Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Summary Form

PROGRAM	M:	NAME OF CLIENT:					NAME OF CASE MANAGER:					
1 ST ASSESSMENT (INTAKE) DATE:							ATE:	4 TH ASSESSMENT DATE:				
NOTES:												
SCALES → LADDERS ↓	EMPLOYMENT	EDUCATION & LITERACY (CHILD EDUCATION)	EDUCATION & LITERACY (ADULT EDUCATION)	HEALTH	YOUTH & FAMILY DEVELOPMENT (CHILDCARE)	YOUTH & FAMILY DEVELOPMENT (FAMILY DEVELOPMENT)	HOUSING	INCOME MANAGEMENT	TRANSPORTATION (LINKAGES)	RESIDENT PARTICIPATION	NUTRITION	
THRIVING	□ DATE:	□ DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
STABLE	□ DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
SAFE	□ DATE:	□ DATE:	DATE:	DATE:		DATE:	DATE:	DATE:	DATE:	DATE:	☐ DATE:	
	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
AT-RISK	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	
IN-CRISIS	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	