

Self-Sufficiency Matrix

Client ID: _____
 Assessment Date: _____
 Agency Completing
 Form: _____
 Staff Name: _____

Rate the client's level of self-sufficiency at the assessment point-in-time on a scale of 1 to 6 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	
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Social Security Number (SSN): _____	
Birth Date (DOB): ____/____/____	
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 <input type="checkbox"/> 6. Not applicable
Employment	<input type="checkbox"/> 1. No job <input type="checkbox"/> 2. Temporary, part-time or seasonal, inadequate pay, no benefits <input type="checkbox"/> 3. Employment full-time, inadequate pay; few or no bills <input type="checkbox"/> 4. Employed Full-time with adequate pay and benefits <input type="checkbox"/> 5. Maintains permanent employment with adequate income and benefits <input type="checkbox"/> 6. Not applicable
Housing	<input type="checkbox"/> 1. Homeless or threatened with an eviction <input type="checkbox"/> 2. In transitional, temporary or substandard housing, an/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 <input type="checkbox"/> 6. Not applicable
Food	<input type="checkbox"/> 1. No food or meant 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 perchance any food household desires <input type="checkbox"/> 6. Not applicable
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 <input type="checkbox"/> 3. Affordable subsidized childcare is available but limited <input type="checkbox"/> 4. Reliable subsidized childcare is available; no need for subsidies <input type="checkbox"/> 5. Able to select quality childcare of choice <input type="checkbox"/> 6. Not applicable

Children's Education	<input type="checkbox"/> 1. One or more eligible children not enrolled in school <input type="checkbox"/> 2. One or more eligible children enrolled in school but not attending classes <input type="checkbox"/> 3. Enrolled in school, but one or more children only occasionally attending classes <input type="checkbox"/> 4. Enrolled in school and attending classes most of the time <input type="checkbox"/> 5. All eligible children enrolled and attending on a regular basis <input type="checkbox"/> 6. Not applicable
Adult Education	<input type="checkbox"/> 1. Literacy problems and/or no high school diploma/GED are serious barriers to employment <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 <input type="checkbox"/> 3. Has high school diploma/GED <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 <input type="checkbox"/> 5. Has completed education/training needed to become employable. No literacy problems <input type="checkbox"/> 6. Not applicable
Legal	<input type="checkbox"/> 1. Current outstanding tickets or warrants or other serious unresolved legal issues <input type="checkbox"/> 2. Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications <input type="checkbox"/> 3. Fully compliant with probation/parole terms/ past non-violent felony convictions/ working on plan to resolve other legal issues <input type="checkbox"/> 4. Has successfully completed probation/parole with past 12 months, no new charges filed; recently resolved other legal issues <input type="checkbox"/> 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months <input type="checkbox"/> 6. Not applicable
Health Care	<input type="checkbox"/> 1. No medical coverage with immediate need <input type="checkbox"/> 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health <input type="checkbox"/> 3. Some members (e.g. children) on Medicaid or other state-sponsored health insurance program <input type="checkbox"/> 4. All members can get medical care when needed but may strain budget <input type="checkbox"/> 5. All members are covered by affordable, adequate health insurance <input type="checkbox"/> 6. Not applicable
Life Skills	<input type="checkbox"/> 1. Unable to meet basic needs such as hygiene, food, activities of daily living <input type="checkbox"/> 2. Can meet a few but not all needs of daily living without assistance <input type="checkbox"/> 3. Can meet most but not all needs of daily living without assistance <input type="checkbox"/> 4. Able to meet all basic needs of daily living without assistance <input type="checkbox"/> 5. Able to provide beyond basic needs of daily living of self and family <input type="checkbox"/> 6. Not applicable
Mental Health	<input type="checkbox"/> 1. Danger to self or others, recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems <input type="checkbox"/> 2. Recurrent mental symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms <input type="checkbox"/> 3. Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems <input type="checkbox"/> 4. Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning <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 <input type="checkbox"/> 6. Not applicable

Substance Abuse	<input type="checkbox"/> 1. Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary <input type="checkbox"/> 2. Meets the 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 <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 <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 <input type="checkbox"/> 5. No drug use/alcohol abuse in last 6 months <input type="checkbox"/> 6. Not applicable
Family Relations	<input type="checkbox"/> 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect <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 <input type="checkbox"/> 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support <input type="checkbox"/> 4. Strong support from family or friends; household members support each other's efforts <input type="checkbox"/> 5. Has healthy/expanding support network; household is stable, and communication is consistently open <input type="checkbox"/> 6. Not applicable
Mobility	<input type="checkbox"/> 1. No access to transportation, public or private; may have car that is inoperable <input type="checkbox"/> 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc. <input type="checkbox"/> 3. Transportation is available and reliable but limited and/or inconvenient, drivers are licenses and minimally insured <input type="checkbox"/> 4. Transportation is generally accessible to meet basic travel needs <input type="checkbox"/> 5. Transportation is readily available and affordable; car is adequately <input type="checkbox"/> 6. Not applicable
Community Involvement	<input type="checkbox"/> 1. Not applicable due to crisis situation; in 'survival mode' <input type="checkbox"/> 2. Socially isolated and/or no social skills and/or lacks motivation to become involved <input type="checkbox"/> 3. Lacks knowledge of ways to become involved <input type="checkbox"/> 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues <input type="checkbox"/> 5. Actively involved in community <input type="checkbox"/> 6. Not applicable
Safety	<input type="checkbox"/> 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement <input type="checkbox"/> 2. Safety is threatened/temporary protection is available; level of lethality is high <input type="checkbox"/> 3. Current level of safety is minimally adequate; ongoing safety planning is essential <input type="checkbox"/> 4. Environment is safe, however, future of such is uncertain; safety planning is important <input type="checkbox"/> 5. Environment is apparently safe and stable <input type="checkbox"/> 6. Not applicable
Parenting Skills	<input type="checkbox"/> 1. There are safety concerns regarding parenting skills <input type="checkbox"/> 2. Parenting skills are minimal <input type="checkbox"/> 3. Parenting skills are apparent but not adequate <input type="checkbox"/> 4. Parenting skills are adequate <input type="checkbox"/> 5. Parenting skills are well developed <input type="checkbox"/> 6. Not applicable

Credit History	<input type="checkbox"/> 1. No credit history <input type="checkbox"/> 2. Outstanding judgements or bankruptcy/foreclosure <input type="checkbox"/> 3. Has a credit repair plan <input type="checkbox"/> 4. Moderate credit rating <input type="checkbox"/> 5. Good credit/manageable debt ratio <input type="checkbox"/> 6. Not applicable
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Matrix Score Summary – The Matrix Score calculates the average of all domain scores between and 5, excluding domains where ‘Not Applicable’ is selected.

Matrix Score: _____