

# Family Assessment Matrix Plan

## Any Town Housing Authority Family Self-Sufficiency Program

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

Date Completed Q1: \_\_\_\_\_

Date Completed Q2: \_\_\_\_\_

Date Completed Q3: \_\_\_\_\_

Date Completed Q4: \_\_\_\_\_

The Any Town Housing Authority's Family Self-Sufficiency Family Assessment is a measurement tool designed to track the progress of individuals and families receiving services from Any Town Housing Authority's Family Self-Sufficiency (FSS) Program as well as determine their eligibility and suitability for other Any Town Housing Authority and community services. The FSS Family Assessment Scale was adapted from the Family Matrix, the CHILDREN'S BOARD Family Assessment Scale, the 2014 VI-SPDAT (Veteran's Administration *Vulnerable Individual-Service Prioritization Decision Assistance Tool*) and a variety of public domain assessment tools available through the Substance Abuse and Mental Health Agency (SAMSHA). All of these assessments as well as the current one are based on the Federal effort to create standards for outcomes measurement which started with the *Results Oriented Management and Accountability* (ROMA).

This FSS Family Assessment measures an individual's or family's progress over time in 16 domains: Shelter & Housing, Income & Employment, Food & Nutrition, Health, Safety & Care, Childcare & Transportation, Education & Relationships, as well as veteran, immigration and legal status.

The FSS Family Assessment is used to identify goals, strengths, needed services and means of support. A person's experience at Any Town Housing Authority should offer opportunities to develop and implement individualized family plans that describe their family's goals. Each domain in the FSS Family Assessment represents a summary of how a family might move from a family that is in crisis to a thriving family. This tool is used to assess a family's progress toward their goals as well as help them identify areas where their family struggles. Individual goals can be established in each or any of the 16 domains to help them and community services in assisting to achieve their self-sufficiency goals.

When needed, Family Self Sufficiency staff may review this information with me. I understand that we will complete the scale and I will have the opportunity to prioritize goals for my family. Any Town Housing Authority FSS staff will provide support and or referrals to me and/or my family based on the concerns indicated in this FSS Family Assessment Scale.

Family Signature: \_\_\_\_\_ Staff signature: \_\_\_\_\_

## Domain: Shelter & Housing

| In Crisis (1)  | Vulnerable (2)   | Safe (3)   | Stable(4)  | Thriving (5)   |
|--|--|--|--|--|
| <input type="checkbox"/> Homeless or on the verge of homeless<br><input type="checkbox"/> Insufficient income for anything but substandard or temporary housing<br><input type="checkbox"/> Living in housing that is unsafe<br><input type="checkbox"/> Fears for safety in home<br><input type="checkbox"/> Lacks income for permanent housing<br><input type="checkbox"/> Lacks basic household necessities | <input type="checkbox"/> Lives in temp/ share housing<br><input type="checkbox"/> Spends +60% of income for rent<br><input type="checkbox"/> Housing options severely limited<br><input type="checkbox"/> Living in unsafe or crowded<br><input type="checkbox"/> Recent eviction/utility shut off<br><input type="checkbox"/> Unsafe in home and neighborhood<br><input type="checkbox"/> Dependent upon housing assistance<br><input type="checkbox"/> Tenancy is secure for – 6 mos | <input type="checkbox"/> Housing is not hazardous or crowded<br><input type="checkbox"/> Spends -60% of income housing<br><input type="checkbox"/> Housing options limited<br><input type="checkbox"/> Feels safe in home<br><input type="checkbox"/> All housing costs are paid up to date<br><input type="checkbox"/> Has access telephone<br><input type="checkbox"/> Tenancy is secure for + 6 mos | <input type="checkbox"/> Lives in adequate housing<br><input type="checkbox"/> Spends -50% of income on housing<br><input type="checkbox"/> Has some choice in housing options<br><input type="checkbox"/> Feels safe in home and neighborhood<br><input type="checkbox"/> Has adequate space for family<br>Tenancy is secure for one year | <input type="checkbox"/> Living in housing of choice<br><input type="checkbox"/> Spends -40% of income on housing<br><input type="checkbox"/> Has space for family size<br><input type="checkbox"/> Feels safe in home and neighborhood<br><input type="checkbox"/> Takes action to maintain safe house<br><input type="checkbox"/> Tenancy for more than one year |

