

# Self-Sufficiency Matrix

Client ID: \_\_\_\_\_

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

Agency Completing Form \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_

Rate the client's level of self-sufficiency at the assessment point-in-time on a scale of 1 to 5 in each domain below on the descriptions provided. Select "Not Applicable" if a domain is not applicable for the client. One for each Head of Household only.

**Identification** - All fields required unless otherwise noted for Head of Household Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

<b>Social Security Number (SSN)</b>	<b>Birth Date (DOB)</b>
____ - ____ - ____	____ / ____ / ____

## Self Sufficiency Assessment

Domain	Descriptions
Income:	<input type="checkbox"/> 1. No Income <input type="checkbox"/> 2. Inadequate income and/or spontaneous or inappropriate spending <input type="checkbox"/> 3. Can meet basic needs with subsidy; appropriate spending <input type="checkbox"/> 4. Can meet basic needs and manage debt without assistance <input type="checkbox"/> 5. Income is sufficient, well managed; has discretionary income and is able to save
Employment	<input type="checkbox"/> 1. No Job <input type="checkbox"/> 2. Temporary, part-time or seasonal; inadequate pay; no benefits <input type="checkbox"/> 3. Employed full-time; inadequate pay; few or no benefits <input type="checkbox"/> 4. Employed full-time with adequate pay and benefits <input type="checkbox"/> 5. Maintains permanent employment with adequate income and benefits
Housing	<input type="checkbox"/> 1. Homeless or threatened with eviction <input type="checkbox"/> 2. In transitional, temporary or substandard housing; and/or current* rent/mortgage is unaffordable <input type="checkbox"/> 3. In stable housing that is safe but only marginally adequate <input type="checkbox"/> 4. Household is safe, adequate, subsidized housing <input type="checkbox"/> 5. Household is safe, adequate, unsubsidized housing
Food	<input type="checkbox"/> 1. No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food. <input type="checkbox"/> 2. Household is on food stamps <input type="checkbox"/> 3. Can meet basic food needs but requires occasional assistance <input type="checkbox"/> 4. Can meet basic food needs without assistance <input type="checkbox"/> 5. Can choose to purchase any food household desires
Childcare	<input type="checkbox"/> 1. Needs childcare, but none is available/accessible and/or child is not eligible <input type="checkbox"/> 2. Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is a <input type="checkbox"/> 3. Affordable subsidized childcare is available but limited <input type="checkbox"/> 4. Reliable, affordable childcare is available; no need for subsidies <input type="checkbox"/> 5. Able to select quality childcare of choice <input type="checkbox"/> 6. N/A

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Staff Completing Form \_\_\_\_\_

Children's Education	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. One or more eligible children not enrolled in school</li> <li><input type="checkbox"/> 2. One or more eligible children enrolled in school but not attending classes</li> <li><input type="checkbox"/> 3. Enrolled in school, but one or more children only occasionally attending classes</li> <li><input type="checkbox"/> 4. Enrolled in school and attending classes most of the time</li> <li><input type="checkbox"/> 5. All eligible children enrolled and attending on a regular basis</li> <li><input type="checkbox"/> 6. N/A</li> </ul>
Adult Education	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Literacy problems and/or no high school diploma/GED are serious barriers to employment</li> <li><input type="checkbox"/> 2. Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment</li> <li><input type="checkbox"/> 3. Has high school diploma/GED</li> <li><input type="checkbox"/> 4. Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society</li> <li><input type="checkbox"/> 5. Has completed education/training needed to become employable. No literacy problems.</li> </ul>
Legal	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Current outstanding tickets or warrants or other serious unresolved legal issues</li> <li><input type="checkbox"/> 2. Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications</li> <li><input type="checkbox"/> 3. Fully compliant with probation/parole terms/ past non-violent felony convictions/ working on plan to resolve other legal issues</li> <li><input type="checkbox"/> 4. Has successfully completed probation/parole within past 12 months; no new charges filed; recently resolved other legal issues.</li> <li><input type="checkbox"/> 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months</li> </ul>
Health Care	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. No medical coverage with immediate need</li> <li><input type="checkbox"/> 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health</li> <li><input type="checkbox"/> 3. Some members (e.g. Children) on Medicaid or other state-sponsored health insurance program.</li> <li><input type="checkbox"/> 4. All members can get medical care when needed but may strain budget</li> <li><input type="checkbox"/> 5. All members are covered by affordable, adequate health insurance</li> </ul>
Life Skills	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unable to meet basic needs such as hygiene, food, activities of daily living</li> <li><input type="checkbox"/> 2. Can meet a few but not all needs of daily living without assistance</li> <li><input type="checkbox"/> 3. Can meet most but not all daily living needs without assistance</li> <li><input type="checkbox"/> 4. Able to meet all basic needs of daily living without assistance</li> <li><input type="checkbox"/> 5. Able to provide beyond basic needs of daily living for self and family</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems</li> <li><input type="checkbox"/> 2. Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms</li> <li><input type="checkbox"/> 3. Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems</li> <li><input type="checkbox"/> 4. Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning</li> <li><input type="checkbox"/> 5. Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns</li> </ul>

