

Family ID: \_\_\_\_\_

### Family Stability Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_

**Ages of children who reside in the home:**

- Less than 1 year \_\_\_\_\_
- 1 Year Old \_\_\_\_\_
- 2 Years Old \_\_\_\_\_
- 3 Years Old \_\_\_\_\_
- 4 Years Old \_\_\_\_\_
- 5 Years Old \_\_\_\_\_
- 6-12 Years Old \_\_\_\_\_
- 13-17 Years Old \_\_\_\_\_
- 18+ Years Old \_\_\_\_\_

**Please choose one ethnicity that best describes your family:**

- Asian or Pacific Islander \_\_\_\_\_
- Caucasian or White \_\_\_\_\_
- African American or Black \_\_\_\_\_
- Hispanic or Latino \_\_\_\_\_
- American Indian or Alaskan Native \_\_\_\_\_
- Multi Racial \_\_\_\_\_
- Other \_\_\_\_\_

**What Languages is/are spoken in the home?**

- English \_\_\_\_\_
- Spanish \_\_\_\_\_
- Other \_\_\_\_\_

**How many pregnant females reside in the home? \_\_\_\_\_**

To be completed monthly.

For office use only:    **Is this an Intake? Y / N**                      **Is this an Update/Change? Y / N**                      **Is this a Close? Y / N**

Questions are to be answered to your client’s best ability. Please remind client that their name and identifying information are kept confidential, they may decline to answer any or all questions, and their responses are used so that you may expedite services and to evaluate your program.

#### **INCOME (PREVIOUS MONTH)**

1. Is at least one adult in the home currently employed?                      Yes      No
2. Did you receive SSI/ Cash Aid, other income subsidies, loans from family/ friends or use a payday loan?  
Yes      No
3. What was your household income last month? \$\_\_\_\_\_ How many adults (18 years or older) were in the household last month\_\_\_\_\_ How many children (less than 18yrs) were in the household last month \_\_\_\_\_
4. Were you able to pay your bills and afford everything your family needed i.e. food, medicine, toiletries, transportation expenses, health care expenses. These do not include entertainment expenses or items that are desired but not needed.  
Yes      No

#### **BUDGET (PREVIOUS MONTH)**

1. Did you use subsidies or assistance to pay bills/ rent?                      Yes      No
2. Has your family run out of groceries or toiletries before you expect to receive money again?      Yes      No
3. Please tell me how your family is doing as far as bills and rent go.
  - a) Bills and rent are paid on time.
  - b) Bills and/ or rent are sometimes paid late, but we have not received shut off or eviction notices.
  - c) Bills and/ or rent are late and we have received a shut off or eviction notices.

#### **EMPLOYMENT (PREVIOUS MONTH)**

1. Does a household adult work more than 36 hours per week?                      Yes      No
2. Is there opportunity for promotion (are there opportunities for advancement)?                      Yes      No
3. Is this job a temporary or seasonal job?                      Yes      No

#### **HOUSING (PREVIOUS MONTH)**

1. Is the family living in temporary, emergency housing, motel, or homeless shelter?                      Yes      No
2. Are you receiving housing subsidies or assistance?                      Yes      No

Family advocate must answer this question based on observations using the home safety checklist. Checklist to be completed at first home visit then repeated if the family moves to a new location.

3. Is the house safe (Pass all applicable components of “Home Safety Checklist)?                      Yes      No

4. Is more than one family living in the home?                      Yes    No
5. Is the rental agreement/mortgage in the family's name?                      Yes    No

**FOOD AND NUTRITION (PREVIOUS MONTH)**

1. Did you run out of food this month?                      Yes    No
2. Were all members of this household's food needs met?                      Yes    No
3. Did anyone in the household receive food assistance or subsidies - food baskets, free/ reduced school lunch, WIC, food stamps, etc.?                      Yes    No
4. Was there enough food throughout the last month so that all members of the household could eat at least 3 meals a day?                      Yes    No

