

Family Situation Risk Assessment

Name: _____ Social Security #: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Exit Date: _____ Exit Code: _____ Age at registration: _____ Age at Exit: _____

Assessment Scale:

5 – Thriving 4 – Capable 3 – Protected 2 – At Risk 1 – In Crisis

A.) Housing Situation	5	4	3	2	1
B.) Employment	5	4	3	2	1
C.) Adult Education	5	4	3	2	1
D.) Transportation/Mobility	5	4	3	2	1
E.) Nutrition	5	4	3	2	1
F.) Health	5	4	3	2	1
G.) Income/Budget	5	4	3	2	1
H.) Family Relations	5	4	3	2	1
I.) Community Involvement	5	4	3	2	1

*Comments:

Agency Representative

Date