

## Resources and Barriers Assessment

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

Date: \_\_\_\_\_

**Initial or Progress** Assessment

Household Size: \_\_\_\_\_ Adults #: \_\_\_\_\_ Children #: \_\_\_\_\_

| General Category | Assessment  | Notes                   |
|------------------|---|-------------------------|
| Household        | <input type="checkbox"/> Single no children / Single with children<br><input type="checkbox"/> Married no children / Married with children<br><input type="checkbox"/> Separated / Divorced / Widowed<br><input type="checkbox"/> Needs Child Care  |                         |
| Housing          | <input type="checkbox"/> Own / Rent<br><input type="checkbox"/> Low Income Housing (Section 8, etc.)<br><input type="checkbox"/> Safe, Affordable, Secure<br><input type="checkbox"/> Unsafe, Unaffordable, Insecure<br><input type="checkbox"/> Maintenance issues need reporting                                  |                         |
| English Skills   | Spoken English: None / Some / Good / Fluent<br>Written English: None / Some / Good / Fluent<br><input type="checkbox"/> Wants ESL classes   |                         |
| Finances         | <input type="checkbox"/> Income from employment<br><input type="checkbox"/> SSI<br><input type="checkbox"/> RCA/TANF<br><input type="checkbox"/> Child Support<br>Other: _____  | Monthly Income: \$_____ |
| Employment       | <input type="checkbox"/> Employed sufficiently<br><input type="checkbox"/> Underemployed (working, but not sufficient)<br><input type="checkbox"/> Unemployed   |                         |
| DHHS Benefits    | <input type="checkbox"/> Medicaid<br><input type="checkbox"/> SNAP (Food Stamps)<br><input type="checkbox"/> RCA/TANF (Cash Assistance)<br><input type="checkbox"/> LiHEAP (Energy Assistance)<br><input type="checkbox"/> Title XX (Childcare)<br><input type="checkbox"/> AABD (Aid to Aged, Blind, and Disabled) |                         |
| Documents        | <input type="checkbox"/> Has state ID / Learners permit / Drivers license<br><input type="checkbox"/> Has current immigration documents and status  |                         |
| Transportation   | <input type="checkbox"/> Own car<br><input type="checkbox"/> Reliable rides from friends or family<br><input type="checkbox"/> Knows how to ride the city bus<br><input type="checkbox"/> No current means of transportation  |                         |
| Health           | <input type="checkbox"/> Has Insurance<br><input type="checkbox"/> Needs Sliding Fee / General Assistance<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Mental / Behavioral Health issues<br><input type="checkbox"/> Alcohol or Substance Abuse issues  |                         |
| Education        | <input type="checkbox"/> No formal education / Illiterate<br><input type="checkbox"/> Primary School<br><input type="checkbox"/> Some / Completed High School<br><input type="checkbox"/> Some / Completed College<br><input type="checkbox"/> Certificate (ex: CNA)  |                         |

### Action Plan to Address Barriers

| Category | Action | Due Date |
|----------|--------|----------|
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