SCORES: Q1=\_\_\_\_\_ Q2=\_\_\_\_\_ Q3=\_\_\_\_\_ Q4=\_\_\_\_\_

### Shelter/Housing Notes & Intake Questions:

|  |   |
|--|---|
|  | <b>Intake Questions:</b> <ul style="list-style-type: none"> <li>• Where do you sleep?</li> <li>• Are you currently homeless?</li> <li>• Does current housing meet your family's needs?</li> <li>• Do you feel safe where you sleep?</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>• Where did you live prior to become homeless?</li> <li>• Is it permanent?</li> <li>• Are you having trouble with any utilities?</li> <li>• Do you have running water?</li> <li>• Do you have a toilet that works?</li> <li>• How much do you pay for rent?</li> <li>• Are you being evicted?</li> <li>• In what way is your place not safe?</li> <li>• Have you ever been evicted from a home?</li> </ul> |

### Referrals:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Referral to DSS for subsidized benefits | <input type="checkbox"/> HEAP        |
| <input type="checkbox"/> Section 8 or Public Housing             | <input type="checkbox"/> SNAP        |
| <input type="checkbox"/> Copy of the landlord listing            | <input type="checkbox"/> TANF _____  |
| <input type="checkbox"/> Copy of Tenants rights guide            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Budgeting referral to ...               | _____                                |
| <input type="checkbox"/> FDIC, Money Matters Series              | _____                                |

Goal for this domain: \_\_\_\_\_  
 \_\_\_\_\_  
 Date goal established: \_\_\_\_\_

## Domain: Income & Employment

| In Crisis (1)  | Vulnerable (2)   | Safe (3)   | Stable(4)  | Thriving (5)  |
|--|--|--|--|---|
| <input type="checkbox"/> Has very little money and cannot meet basic needs<br><input type="checkbox"/> Unable to obtain credit<br><input type="checkbox"/> Has unpaid bills and collectors calling<br><input type="checkbox"/> Is dependent upon public assistance<br><input type="checkbox"/> Is unemployed or unemployable<br><input type="checkbox"/> Has minimum or no job skills<br><input type="checkbox"/> Has negative work history<br><input type="checkbox"/> Negative work ethics or attitude<br><input type="checkbox"/> Has no job search or retention skills | <input type="checkbox"/> Unable to meet basic needs<br><input type="checkbox"/> Has inappropriate spending habits<br><input type="checkbox"/> Has no savings<br><input type="checkbox"/> Has limited ability to obtain credit<br><input type="checkbox"/> Unpaid bills overwhelming debt<br><input type="checkbox"/> Has limited job skills<br><input type="checkbox"/> Inadequate emp with no benefits<br><input type="checkbox"/> Has no advancement potential<br><input type="checkbox"/> Performance problems at work<br><input type="checkbox"/> Few job search or retention skills | <input type="checkbox"/> Income barely meets needs<br><input type="checkbox"/> Sometimes sticks to budget<br><input type="checkbox"/> Has no savings<br><input type="checkbox"/> Able to obtain limited credit<br><input type="checkbox"/> Generally pays bills on time<br><input type="checkbox"/> Getting marketable skills<br><input type="checkbox"/> Has part time or temporary employment<br><input type="checkbox"/> Can search for a job with help | <input type="checkbox"/> Income to meet basic needs<br><input type="checkbox"/> Plans and sticks to a monthly budget<br><input type="checkbox"/> Has savings<br><input type="checkbox"/> Able to obtain credit<br><input type="checkbox"/> Pays bills on time<br><input type="checkbox"/> Has marketable job skills<br><input type="checkbox"/> Employed w some benefits<br><input type="checkbox"/> Has job retention & search skills | <input type="checkbox"/> Sufficient earned income to allow family choices<br><input type="checkbox"/> Able to save 10% of income<br><input type="checkbox"/> Relationship with bank<br><input type="checkbox"/> Has a good credit rating<br><input type="checkbox"/> Possesses marketable job skills and positive work experience<br><input type="checkbox"/> Permanent employment w benefits |

