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| ***Area of Need*** | ***Levels of Need*** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(0)** |
| **In Crisis** | **Vulnerable** | **Stable** | **Safe** | **Unknown** |
| **Legal (Immigration)** | Client:* Is in detention;
* Is undocumented;
* Is in deportation proceedings;
* Requires immigration assistance but is without legal representation.
 | Client:* Has retained legal representation but has not yet filed paperwork to apply for legal relief;
* Has retained legal representation but unmet needs continue to interfere with their ability to fully participate in the legal process.
 | Client:* Has retained legal representation and has filed paperwork to apply for legal relief.
 | Client:* Identifies as a refugee, asylee, SIV, legal permanent resident, or naturalized U.S. citizen;
* Has obtained some other form of permanent legal relief.
 | Information is currently unknown or unobtainable |
| **Housing** | Client:* Is homeless;
* Describes home environment as unsafe, unsanitary or unhealthy.
 | Client:* Reports housing is available but undesirable and/ or short-term;
* Feels uncomfortable with current housing situation;
* Provides a service of significantly greater value than provided room and board.
 | Client:* Reports housing is decent but short-term;
* Provides a service of equal or lesser value than provided room and board.
 | Client:* Reports housing is decent and long-term;
* Has personal resources or means to maintain housing.
 | Information is currently unknown or unobtainable |
| **Physical Health** | Client * Is unable to manage serious physical health needs;
* Reports daily functioning is impaired by chronic illness or disease;
* Reports untreated life-threatening chronic illness or disease.
 | Client:* Is inconsistent in managing physical health needs;
* Reports untreated but curable condition, chronic illness, or disease.
 | Client:* Is able to manage physical health needs with support;
* Is receiving medical care to stabilize or cure a condition, chronic illness or disease.
 | Client:* Reports good physical health;
* Reports illness or disease does not impair daily functioning.
 | Information is currently unknown or unobtainable |

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| ***Areas of Need*** | ***Levels of Need*** |
| **(1)****In Crisis** | **(2)****Vulnerable** | **(3)****Stable** | **(4)****Safe** | **(0)****Unknown** |
| **Mental Health** | Client:* Demonstrates pattern of severe emotional instability or violence against self or others;
* Reports inability to care for self or family due to current mental health challenges;
* Communicates plan, intent, and/or access to means that present clear risk of harm to self or others.
 | Client:* Describes occasional bouts of emotional instability and/or threatening behavior toward self or others;
* Reports decreased capacity to care for self or family due to current mental health challenges;
* Reports some form of suicidal ideation but denies plan, intent, or means.
 | Client:* Demonstrates coping skills that help but do not fully resolve current mental health challenges;
* Is mostly able to care for self or family with support;
* Is currently receiving treatment from a mental health professional.
 | Client:* Describes regular involvement in activities that bring them purpose and pleasure;
* Does not report any mental health concerns at this time.
 | Information is currently unknown or unobtainable |
| **Access to Community Resources** | Client:* Is unaware or unable to access community resources.
 | Client:* Is aware of community resources but reports significant barriers in accessing services;
* Is unwilling or unable to make use of available resources.
 | Client:* Has taken steps toward accessing services;
* Reports some service barriers still need to be addressed;
* Community resources are limited.
 | Client:* Can access a full range of services to address unmet needs.
 | Information is currently unknown or unobtainable |
| **Support System** **in the U.S.**  | Client:* Does not report any close relationships in the U.S. and is uninterested in creating new ones;
* Describes key relationships as predatory, exploitative, and/ or abusive.
 | Client:* Reports some relationships but support is unreliable and/ or insufficient.
 | Client:* Reports several close and meaningful relationships.
 | Client:* Identifies strong support network;
* Is able to give as well as receive support.
 | Information is currently unknown or unobtainable |

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| ***Areas of Need*** | ***Levels of Need*** |
| **(1)****In Crisis** | **(2)****Vulnerable** | **(3)****Stable** | **(4)****Safe** | **(0)****Unknown** |
| **Employment** | Client:* Is unable to work because of physical or mental health disability;
* Does not have work authorization;
* Is being threatened and/ or exploited by employer.
 | Client:* Is working without work authorization;
* Is engaged in irregular and/ or cash only employment;
* Has work authorized but unemployed.
 | Client:* Is work authorized and maintains regular employment.
 | Client:* Is work authorized and maintains regular employment that offers some benefits and employee protections.
 | Information is currently unknown or unobtainable |