

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

EMPLOYMENT SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	EMPLOYMENT TYPE	WAGES	BENEFITS	SKILLS/WORK HISTORY	Number of Boxes Checked
THRIVING	Permanent stable employment of choice. <input type="checkbox"/>	Wages exceed expenses (food, clothing & shelter). <input type="checkbox"/>	Has full benefits (health, dental, vision). <input type="checkbox"/>	Has marketable skills. Job mobility available. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Permanent & stable job. <input type="checkbox"/>	Wages adequate for (food, clothing, & shelter) expenses. <input type="checkbox"/>	Has full benefits (health, dental, vision). <input type="checkbox"/>	Job advancement available. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Job temporary or seasonal (including contract position). <input type="checkbox"/>	Wages adequate for (food, clothing, & shelter) expenses. <input type="checkbox"/>	Needs assistance to supplement benefits (public assistance, free care, etc.). <input type="checkbox"/>	Has marketable skills. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Job temporary or seasonal (including contract position) or unemployed seeking job. <input type="checkbox"/>	Wages inadequate for (food, clothing, & shelter) expenses. <input type="checkbox"/>	Needs public assistance. <input type="checkbox"/>	Has limited skills. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN-CRISIS	Unemployed; not seeking job. <input type="checkbox"/>	Wages inadequate for (food, clothing, & shelter) expenses. <input type="checkbox"/>	Needs public assistance. <input type="checkbox"/>	No skills or no/bad work history. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

EDUCATION & LITERACY (CHILD EDUCATION) SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	ATTENDANCE	PARENTS' INVOLVEMENT	ACADEMIC PERFORMANCE	DEVELOPMENT	Number of boxes checked
THRIVING	Child attends school except during illness or emergency. <input type="checkbox"/>	Parents involved in meeting child's educational/developmental needs. <input type="checkbox"/>	Child exceeds academic standards. <input type="checkbox"/>	Meets developmental standards. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Child attends schools except during illness or emergency. <input type="checkbox"/>	Parents involved in meeting child's educational/developmental needs. <input type="checkbox"/>	Child meets academic standards. <input type="checkbox"/>	Meets developmental standards. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Child attends schools except during illness or emergency. <input type="checkbox"/>	Parents involved in child's educational/developmental needs and performance. <input type="checkbox"/>	Child meets academic standards. <input type="checkbox"/>	Some developmental milestones met. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Insufficient school attendance. <input type="checkbox"/>	Parents aware but unresponsive to child's developmental needs. <input type="checkbox"/>	Performing below academic standards. <input type="checkbox"/>	Few developmental milestones achieved. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	Child does not participate in academic process. <input type="checkbox"/>	Parents unaware of child's developmental needs. <input type="checkbox"/>	Performing below academic standards. <input type="checkbox"/>	Developmental milestones not met. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

EDUCATION AND LITERACY (ADULT EDUCATION) SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	LEARNING/ CREDENTIAL	PLANNING	LITERACY	SKILLS	VALUES	Number of boxes checked
THRIVING	Active, ongoing learning (formal or informal). <input type="checkbox"/>	Actively pursuing long range educational plans. Able to access necessary resources to pursue goals. <input type="checkbox"/>	Has 10 th grade English proficiency. <input type="checkbox"/>	Education skills meet employment/ life demands. <input type="checkbox"/>	Positive attitude toward learning. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Active, ongoing learning. <input type="checkbox"/>	Able to construct educational plans. <input type="checkbox"/>	Has 10 th grade English proficiency. <input type="checkbox"/>	Education skills meet employment/ life demands. <input type="checkbox"/>	Positive attitude toward learning. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Has high school diploma, GED or vocational training. <input type="checkbox"/>	Ability to identify and link educational plans with employment. <input type="checkbox"/>	Has 8 th - 10 th grade English proficiency. <input type="checkbox"/>	No language barrier to day-to-day functioning. <input type="checkbox"/>	Positive attitude toward learning. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Seeking GED or vocational training. <input type="checkbox"/>	Not able to identify and link educational plans with employment. <input type="checkbox"/>	Has less than 6 th grade English proficiency. <input type="checkbox"/>	Lack of language skills is a barrier to day-to-day functioning. <input type="checkbox"/>	Learning/ education is not accessed or supported. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	No skills and/or credentials. <input type="checkbox"/>	Not able to identify and link educational plans with employment. <input type="checkbox"/>	Functionally illiterate. <input type="checkbox"/>	Educational needs prevent survival. <input type="checkbox"/>	Learning/ education is not accessed or supported. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

HEALTH SCALE AND INDICATORS

CLIENT NAME: _____

ASSESSMENT DATE: _____

LADDERS↓	HEALTH COVERAGE	AFFORDABILITY	FAMILY HEALTH	SUBSTANCE/ ALCOHOL ABUSE	MENTAL/ BEHAVIORAL HEALTH	Number of boxes checked
THRIVING	Family has full coverage, which includes, primary, preventative, mental, dental, vision, and prescription. <input type="checkbox"/>	Co-payments are affordable. Family has capacity to access health services. <input type="checkbox"/>	Family members are in good health and/or accessing health services. <input type="checkbox"/>	Absence of substance/alcohol abuse or long-term (at-least one year) sobriety. <input type="checkbox"/>	Ability to meet and identify one's mental health and behavioral needs. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Family has full health coverage, which includes primary care & prevention but, 1 or more not covered: mental, dental, vision, and prescription. <input type="checkbox"/>	Co-payments are affordable. <input type="checkbox"/>	Family members are in good health and/or accessing health services. <input type="checkbox"/>	Continuance of sobriety. <input type="checkbox"/>	Working to meet mental health and behavior needs. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Health care available with a subsidy. <input type="checkbox"/>	Inconsistent use of health care system. <input type="checkbox"/>	Preventative care. <input type="checkbox"/>	Completed treatment. <input type="checkbox"/>	Ability to cope with unmet mental health and behavior needs. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Limited access to medical care with no primary care provider. <input type="checkbox"/>	Inappropriate use of the health care system. <input type="checkbox"/>	Unsound basic health/hygiene. <input type="checkbox"/>	Current treatment for substance or alcohol abuse. <input type="checkbox"/>	Unmet mental health and behavior needs. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	No health coverage. <input type="checkbox"/>	No/very limited access to free care. <input type="checkbox"/>	Family member(s) have critical untreated health problems; and/or medical disability. Poor basic health/hygiene. <input type="checkbox"/>	Active substance abuse/ addiction. <input type="checkbox"/>	Unable to get treatment for unmet mental health and behavior problems. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

YOUTH AND FAMILY DEVELOPMENT (CHILDCARE) SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	CHOICE	AVAILABILITY	OVERALL QUALITY	Number of boxes checked
THRIVING	Able to obtain quality childcare of choice. <input type="checkbox"/>	Childcare is available whenever needed. <input type="checkbox"/>	Childcare is convenient, accessible, and affordable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Some choice for childcare is available. <input type="checkbox"/>	Childcare is available during most needed hours. <input type="checkbox"/>	Childcare is reliable, affordable, and accessible. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Childcare is available with subsidy. <input type="checkbox"/>	Childcare is available during the most needed hours. <input type="checkbox"/>	Cost of childcare impacts family finances. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Childcare is partially available and/or difficult to access. <input type="checkbox"/>	Hours of childcare are limited. <input type="checkbox"/>	Childcare is inconsistent, unreliable, and/or unaffordable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN-CRISIS	No choice for childcare. <input type="checkbox"/>	No childcare is available. <input type="checkbox"/>	Childcare is provided by those unqualified or in substandard facilities. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

YOUTH AND FAMILY DEVELOPMENT (FAMILY DEVELOPMENT) SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	SAFETY	FAMILY / SOCIAL NETWORK	GOAL SETTING	SUPPORT	HOUSEHOLD COMPOSITION	Number of boxes checked
THRIVING	Family is safe and secure. <input type="checkbox"/>	Family has a strong, supportive family and/or friends and social network. <input type="checkbox"/>	Family is actively working toward achievement of realistically designed long and short-term goals – history of goal achievement. <input type="checkbox"/>	Family seeks change and support. <input type="checkbox"/>	Household composition is positive and consistent. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Family is safe and secure. <input type="checkbox"/>	Relationships are generally supportive within family and/or extended family. <input type="checkbox"/>	Clearly defined goals or ability to set and pursue goals. <input type="checkbox"/>	Family seeks change and support. <input type="checkbox"/>	Household composition is consistent. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Family is safe and secure. <input type="checkbox"/>	Some support in family and/or extended family exist. <input type="checkbox"/>	Broad family goals identified. <input type="checkbox"/>	Family seeks change and support. <input type="checkbox"/>	Household composition is consistent. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Threat or declared recent history of unsafe behaviors. <input type="checkbox"/>	Unable to access family support system. <input type="checkbox"/>	No long term or short-term goals established, and family shows no motivation to do so. <input type="checkbox"/>	Little or no interaction with/reliance on family members. <input type="checkbox"/>	Household composition is unpredictable. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	Current or imminent unsafe behavior that creates immediate threat to safety of family members. <input type="checkbox"/>	Unable to develop family relationships. <input type="checkbox"/>	Family has no goals. <input type="checkbox"/>	No family support system or family/extended family structure exists. <input type="checkbox"/>	Household composition is negatively unpredictable. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