SCORES: Q1= \_\_\_\_\_ Q2= \_\_\_\_\_ Q3= \_\_\_\_\_ Q4= \_\_\_\_\_

### Income/Employment Notes & Intake Questions:

|   |  |
|---|--|
| <p><b>Intake Question: Are you working?</b></p> | <ul style="list-style-type: none"> <li>• Can you afford or get enough food to not be hungry?</li> <li>• Do you have enough food for the week?</li> <li>• Where do you get food?</li> <li>• Do you have a place to cook, appliances and utensils?</li> </ul>  |
|   | <p><b>If not employed:</b></p> <ul style="list-style-type: none"> <li>• Do you have money to pay for food, shelter, medical and trans?</li> <li>• Have you ever applied for TANF, SSI or G, unemployment benefits?</li> <li>• Do you have unpaid bills and creditors?</li> <li>• Is there anybody that thinks you owe them money?</li> <li>• Can you get credit?</li> <li>• Are you interested in employment?</li> <li>• What would you consider your usual occupation?</li> <li>• What has been your employment over the last 3 years?</li> <li>• What is your next step in getting a job?</li> <li>• Do you make it to work each day?</li> <li>• Are you working toward specific career goals?</li> <li>• Do you have enough education to meet your employment goals?</li> </ul> |

### Referrals:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Unemployment and Training Center     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ACCORD ACCESS Center                 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspapers for employment ads        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assistance with resume writing       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> _____                                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Acquiring special training/education |                                      |
| <input type="checkbox"/> _____                                |                                      |

Goal for this domain: \_\_\_\_\_

Date goal established: \_\_\_\_\_

# Domain: Food & Nutrition

| In Crisis (1)  | Vulnerable (2)   |  | Safe (3)  | Stable(4)   | Thriving (5)   |
|--|--|--|---|---|--|
| <input type="checkbox"/> Hunger is common<br><input type="checkbox"/> Has a serious lack of resources to obtain food<br><input type="checkbox"/> Evidence of or diagnosis of malnutrition<br><input type="checkbox"/> Has a severe eating disorder<br><input type="checkbox"/> No one is preparing meals<br><input type="checkbox"/> Is extremely obese or severally underweight | <input type="checkbox"/> Family members are sometimes hungry and/or malnourished due to lack of food<br><input type="checkbox"/> Does not have appliances and utensils to prepare food<br><input type="checkbox"/> Nutritional requirements are not consistently met<br><input type="checkbox"/> Eats when food is available<br><input type="checkbox"/> Is obese or underweight |  | <input type="checkbox"/> Has adequate nutritious food<br><input type="checkbox"/> Has some appliances and utensils to prepare food<br><input type="checkbox"/> Eats one nutritious meal daily<br><input type="checkbox"/> Food is sufficient to prevent malnutrition or health problems<br><input type="checkbox"/> Is ideal weight +/- 20 lbs. | <input type="checkbox"/> Has enough nutritious food<br><input type="checkbox"/> Has appliances and utensils<br><input type="checkbox"/> Eats well balanced meals on a regularly scheduled basis<br><input type="checkbox"/> Special dietary needs are usually met<br><input type="checkbox"/> Is ideal weight or less than 10 lbs. heavier or lighter than ideal weight | <input type="checkbox"/> Can afford a variety of healthy and nutritious foods<br><input type="checkbox"/> Has appliances and utensils to prepare food in a variety of methods<br><input type="checkbox"/> Eats regular nutritious meals<br><input type="checkbox"/> All special dietary requirements are met<br><input type="checkbox"/> Is ideal weight |

SCORES: Q1= \_\_\_\_\_ Q2= \_\_\_\_\_ Q3= \_\_\_\_\_ Q4= \_\_\_\_\_

## Food/Nutrition Notes & Intake Questions:

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Can you afford or get enough food to not be hungry?</li> <li>• Do you have enough food for the week?</li> <li>• Where do you get food?</li> <li>• Do you have a place to cook, appliances and utensils?</li> </ul>           |
|  | <ul style="list-style-type: none"> <li>• In the last week/month what have you all had to eat each day?</li> <li>• Is anyone sick because of food or lack of food?</li> <li>• Does a family member need to eat special food?</li> <li>• Who cooks and what?</li> </ul> |

## Referrals:

- TANF
- SNAP
- WIC
- Food Bank
- DSS for benefits
- Local food pantry
- \_\_\_\_\_
- Cornell Cooperative Extension
- \_\_\_\_\_

- Community Action Partnership
- \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Goal for this domain:**

