

Ending Family Homeless Assessment/Reassessment

Date of Assessment

Name of EFH Case Manager

Participant's Name

Home Phone Number

Street Address/Unit #

Alternate Phone Number

City/State/Zip Code

Mailing Address/City/State/Zip Code

- I understand the purpose of this assessment is to identify items that are or could prevent me Achieving goals that my case manager and I discuss.
- I understand that my Case Manager cannot promise or guarantee resources at any time. However, the Case Manager will make every effort to secure or refer to resources needed to help me overcome the barriers and/or obstacles identified herein, so that I can achieve my goals.
- I understand that this assessment can be modified to reassess my needs upon mutual agreement with my Case Manager.
- I understand that I will be required to maintain contact with my Case Manager
- I understand that I will receive a copy of this Needs Based Assessment.

Signature of Participant

Signature of Case Manager

Q#	QUESTION TO PARTICIPANT HOUSING/BASIC NEEDS	RESPONSE	COMMENTS/DATES OF RESOULTION
01.	Is your housing stable, safe and affordable? W assistance- Y or N W/O assistance- Y or N Are you on TANF – Y or N		
02.	What barriers do you have to finding affordable, save and stable housing?		
03.	What have you done to address these barriers?		
04.	Do you need assistance or information on affordable housing to include subsidized housing? Have you been placed on waitlists for subsidized housing?		
Q#	Self-Sufficiency/Employment		
05.	Do you have a high school diploma or GED? If not are you working towards getting one through the TANF resources		
06.	What has prevented you from getting one if you do not have one?		
07.	Do you have a current resume? If not can you create one?		
08.	Are you actively seeking work either on your own or through the work search program through DSHS?		
09.	If on TANF are you on infant exemption and if so how long do you have left?		
09.	What barriers do you have that prevents you from attending school or finding a job and how can you address these barriers?		
10.	Do you actively follow through with all requirements in your IRP through DSHS?		

11.	Have you actively worked with TANF caseworker to address any childcare issues that are preventing employment?		
12.	How long have you been on TANF? If on it, how long do you have left?		
Q#	INCOME RESOURCES		
13.	Do you have or have you found part time employment or are you working through Community Jobs? If working community jobs what is work site and how long will you be in community jobs?		
14.	If working community jobs or have part time employment what is your monthly pay and pay date?		
Q#	FAMILY MAKE UP/DYNAMICS		
16	How many people are in your family? Do all members of the family live in the same household?		
17.	Is there custody or parenting issues that need to be addressed and what have you done in regards to any issues? Are these issues preventing or causing barriers for self-sufficiency?		
18.	Are all school age children enrolled and attending school? Are there children who are Head Start age and, if so, have you put in application(s)?		
Q#	Physical/Mental health		
19.	Have you ever received or do you feel you would benefit from counseling to address issues such as: Depression Anxiety Domestic Violence Other		
20	Do you have a doctor that you see on a regular basis?		
21	Do you have any physical or mental health issues? Do you need assistance with accessing services for these issues?		

22	Do you have a reliable support system in place for yourself?		
23	Are you involved in outside activities? If not what types of activities would you be interested in?		
24	Do you need assistance to access services for a substance abuse problem of any kind?		
25.	Are your children involved in outside activities or would they be interested in any?		
Q#	Budgeting/Financial Goals		
26.	Have you taken budgeting classes, if so when?		
27.	Are you able to save any money towards future housing costs? Do you have a bank account?		
28.	Have you pulled a recent credit report and if so when? Do you need help pulling a credit report?		
29.	Do you have credit issues that prevent you from obtaining housing or employment? Do you have an eviction on your record?		
Q#	Other areas of need		
30	Do you have other areas of need not addressed here that you would like assistance with that are preventing self-sufficiency?		
31	Do you feel that if a plan is put in place to help with moving forward you will be able to follow through with the items addressed in it?		

I understand that in order to qualify for the Ending Family Homeless program I must be on TANF and not in sanction and following through with all TANF requirements listed in my IRP and actively working with TANF case worker and Ending Family Homeless program case manager and meeting all requirements from both programs. I understand that in order to continue to qualify for the Ending Family Homeless program I must be working towards self-sufficiency including looking for employment. I further understand that is a time-limited program and that the subsidized portion of the program will not be ongoing.

Participant Name (PRINT)

Date

Participant Name (SIGNATURE)

Date

Case Manager

Date