

CommDomain	1 (In Crisis)	2 (Vulnerable)	3 (Safe)	4 (Building Capacity)	5 (Thriving)
Food	I/we or my family do not have enough food to last today and we do not have enough money to buy food.	I/we regularly miss a meal because of a lack of money to buy food.	I/we get enough food stamps or outside help to meet our food needs.	I/we can provide three meals a day from our income.	I/we are able to buy the food we need without food stamps or other people's help, and we can eat out when we choose to do so.
Housing	I/we have no place to stay, or have a 14 day eviction or utility shut off notice. I/we are living in an unsafe home.	I/we do not have a permanent place or temporarily stay with others, and often must move to a different place.	I/we are renting a home with the help of either temporary or permanent assistance.	I/we are in rental housing that is safe and affordable with no rental assistance.	I/we own or are buying a safe home or renting a home of my/our choice.
Employment/Income	I/we are not and not receiving unemployment benefits or have disabilities that interfere with ability to gain employment.	I/we are seeking employment and or working part-time or have 2 or more jobs or receiving SSI.	I/we are living on a fixed income or under employed or employed without benefits.	I/we are employed 32+ hours a week with limited benefits.	I/we are employed 32+hours a week with benefits and opportunities for advancement.
Mental Health	Danger to self or others; suicidal thoughts; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expected responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in a wide range of activities; no more than everyday problems or concerns.
Physical Health	Acute or chronic symptoms affecting housing, employment, social interactions, etc.	Sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Asymptomatic; condition controlled by services and/or medication	No identified disability.

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Energy/ Water/Utilities	My utilities are shut off or I/we have a shut off notice.	My utility bills are high and/or past due with notice of termination within the last six months.	My utilities are current and/or I am receiving energy assistance.	My utility bills are current with a history of late payments.	My utility bills are current and paid on time without a history of late payments.
Transportation	I/we have no means of transportation other than walking.	I/we rely on friends or public transportation is not always reliable, or I/we have no valid license.	I/we are able to get transportation that meets my needs.	I/we have at least one reliable vehicle available.	I/we have enough vehicles to meet household transportation needs.
Health Insurance	I/we have no health insurance coverage	All members of household do not have health insurance or have limited coverage	I/we are covered by health insurance at high cost or enrolled in (Medicaid).	I/we covered by health insurance at affordable cost.	My employer pays for health insurance with low to no cost, out of pocket and prescriptions are covered or enrolled on Medicare
Child Care (All children in family-if childcare is not available for one child or not affordable for even one of the children then answer accordingly)	I/we cannot obtain or afford childcare, and this is making it hard to keep employment or enroll in education or training classes.	I/we have childcare provided by friends or family.	I/we receive financial help to enroll my child in safe childcare.	I/we are able to pay for safe, affordable satisfactory childcare that meets my needs.	I/we have childcare provide in a licensed day care or early child education center that is affordable and easy to get to.
Child and Youth Development	My child has been identified with a behavior/developmental. Issue and is not receiving assistance.	Child has identified behavior or developmental issues and is receiving assistance and or child is failing more than one class or dropped out of school.	Child has no identified behavior diagnosis or children with identified behavior issue has a 504 plan	Child has passing scores and is meeting all development milestones	Child is exceeding development or academic milestones.

Family-Centered Coaching

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Home/Family Environment	I/we have multiple sources of stress creating unsafe situations, and/or chaos and /or instability for our family.	I/we have a particular source of stress that causes varying safety and/or stability issues for our family.	I/we provide a consistent, safe, and stable home environment with positive relationships for our family.	I/we have the capacity the weather stressful situations and provide a consistent, safe, and stable home environment with positive relationships for our family	I/we weather stressful situations and maintain family relationship that protect the children and boost all family members well-being, emotional support, and confidence.
Education/Job Skills	I/we do not have a High School Diploma or a GED and no marketable job skills.	I/we have a HS Diploma or GED but lack marketable job skills.	I/we have a HS Diploma or GED and enrolled in post-secondary education.	I/we have an associate degree or vocational training or certification program.	My/our current education, certifications, or job skill sets are sustaining.
Financial Management	I/we regularly miss paying one or more monthly bills or I am receiving calls from a collection agency.	I/we are paying current bills but have no savings and are not able to pay off past debt or credit card.	I/we are paying current bills and the minimum required payments on existing debt/credit.	I/we are paying current bills and making regular payments to reduce debt and regularly paying into savings.	I/we have access to credit and loans at competitive market rates and a clean credit history.
Credit Building	The only credit I can get is high interest loans or credit cards or I have a bankruptcy, foreclosure, loan default in the past 7 years.	I/we do not have and/or are unable to obtain a bank loan or quality for a credit card.	I/we are able to obtain a loan with a cosigner or secure credit card.	I/we are able to get a loan on my own and secure a credit card.	I/we have access to credit and loans at competitive market rates, and a clean credit history.
Asset Building	I/we have no saving, no equity in the home.	I/we have a savings account but make irregular payments when I can.	I/we make regular payments into a saving account, maintain a savings balance of at least \$500 and or ate buying a house with existing mortgage.	I/we own a home with mortgage and maintain savings of \$500.	I/we own a home and are current on mortgage payments and have a retirement fund (not SSA).

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Legal	I/we have current outstating's tickets, warrants or pending legal action or non- compliance with probation or parole.	I/we have current charges, or a trial pending.	I/we are fully compliant with probation/parole terms and have applied for expungement.	I/we have successfully completed probation/parole within the past 12 months. No new charges filed and expungement of criminal charges	I/we have no criminal justice involvement.
Support/Social Networks	I/we have no family or friends to call on for support, help, or assistance.	My/our friends are accessible but are unreliable and show only occasional support.	I/we have at least 3 friends or family who are reliable during emergencies and we can develop new relationships.	I/we have at least 5 friends or family who are reliable and supportive in many ways.	I/we have over 5 friends or family who are reliable, supportive, and available whenever needed and we maintain relationships with each other.
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance of neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in the last 6 months.

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Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high.		Environment is safe, however, future of such is uncertain; safety planning is important.	The environment is apparently safe and stable.
Community Involvement	I/we feel unsafe or unwelcome in my community.	I/we do not know what opportunities exist and/or I do not have the means for my family to participate in community events and activities.	I/we can participate a limited amount of community events and feel safe and welcome.	I/we are aware of opportunities for my family members to participate and feel welcome and encourage them to do the so whenever we can.	My family participates in community events and activities.