

Appendix B: Score Guide for the LifeWorks Self-Sufficiency Matrix (Referring to Clients in the First Person)

Note: Some questions may not need to be asked of the client directly when completing the LW-SSM, if the required information can be drawn from the client’s file, intake information, the user’s observation, or the user’s knowledge of the client’s situation (e.g., if the user definitively knows the client is in foster care, the client does not need to be directly asked about their foster care status).

Housing Domain Score Guide

1. Are you currently in jail, prison, or a juvenile detention facility?

Yes = N/A

No = Next question

2. Do you currently have a place to live?

Yes = Next Question

No = “In Crisis”

3. Are you at immediate risk of losing your housing?

Yes = “In Crisis”

No = Next Question

4. Do you currently live in a house or an apartment?

Yes = Go to Question #7

No = Next Question

5. Where do you currently live?

Residential treatment center = “In Crisis”

Emergency shelter = “In Crisis”

Safe haven = “In Crisis”

Place not meant for habitation = “In Crisis”

Transitional living program = “Vulnerable”

Group home = “Vulnerable”

Dorm/Co-op = Go to Question #9

Boarding home = “Vulnerable”

Residential project/halfway house = “Vulnerable”

Supervised independent living program = “Vulnerable”

Supportive housing = “Vulnerable”

Medical or psychiatric hospital = “Vulnerable”

Hotel/motel = Next Question

6. Are you paying for the hotel/motel using your own money (or a friend’s or family member’s money), or do you receive assistance from a social service program?

Paid for by a social service agency = “In Crisis”

Not paid for by a social service agency = “Vulnerable”

7. Did you get your housing through a social service program, Child Protective Services, or some other organization?

Yes = Next Question

No = Go to Question #9

8. What type of housing do you currently have?

Group home = “Vulnerable”	Foster family home = “Vulnerable”
Transitional living program = “Vulnerable”	Friend/Family home = Next Question
Residential project/halfway house = “Vulnerable”	Rapid rehousing = Next Question
Boarding home = “Vulnerable”	Permanent supportive housing = Next Question
Supportive housing = “Vulnerable”	Dorm/Co-op = Next Question
Host home = “Vulnerable”	Unsubsidized apartment/house = Next Question
Supervised independent living program = “Vulnerable”	

9. Can you continue living in your current residence for as long as you like?

Yes = Next Question	No = “Vulnerable”
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10. Do you spend more than 30% of your income on housing-related expenses (or does whoever is responsible for paying for your housing spend more than 30% of their income on housing-related expenses)?

Yes = “Vulnerable”	No = Next Question
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11. Do you have any safety concerns or accessibility concerns with respect to the physical structure of your housing?

Yes = “Vulnerable”	No = Next Question
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12. Do you consider your housing to be adequate and meeting your needs?

Yes = Next Question	No = “Safe”
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13. Is your housing subsidized—that is, do you live in some type of rapid rehousing, permanent supportive housing, affordable housing, low-income housing, a subsidized co-ops, or some other type of government-supported housing?

Yes = “Building Capacity”	No = “Empowered”
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Employment Domain Score Guide

1. How old are you?

13 years old or younger = N/A
14–17 years old = Go to Question #2
18 years old or older = Go to Question #3

2. Do you have a job?

Yes = Go to Question #4	No = N/A
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3. Do you have a job?

Yes = Next Question	No = “In Crisis”
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4. Do you work full-time (32+ hours a week)?

Note: If you work at least 32 hours a week across multiple jobs, you are considered to be working full-time.

Yes = Next Question	No = “Vulnerable”
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5. Does your job pay a living wage?

Note: If you work at least 32 hours a week across multiple jobs, all of your jobs must pay a living wage to go on to the next question.

Yes = Next Question

No = “Safe”

6. Does your job offer health insurance options, paid time off, and some type of retirement plan?

Note: If you work at least 32 hours a week across multiple jobs, all of your jobs must offer the benefits described above to go on to the next question.

Yes = Next Question

No = “Safe”

7. Have you been employed at your current workplace for at least three months?

Note: If you work at least 32 hours a week across multiple jobs, you must have been employed at all of your current workplaces for at least three months to go on to the next question.

Yes = Next Question

No = “Building Capacity”

8. Can you remain at your current job for as long as you like?

Note: If you work at least 32 hours a week across multiple jobs, you must be able to remain at all of your jobs for as long as you like in order to be scored as “Empowered.”

Yes = “Empowered”

No = “Vulnerable”

Income Domain Score Guide

1. Are you currently in foster care?

Yes = Next Question

No = Go to Question #3

2. Is your residential placement some type of a group home, residential treatment facility, emergency shelter, or other group living facility?

Yes = “Safe”

No = Next Question

3. What is your household income and family size?

No income = “In Crisis”

Income < 200% of the Federal Poverty Guidelines = “Vulnerable”

Income ≥ 200% of the Federal Poverty Guidelines = Next Question

4. Do your household’s spending habits prevent you from meeting your basic needs?

Yes = “Vulnerable”

No = Next Question

5. Does your household need or receive assistance (such as TANF, SNAP, Medicaid, or housing vouchers) to meet its basic needs?

Yes = “Safe”

No = Next Question

6. Does your household have the ability to save or any money left over after meeting its basic needs?

Yes = “Empowered”

No = “Building Capacity”

Adult Education Domain Score Guide

- 1. How old are you?**
13 years old or younger = N/A
14 years old or older = Next Question
- 2. Do you have a high school diploma or GED?**
Yes = Go to Question #4
No = Next Question
- 3. Are you enrolled in high school, a GED program, or an alternative education program?**
Yes = “Vulnerable”
No = “In Crisis”
- 4. Have you completed additional training or education beyond receiving a high school diploma or GED (and received a degree or vocational certification)?**
Yes = “Empowered”
No = Next Question
- 5. Are you currently getting additional training or education to help your job opportunities or to earn more money?**
Yes = “Building Capacity”
No = “Safe”

Language/Literacy Domain Score Guide

- 1. How old are you?**
13 years old or younger = N/A
14 years old or older = Next Question
- 2. Do your English language skills ever interfere with your ability to manage daily living skills or employment-related tasks?**
Yes = Next Question
No = Go to Question #14
- 3. Does your ability to read or write ever interfere with your ability to manage daily living or employment tasks?**
Yes = Next Question
No = Go to Question #11
- 4. Are your English language skills or your reading and writing problems a *serious* barrier to obtaining employment or your ability to manage daily living or employment tasks?**
Only their English language skills = Next Question
Only their reading and writing skills = Go to Question #6
Both their English language skills and their reading and writing skills = Go to Question #7
Neither their English language skills and their reading and writing skills = Go to Question #9
- 5. Are you enrolled in an English language program?**
Yes = “Vulnerable”
No = “In Crisis”
- 6. Are you enrolled in any education or training program to improve your reading and writing skills?**
Yes = “Vulnerable”
No = “In Crisis”

- 4. When was the last time that you used any recreational or prescription drugs that were not prescribed to you?**
 Within the last 6 months = Next Question More than 6 months ago = “Empowered”
- 5. In the past three months, has anyone suggested that you should be hospitalized or receive in-patient treatment for your drug use?**
 Yes = “In Crisis” No = Go to Question #9
- 6. Have you ever used any recreational or prescription drugs that were not prescribed to you?**
 Yes = Next Question No = Go to Question #8
- 7. When was the last time that you used any recreational or prescription drugs that were not prescribed to you?**
 Within the last 6 months = Next Question More than 6 months ago = Go to Question #9
- 8. In the past three months, has anyone suggested that you should be hospitalized or receive in-patient treatment for your alcohol/drug use?**
 Yes = “In Crisis” No = Next Question
- 9. In the past three months, how many of the following have you experienced?**
- a. Have you had any issues or concerns with how much or how often you drink/use?**
 Yes = Next Question No = 0, Go to Question #9b
- Do you drink/use more or for longer than you mean to?**
 Yes = 1, Next Question No = 0, Next Question
- Have you unsuccessfully tried to cut down or stop drinking/using?**
 Yes = 1, Next Question No = 0, Next Question
- Have you had to drink/use more in order to get the effect you want or found that drinking/using the same amount has less of an effect?**
 Yes = 1, Next Question No = 0, Next Question
- b. Has your alcohol/drug use interfered with how you spend your time, caused problems at work or in your relationships, or resulted in any legal or safety issues?**
 Yes = Next Question No = 0, Go to Question #9c
- Do you spend a lot of time getting, using alcohol/drugs, or recovering from your use?**
 Yes = 1, Next Question No = 0, Next Question
- Has your alcohol/drug use prevented you from meeting your responsibilities at work, home, or school?**
 Yes = 1, Next Question No = 0, Next Question
- Does your alcohol/drug use cause problems in your relationships?**
 Yes = 1, Next Question No = 0, Next Question

Has your alcohol/drug use ever put you in danger or legal trouble?

Yes = 1, Next Question

No = 0, Next Question

Has your alcohol/drug use caused you to give up important social, recreational, or work-related activities?

Yes = 1, Next Question

No = 0, Next Question

c. Do you have physical or psychological symptoms related to your alcohol/drug use (including cravings or withdrawal symptoms)?

Yes = Next Question

No = 0

Do you experience cravings or urges to drink/use?

Yes = 1, Next Question

No = 0, Next Question

Do you have a physical or psychological problem that could be made worse by alcohol/drugs or that was caused by their use?

Yes = 1, Next Question

No = 0, Next Question

Have you experienced any withdrawal symptoms or used in order to avoid withdrawal symptoms?

Yes = 1

No = 0

Sum the answers above to determine the client's score:

If "yes" to 6+ criteria = "In Crisis"

If "yes" to 4–5 criteria = "Vulnerable"

If "yes" to 2–3 criteria = "Safe"

If "yes" to 0–1 criteria = "Building Capacity"

Legal Domain Score Guide

1. How old are you?

9 years old or younger = N/A

10 years old or older = Next Question

2. Have you ever had serious legal problems (such as being arrested, or being charged with or convicted of a misdemeanor or felony, or citizenship or documentation issues)?

Yes = Next Question

No = "Empowered"

3. Are you currently in jail, prison, or a juvenile detention facility?

Yes = "In Crisis"

No = Next Question

4. Do you have any warrants for your arrest or any unpaid tickets?

Yes = "In Crisis"

No = Next Question

5. Do you have any current charges or a pending trial?

Yes = "Vulnerable"

No = Next Question

6. Are you currently on probation or parole?

Yes = Next Question

No = Go to Question #8

e. **Do you ever have trouble completing tasks on time?**

Yes = Next Question

No = 0

Do you let the appropriate people know that you are behind schedule?

Yes = 0

No = 1

Sum the answers above to determine the client's score:

If "yes" to all 5 criteria = "In Crisis"

If "yes" to 1 criterion = "Building Capacity"

If "yes" to 3–4 criteria = "Vulnerable"

If "yes" to 0 criteria = "Empowered"

If "yes" to 2 criteria = "Safe"

Community Involvement Score Guide

1. How old are you?

5 years old or younger = N/A

6 years old or older = Next Question

2. Are you involved in any activities in the community, such as a religious group, a support group, a volunteer organization, political activities, or organized sports?

Yes = Next Question

No = Go to Question #4

3. Do you have barriers that limit your involvement in the community (e.g., transportation or childcare issues)?

Yes = "Building Capacity"

No = "Empowered"

4. Are you dealing with an immediate crisis that interferes with your ability to engage in normal day-to-day activities?

Yes = "In Crisis"

No = Next Question

5. *USER OBSERVATION ONLY – DO NOT ASK CLIENT: Does the client lack social skills, to the point that they have difficulty engaging in casual conversation or behave seriously inappropriately in social situations?*

Yes = "Vulnerable"

No = Next Question

6. Do you feel disconnected or socially isolated?

Yes = "Vulnerable"

No = Next Question

7. Do you want to become involved in the community in some way?

Yes = Next Question

No = "Vulnerable"

8. Do you know how to find ways to become involved in the community?

Yes = Next Question

No = "Safe"

9. Do you have barriers that are preventing you from becoming involved in the community, such as a lack of transportation or childcare?

Yes = "Safe"

No = Next Question

10. Are you aware of opportunities to become involved in the community but haven't been motivated to follow through?

Yes = "Vulnerable"

No = "Safe"

Network Support Domain Score Guide

For the following questions, you should consider all members of your extended family who did not serve in a caregiving role (e.g., aunts, uncles, cousins, grandparents), friends, coworkers, or other members of your social circles (with the exception of counselors or staff of social service programs designed to meet your basic needs).

1. Do you receive any type of support (emotional, financial, or material) from your extended family, friends, or other members of your social circle?

Yes = Go to Question #3

No = Next Question

2. Do your extended family or friends want to provide support?

Yes = "Vulnerable"

No = "In Crisis"

3. Do your extended family or friends have a negative effect on you (e.g., they are demanding, critical, or a bad influence)?

Yes = "Vulnerable"

No = Next Question

4. When or if necessary, would you be able to rely on someone among your extended family/friends to provide:

a. Emotional support (e.g., acceptance, encouragement, or empathy)?

Yes = 1, Next Question

No = 0, Next Question

b. Financial support?

Yes = 1, Next Question

No = 0, Next Question

c. Material support, such as a place to stay, food, or clothing?

