

Name _____ Site: _____ Unit: _____ FSC: _____		For Admin Use Only Entered: <input type="checkbox"/> HH <input type="checkbox"/> SnC <input type="checkbox"/> Apricot	
HofH Name _____ Client ID# _____		Original Entry Dt: _____	

1. Disabling Condition YES NO

2. Barriers/Special Needs ☐ No Barriers
If none check box above & go to #3

☐ Y ☐ N **Substance Abuse** _____
 If YES: ☐ Alcohol ☐ Drug ☐ Alcohol & Drug
 Describe: _____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ Y ☐ N **Mental Health Problem** _____
 Describe: _____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ Y ☐ N **Physical Disability** _____
 Describe: _____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ Y ☐ N **Developmental Dis.** _____
 Describe: _____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ Y ☐ N **Chronic Health Cond.** _____
 Describe: _____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

4. Health Insurance YES NO
☐ Medicaid ☐ Medicare ☐ Oth _____
 e.g. thru job, spouse, private pay, etc

5. Employment
 Is this client employed? YES NO
 Did this client participate in any employment activities since last assessment? YES NO
 • If YES: Most recent employer? _____
 Type Full-Time Part-Time Seasonal
 Tenure Permanent Temporary Seasonal
 # of Hours worked last week? _____ Hourly wage? \$ _____
 Looking for additional work? YES NO
 • If NOT employed: Looking for work? YES NO
 • If NOT employed AND NOT looking for work
 check one of the following if applicable:
☐ Client Temporarily Disabled
☐ Permanently Disabled & Unemployable
☐ Attending School Fulltime
☐ TANF Exemption / pregnant or newborn
☐ Stay at home parent / caregiver
☐ Not currently a goal
 Other _____

3. Cash Income and Sources ☐ No Cash Income
 • Only list data for sources that are current/continuing as of assessment date.

Source	\$ Monthly Amount
Child Support	\$ _____
Gross Earned Income	\$ _____
General Assistance (GA)	\$ _____
SSI Income	\$ _____
SSDI	\$ _____
TANF	\$ _____
Other	\$ _____
TOTAL Cash Income	\$ _____

3b. Non-Cash Benefits *other than Health Ins* ☐ No Benefits

SNAP(Food Stamps)	YES \$ _____	NO
<i>Do NOT split the household \$...list on only 1 adult</i>		
WIC	YES	NO
TANF Childcare Services	YES	NO
TANF Transportation	YES	NO
Other TANF-funded Services	YES	NO
Other	_____	

6. Domestic Violence Victim? YES NO

When did the experience occur?	Eligibility
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/>
<input type="checkbox"/> 3-6 months ago	<input type="checkbox"/>
<input type="checkbox"/> 6-12 months ago	<input type="checkbox"/>
<input type="checkbox"/> 12+ months ago	<input type="checkbox"/>

Fleeing Domestic Violence YES NO

7. Adult Education
 Highest Grade or Degree Completed _____
 Since last assessment did the client...
 Participate in any educational activities, such as HS, GED, vocational training or college classes? YES NO
 Obtained a certificate or degree? YES NO
 If YES in: _____