**PC-IRU-03: Client Assessment Form**

**Purpose of Form:** *Use this form to gather information that will ultimately be submitted through electronic Assessments in MRIS. The following electronic assessments will be submitted through MRIS:*

* ***Initial Assessment****: Initial assessment must be completed within* ***5 days*** *of a client enrollment into the PC-IRU Program.*
* ***Closing Assessments****: Must be completed by the* ***95th*** *day of the client’s enrollment in the PC-IRU program.*

*Completion of this worksheet is not a substitute for submission of electronic MRIS Assessments. Please ensure that Assessments are submitted as instructed through MRIS once available in the database, and that copies of completed MRIS Assessments are included in client case files.*

**Section I: Client Information**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PC Case Number (A#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PC-IRU Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PC-IRU Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: PC Assessment Details**

PC-IRU Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Type: ☐ Initial ☐Closing (90th day)

**Section III: Primary Need**
*Use the matrix below as a guide for assigning Stability Codes for each Primary Need. Definitions are provided for Stability Codes 1, 2, and 3 for each Broad Need Area. Circle or mark the box with the Stability Code (1 to 3) that most closely matches the client’s status in each Broad Need Area. Provide Notes as desired.*

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| --- | --- | --- |
| **Broad Need Area** | **Stability Score** |  |
| **1 – At-Risk** | **2 – Stable** | **3 - Thriving** | **Primary Need?** |
| **Housing** | Risk of homelessness/eviction, or housing is unsuitable  | Occasional need for help with rent, housing is adequate  | No need for rent assistance, housing is safe and suitable  | **[ ] Yes** |
| Notes: |
| **Food Security** | Significant reliance on food banks | Occasional need of food assistance | No need of food assistance | **[ ] Yes** |
| Notes: |
| **Access to Healthcare Systems** | Limited/no access to or understanding of healthcare | Occasional need for help with access to care | Independent management of condition and medications | **[ ] Yes** |
| Notes: |
| **Mental Health** | Significantly limited ability to perform daily functions, unwilling or unable to access mental health services | Somewhat impaired ability to function daily and to access/ participation in mental health services | No impairment in daily functions and/or in active treatment for identified mental health need | **[ ] Yes** |
| Notes: |
| **Financial Management** | Inability to manage assistance or income to meet needs | Occasional ability to form and stay within budget | Regular ability to meet needs and work on savings | **[ ] Yes** |
| Notes: |
| **Income Status** | Unemployed or insufficient income | Occasional employment or income meets basic needs | Regular employment or income exceeds basic needs | **[ ] Yes** |
| Notes: |
| **Family Wellness** | Family is experiencing violence, child endangerment, or substance abuse | Family is addressing violence, child endangerment, or substance abuse | Family is not experiencing wellness issues | **[ ] Yes** |
| Notes: |
| **Access to Benefits Systems** | Limited/no access to or understanding of benefits | Occasional need of help with access to benefits | Independent access to and understanding of benefits systems | **[ ] Yes** |
| Notes: |
| **Social Integration** | Isolated or not adjusting to resettlement | Learning coping skills and building social relationships | Adapting to resettlement and actively engaged | **[ ] Yes** |
| Notes: |
| **Transportation** | No access to transportation  | Limited access to transportation | Regular and independent means of transportation | **[ ] Yes** |
| Notes: |
| **English** **Language Education** | No access to/participation in ELE | Regular attendance and participation in ELE  | No need for ELE | **[ ] Yes** |
| Notes: |
| **Legal Assistance** | In need of assistance  | Not in need of assistance  | On track to naturalization | **[ ] Yes** |
| Notes: |

**Section IV: Closing Assessment Additional Questions**
*Note that PC-IRU cases must remain open until all PC-IRU funded services have ended for the client. If client has reached the end of their initial service period and still needs more services, consider enrolling them into PC-ICM.*

Date of Case Closure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Closing Assessment Conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date case closure letter was given to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Self-Sufficiency**  |
| Was the client’s self-sufficiency goal reached?  | ☐ Yes ☐ No |
| Did the self-sufficiency score improve by 50%? | ☐ Yes ☐ No |
| If not, did you enroll client into PC-ICM?  | ☐ Yes ☐ No - Explanation:  |

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| **Housing** |
| Is the client in temporary or long-term housing?  | ☐ Temporary Housing ☐ Long-Term  |
| Type of Housing: | ☐ Hotel ☐ Homeless Shelter☐ Domestic Violence Shelter☐ Shelter | ☐ Sponsor Financed Housing☐ Apartment ☐ Other:  |
| Temporary Housing Move-in Date: (if applicable) | Date: |
| Temporary Housing Move-out Date: (if applicable) | Date: |
| Long-Term Housing Move-in Date: (if applicable) | Date: |

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| --- | --- | --- |
| **Immigration** | **Amount**  | **Date:** |
| I-589 Assistance Provided  | ☐ Yes ☐ No | $  |   |
| I-751 Assistance Provided  | ☐ Yes ☐ No | $  |   |
| Other Immigration Legal Assistance  | ☐ Yes ☐ No | $  |   |
| Other Immigration Legal Assistance Description:   |
| Asylum Granted? | ☐ Yes ☐ No  |

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| **Reason for Case Closure** – choose ONE. *If “Other” is selected, please describe.*  |
| ☐ Out Migrated☐ Transfer to Another RA☐ Closed – Noncompliant | ☐ Closed – Withdrawn ☐ Closed – Completed ☐ Closed – Other (Explanation) |

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| **Ongoing Need Categories at Case Closure** – choose as many as applicable. *If “Other” is selected, please describe the ongoing need.* |
| ☐ Housing☐ Food Security☐ Access to Healthcare Systems☐ Financial Management | ☐ Mental Health☐ Income Status☐ Family Wellness☐ Access to Benefits Systems | ☐ Social Integration☐ Transportation☐ English Language Education☐ Legal Assistance |