

Family Self Sufficiency Scale Individual Goal Plan Worksheets

Adapted with permission from Fredrick Richmond.

Family and Community Development Program Individual Goal Plan

Name: _____ Date: _____ SSN: _____

Family Development Specialist: _____

Community Integration Achievements/Barriers:

- Birth Certificate and social security card.
- Registered to vote.
- No outstanding judgments, fines or unmanageable debt.
- Not incarcerated nor on probation or parole.
- Available and affordable child care (or family without children).
- All children immunized and receiving regular medical checkups (or family without children).
- Checking, savings or positive credit history.
- Participation in family planning.
- Grades above passing for school age children (or family without children)
- Participation in family planning.
- Grades above passing for school age children (or family without children).
- Participation in recreational activities, belonging to a social group or volunteering.

- Victim of abuse.
- Severe legal problems.
- Primary caregiver of chronically or severely ill family member.
- Ineligible for family services.
- Current income undeclared.
- Not receiving court ordered child support.
- Disability; waiting for SSI.
- Record of felony/child abuse.
- Debt over \$3,000.
- Dysfunctional cohabitant inhibiting self-sufficiency
- No phone service.

Long Term Goal: _____

Short Term Goal: _____

Activities	Responsible Party	Target Completion Date	Date Accomplished

Participant Signature

Date

Family and Community Development Program Individual Goal Plan

Name: _____ Date: _____ SSN: _____

Family Development Specialist: _____

Health Insurance:

- 0** Insurance for adults and children are absent.
- 1** Insurance for some children, but not adults(s).
- 2** Insurance for all children, but not adult(s).
- 3** Insurance for adult(s), but not children.
- 4** Insurance for some, but not all adults and all children.
- 5** All household members insured, some subsidized.
- 10** Private insurance for all household members.

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Short Term Goal: _____

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Shelter:

- 0 Homeless.
- 1 Substandard housing.
- 2 Temporary residence including shelter programs.
- 3 Transitional housing.
- 4A Unaffordable subsidized rental.
- 4B Unaffordable non-subsidized rental.
- 4C Unaffordable home ownership.
- 6 Affordable subsidized rental.
- 9 Affordable non-subsidized rental.
- 10..... Affordable home ownership.....

Long Term Goal: _____

Short Term Goal: _____

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Family and Community Development Program Individual Goal Plan

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Family Development Specialist: _____

Food and Nutrition:

- 0** Unable to afford food, evidence of malnutrition or hunger.
- 3A** Unable to afford food, participating in subsidized food programs.
- 3B** Unable to afford food, use of pantry, soup kitchen or other private program for survival needs, eligible for subsidized food programs but not participating.
- 5** Unable to afford food, use of pantry, soup kitchen or other private program for survival needs, not eligible for subsidized food programs.
- 6** Able to afford food at a subsistence level, but not hungry.
- 10** Able to afford range of nutritional food choices.

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Income:

- 0** No earned income, no entitlement or subsidized benefits.
- 1** No earned income, eligible but not participating in entitlement or subsidized Benefits.
- 2** No earned income and receiving entitlement or subsidized benefits.
- 4A** Earned income inadequate for basic living expenses, receiving entitlement or subsidized benefits.
- 4B** Earned Income inadequate for basic living expenses, eligible but not participating in entitlement or subsidized benefits.
- 5** Earned income inadequate for basic living expenses, not eligible for entitlement or subsidized benefits.
- 6** Income adequate for basic living expenses and receiving transitional subsidized benefits.
- 7** Income adequate for basic living expenses.
- 9** Income adequate for basic living expenses and discretionary spending.
- 10** Income adequate for basic living, discretionary spending and savings.

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Short Term Goal: _____

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**Family and Community Development Program
Individual Goal Plan**

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Family Development Specialist: _____

Transportation-Rural:

- 0** No drivers license.
- 3** Drivers license only.
- 4** Drivers license and access to car.
- 5** Drivers license and car but no insurance.
- 10** Drivers license and car with insurance.

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Short Term Goal: _____

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Family and Community Development Program Individual Goal Plan

Name: _____ Date: _____ SSN: _____

Family Development Specialist: _____

Substance Abuse:

- 0** Active addiction, not in treatment program or support group.
- 1** Accepts need for treatment, is scheduled to enter a treatment program or planning to attend a support group.
- 3** Attends a treatment program or support group.
- 7** In recovery less than six (6) months.
- 8** In recovery less than two (2) years.
- 9** In recovery more than two (2) years.
- 10** Substance abuse intervention not needed.

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Mental/Physical Health:

- 0** Reported or self-reported (MH,PH) issues, intervention needed.
- 2** Referral to (MH, PH) services, intervention needed.
- 4A** Receives mental health services for treatment of DSM IV diagnosis on week or bi-weekly basis.
- 4B** Receives physical health services at least twice a month.
- 7A** Maintains resolution of issues through intermittent mental health services or medication.
- 7B** Maintains resolution of issues through intermittent physical health services or medication.
- 9** Maintains resolution of issues through non-clinical support groups.
- 10** Mental health/Physical health services intervention not needed.

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Family/Social Functioning:

- 0** Reported or self-reported negative behaviors, intervention needed.
- 2** Referral to social services, counseling or classes, intervention needed.
- 4** Active case in social services or counseling.
- 8** Maintains resolution of issues through classes or community support group.
- 10A** Social/Family Functioning intervention not needed.
- 10B** Strong support network/intervention not needed.

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Short Term Goal: _____

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Employment:

- 0** Unemployed; work history and skills absent.
- 1** Unemployed; has skills and work history.
- 2** Unemployed; has skills and work history, and child care (or no children).
- 4** Working part-time.
- 5** Working part-time and attending education or training program.
- 9** Working full-time and attending education or training program.
- 10A** Working full-time.
- 10B** Completely disabled, no case plan to secure employment

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Child Care:

- 0** Needed but absent.
- 4A** Unaffordable subsidized child care.
- 4B** Unaffordable non-subsidized child care.
- 7** Affordable subsidized child care.
- 10** Affordable non-subsidized child care (or child care not needed).

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Adult Formal Education:

- 0** Reading, writing, and basic math skills absent
- 1** Literate in English.
- 2** Reading, writing, and basic math skills present, but not certified.
- 4** Client formally educated, needs English as a Second Language.
- 6** High School Diploma or GED
- 7** Post high school vocational education, non-college business, technical or professional training, some college credit; not certified or not licensed.
- 9** Non-college business, technical, professional training; certification; licensed.
- 10** College graduate, post graduate or professional degree.

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Transportation:

- 0A** Drivers license and vehicle absent, no access to public transportation.
- 0B** Drivers license or insurance absent, but drives.
- 3** Drivers license but not vehicle nor access to public transportation.
- 4** Drivers license, access to unreliable vehicle, some transportation needs met.
- 5** Drivers license, access to vehicle, some transportation needs met.
- 10A** Drivers license, owner of reliable vehicle, registration, insurance, all transportation needs met.
- 10B** Access to public transportation, all transportation needs met.

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Family Development Specialist: _____

Transportation-Metropolitan:

- 0A** Public transportation unavailable.
- 0B** Public transportation unaccessible.
- 3** Public transportation available but don't know to use.
- 4** Public transportation available but unable to afford.
- 10** Public transportation available, can afford, and know how to use.

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