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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 |