\_\_\_\_\_

\_\_\_\_\_

**Date goal established:**

\_\_\_\_\_

## Domain: Health, Safety, & Care

| In Crisis (1)   | Vulnerable (2)   | Safe (3)  | Stable (4)   | Thriving (5)  |
|---|--|---|--|---|
| <input type="checkbox"/> Has no access to health care<br><input type="checkbox"/> Needs immediate health care<br><input type="checkbox"/> Displays dangerous and/or self-destructive behavior<br><input type="checkbox"/> Is unable to take care of self or family<br><input type="checkbox"/> Has severe and untreated drug or alcohol abuse<br><input type="checkbox"/> Is isolated | <input type="checkbox"/> Health care is sporadic<br><input type="checkbox"/> Is not covered by insurance<br><input type="checkbox"/> Has no income for health care<br><input type="checkbox"/> Ignores health problems<br><input type="checkbox"/> Does not practice safe behaviors<br><input type="checkbox"/> Uses drugs illegally<br><input type="checkbox"/> Beginning to develop supports<br><input type="checkbox"/> In denial of health problems<br><input type="checkbox"/> Unable to control symptoms of mental illness | <input type="checkbox"/> Has gaps in health care<br><input type="checkbox"/> Has major/emergency insurance<br><input type="checkbox"/> Has income to pay care balances<br><input type="checkbox"/> Generally practices good hygiene<br><input type="checkbox"/> Seeks treatment for big problems<br><input type="checkbox"/> Practices safe behaviors<br><input type="checkbox"/> Is able to cope pressures<br><input type="checkbox"/> Knows drug or alcohol problems<br><input type="checkbox"/> Able to control symptoms | <input type="checkbox"/> Can access health care as need<br><input type="checkbox"/> Has insurance covering 80%<br><input type="checkbox"/> Has income to pay other costs<br><input type="checkbox"/> Has good health/hygiene habits<br><input type="checkbox"/> Seeks timely treatment<br><input type="checkbox"/> Able to cope with pressures<br><input type="checkbox"/> Is not using drugs or alcohol<br><input type="checkbox"/> Has well developed social support<br><input type="checkbox"/> Uses resources for family needs | <input type="checkbox"/> Has established relationships with health care professionals<br><input type="checkbox"/> Has comprehensive health insurance<br><input type="checkbox"/> Practices preventive health habits<br><input type="checkbox"/> Uses resources for personal development<br><input type="checkbox"/> Is not using drugs or alcohol |

SCORES: Q1= \_\_\_\_\_ Q2= \_\_\_\_\_ Q3= \_\_\_\_\_ Q4= \_\_\_\_\_

### Health, Safety, & Care Notes & Intake Questions:

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Where do you go for health care?</li> <li>• Do you have health insurance?</li> <li>• Do you have any health concerns right now?</li> <li>• How would you describe your health?</li> <li>• Have you been diagnosed with, or sought treatment for, mental health, addiction, dental, or physical condition in the last year?</li> <li>• Have you been hospitalized in the last year?</li> <li>• Describe how you feel emotionally on a usual day.</li> <li>• Where do you go for support or help when you need it?</li> <li>• Do you have a concern for using drugs, prescriptions, alcohol or gambling?</li> </ul>  |
| <p><b>Health Care Coverage Notes &amp; Intake Question:</b><br/>                 Any Town Housing Authority has programs for people with disabilities. Would you or any member of your family qualify for those programs and are you interested in information about them?</p> | <ul style="list-style-type: none"> <li>• How many times have you been to emergency room? Spoken with a mental health professional? Had medicines prescribed by a doctor? Taken, sold, stolen, misplaced, or where the prescriptions were never filled? Had any trauma or shock? Did you see anyone for help?</li> <li>• Have you ever been told you that have any of these: [See VI- SPDAT]***</li> <li>• Do you use regular preventive health care (prenatal, well visits)?</li> <li>• Have you ever seen a mental health professional? What kind?</li> <li>• Have you ever attempted suicide or self-injury?</li> <li>• Are you currently having thoughts of hurting yourself, killing yourself or hurting or killing someone else?</li> <li>• Have you recently lost a loved one, a job, career or a home?</li> <li>• Do you have any support systems in Any Town (i.e. friends, family, church, community groups)?</li> </ul> |

