



“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
 I have a place to live today but I'm worried about losing it in the future

2. **What is your employment status?**

- Full-time Part-time Occasionally Employed Not Employed Retired
 Other _____

3. **Is the lack of access to quality childcare impacting your ability to go to work?**

- Yes No Sometimes

4. **Do you have internet access in your home?**

5. Yes No Sometimes

6. **How often do you feel lonely or isolated from those around you?**

- Never Sometimes Often Always

7. **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?**

- No Sometimes Often

8. **In the last 3 months, were you worried that you would run out of food?**

9. No Sometimes Often

10. **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 shut off right now

11. **Would you like assistance improving your credit score, dealing with debt collectors, managing your household finances or setting financial goals?**

- Yes Not right now

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"/>

Staff Use Only:

Enrollment Date: _____ Survey Date: _____

Client ID: _____

Program: _____



"CHECKING ON YOU"

Family Service Universal Form

Staff Use Only:

Enrollment Date:_____ Survey Date:_____

Client ID:_____

Program:_____