



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

- Never       Rarely       Sometimes       Often       Always       Decline to Share

6. **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

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

- Never       Sometimes       Often       Decline to share

8. **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

9. **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: \_\_\_\_\_