**HEALTH CARE (PREVIOUS MONTH)**

1. Did any member of the family have subsidized health insurance Medi-Cal, Healthy Families, etc) during the last month?                      Yes    No
2. Did all members of the family have medical insurance through the last month?                      Yes    No
3. Did the medical insurance allow all members of the family to go to the doctor for all medical needs, including dental and eye care needs? (If family has Emergency Medi-Cal or Medi-Cal for a different county than Kern, answer "No.")                      Yes    No
4. Did family members use the emergency room to meet non-emergency medical needs during the last month?                      Yes    No
5. Does each member of your family see the same doctor for their medical needs? (Each family member may have their own doctor).    Yes    No

**TRANSPORTATION (PREVIOUS MONTH)**

1. Are all members of the household's transportation needs met during the last month?                      Yes    No
2. Does one or more household adult own an operational automobile?                      Yes    No
- a)    If yes, does at least one adult have a valid driver's license?                      Yes    No
- b)    If yes, is the registration current?                      Yes    No
- c)    If yes, is the vehicle insured?                      Yes    No
3. Do any household members rely on someone outside of the home, such as friends, family, neighbors, or public transportation for transportation?                      Yes    No
4. How often have household members missed activities or appointments (including religious activities) due to a lack of transportation during the last month?
- a) Never                      b) 1-2 times per month                      c) More than twice per month

5. Have any household members missed work due to a lack of transportation in the last month?    Yes    No

**CHILD CARE (PREVIOUS MONTH)**

1. Did any household member have unmet child care needs in the last month?                      Yes    No
2. Did any members of the household have subsidized child care?                      Yes    No
3. Have any household members missed work due to a lack of child care in the last month?                      Yes    No
4. How often have members of the household missed appointments or activities due to a lack of child care during the last month?                      a) Never                      b) 1-2 times per month                      c) More than twice
5. Have any older children in the home missed school to provide child care to a younger child?    Yes    No

### **ALCOHOL/ DRUGS (LIFE TIME)**

Please ask the client the following questions about substance abuse behavior as they relate to the household member's, immediate family (child's mother/father/siblings even if they do not live in the home), and caregiver's (persons who care for child on a daily basis).

1. Do any household members, immediate family members, and caregivers have a substance abuse problem or have a history of a substance abuse problem? (Allow respondent to self identify "substance abuse problem.")    Yes    No
2. If Yes to 1 - Are those individuals currently in recovery or completed a formal recovery program?    Yes    No
3. If Yes to 1 - During the last month, was this individual arrested or detained for a substance abuse related offense, received a D.U.I., or engaged in (domestic or otherwise) violence or neglected a child while intoxicated?    Yes    No

### **LAW ENFORCEMENT INTERVENTION (LIFE TIME)**

1. Have any household members, immediate family members, or caregivers been arrested or had a CPS intervention?  
Yes    No
2. If Yes to 1 - how long ago was the most recent arrest or CPS intervention?
  - a) More than five years.
  - b) Less than five years, but not in the last year.
  - c) In the last year or currently incarcerated.

### **HOUSEHOLD CHANGES (PAST ONE YEAR)**

1. In the last year has any one moved in or out of the home (including new siblings, adults and children)?    Yes    No
2. If Yes to 1 - how many times did a person or persons move in or out of the home (if more than one person moved in or out of the home at the same time this counts as once).    a) Once    b) Twice    c) Three or more times

### **COMMON TERMS**

Family: Caregiver/s and child/ren you are serving

Household: All persons living in house, but does not include roommates. Household members may include extended family members and or grown children.

Subsidies: Outside assistance such as SSI, Cash Aid, Community Connections for Child Care, Preschool Scholarships, free childcare, Food Stamps, CARES, HEAP, or Life Line.

Toiletries: Include basic hygiene items such as toothpaste, toilet paper, soap, and shampoo.