



“Checking on You”

Family Service Universal Form

This “Checking on You” form is meant to see how you are doing. **Everything you share on this form is kept strictly confidential.** Thank you for letting us take this journey with you!

Name: _____ Date of Birth: _____ Gender: _____

1. **What is your living situation today?**
 I have a steady place to live I do not have a steady place to live (Temporarily staying with others, in a hotel, etc.)
 I have a place to live today but I'm worried about losing it in the future Decline to share
2. **What is your employment status?**
 Full-time Part-time Occasionally Employed Not Employed Retired
 Decline to share
3. **Is the lack of access to quality childcare impacting your ability to go to work?**
 Yes No
4. **Do you have internet access in your home?**
 Yes No Sometimes Decline to share
5. **In the last 3 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or getting things you need for daily living?**
 Never Sometimes Often Decline to share
6. **In the last 3 months, were you worried that you would run out of food?**
 Never Sometimes Often Decline to share
7. **In the last 3 months, did the electric, gas, oil, or Water Company threaten to shut off services in your home?**
 Yes No It's already shut off Decline to share
8. **If requested, did you receive assistance improving your credit score, dealing with debt collectors, managing your household finances or setting financial goals?**
 Yes Not right now
9. **How often do you feel lonely or isolated from those around you?**
 Never Rarely Sometimes Often Always Decline to Share

Brief Resilience Scale (BRS)

Please respond to each item by marking one box per row	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have a hard time making it through stressful events.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
It does not take me long to recover from a stressful event.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
It is hard for me to snap back when something bad happens.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
I usually come through difficult times with little trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I tend to take a long time to get over setbacks in my life.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Scoring: Total the responses and divide by 6 (score will range from 1-5)

My score: _____

Staff Use Only:

Enrollment Date: _____ Survey Date: _____ Client ID: _____

Program: _____