**MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES CalWORKs/WELFARE-TO-WORK/CHILD WELFARE SERVICES PROGRAMS SELF-ASSESSMENT FUNCTIONING EVALUATION**

***NOTE: For persons under 18 years of age, please use the back side of this form for questions 1 – 7.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes | No | **I h** | **ave:** | Currently | In lastYear | More2 years |
|  |  | 1. | Lost time from work due to drinking/using drugs. |  |  |  |
|  |  | 2. | Been annoyed by people who think I should quit drinking/using drugs. |  |  |  |
|  |  | 3. | Gotten into financial difficulty because of my drinking/drug use. |  |  |  |
|  |  | 4. | Had a drink/drug in the morning to steady my nerves or get rid of a hangover. |  |  |  |
|  |  | 5. | Sometimes felt bad or guilty about my drinking/drug use. |  |  |  |
|  |  | 6. | Felt I should cut down on my drinking/drug use. |  |  |  |
|  |  | 7. | Had a partial or complete loss of memory (black-out) from drinking/drugs. |  |  |  |

**Someone in my life has:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 8. Thrown or broken things or scared me in other ways.9. Insulted me or my children or called me names in front of others. |  |  |  |
|  |  | 10. Behaved in a jealous way towards me or tried to keep me from my family/friends.11. Threatened to harm him/herself, me and/or my family if I leave. |  |  |  |
|  |  | 12. Physically hurt me in some way (pull hair, slap, push, choke, hit, even if it did not leave a mark). |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|    | **I have or one of my family members has:**13. Had thoughts of harming self or someone else.14. Had major life changes that have been hard to heal with (divorce, death, loss of job). |  |  |  |
|  |  | 15. Had changes in my day-to-day life (trouble getting out of bed, change insleep or eating habits, scary dreams, or not wanting to be with others.) |  |  |  |
|   16. Heard voices that others do not hear or that tell me to do things I don’t want |
|  |  | to do. |  |  |  |
|  |  | 17. Had problems finding a job because of mental illness.18. Found it hard to focus or remember things (day of the week/important appointments). |  |  |  |

**Currently:**

  19. I am pregnant.  1st Trimester  2nd Trimester  3rd Trimester

  20. I am receiving prenatal care: My doctor is:

  21. My current method of birth control is:

Currently receiving services from:

 Family Physician  Mental Health  WIC  Probation  Parole

 Substance Abuse Services  Prop. 36  CWS  California Department of Rehabilitation

Other services I am receiving:

Print Name: (Participant) Phone #:

Participant’s Signature:

Case #:

Worker’s Name: Phone #: Date:

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 **Housing:**

❑ ❑ 22. Are you homeless or do you believe you will become homeless within the next 72 hours? ❑ Yes ❑ No

 ***If you answered yes, please answer the next few questions.***

❑ ❑ 23. Where did you sleep last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑❑ 24. What other housing options do you have for the next few days or weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ ❑ 25. If you are staying in someone else’s house, would any issues exist if you remain in your current housing situation?

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Could those be resolved with financial assistance, case management or some other services? ❑ Yes ❑ No

 If yes, what service would be of most benefit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ ❑ 26. If coming from your own housing unit, is it possible for you to stay in your current housing unit? ❑ Yes ❑ No

 What resources would you need to have to keep your housing (financial assistance, case management, mediation, transportation, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑ ❑ 27. If you are worried about your safety, let your caseworker know.

***NOTE: For persons under 18 years of age. Use in place of questions 1-7 from page 1.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No | **I h**1. | **ave:**Ridden in a car driven by someone (including yourself) who was “high” or | **Currently** | **In the past year** |
|  |  |  | had been using alcohol or drugs? |  |  |
|  |  | 2. | Used alcohol or drugs to relax, feel better about yourself, or fit in? |  |  |
|  |  | 3. | Used alcohol/drugs while you are by yourself, alone? |  |  |
|  |  | 4. | Forgot things you did while using alcohol or drugs? |  |  |
|  |  | 5. | Been told by family or friends that you should cut down on my drinking or drug use.  |  |  |
|  |  | 6. | Gotten into trouble while using alcohol or drug.  |  |

County Use

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