

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

### Action Plan to Address Barriers

Category	Action	Due Date