### Assessment Tool / Initial Home Visit

### Date Time Client Name

### Address

### *Program, may provide referrals and resources to stabilize the family, advocate for services to meet the family’s needs, provide financial assistance as determined by need, perform home visits (announced and unannounced), and/or provide information helpful towards achieving the family’s goals.*

## IDENTIFY ANY CRISIS THAT MAY EXIST

# Are you having any problems related to the following: [ ]  None

[ ]  Education [ ]  Family Separation [ ]  Incarceration [ ]  Budgeting [ ]  Employment

[ ]  Mental Health Issues [ ]  Transportation [ ]  Housing [ ]  Family Conflict

[ ]  Cultural/Loss of Identity [ ]  Juvenile/Behavioral Issues [ ]  Medical or Health Conditions

[ ]  Substance Abuse [ ]  Financial Problems [ ]  Domestic Violence

[ ]  Other

**Are you having residential problems related to the following:** [ ]  None

[ ]  Plumbing [ ]  Plumbing Fixture Leaks [ ]  Drafts/Inadequate Insulation

[ ]  Electrical Problems (lights flickering, frequent tripped breakers, outlet shorts, etc.)

[ ]  Other

**Do you feel you need services in the following:** [x]  None

[ ]  Referrals for Counseling

[ ]  Continuing Education [ ]  Parenting Classes [ ]  Stress Management [ ]  Anger Management

[ ]  Drug/Alcohol Rehab [ ]  Domestic Violence Classes [ ]  Employment Assistance

[ ]  Mental Health Treatment (Current Diagnosis)

Other [ ]

**What do you consider your family’s strength?**

[ ]  Family Support [ ]  Culture/Traditions [ ]  Religion/Faith [ ]  Independence [ ]  Motivation/Drive

[ ]  Education/Knowledge [ ]  Steady Employment (except during summer) [ ]  Ability to Accept Challenges

[ ]  Other

**What do you consider your family’s weakness?**

[ ]  Lack of Family Support [ ]  Lack of Culture/Tradition [ ]  Lack of Religion/Faith

[ ]  Dependent on Family/Tribal Programs [ ]  Lack of Motivation/Drive/Self Esteem

[ ]  Lack of Education/Knowledge [ ]  Unsteady Employment [ ]  Organization/Life Skills

[ ]  Insufficient Income [ ]  Other

# Reason for Family Services Involvement:

**Conditions That Need To Be Corrected:**

1

2

3

4

**Service Plan Participants:**

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Tribe** |
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