

Assessment Domains (CTI-Informed)*

Name and Date of Enrollment in CTI:

Basic Demographics: age, ethnicity, household composition, current location etc.

Housing and Homelessness History – Last 5 years

Name/Location	Type	Start	End Date	Leaseholder	Reason Leaving
				Yes or No	

- Ever evicted from housing? Y or N Reason:
- Ever in foster care? Y or N
- Barriers to Housing Stability e.g., Disruptive behaviors, trouble budgeting, visitors create problems, involved in illegal activity, no experience as lease holder, noncompliance with rules
- Housing Plan – short and long-term
- Housing Goals
- Motivation to Maintain Housing:

Employment History – Last 5 Years

Employer	Position/Title	Wage	Start	End	Reason for Leaving

- Employment Goals
- Services currently receiving
- Services Needed to Access or Maintain Employment
- Motivation to obtain employment

Income, Benefits and Entitlements

Income Sources	Status	Plan	Income Source	Status	Plan
Unemployment Income			General Assistance		
Supplemental Security Income (SSI)			Retirement from Social Security		
Social Security Disability Income (SSDI)			Other (list):		
Veteran’s Disability Payment			Alimony or other spousal support		
Private Disability Insurance			Unemployment Insurance		
Worker’s Compensation			Veteran’s Pension		

Plan to apply for or maintain income benefits

- | | |
|--------|---------------------|
| • Task | • Responsible Party |
|--------|---------------------|

Does person have a representative payee? Yes No
 If yes, Name: _____ Relationship: _____ Phone number: _____

Noncash Benefits	Y or N		Y or N
Food Stamps	Y or N	Private Health Insurance	
Medicaid	Y or N	VA Medical Services	
Medicare	Y or N	Other: (list)	

Goals and Plan to apply for or maintain noncash benefits

- | | |
|-------------|---------------------|
| • Task/Goal | • Responsible Party |
|-------------|---------------------|

- Barriers to Obtaining/Maintaining Benefits and Entitlements:

***This document highlights the core assessment domains for CTI and is “CTI-Informed”. This is not a required or official CTI form.**

Assessment Domains (CTI-Informed)*

Debts

Current debts? Yes No - If yes, list totals
 Utilities \$_____ Credit Card \$_____ Medical Bills \$_____ Car \$_____ Overdue Child Support \$_____
 Rent \$_____ Mortgage \$_____ Gambling \$_____ IRS \$_____ Other: (Include informal debts) \$_____
 Are wages being garnished? Yes No If yes, what amount? _____
 If you pay child support, monthly amount? _____ Back payment amount? _____ Total Monthly debts \$_____

- Credit Status/Score
- Plan to pay off debts
- Services Needed
- Motivation to resolve credit/debt issues
- Financial Goals

Legal

- Legal Resident Y or N
- Probation/Parole Status Name of PO: _____ Date Supervision Ends _____
- Felony history for last 5 years:

Date	Charge/Crime

- Incarceration history for last 5 years:

Start Date	End Date	Facility	Reason/Charge

- Current involvement – e.g., engaging in criminal activity, current legal proceedings, outstanding warrants, subject to order of protection, etc.
- Services Needed
- Goals
- Motivation to resolve legal issues

Education History

- Highest Grade Completed or Current Enrollment:
 Grade in School if Enrolled: _____ Some HS HS Diploma or GED Some College Associate’s Degree Bachelor Degree Technical Certification - Field: _____ Other _____
- Name of School:
- Current status In school Applying
- Current progress
- Has IEP or Section 504 Plan? Y or N. If Yes, check all that apply below

- | | |
|--|---|
| <ul style="list-style-type: none"> <i>Autism</i> <i>Deafness</i> <i>Deaf-Blindness</i> <i>Emotional Disturbance</i> <i>Hearing Impairment</i> <i>Intellectual disability</i> <i>Learning disability</i> | <ul style="list-style-type: none"> <i>Multiple disabilities</i> <i>Orthopedic Impairment</i> <i>Other Health Impairment</i> <i>Speech or language Impairment</i> <i>Traumatic Brain Injury</i> <i>Visual Impairment</i> |
|--|---|

- Comments on Academic Functioning (attendance, grades, learning ability, behavioral issues etc.)
- Education Goals
- Services Needed

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Family/Dependent Children

- Household status and composition
- Name and ages of children
- Names and relationships of supportive family members
- Child custody and child support status
- Has children in foster or kinship care - Y or N
- If Children’s Services Involvement – status, worker name and contact
- Domestic Violence history
- Services Needed
- Goals regarding family
- Motivation to use services

