Housing Stability Check IN

KCADV believes that stability is built by maximizing five core domains or pillars: Housing, Physical and Mental Well-being, Financial Well-being, Employment/Educational growth, and Social Supports. This Check IN is designed to allow space for dialogue around each domain and to explore and develop goals, generate referrals, and follow up on progress. Case workers should use this form to provide encouragement and guidance to survivors who are working toward individualized stability goals, keep track of pertinent changes, document conversations/referrals, and follow up as agreed. Remember it is not necessary to ask ALL the questions – this is a conversational guide.

| Client: Case Manager: | Date: Next meeting: |
|--|---|
| What is your current contact information? | |
| Phone: | |
| Email: | |
| Emergency Contact Name & Number: | · · · · · · · · · · · · · · · · · · · |
| Highs (positive things this week/month) | Lows (challenges/barriers this week/month) |
| | |
| Housing | |
| What would you like for your housing to look like whe dates) | en you exit the program? (CM discuss upcoming exit/recert |
| What steps can you start taking to get there? (remem | ber baby steps) |
| What help do you need to get there? | |
| Have you applied for Section 8 or project-based housing these options (eligibility, owe balances, etc.) | ng? Where and when? Are there barriers to |
| Are you current with your share rent and utilities (CM | should plan to review if needed)? |
| Would you like to discuss any interactions you have he | ad with your landlord this month? |
| How are maintenance issues being handled with your your landlord? | unit? When and how do you report those to |
| What is the condition of your living space? (busy, clutions seems messy/cluttered, ask if LL has requested change) | · |
| What concerns do you have about anything happenin feel unsafe? | g in your unit or housing area that make you |

Physical and Mental Health

On a scale from 1 (awful) -10 (awesome), how are you feeling mentally?

On a scale from 1 (awful) -10 (awesome), how are you feeling physically?

Why did you score yourself in that way?

What do you need to move up a level?

What health coverage do you have? (Is coverage working well??)

How well are you sleeping on average?

How is your diet/eating habits on average?

Are you experiencing any food scarcity issues?

What health issues would you like to discuss?

What referrals would be most helpful to your well-being?

Financial Health/Income

On a scale from 1 (awful) to 10 (awesome), how would you describe your finances?

Why did you score yourself in that way? (get to situation: unable to make ends meet, living check to check, not comfortably paying all bills, etc.)

What do you need to move up a level?

What is your primary financial goal?

What help will you need to achieve this goal? Are you interested in looking at budgeting and savings tools and strategies?

What is one thing you could start doing right away that would help you work toward that goal? (think baby steps)

What debts or financial obligations do you currently have?

What are your current sources of income?

Are there public benefits for which you might be eligible, but you are not receiving? What help do you need to apply?

Are you eligible/is it safe for you to receive child support? What help might you need to apply? What challenges does this present?

What other resources would be most helpful for you to achieve your goals?

Is your phone service meeting your communication needs (e.g., sufficient minutes, data plan, etc.)?

Career and Education

If you are not receiving income from a job, what barriers do you have in obtaining employment? What help might you need to reduce or eliminate those barriers?

Are you currently working in the career of your choice?

If not, what are you most interested in exploring?

What steps can you take to bring you closer to this career?

Are you enrolled in school or interested in enrolling?

If yes, what barriers are you facing (if any) in enrolling for further education?

What steps can you take to bring you closer to your educational goal/s?

Social Support

What does your social support system look like (friends, family, etc.)?

When did you last laugh/enjoy time with your family/friends?

What, if any, improvements would you like to explore or see?

What have your recent interactions with any social service agencies (like DCBS) looked like? How can we help to reduce barriers/improve services?

Other Needs

What does your transportation look like and is it meeting your needs?

What does your childcare look like and is it meeting your needs/your child's needs?

What legal services might be of interest or a need for you? (custody issues, divorce, protective orders, criminal cases, expungement, etc.)?

What other needs might you have that we have not discussed?

| Αd | lditional | l No | tes: |
|----|-----------|------|------|
| | | | |

Referrals: