



# FACT – Phiếu Ghi Danh Của Khách Hàng 2016/2017



Westminster Family Resource Center

7200 Plaza Street, Westminster, CA 92683 (714) 903-1331

Family ID#: \_\_\_\_\_

Xin mỗi gia đình nhận dịch vụ, vui lòng điền đơn này. Những thông tin dưới đây sẽ được dùng vào việc điều hành dịch vụ và đánh giá chương trình và sẽ được giữ kín. Chúng tôi rất cảm kích sự hợp tác của quý vị.

## DỮ LIỆU THÔNG TIN CỦA KHÁCH HÀNG

Ngày ghi tên \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tên: \_\_\_\_\_ Tên Đệm: \_\_\_\_\_ Họ: \_\_\_\_\_

Tên người giám hộ/bố mẹ (nếu dưới 18 tuổi) \_\_\_\_\_

Địa Chỉ: \_\_\_\_\_ Thành Phố: \_\_\_\_\_ Tiểu Bang: \_\_\_\_\_ Số vùng: \_\_\_\_\_

Đt. Nhà ☎:( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Đt. làm việc/ Số khác ☎:( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Ngày Sinh: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Giới Tính:  Nữ ♀  Nam ♂

Hiện có dịch vụ CSS/CFS của Quận không? <input type="checkbox"/> Không <input type="checkbox"/> Không biết <input type="checkbox"/> Có: Số CWS/CMS # _____ <small>(19 con số của số CFS #)</small>	Khách hàng CalWorks FS? <input type="checkbox"/> Có <input type="checkbox"/> Không Số ca CalWIN # _____ <small>(7 con số của số ca CalWIN #)</small> CIN # _____ <small>(12 con số của số CIN #)</small>
Khách hàng của dịch vụ Phản Ứng Khác Biệt (Differential Response)? <input type="checkbox"/> Có <input type="checkbox"/> Không	

## Câu nào diễn tả đúng nhất vai trò của bạn trong gia đình? (đánh dấu TẤT CẢ các trường hợp ứng dụng)

- |                                                  |                                                                               |                                                |
|--------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Bố mẹ nuôi              | <input type="checkbox"/> Người chăm sóc có liên hệ gia đình                   | <input type="checkbox"/> Trẻ em (0-17 tuổi)    |
| <input type="checkbox"/> Bố mẹ ký dưỡng (foster) | <input type="checkbox"/> Giám hộ hợp pháp                                     | <input type="checkbox"/> Con nuôi              |
| <input type="checkbox"/> Mẹ / Bố (xin khoan rỗi) | <input type="checkbox"/> Độc thân/Không con                                   | <input type="checkbox"/> Con ký dưỡng (foster) |
| <input type="checkbox"/> Phối ngẫu/Người khác    | <input type="checkbox"/> Phụ huynh có con vị thành niên không cư ngụ cùng nhà | <input type="checkbox"/> Trường hợp khác _____ |

<b>Dân Tộc/Chủng Tộc</b> (Chỉ đánh dấu MỘT ô)	<b>Ngôn ngữ chính</b> (Chỉ đánh dấu MỘT ô)
<input type="checkbox"/> Tây Ban Nha hay Latin <input type="checkbox"/> Gốc da đen <input type="checkbox"/> Gốc da trắng <input type="checkbox"/> Bản xứ Hawaiian <input type="checkbox"/> Bản xứ Mỹ Châu/Alaska <input type="checkbox"/> Á Châu (xin ghi rõ) _____ <input type="checkbox"/> Hai chủng tộc hay hơn <input type="checkbox"/> Gốc khác (xin ghi rõ) _____	<input type="checkbox"/> Anh ngữ <input type="checkbox"/> Tây Ban Nha <input type="checkbox"/> Việt ngữ <input type="checkbox"/> Ngôn ngữ khác (xin ghi rõ): _____

<b>Cấp giáo dục cao nhất của người chăm sóc chính</b> (Chỉ đánh dấu MỘT ô)		
<input type="checkbox"/> Không được chính thức đi học	<input type="checkbox"/> Bằng trung học/Giáo dục phổ thông	<input type="checkbox"/> Bằng Đại Học (Bachelors)
<input type="checkbox"/> Tiểu học/Trung học sơ đẳng	<input type="checkbox"/> Đại Học hay Trường Kỹ Thuật	<input type="checkbox"/> Cao Học hay hơn
<input type="checkbox"/> Trung học hay trường dạy nghề	<input type="checkbox"/> Bằng Cao Đẳng (Associates) hay Kỹ Thuật	<input type="checkbox"/> Trường hợp khác: _____

