Domestic Violence - Child

1	2	3	4	5
---	---	---	---	---

*PLANNING FOR SELF-SUFFICIENCY:*

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1	2	3	4	5	6
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Substance Abuse - Self

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1	2	3	4	5	6	
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1	2	3	4	5	6	
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1	2	3	4	5	6	
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## Strengths Assessment


## Goal Planning


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**BARRIER | STRENGTH**

*MANAGING BASIC NEEDS:*

A. Financial Resources	1	2	3	4	5	6
B. Housing	1	2	3	4	5	6
Transportation	1	2	3	4	5	6
D. Clothing & Household	1	2	3	4	5	6

*DEVELOPING HEALTHY INDIVIDUALS AND FAMILIES:*

E. Food & Nutrition	1	2	3	4	5	6	
F. Personal Hygiene	1	2	3	4	5	6	
G. Medical Services - Adults	1	2	3	4	5	6	
H. Medical Services - Children	1	2	3	4	5	6	
I. Family Planning	1	2	3	4	5	6	
J. Disabilities	1	2	3	4	5	6	9
K. Child Care	1	2	3	4	5	6	9
L. Child Development	1	2	3	4	5	6	9
M. Support System	1	2	3	4	5	6	

P. Legal Issues	1	2	3	4	5	6	
Q. Parenting	1	2	3	4	5	6	9
R. Substance Abuse - Others	1	2	3	4	5	6	
S. Substance Abuse - Self	1	2	3	4	5	6	
T. Domestic Violence - Adult	1	2	3	4	5	6	
U. Domestic Violence - Child	1	2	3	4	5	6	9

*PLANNING FOR SELF-SUFFICIENCY:*

N. Educational Needs	1	2	3	4	5	6
O. Vocational Readiness	1	2	3	4	5	6

Strength: Circumstances which enhance a family's ability to work toward self-sufficiency.

Barrier: Point at which circumstances change from positive to negative influence on self-sufficiency.





# Emergency Contact Information

Other names, nicknames

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Other mailing address

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In whose name is phone?

---

Landlord

Name

---

Address

---

Phone

---

Relatives in your home

Name

---

Name

---

Address

---

Address

---

Phone

---

Phone

---

Relatives not in your home

Name

---

Name

---

Address

---

Address

---

Phone

---

Phone

---

Employer

Family Member

---

Job/Department

---

Address

---

Phone

---

Boss' Name

---

Co-Worker's  
Name

---

Church/Clubs/Hangouts:

---

Comments:

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## Release of Information Resource List

Position	Name	Phone
Housing Case Manager		
Family Physician		
Adult's Medical Specialist		
Child's Physician/Pediatrician		
Child's Medical Specialist		
DSS Worker		
CPS Worker		
School Personnel		
Other LAP Worker		
Other:		
Other:		
Other:		

*Lincoln Action Program*

**Family Assessment Tool: Tier 2**

Family Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Initial Interview Date: \_\_\_\_\_

LAP Program: \_\_\_\_\_

**WORKERS PLEASE NOTE:**

If you are returning to the FAT to complete Tier 2, or updating the assessment due to other information-gathering being necessary for coordination of services, please go back and review the basic instructions at the beginning of this instrument. Remind participants that some of the questions may be personal, sensitive, or difficult to answer. Information is used to help them obtain services and support they need. It is essential at this time to update the file with current releases of information as well. Focus on the strengths/positives as much as possible, and identify priorities of need as a means to implementing a plan of action.

*Reminder* — you are continuing in a partnership with the family as their advocate for support to assist them in daily healthy functioning and movement toward self-sufficiency. LAP has a strong reputation of collaborating with other community agencies and professionals and the case manager's role is to link clients with appropriate services. As much as you may care about the client and their concerns, you cannot be their therapist. Issues of a sensitive nature are often best fielded through clinical support. Please honor your clients and yourself by maintaining professional boundaries in this regard.

**P. Legal Issues**

1. Do you have any concerns about current or potential legal issues? (includes child support)

2. If a problem exists: What are you doing for legal counsel or support?

3. Do you think your needs are being adequately met? If not, please explain.

4. If none exists: If a legal situation occurred, where would you go for support?

5. Do you need further information or assistance?

Interval	1	2	3	4	5	6	Date	P. LEGAL ISSUES	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

**Q. Parenting**

1. What things do you do as a family? (daily routines, family traditions and celebrations, leisure/recreation)

2. How do you solve problems as a family?

How do you honor and respect one another?

3. What do you do best as a parent?

What challenges you most as a parent?

5. How do you discipline your children?

How effective is it?(change behaviors over long term)

Does anyone else discipline your children?

How effective is it?

6. Are there any areas in parenting for which you would like assistance?

Interval	1	2	3	4	5	6	9	Date	Q. PARENTING
									1. CRISIS
									2. SERIOUS
									3. MODERATE
									4. SLIGHT
									5. NO BARRIER
									6. THRIVING
									9. NOT APPLICABLE