

Self-Sufficiency Matrix

Participant Name: _____

DOB: __/__/____

Assessment Date: __/__/____

Program Name: CARE

| Domain | 1 | 2 | 3 | 4 | 5 | Your Score | Participant Goal (✓ box for goals) |
|--|---|--|--|---|--|------------|------------------------------------|
| Housing/ Shelter | My household is homeless or has received an eviction notice. | My household is in temporary or insufficient housing; and/or our current rent/mortgage payment is unaffordable (Over 30% of income). | My household is in stable housing that is safe but only slightly acceptable. | My household is in safe, acceptable subsidized housing (Paid for with assistance). | My household is in a safe, acceptable, unsubsidized housing. | | |
| Employment | I have no job. | I or someone in my household, has a temporary, part-time or seasonal job; insufficient pay, no benefits. | I or someone in my household, is employed full time; insufficient pay; few or no benefits | I or someone in my household, is employed full time with acceptable pay and benefits. | I or someone in my household, maintains permanent employment with acceptable income and benefits. | | |
| Income | My household has no income. | I or someone in my household, has inadequate income. | My household can meet basic needs with assistance; we don't overspend. | My household can meet basic needs and manage debt without assistance. | My household income is sufficient and well managed; has additional income and is able to save. | | |
| Food | My household has no food or we have no resources to prepare the little food we do have. We rely heavily on receiving free or low cost food. | My household receives food assistance. | My household can meet basic food needs; but requires occasional assistance. | My household can meet only basic food needs without assistance. | My household can purchase any food that is desired without a problem. | | |
| Child Care | My household needs childcare, but none is available. | Childcare is unreliable or unaffordable. Poor supervision is a problem for childcare that is available to my household. | Affordable subsidized childcare is available to my household; but it's limited. | Reliable, affordable childcare is available to my household and we do not need assistance. | My household is able to select quality childcare of choice. | | |
| Children's Education | One or more of my school-aged children are not enrolled in school. | One or more school-aged children enrolled in school but not attending classes. | Children enrolled in school, but one or more children only occasionally attending classes. | Children enrolled in school and attending classes most of the time. | All school-aged children enrolled and attending on a regular basis. | | |
| Adult Education | Me/My household has trouble reading and writing and/or we don't have a GED and it is hard for me/us to find a job. | Me/My household are enrolled in literacy and/or GED Program and/or/ has sufficient understanding of English to where language is not a barrier to employment. | Me/My household have High School Diploma/GED | Me/My household needs additional education/training to improve employment situation and/ or to resolve literacy problems to where they are able to function effectively in society. | Me/My household have completed education/training needed to become employable. No literacy problems. | | |
| Health Care Coverage | My household has no medical insurance and we need it immediately. | My household has no medical coverage and great difficulty accessing medical when needed. Some household members may be in poor health. | Some members of my household (e.g. Children) have medical coverage. | All members can get medical coverage needed, but may strain the budget. | All members are covered by affordable, adequate health insurance. | | |
| Life Skills | My household is unable to meet basic needs such as hygiene, food, activities of daily living. | My household can meet a few, but not all needs of daily living without assistance. | My household can meet most but not all daily living needs without assistance. | My household is able to meet all basic needs of daily living without assistance. | My household is able to provide beyond basic needs of daily living. | | |
| Household/ Social Relations | Lack of necessary support from household or friends; abuse (Domestic Violence or Child Abuse) is present or there is child neglect. | Household/friends may be supportive, but lack ability or resources to help; household members do not relate well with one another; potential for abuse or neglect. | Some support from household/friends; household members acknowledge and seek to change negative behaviors; are learning to communicate and support. | Strong support from household or friends. Household members support each other's efforts. | Has healthy/expanding support network; household is stable and communication is consistently open | | |