### Referrals:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Affordable Care Act         | <input type="checkbox"/> Urgent Care                 | <input type="checkbox"/> Any Town Housing Authority Mobile Medical       |
| <input type="checkbox"/> Family/Child Health Plus    | <input type="checkbox"/> Community Counseling Center | <input type="checkbox"/> Any Town Housing Authority Transitional Housing |
| <input type="checkbox"/> Dentist                     | <input type="checkbox"/> Mental Health Provider      | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Family Services Association | _____  |  |
| <input type="checkbox"/> Adult Protective Services   | <input type="checkbox"/> Clinic                      |  |
| <input type="checkbox"/> _____                       | <input type="checkbox"/> Veterans Assistance         |  |
| <input type="checkbox"/> DSS                         |  |  |

Goal for this domain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date goal established: \_\_\_\_\_

# Domain: Legal & Immigration Status

| In Crisis (1)  | Vulnerable (2)   | Safe (3)  | Stable(4)   | Thriving (5)  |
|--|--|---|---|---|
| <input type="checkbox"/> Warrants for arrest<br><input type="checkbox"/> Fleeing felony conviction<br><input type="checkbox"/> Violating Parole<br><input type="checkbox"/> Pending lawsuits<br><input type="checkbox"/> No legal counsel or legal aide<br><input type="checkbox"/> Not a citizen or eligible immigrant<br><input type="checkbox"/> Not eligible for Dream benefits<br><input type="checkbox"/> Unable to get work, school or assistance due to immigration status<br><input type="checkbox"/> Not working or unemployed due to status | <input type="checkbox"/> Pending legal issues<br><input type="checkbox"/> No counsel or aide<br><input type="checkbox"/> Needs to resolve past felonies<br><input type="checkbox"/> Applied residency/eligible immigrant<br><input type="checkbox"/> Not able to get work, school, assistance due to status<br><input type="checkbox"/> Working in informal market<br><input type="checkbox"/> Other family members lack legal status and have not applied | <input type="checkbox"/> Engaged legal assistance for legal status<br><input type="checkbox"/> Working in informal market<br><input type="checkbox"/> Paying debts w action imminent<br><input type="checkbox"/> Paying some fines with legal action imminent<br><input type="checkbox"/> Doing time with work furlough<br><input type="checkbox"/> Resolving past felonies | <input type="checkbox"/> Eligible to work in US<br><input type="checkbox"/> Applying for citizenship<br><input type="checkbox"/> Working in formal market<br><input type="checkbox"/> Paying all fines with no legal action imminent<br><input type="checkbox"/> On parole - current<br><input type="checkbox"/> Resolved felonies for employment | <input type="checkbox"/> Employed<br><input type="checkbox"/> Housed in permanent housing<br><input type="checkbox"/> Citizenship imminent<br><input type="checkbox"/> Working in formal market<br><input type="checkbox"/> Able to support self and family |

SCORES: Q1= \_\_\_\_\_ Q2= \_\_\_\_\_ Q3= \_\_\_\_\_ Q4= \_\_\_\_\_

## Legal & Immigration Status Notes & Intake Questions:

|   |  |
|---|--|
| <b>Legal notes:</b><br><br><br><br><br>       | <ul style="list-style-type: none"> <li>Do you have outstanding legal concerns?</li> <li>Are there any pending legal actions against you?</li> <li>Are you a US citizen or eligible immigrant?</li> </ul>   |
| <b>Immigration notes:</b><br><br><br><br><br> | <ul style="list-style-type: none"> <li>Have you been convicted of a felony?</li> <li>Are you required to register as a felon, sex offender or arsonist?</li> <li>Have you been in contact with police in the last year?</li> <li>Have you been arrested in the last year?</li> <li>Have you been in jail or prison in the last 5 years?</li> <li>Are you on probation of parole?</li> <li>Do you have a Resident Alien and/or Employment Authorization card?</li> <li>Have you applied for U.S. legal residency?</li> <li>Are you working with an attorney/advocate for U.S. legal residency?</li> </ul> |

## Referrals:

- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Goal for this domain: \_\_\_\_\_  
 \_\_\_\_\_

