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| Name: | Click here to enter text. | Case number: | Click here to enter text. | Date: | DD/MM/YYYY |

**CalMAP: Taking a look at the whole picture so we can best serve you.**

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| --- | --- | --- | --- | --- | --- |
| **Life Areas** | **(1)Area of significant need** | **(2)Area of need** | **(3)Stable** | **(4)Thriving** | **Action Plan –Resources for you** |
| **Work and education** | ***Employment*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Education and skills training*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Work supports** | ***Transportation*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Child care*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Personal and family needs** | ***Physical and mental health*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Substance use*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Housing*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Legal***  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Safety*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Child and family needs*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ***Other needs*** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| Name: | Click here to enter text. | Case number: | Click here to enter text. | Date: | DD/MM/YYYY |

**CalMAP (Full Version): Identifying Family Needs and Assessing Progress**

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| --- | --- | --- | --- | --- |
| **Life Areas** | **(1)Area of significant need** | **(2)Area of need** | **(3)Stable** | **(4)Thriving** |
| **Work and education** | ***Employment*** | Not currently employed, with limited work history  | Not currently employed, but with recent work history, or in a temporary work situation that is ending in the next 60 days | Steady employment either part-time, or full-time without a sustainable wage | Steady full-time employment at a sustainable wage |
| ***Education and skills training*** | Has no diploma, GED, or training credential or has limited English proficiency | Has no diploma or GED, but with work experience or training credential; proficient in English  | Has diploma or GED, but needs additional education or training to achieve career goals; proficient in English | Has some post-secondary education or specialized training; proficient in English |
| **Work supports** | ***Transportation*** | Has no access to public or private transportation | Is rarely able to meet transportation needs; relies on friends and/or family | Has access to public or private transportation, but has some trouble accessing it regularly | Always meets transportation needs through car, bus, or regular rides |
| ***Child care*** | Has no access to child care | Has child care access but significant downsides in terms of reliability, accessibility, affordability and safety | Has child care access, but a few downsides in terms of reliability, accessibility, affordability and safety  | Has reliable, accessible, affordable and safe child care or does not need child care |
| **Personal and family needs** | ***Physical and mental health*** | Has untreated physical and/or mental health needs  | Has physical and/or mental health needs and inconsistent care/treatment | Has physical and/or mental health needs but is able to access treatment most of the time | Has good physical and/or mental health or has access to treatment all of the time |
| ***Substance use*** | Currently using substances and no plans for treatment | Currently or recently (past 30 days) used substances but is in treatment or planning to enter it  | Used substances in past six months, but actively engaged in treatment and no use in past 30 days | Has not used substances in the past six months or has never abused substances |
| ***Housing*** | Currently homeless or has eviction notice | Lives in temporary housing/shelter or is at risk for eviction | Has housing subsidy or is in low-income housing, but not in a safe location | Rents or owns in a relatively safe location; reasonable housing costs |
| ***Legal***  | Has current significant legal issues that affect basic needs of living (such as housing, access to benefits, employability) | Has current moderate legal issues and has no assistance in addressing them | Has current moderate legal issues, but has adequate representation/legal assistance | Has no current legal issues |
| ***Safety*** | Involved in unhealthy relationships; usually feels unsafe at home and has no support system | Involved in unhealthy relationships; sometimes feels unsafe at home, but has family and/or community support and “safe places” to go | Involved in unhealthy relationships, but is safe at home | Involved in healthy relationships and feels safe at home |
| ***Child and family needs*** | Has household member with untreated physical and/or mental health and/or school-related needs and no care/treatment  | Has household member with physical and/or mental health and/or school-related needs and inconsistent care/treatment | Has household member with physical and/or mental health and/or school-related needs but they are able to access treatment most of the time | No household members have physical and/or mental health and/or school-related needs or they have access to treatment all of the time |
| ***Other needs*** |  |  |  |  |