

**R. Understands and Acknowledges Substance Abuse by Significant Others**

1. Does anyone close to you have a problem with the use of medications, alcohol, or other drugs?  
If so, whom?

2. Does he/she believe the use is a problem for him/her?

3. Has their substance use ever caused problems in the family?  
If yes, how did you address that?

4. If there is a problem, what do you do to cope with the situation?

Interval	1	2	3	4	5	6	Date	Q. SUBSTANCE ABUSE (OTHERS)								Interval	1	2	3	4	5	6	Date
								1. CRISIS 2. SERIOUS 3. MODERATE 4. SLIGHT 5. NO BARRIER 6. THRIVING															

**S. Understands and Acknowledges Substance Abuse by Self**

1. Is there a family history of substance abuse?
  
2. Do you now, or have you ever, used any mood altering chemicals in excess? (Caffeine, nicotine, alcohol, over-the-counter and/or illicit drugs, prescribed drugs, psycho tropic med.)

3.	If so, what substance?	
	Amounts?	
	Frequency?	
4.	Has anyone ever voiced concern to you regarding your substance use?	
5.	Have you experienced any negative consequences related to substance used? (Employment, financial, legal, relationship, etc.)	

6. Have you ever received services for addressing substance abuse issues? (Was it helpful . . . , do you consider yourself in recovery . . . do you consider the issue resolved?)
  
7. Are you interested in further information or supportive services?

Interval	1	2	3	4	5	6	Date	S. SUBSTANCE ABUSE (SELF)	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

**T. Domestic Violence - Adults**

1. Have you ever witnessed or experienced any abuse? (Physical, emotional, sexual, verbal - circle any that apply)

2. If yes, what information and/or support have you received? (Crisis line, shelter, therapy, police, etc.)

3. Are you interested in receiving further assistance?

Interval	1	2	3	4	5	6	Date	T. DOMESTIC VIOLENCE - ADULTS	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

**U. Domestic Violence - Children**

1. Have your children ever witnessed or experienced any abuse? (Physical, emotional, sexual, verbal - circle any that apply)

2. If yes, what information and/or support have you received? (Crisis line, shelter, therapy, police, etc.)

3. Has anything prevented you from using resources?

Interval	1	2	3	4	5	6	9	Date

SERIOUS  
 MODERATE  
 SLIGHT  
 NO BARRIER

E -	Interval	1	2	3	4	5	6	9	Date

*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
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	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	9
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

*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

B. Housing

C. Transportation

D. Clothing & Household

*DEVELOPING HEALTHY INDIVIDUALS AND FAMILIES:*

E. Food & Nutrition

F. 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	
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	9

*PLANNING FOR SELF-SUFFICIENCY:*

N. Educational Needs

O. Vocational Readiness

1	2	3	4	5	6
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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

## Strengths Assessment


## Goal Planning


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# Strengths Assessment

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# Goal Planning

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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:		

## Emergency Contact Information

Other names, nicknames \_\_\_\_\_

Other mailing address \_\_\_\_\_

In whose name is phone? \_\_\_\_\_

Landlord

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relatives in your home

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relatives not in your home

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Employer:

Family Member \_\_\_\_\_

Job/Department \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Boss' Name \_\_\_\_\_

Co-Worker's  
Name \_\_\_\_\_

Church/Clubs/Hangouts: \_\_\_\_\_

Comments: \_\_\_\_\_