MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES
CalWORKs/WELFARE-TO-WORK/CHILD WELFARE SERVICES PROGRAMS
SELF-ASSESSMENT FUNCTIONING EVALUATION

NOTE: For persons under 18 years of age, please use the back side of this form for questions 1 – 7.

Yes	No	**I have:**	Currently	In last Year	More 2 years
❑	❑	1. Lost time from work due to drinking/using drugs.	❑	❑	❑
❑	❑	2. Been annoyed by people who think I should quit drinking/using drugs.	❑	❑	❑
❑	❑	3. Gotten into financial difficulty because of my drinking/drug use.	❑	❑	❑
❑	❑	4. Had a drink/drug in the morning to steady my nerves or get rid of a hangover.	❑	❑	❑
❑	❑	5. Sometimes felt bad or guilty about my drinking/drug use.	❑	❑	❑
❑	❑	6. Felt I should cut down on my drinking/drug use.	❑	❑	❑
❑	❑	7. Had a partial or complete loss of memory (black-out) from drinking/drugs.	❑	❑	❑
		Someone in my life has:			
❑	❑	8. Thrown or broken things or scared me in other ways.	❑	❑	❑
❑	❑	9. Insulted me or my children or called me names in front of others.	❑	❑	❑
❑	❑	10. Behaved in a jealous way towards me or tried to keep me from my family/friends.	❑	❑	❑
❑	❑	11. Threatened to harm him/herself, me and/or my family if I leave.	❑	❑	❑
❑	❑	12. Physically hurt me in some way (pull hair, slap, push, choke, hit, even if it did not leave a mark).	❑	❑	❑
		I have or one of my family members has:			
❑	❑	13. Had thoughts of harming self or someone else.	❑	❑	❑
❑	❑	14. Had major life changes that have been hard to heal with (divorce, death, loss of job).	❑	❑	❑
❑	❑	15. Had changes in my day-to-day life (trouble getting out of bed, change in sleep or eating habits, scary dreams, or not wanting to be with others.)	❑	❑	❑
❑	❑	16. Heard voices that others do not hear or that tell me to do things I don't want to do.	❑	❑	❑
❑	❑	17. Had problems finding a job because of mental illness.	❑	❑	❑
❑	❑	18. Found it hard to focus or remember things (day of the week/important appointments).	❑	❑	❑

Currently:

❑ ❑ 19. I am pregnant. ❑ 1st Trimester ❑ 2nd Trimester ❑ 3rd Trimester

❑ ❑ 20. I am receiving prenatal care: My doctor is: _____

❑ ❑ 21. My current method of birth control is: _____

Currently receiving services from:

❑ Family Physician ❑ Mental Health ❑ WIC ❑ Probation ❑ Parole

❑ Substance Abuse Services ❑ Prop. 36 ❑ CWS ❑ California Department of Rehabilitation

Other services I am receiving: _____

Print Name: (Participant) _____ Phone #: _____

Participant's Signature: _____ Case #: _____

Worker's Name: _____ Phone #: _____ Date: _____

Housing:

❑ ❑ 22. Are you homeless or do you believe you will become homeless within the next 72 hours? ❑ Yes ❑ No

If you answered yes, please answer the next few questions.

❑ ❑ 23. Where did you sleep last night? _____

❑ ❑ 24. What other housing options do you have for the next few days or weeks? _____

_____

❑ ❑ 25. If you are staying in someone else's house, would any issues exist if you remain in your current housing situation?

_____

_____

Could those be resolved with financial assistance, case management or some other services? ❑ Yes ❑ No

If yes, what service would be of most benefit? _____

❑ ❑ 26. If coming from your own housing unit, is it possible for you to stay in your current housing unit? ❑ Yes ❑ No

What resources would you need to have to keep your housing (financial assistance, case management, mediation, transportation, etc.)? _____

_____

❑ ❑ 27. If you are worried about your safety, let your caseworker know.

NOTE: For persons under 18 years of age. Use in place of questions 1-7 from page 1.

Yes	No	**I have:**	**Currently**	**In the past year**
❑	❑	1. Ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	❑	❑
❑	❑	2. Used alcohol or drugs to relax, feel better about yourself, or fit in?	❑	❑
❑	❑	3. Used alcohol/drugs while you are by yourself, alone?	❑	❑
❑	❑	4. Forgot things you did while using alcohol or drugs?	❑	❑
❑	❑	5. Been told by family or friends that you should cut down on my drinking or drug use.	❑	❑
❑	❑	6. Gotten into trouble while using alcohol or drug.	❑	❑

County Use