Physical and Behavioral Health

- Diagnosis: Mental Health, Medical, Substance Abuse, Mental Retardation, etc
- Severity of Each Illness
- Treatment history for each diagnosis
- Current Treatment/Service Providers - Name, Organization and Phone Number
- Previous Treatment Providers (last 3-5 years) – Agency/Hospital, Dates of service
- How health issues impact community stability
paying rent disruptive behavior hoarding noise visitors Other: _____
- Current medications
- Adherence to medication regimen Almost Always Sometimes Never
- If substance abuse diagnosis, current status and impact on functioning
 Actively using, not a problem Actively using & a problem Reducing use Abstinent: Sobriety Date ___
- Frequency of Use: Daily Several Times Per Week Once a Week Less than 1X a Week
- Hospitalizations in last 3-5 years - Dates, Reasons, Hospital Names
- Detox in last 3 years – Number of inpatient detox stays
- Services Needed
- Motivation to use services: Pre-contemplation, Contemplation, Preparation, Action, or Maintenance
- Narrative explanation
- Goals

Independent Living Skills/ Supports

- Nature of social relationships – identify supports and significant others, also identify negative influences and relationships
- History of seeking and using help/assistance
- **Independent Living Skills Checklist**

1 - Mostly Independent 2 - Needs Help Sometimes
 3 - Needs Help Most of the Time 4 - Always Needs Assistance NA – Not Applicable

1. Paying bills	1-4
2. Budgeting and managing money	1-4
3. Maintaining entitlements and other paper work	1-4
4. Maintaining a home	1-4
5. Preparing/obtaining meals	1-4
6. Travelling	1-4

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• **Independent Living Skills Checklist (cont.)**

7. Personal care/hygiene	1-4
8. English proficiency	1-4
9. Literacy	1-4
10. Awareness of needs and knowing when to seek help	1-4
11. Able to access help when needed	1-4
12. Managing health/behavioral health needs and services, etc	1-4
13. Taking medications	1-4
14. Keeping appointments	1-4
15. Discriminating danger/asserting and protecting self	1-4
Total Score on Independent Living Skills (Maximum score = 60 points)	

- Goals and ability and motivation to improve skills:

Barriers Summary	
<p>Income</p> <ul style="list-style-type: none"> <input type="checkbox"/> No income <input type="checkbox"/> Recent decrease in income <input type="checkbox"/> Receiving unemployment or other income that is time-limited <input type="checkbox"/> Sanctioned or timed out on benefits 	<p>Debts/Expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monthly obligations exceed monthly income <input type="checkbox"/> Poor credit history <input type="checkbox"/> Currently in bankruptcy <input type="checkbox"/> Subject to Child Support Enforcement – e.g., “garnish wages”
<p>Education and Employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not enrolled in school (and should be) <input type="checkbox"/> Awaiting IEP <input type="checkbox"/> No High School Diploma or GED <input type="checkbox"/> Unemployed <input type="checkbox"/> Currently in temporary or seasonal job <input type="checkbox"/> Inconsistent work history – gaps in employment or frequent changes in jobs 	<p>Legal Issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> On parole <input type="checkbox"/> On probation <input type="checkbox"/> Felony in last 5 years <input type="checkbox"/> History of violence <input type="checkbox"/> Current legal involvement <input type="checkbox"/> Undocumented immigrant
<p>Housing History</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple episodes of homelessness <input type="checkbox"/> One or two legal evictions <input type="checkbox"/> More than 2 evictions <input type="checkbox"/> Never had own lease <input type="checkbox"/> Evicted from subsidized housing <input type="checkbox"/> History of institutional care – e.g., state hospital, foster care, prison 	<p>Family Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current or past involvement with foster care system <input type="checkbox"/> Has children in foster care <input type="checkbox"/> Domestic violence survivor <input type="checkbox"/> Current involvement with batterer <input type="checkbox"/> Subject to Order of Protection
<p>Health/Disability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic physical illness <input type="checkbox"/> Health crisis, detox or hospitalization in the past year <input type="checkbox"/> Multiple hospitalizations in past year. #: ____ <input type="checkbox"/> Ongoing medical needs and no health insurance <input type="checkbox"/> Multiple disabling conditions <input type="checkbox"/> Disabling condition has negatively affected community stability <input type="checkbox"/> Not in treatment for ongoing issues 	<p>Supports/Independent Living Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> No ID <input type="checkbox"/> No or limited support networks <input type="checkbox"/> History of being unable or unwilling to seek help <input type="checkbox"/> Engaged in abusive relationship <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Literacy problems <input type="checkbox"/> Gaps in Independent Living Skills <input type="checkbox"/> History of problem visitors <input type="checkbox"/> Hoarding problems <input type="checkbox"/> Inadequate financial management skills
Strengths Summary	
Income and Financial:	Mental Health and Substance Use:
Employment:	Family and Supports:
Housing:	Skills:
Health:	Education:
Other:	