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|------------------------------|--|--|--|--|---|------------|------------------------------------|
| Mobility | No access to transportation; public or private. May have car that is inoperable. | Transportation is available, but unreliable, unpredictable or unaffordable. We have car but no insurance or license. | Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured. | Transportation is generally accessible to meet basic travel needs. | Transportation is readily available and affordable; car is adequately insured. | | |
| Community Involvement | Not applicable due to crisis situation; in "survival" mode. | My household is socially isolated and/or no social skills and/or lacks motivation to become involved. | My household lacks knowledge of ways to become involved. | My household is involved in the community a little (Advisory groups, support groups), but has barriers such as transportation or childcare issues. | Actively involved in community. | | |
| Parenting Skills | There are safety concerns regarding parenting skills in my household. | Parenting skills are minimal in my household. | Parenting skills are present, but not adequate in my household. | Parenting skills are adequate in my household. | Parenting skills are well developed in my household. | | |
| Legal | My household has current outstanding tickets or warrants. | My household has current charges/trial pending, non-compliance with probation/parole. | My household is fully compliant with probation/parole terms | My household has successfully completed probation/parole within past 12 months, no new charges filed. | My household has no active criminal justice involvement in more than 12 months and/ or no felony criminal history. | | |
| Mental Health | In my household, there is a person(s) who are a danger to themselves or others. Suicide is thought of often. | In my household, there are some mental health symptoms that may affect behavior, but do not bring danger to self or others. Mental health symptoms make it hard to function sometimes. | In my household there are mild mental health symptoms but are brief; only moderate difficulty in functioning due to mental health problems. | In my household there are minimal mental health symptoms that are normal responses to the stressors of life; only minor impairment in functioning. | There are no mental health symptoms in my household. We function in an effective way all activities. Nothing more than everyday problems or concerns. | | |
| Substance Abuse | My household meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary. | My household meets criteria for dependence, obsession with use and/or obtaining drugs/alcohol; withdrawal; when/if we use, we avoid or neglect essential life activities. | My household had use within the last 6 months; disruptive behavior; physically, mentally or emotionally, and/or housing problems have occurred because of use; problems have continued for at least one month. | My household has used during last 6 months, but no evidence of disruptive behavior, physically, mentally or emotionally; no evidence of recurrent dangerous use. | My household has had no use/alcohol abuse in the last 6 months. | | |
| Safety | My home or residence is not safe. Potential for death is extremely high; CPS periodically has serious involvement. | My households' safety is threatened/temporary protection is available; potential for death is high. | My households' current level of safety is minimally adequate; ongoing safety planning is needed. | My environment is safe, however, future of such is uncertain; safety planning is important. | My environment is safe and stable | | |
| Disabilities | My household is in crisis – serious or continuing symptoms affecting housing, employment, social interaction. | My household is vulnerable – sometimes has serious or continuing symptoms affecting housing, employment, social interactions, etc. | My household is safe- Rarely has serious or continuing symptoms affecting housing, employment, social interactions, etc. | My household is building capacity, showing no symptoms, or condition controlled by services or medication | My household is thriving – no recognized disability | | |
| Other (Optional) | In Crisis | Vulnerable | Safe | Building Capacity | Empowered | | |

Self-Sufficiency Matrix

Dear Applicant,

Enclosed you will find a Self-Sufficiency Matrix. This is a survey that the United Way of Jackson County is using to gather additional information regarding CARE Program Participants. This information will be kept confidential and only used to identify gaps in services among Michigan residents.

To complete the survey, please circle the option that best represents your household's current situation. You may leave the '**Score**' column blank. Put a check mark (✓) in the box under '**Participant Goal**' that signifies a category in which you would like to improve. Please complete the survey and return it with your CARE Application. **PLEASE NOTE:** This survey is two pages.

Application and Survey can be returned by:

US Postal mail:

UWJC CARE Processing Center
PO Box 987
Jackson, MI 49201

Email:

CAREProgram@uwjackson.org

Fax:

517-539-8001

Text:

989-272-1878

Upon receipt of this survey we may follow up with you via mail regarding additional services that could be beneficial to you and your household. Further contact with any such services will of course be voluntary.

We appreciate your invaluable feedback as we work to ensure Michigan residents have access to the best services required to meet immediate needs and aid in long-term self-sufficiency for you and your household.