Date goal established: \_\_\_\_\_

### 1. Quarterly Scoring by Domain:

| DOMAIN                     | Q1 | Q2 | Q3 | Q4 |
|----------------------------|----|----|----|----|
| Shelter & Housing          |    |    |    |    |
| Employment                 |    |    |    |    |
| Income & Budgeting         |    |    |    |    |
| Food & Nutrition           |    |    |    |    |
| Childcare/(Transportation) |    |    |    |    |
| Health, Safety & Care      |    |    |    |    |
| Education & Relationships  |    |    |    |    |
| Legal & Immigration        |    |    |    |    |
| <b>Total Score</b>         |    |    |    |    |

### 2. Matrix Calculation Guide to Minimum Schedule of Support:

|   |                       |   |   |   |   |
|---|-----------------------|---|---|---|---|
| <b>Q1</b><br><i>Date Completed</i><br>_____ | Total score:<br>_____ | ÷ | (Divided by)<br># of Domains scored:<br>_____ | = | <b>(Equals)</b><br><b>Final Score:</b><br>_____ |
| <b>Q2</b><br><i>Date Completed</i><br>_____ | Total score:<br>_____ | ÷ | (Divided by)<br># of Domains scored:<br>_____ | = | <b>(Equals)</b><br><b>Final Score:</b><br>_____ |
| <b>Q3</b><br><i>Date Completed</i><br>_____ | Total score:<br>_____ | ÷ | (Divided by)<br># of Domains scored:<br>_____ | = | <b>(Equals)</b><br><b>Final Score:</b><br>_____ |
| <b>Q4</b><br><i>Date Completed</i><br>_____ | Total score:<br>_____ | ÷ | (Divided by)<br># of Domains scored:<br>_____ | = | <b>(Equals)</b><br><b>Final Score:</b><br>_____ |

### 3. Minimum Schedule of Support by Final Score:

| Final Score       | Minimum Schedule of Support   |
|-------------------|---|
| Between 1 and 3   | Minimum bi-weekly contact to assess goal progress. With one home visit quarterly      |
| Between 3.1 and 4 | Minimum monthly contact to assess goal progress with one visit face to face quarterly |
| Between 4.1 and 5 | Minimum quarterly contact   |

# ASSESSMENT

| STRENGTHS | NEEDS |
|-----------|-------|
| •         | •     |
| •         | •     |
| •         | •     |

**PRIORITIZED NEED #1:** \_\_\_\_\_

If this need was met, what would happen? \_\_\_\_\_

**How well is this need being met?** (Scaling: 1=not met at all, 3 =met some, 5=met completely)

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| Date:   |  |  |  |  |  |  |  |  |  |
| Rating: |  |  |  |  |  |  |  |  |  |

**Ideas for how to meet the need** (options including what is being done)

|   |
|---|
| 1 |
| 2 |
| 3 |

| What will be done? | Who will do it? | By when? | Outcome: |
|--------------------|-----------------|----------|----------|
| 1                  |                 |          |          |
| 2                  |                 |          |          |
| 3                  |                 |          |          |
| 4                  |                 |          |          |
| 5                  |                 |          |          |



**PRIORITIZED NEED #2:** \_\_\_\_\_

If this need was met, what would happen? \_\_\_\_\_

**How well is this need being met?** (Scaling: 1=not met at all, 3 =met some, 5=met completely)

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| Date:   |  |  |  |  |  |  |  |  |  |
| Rating: |  |  |  |  |  |  |  |  |  |

**Ideas for how to meet the need** (options including what is being done)

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

| What will be done? | Who will do it? | By when? | Outcome: |
|--------------------|-----------------|----------|----------|
| 1                  |                 |          |          |
| 2                  |                 |          |          |
| 3                  |                 |          |          |
| 4                  |                 |          |          |
| 5                  |                 |          |          |

**PRIORITIZED NEED #3:** \_\_\_\_\_

If this need was met, what would happen? \_\_\_\_\_

**How well is this need being met?** (Scaling: 1=not met at all, 3 =met some, 5=met completely)

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| Date:   |  |  |  |  |  |  |  |  |  |
| Rating: |  |  |  |  |  |  |  |  |  |

**Ideas for how to meet the need** (options including what is being done)

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

| What will be done? | Who will do it? | By when? | Outcome: |
|--------------------|-----------------|----------|----------|
| 1                  |                 |          |          |
| 2                  |                 |          |          |
| 3                  |                 |          |          |
| 4                  |                 |          |          |
| 5                  |                 |          |          |