HOUSING SCALE AND INDICATORS

CLIENT NAME: _____

ASSESSMENT DATE: _____

LADDERS↓	AFFORDABILITY	OPTIONS	THREAT	IN-TRANSITION	QUALITY OF HOUSING	Number of boxes checked
THRIVING	Rent/mortgage < 25% of gross income. <input type="checkbox"/>	Family has a number of housing options and is able to maintain housing without subsidy. <input type="checkbox"/>	Family has no threat of eviction. <input type="checkbox"/>	Family is not in temporary, transitional, or seasonal housing. <input type="checkbox"/>	Family is living in housing that is adequate for family size. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Rent/mortgage < 30% of gross income. <input type="checkbox"/>	Family does not need housing subsidy. <input type="checkbox"/>	Family has no threat of eviction. <input type="checkbox"/>	Family is not in temporary, transitional, or seasonal housing. <input type="checkbox"/>	Family is living in housing that is adequate for family size. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Family is paying a rent/mortgage that is between 30% & 35% of gross income. <input type="checkbox"/>	Family has housing subsidy. <input type="checkbox"/>	No pending eviction. <input type="checkbox"/>	Family is not in temporary, transitional, or seasonal housing. <input type="checkbox"/>	Current housing size is inadequate for family size. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Family is paying a rent/mortgage that is greater than 35% of gross income. <input type="checkbox"/>	Family has no subsidy. <input type="checkbox"/>	Received eviction notice. <input type="checkbox"/>	Housing is temporary, transitional, or seasonal. <input type="checkbox"/>	Health/safety is threatened. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN-CRISIS	Family is paying a rent/mortgage that is greater than 40% of gross income. <input type="checkbox"/>	Family has no subsidy and not eligible. <input type="checkbox"/>	48-hour eviction notice. <input type="checkbox"/>	No mailing address. <input type="checkbox"/>	Family is homeless. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

INCOME MANAGEMENT SCALE AND INDICATORS

CLIENT NAME: _____ ASSESSMENT DATE: _____

LADDERS↓	BASIC NEEDS	DEBT	BUDGETING	SAVINGS	CREDIT	Number of boxes checked
THRIVING	Secure income stream that meets basic needs and allow for choice. <input type="checkbox"/>	Income exceeds debt. <input type="checkbox"/>	Family able to plan. <input type="checkbox"/>	More than three months or more of income saved. <input type="checkbox"/>	Good credit available. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Income meets basic needs. <input type="checkbox"/>	Income pays more than minimum amount due on debt. <input type="checkbox"/>	Able to manage budget and debt load. <input type="checkbox"/>	One to three months of income saved. <input type="checkbox"/>	Credit line available. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Income meets basic needs. <input type="checkbox"/>	Income pays minimum amount due on debts. <input type="checkbox"/>	Able to manage budget and debt load. <input type="checkbox"/>	Less than one month of income saved. <input type="checkbox"/>	Credit line available. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Adequate income to meet basic needs however basic needs are not being met due to inappropriate spending. <input type="checkbox"/>	Excessive debt and limited ability to pay debt. <input type="checkbox"/>	Inability to budget. <input type="checkbox"/>	No savings. <input type="checkbox"/>	No credit line available. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	Income inadequate to meet basic needs. <input type="checkbox"/>	Excessive debt and inability to pay debt. <input type="checkbox"/>	Inability to budget. <input type="checkbox"/>	No savings. <input type="checkbox"/>	Bad credit and no credit line available. <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

