

MY NAME

What is your overall stress level right now? (FILL IN A CIRCLE)

I AM VERY STRESSED!

Where do you feel you and your family currently are in these Life Areas? (FILL IN A CIRCLE IN EACH ROW)

Housing   shelter that     Transportation   Safe, constant a back     Child Care   Able to sele choice     Health   Seeks care doctors or doctors or mental Health     Substance Use   No history currently currently controlled	elect quality child care of their re appropriately, follows orders, makes lifestyle changes toms OR symptoms are		Homeless, living in substandard or unsafe housing or with friends/family No transportation options through public transit, car or rides from others Need child care but none is available or child is not eligible Acute/chronic physical condition without diag- nosis and treatment currently or in past 6 months Severe symptoms impacting daily living skills, parenting work, etc.
Transportation and a back   Child Care Able to set choice   Health Seeks care doctor's or doctor's or controlled   Mental Health No symptot controlled   Substance Use No history currently currently controlled	ckup plan elect quality child care of their re appropriately, follows orders, makes lifestyle changes toms OR symptoms are d y or current use or abuse or		public transit, car or rides from others Need child care but none is available or child is not eligible Acute/chronic physical condition without diag- nosis and treatment currently or in past 6 months Severe symptoms impacting daily living
Child Care choice   Health Seeks care doctor's or doctor's or controlled   Mental Health No symptot controlled   Substance Use No history currently or curren	re appropriately, follows orders, makes lifestyle changes toms OR symptoms are d y or current use or abuse or		child is not eligible Acute/chronic physical condition without diag- nosis and treatment currently or in past 6 months Severe symptoms impacting daily living
Health doctor's or   Mental Health No symptotic controlled   Substance Use No history currently cu	orders, makes lifestyle changes toms OR symptoms are d y or current use or abuse or		nosis and treatment currently or in past 6 months Severe symptoms impacting daily living
Mental Health controlled   Substance Use No history currently curre	d y or current use or abuse or		
Substance Use currently of No active			skins, parenting work, etc.
			Chronic and continued history of drug or alcohol abuse
	e criminal involvement in 12+ nd/or no felony criminal history		Current outstanding tickets or warrants
	re loving, responsive, praise , and able to regulate them well		Parents are unable to nurture, bond or love child(ren) and are not very responsive
	ticipate child development changes ppropriate activities with child(ren) daily		Poor knowledge of child development and/or unrealistic expectations or refuse information
	ortive, loving, and committed hip with one another		Partner is not supportive, loving or committed.
	nt support from formal and informal hat are able to help and is reciprocal		Lacks necessary formal or informal support including family, friends, and resources
	necessary level of education or o get the job they want		Has less than a 12th grade education
Language (non-native English speakers only)	ngual		Low or no literacy in any language
Employment Maintained	ed employment for 3+ months, irrent job enough to continue		Adult(s) in family are unemployed
	come, current on bills, and has r saving and spending		Household income is between 0%-100% FPL

Is there anything that you want to discuss in your next meeting?

- Adjacent Possible

I AM NOT STRESSED AT ALI