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Substance Abuse	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary</li> <li><input type="checkbox"/> 2. Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities</li> <li><input type="checkbox"/> 3. Use 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 that have persisted for at least one month</li> <li><input type="checkbox"/> 4. Client has used 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</li> <li><input type="checkbox"/> 5. No drug use/alcohol abuse in last 6 months</li> </ul>
Family Relations	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect</li> <li><input type="checkbox"/> 2. 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</li> <li><input type="checkbox"/> 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support</li> <li><input type="checkbox"/> 4. Strong support from family or friends; household members support each other's efforts</li> <li><input type="checkbox"/> 5. Has healthy/expanding support network; household is stable and communication is consistently open</li> </ul>
Mobility	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. No access to transportation, public or private; may have car that is inoperable</li> <li><input type="checkbox"/> 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.</li> <li><input type="checkbox"/> 3. Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured</li> <li><input type="checkbox"/> 4. Transportation is generally accessible to meet basic travel needs</li> <li><input type="checkbox"/> 5. Transportation is readily available and affordable; car is adequately</li> </ul>
Community Involvement	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Not applicable due to crisis situation; in "survival" mode</li> <li><input type="checkbox"/> 2. Socially isolated and/or no social skills and/or lacks motivation to become involved</li> <li><input type="checkbox"/> 3. Lacks knowledge of ways to become involved</li> <li><input type="checkbox"/> 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues</li> <li><input type="checkbox"/> 5. Actively involved in community</li> </ul>
Safety	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement</li> <li><input type="checkbox"/> 2. Safety is threatened / temporary protection is available; level of lethality is high</li> <li><input type="checkbox"/> 3. Current level of safety is minimally adequate; ongoing safety planning is essential</li> <li><input type="checkbox"/> 4. Environment is safe, however, future of such is uncertain; safety planning is important</li> <li><input type="checkbox"/> 5. Environment is apparently safe and stable</li> </ul>

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Parenting Skills	<ul style="list-style-type: none"><li><input type="checkbox"/> 1. There are safety concerns regarding parenting skills</li><li><input type="checkbox"/> 2. Parenting skills are minimal</li><li><input type="checkbox"/> 3. Parenting skills are apparent but not adequate</li><li><input type="checkbox"/> 4. Parenting skills are well developed</li></ul>
Credit History	<ul style="list-style-type: none"><li><input type="checkbox"/> No credit history</li><li><input type="checkbox"/> Outstanding judgments or bankruptcy/foreclosure</li><li><input type="checkbox"/> Has a credit repair plan</li><li><input type="checkbox"/> Moderate credit rating</li><li><input type="checkbox"/> Good credit / manageable debt ratio</li><li><input type="checkbox"/> Not Applicable</li></ul>

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Matrix Score Summary - The Matrix Score calculates the average of all domain scores between 1 and 5, excluding domains where Not Applicable is selected.

**Matrix Score:** \_\_\_\_\_