TRANSPORTATION (LINKAGES) SCALE AND INDICATORS

CLIENT NAME: _____

ASSESSMENT DATE: _____

LADDERS↓	ACCESS	AFFORDABILITY	VEHICLE CAPACITY	Number of boxes checked
THRIVING	Transportation is always accessible, affordable, and reliable for all family members. <input type="checkbox"/>	Affordable transportation and/or insurance. <input type="checkbox"/>	Car reliable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Access to transportation in order to get to critical services. <input type="checkbox"/>	Affordable transportation and/or insurance. <input type="checkbox"/>	Car reliable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	Some occasional inconvenience and reliance on others in regards to transportation. <input type="checkbox"/>	Affordable transportation and/or insurance. <input type="checkbox"/>	Some car unreliability. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Available, but not affordable, reliable or predictable transportation. <input type="checkbox"/>	Transportation not affordable and/or car uninsured or un-inspected or back taxes. <input type="checkbox"/>	No license, or car unreliable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	No public or private transportation. <input type="checkbox"/>	Transportation not affordable. <input type="checkbox"/>	No license, or car unreliable. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

RESIDENT PARTICIPATION SCALE AND INDICATORS

CLIENT NAME: _____

ASSESSMENT DATE: _____

LADDERS↓	PARTICIPATION / INVOLVMENT	COMMUNITY SUPPORT	PERCEPTION OF SAFETY	VOTING	Number of boxes checked
THRIVING	Active, voluntary involvement in two or more parameters (i.e., voter/civic organization, family, neighborhood). <input type="checkbox"/>	Family believes they can depend on community in times of need. <input type="checkbox"/>	Family feels safe in community/neighborhood. <input type="checkbox"/>	Votes regularly. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	Ongoing participation in one of the following: voter/civic participation, family, neighborhoods and/or community involvement. <input type="checkbox"/>	There is a feeling of a sense of belonging and investment in the community/ neighborhood. <input type="checkbox"/>	Family feels safe in community/neighborhood. <input type="checkbox"/>	Votes regularly. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	There is an awareness of community issues and a history of sporadic involvement. <input type="checkbox"/>	There is a feeling of a sense of belonging and investment in the community/ neighborhood. <input type="checkbox"/>	Family feels safe in community/neighborhood. <input type="checkbox"/>	Registered to vote. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	There is a lack of involvement in the community/neighborhood. <input type="checkbox"/>	Family perceives a lack of support from the community/neighborhoods. <input type="checkbox"/>	Family does not feel safe in community. <input type="checkbox"/>	Not registered to vote. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	There is a lack of involvement in the community/ neighborhood. <input type="checkbox"/>	Family feels socially isolated or alienated from community. <input type="checkbox"/>	Family does not feel safe in community. <input type="checkbox"/>	Not registered to vote. <input type="checkbox"/>	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Massachusetts Family Self-Sufficiency Scales and Ladders Assessment Form

NUTRITION SCALE AND INDICATORS

CLIENT NAME: _____

ASSESSMENT DATE: _____

LADDERS↓	EMERGENCY/ SUPPLEMENTAL FOOD	ACCESS	NUTRITIONAL PRACTICE	Number of boxes checked
THRIVING	No reliance on emergency or supplemental food resources. <input type="checkbox"/>	Family has access to or ability to select high quality food and preparation. <input type="checkbox"/>	Family has consistent, good nutritional practice. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
STABLE	No reliance on emergency or supplemental food resources. <input type="checkbox"/>	Family has access to/ability to select high quality food and preparation. <input type="checkbox"/>	Family has consistent access to well-balanced meals that meet all minimum dietary requirements. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
SAFE	No reliance on emergency food but may access supplemental food resources (e.g., WIC, food stamps, etc). <input type="checkbox"/>	Family has consistent access to well-balanced meals. <input type="checkbox"/>	Meet all minimum (and special) dietary requirements (not RDA). <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
AT-RISK	Dependence on emergency food resources. <input type="checkbox"/>	Limited ability to acquire, prepare nutritious, safe, and food. <input type="checkbox"/>	Minimum dietary requirements for special conditions not met. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
IN CRISIS	No access to emergency food. <input type="checkbox"/>	No means to acquire, prepare, or store food. <input type="checkbox"/>	Minimum dietary requirement not met. <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>