



East Central Illinois Community Action Agency
FAMILY GOAL DEVELOPMENT PLAN

Family Name: _____ Date: _____
 Child's Name (if applicable): _____
 Assessor's Signature: _____

Assessment Grand
 Total (from back):

Area of Greatest Strength:

Area of Greatest Need:

Goal	Action Steps For Parent (s)	Action Steps For Family Advocate	Timeframe	Accomplishments/ follow-up Date
Goal	Action Steps For Parent (s)	Action Steps For Family Advocate	Timeframe	Accomplishments/ follow-up Date
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Customer Signature: _____
 Supervisor Signature: _____

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<p>INCOME</p> <ul style="list-style-type: none"> 0 - No earned income, no entitlement, no subsidized benefits 1 - No earned income, eligible but not receiving subsidized benefits 2 - No earned income, receiving entitlement/subsidized benefits 4a - Earned income inadequate for basic living & receiving entitlement/subsidized benefits 4b - Earned income inadequate for basic living & eligible but not receiving subsidized benefits 5 - Earned income inadequate for basic living and receiving transitional subsidized benefits 6 - Earned income inadequate for basic living, not eligible for entitlement or subsidize benefits 7 - Income adequate for basic living expenses 9 - Income adequate for basic living expenses & discretionary spending 10 - Income adequate for basic living expenses, discretionary spending, and savings 	<p>EMPLOYMENT</p> <ul style="list-style-type: none"> 0 - Unemployed, work history and skills absent 1 - Unemployed, has work history and skills 2 - Unemployed, has work history, skills, & child care (or no children) 4 - Working part-time 5 - Working part-time & attending education/training program 9 - Working full-time & attending education or training program 10a - Working full-time 10b - Completely disabled, no case plan to secure employment <p>ADULT FORMAL EDUCATION</p> <ul style="list-style-type: none"> 1 - Reading, writing, and basic math skills absent 2 - Literate in English 4 - Formally educated, but needs English as a second language 6 - High School Diploma/GED 7 - Post-high school vocational ed., some college educ., incomplete 9 - Non-college business/technical/professional training certificate 10 - College graduate, post graduate, or professional degree
<p>TRANSPORTATION</p> <ul style="list-style-type: none"> 0 - No driver's license 3 - Driver's license only 4 - Driver's license and access to a car 5 - Driver's license and car but no insurance 10 - Driver's license and car with insurance 	<p>PARENTING/SOCIAL FUNCTION</p> <ul style="list-style-type: none"> 0 - Reported/self-reported negative behaviors - intervention required 2 - Referral to social services, counseling or other intervention needed 4 - Active case in social services or counseling 8 - Maintains resolution of issues through classes or support groups 10 - Social Services intervention not needed
<p>SUBSTANCE ABUSE</p> <ul style="list-style-type: none"> 0 - Active Addiction, not in treatment or support group 1 - Accepts need for treatment, scheduled to begin 3 - Attends treatment program support group 7 - In recovery, less than six months 8 - In recovery, less than two years 9 - In recovery, more than two years 10 - Substance abuse intervention not needed 	<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> 0 - Reported/self-reported mental health issues - intervention needed 2 - Referral to mental health services or other intervention needed 4 - Receives mental health services of a weekly or bi-weekly basis 7 - Maintains resolution through intermittent services or medication 9 - Maintains resolution of issues through non-clinical support group 10 - Mental health services not needed
<p>HEALTH INSURANCE</p> <ul style="list-style-type: none"> 0 - Insurance for adults and children absent 1 - Insurance for some children, but not adults 2 - Insurance for all children, but not adults 3 - Insurance for adults, but not children 4 - Insurance for some, but not all adults & children 5 - All household members insured, some subsidized 10 - Private insurance for all household members 	<p>SHELTER, HOUSING</p> <ul style="list-style-type: none"> 0 - Homeless 1 - Substandard housing 2 - Temporary residence, including shelters 4 - Unaffordable rent or mortgage payment 6 - Affordable subsidized rental 9 - Affordable, non-subsidized rental 10 - Affordable home ownership
<p>OTHER BARRIERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Victim of abuse <input type="checkbox"/> Severe legal problems <input type="checkbox"/> Primary caregiver of chronically ill family member <input type="checkbox"/> Ineligible for social service assistance/waiting for SSI approval <input type="checkbox"/> Current income undeclared <input type="checkbox"/> Not receiving court-ordered child support <input type="checkbox"/> Record of felony or child abuse <input type="checkbox"/> Debt over \$3,000 <input type="checkbox"/> Dysfunctional cohabitant inhibiting self-sufficiency <input type="checkbox"/> No phone service <p>Total number checked: _____</p>	<p>OTHER ACHIEVEMENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate & social security cards for all household members <input type="checkbox"/> Registered to vote <input type="checkbox"/> No outstanding judgments, fines, or unmanageable debt <input type="checkbox"/> Not incarcerated, on parole or probation <input type="checkbox"/> Available and affordable child care (or no children) <input type="checkbox"/> All children immunized and receiving health care (or no children) <input type="checkbox"/> Checking or savings account and positive credit history <input type="checkbox"/> Participation in family planning <input type="checkbox"/> Grades above passing level for school aged children (or no children) <input type="checkbox"/> Participates in recreational activities/social clubs/volunteering <p>Total number checked: _____</p>
<p>SUBSISTENCE</p> <ul style="list-style-type: none"> 0 - Unable to afford food, evidence of hunger or malnutrition 3a - Unable to afford food, participating in food program (LINK) 3b - Unable to afford food, eligible but not participating in LINK, uses food pantry/other services 5 - Unable to afford food, not eligible for LINK, uses pantry 6 - Able to provide food at subsistence level 10 - Able to provide a range of food choices 	<p>TOTALS</p> <p>Income: _____</p> <p>Employment: _____</p> <p>Adult Formal Education: _____</p> <p>Transportation: _____</p> <p>Parenting/Social Function: _____</p> <p>Substance Abuse: _____</p> <p>Mental Health: _____</p> <p>Health Insurance: _____</p> <p>Shelter/Housing: _____</p> <p>Other Achievements: _____</p> <p>Subsistence: _____</p> <p>Subtotal: _____</p> <p>Subtract Other Barriers: _____</p> <p>GRAND TOTAL: _____</p>