Yes = 1

No = 0

Sum the answers above to determine the client's score:

If "yes" to all 3 criteria = Next Question

If "yes" to 1-2 criteria = "Safe"

If "yes" to 0 criteria = Go to Question #2

5. Is your support network growing?

Yes = "Empowered"

No = "Building Capacity"

Family of Origin Domain Score Guide

- 1. Are you in contact with any members of your family of origin (that is, your biological parents, biological siblings, stepparents, or stepsiblings)?**

Yes = Go to Question #3

No = Next Question

- 2. Do you want to be in contact with any members of your family of origin?**

Yes = "In Crisis"

No = N/A

For the following questions, you should consider all members of your family of origin with whom you are currently in contact or with whom you would like to be in contact.

- 3. Is any abuse or neglect currently taking place between you and members of your family of origin?**

Yes = "In Crisis"

No = Next Question

- 4. Do you consider your relationship with your family of origin to be generally characterized by conflict, hostility, criticism, avoidance, or negativity?**

Yes = "Vulnerable"

No = Next Question

- 5. Do you and all relevant family members make an effort to reduce the amount of hostility, criticism, avoidance, or negativity that exists in your relationship?**

Yes = Next Question

No = "Vulnerable"

- 6. Are you and all relevant family members generally supportive of one another?**

Yes = Next Question

No = "Safe"

- 7. Is communication between you and all relevant family members consistently open?**

Yes = Next Question

No = "Building Capacity"

- 8. Do you consider your relationship with these members of your family of origin to be stable?**

Yes = "Empowered"

No = "Building Capacity"

Caregivers Domain Score Guide

- 1. Were you raised by anyone other than a member of your biological nuclear family or a stepparent?**

Yes = Next Question

No = N/A

- 2. Were your only other caregivers staff members at a group home, shelter, residential treatment center, juvenile detention center, or a hospital, or did you have some other type of caregiver, like a grandparent, foster parent, or adoptive parent?**

Staff as caregivers = N/A

Some other type = Next Question

Childcare Domain Score Guide

1. Do you have any children or serve as the primary caregiver for any children?

Yes = Next Question

No = N/A

2. Do you have any children who are 10 years old or younger?

Yes = Go to Question #4

No = Next Question

3. Do you have any children who are under age 18 and have special needs?

Yes = Next Question

No = N/A

For the following questions, you should base your responses on the childcare arrangements about which you are most concerned (across the children you care for who are 10 years old or younger, or any special needs children you care for who are under age 18).

4. Do you have childcare arrangements for all eligible children (this can be childcare provided by family members, neighbors, or friends)?

Yes = Next Question

No = "In Crisis"

5. Do you spend more than 10% of your income on childcare costs?

Yes = "Vulnerable"

No = Next Question

6. Do any of your childcare providers unexpectedly cancel, fail to show up, or are otherwise inconsistently available?

Yes = "Vulnerable"

No = Next Question

7. Do you have any safety concerns with any of your childcare providers?

Yes = "Vulnerable"

No = Next Question

8. Do you feel like all of your childcare providers provide adequate supervision?

Yes = Next Question

No = "Vulnerable"

9. Is childcare readily available when you need it?

Yes = Next Question

No = "Safe"

10. Do you receive some type of financial assistance in paying for childcare, such as childcare vouchers?

Yes = Next Question

No = Go to Question #12

11. Is the financial assistance that you receive some type of employer-supported childcare?

Yes = Next Question

No = "Safe"

12. Can you select from among high-quality childcare providers of your choice? In other words, is more than one desirable childcare option available to you?

Yes = “Empowered”

No = “Building Capacity”

Education of Client’s Children Domain Score Guide

1. Do you have any children or serve as the primary caregiver for any children?

Yes = Next Question

No = N/A

2. Are any of your children school-aged (between the ages of 6–18)?

Yes = Next Question

No = N/A

3. Are all of your school-aged children enrolled in school?

Yes = Next Question

No = “In Crisis”

4. Do you have any children whose special education needs or other accommodations are not currently being met?

Yes = “Vulnerable”

No = Next Question

5. Are all of your school-aged children attending classes more than 90% of the time?

Yes = Go to Question #7

No = Next Question

6. Are any of your school-aged children attending classes less than 50% of the time?

Yes = “Vulnerable”

No = “Safe”

7. Are any of your children earning Ds or Fs in any of their classes?

Yes = Next Question

No = “Empowered”

8. Are any of your children earning Ds or Fs in all of their classes?

Yes = “Vulnerable”

No = Next Question

9. Thinking about your child who is struggling the most in school, in how many classes is your child earning Ds or Fs?

1–2 = “Building Capacity”

3+ = “Safe”