## CÁC CÂU HỎI SAU ĐÂY DÀNH CHO BẠN VÀ GIA ĐÌNH BẠN

<b>Mức lợi tức của gia đình</b>	<input type="checkbox"/> Miễn trả lời	<b>Có bao nhiêu người trong gia đình sống với lợi tức này?</b> _____	
<input type="checkbox"/> \$ 0.00 - \$4,999	<input type="checkbox"/> \$20,000 - \$24,999		<input type="checkbox"/> \$40,000 - \$44,999
<input type="checkbox"/> \$ 5,000 - \$9,999	<input type="checkbox"/> \$25,000 - \$29,999		<input type="checkbox"/> \$45,000 - \$49,999
<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$30,000 - \$34,999		<input type="checkbox"/> Hơn \$50,000
<input type="checkbox"/> \$15,000 - \$19,999	<input type="checkbox"/> \$35,000 - \$39,999		

<b>Hiện giờ bạn hoặc người trong gia đình bạn có được nhận?</b> a) Phiếu thực phẩm? <input type="checkbox"/> Có <input type="checkbox"/> Không b) CalWORKs? <input type="checkbox"/> Có <input type="checkbox"/> Không Nếu có, hãy chọn một trong hai trường hợp sau <input type="checkbox"/> CalWORKs Gia đình (Chọn danh mục này nếu cả đứa trẻ và bố mẹ/người chăm sóc đều được hưởng trợ cấp) <input type="checkbox"/> CalWORKs Trẻ em (Chọn danh mục này nếu chỉ đứa trẻ được hưởng trợ cấp)	<b>Làm sao bạn biết đến FRC?</b> <input type="checkbox"/> Bạn bè/Gia đình <input type="checkbox"/> Báo chí/Website <input type="checkbox"/> Đến tại chỗ/Tự tìm lấy <input type="checkbox"/> Cơ quan đại lý: _____ <input type="checkbox"/> Sách quảng cáo/ <input type="checkbox"/> Trường hợp khác: _____ Tờ quảng cáo <input type="checkbox"/> Nhà thờ/Cơ sở tôn giáo <input type="checkbox"/> Nhà thương/Bác sĩ/Y tá <input type="checkbox"/> Trường học <input type="checkbox"/> Nhân viên xã hội/Cố vấn
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**Bạn hoặc bất cứ người nào trong gia đình bạn là làm việc trong quân đội?**  
 Xin đánh dấu vào một trong những sự lựa chọn sau đây  Đang làm việc  Không làm việc  Không phải là một gia đình quân đội

**Xin trả lời các câu phát biểu sau đây bằng cách điền vào ô “thông thường đúng” (OT - often true), “Đôi khi đúng” (ST - sometimes true), hoặc “Không bao giờ đúng” (NT - never true)**

“Trong vòng 12 tháng qua, chúng tôi lo không biết có thiếu thực phẩm trước khi có tiền mua thêm không”  OT  ST  NT

“Trong vòng 12 tháng qua, thực phẩm chúng tôi mua, không đủ ăn và chúng tôi không có tiền mua thêm”  OT  ST  NT

Nếu bạn được trợ giúp thực phẩm, có phải đến từ FRC này không?  Có  Không, đến từ một nguồn khác  Không được trợ giúp

Xin hãy liệt kê trong bảng dưới đây, những người trong gia đình sống cùng nhà, bắt đầu với chính bạn:

Office Only Rcvd Serv	Tên: Tên, Tên lót, Họ	Ngày Sanh	Tuổi	Giới Tính (Nữ/Nam)	Vai trò trong gia đình (đối với khách hàng)	Dân tộc /Chủng tộc	Ngôn ngữ chính	Khách hàng khuyết tật (Có/Không)	Trường Học	*Tình trạng bảo hiểm (1-11)
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

\*Dựa trên danh sách dưới đây, ghi con số phù hợp nhất với tình trạng bảo hiểm của mỗi người trong gia đình, bên cạnh tên của họ:

- |                                            |                     |                                |
|--------------------------------------------|---------------------|--------------------------------|
| (1) Medi-Cal /CalOptima                    | (4) Bảo hiểm tư     | (7) Tự trả / Không có bảo hiểm |
| (2) Medi-Cal Khẩn cấp/Dịch vụ giới hạn     | (5) AIM             | (8) Kaiser Kids                |
| (3) Medi-Cal Hội điều kiện/Chưa giải quyết | (6) California Kids | (9) Tình trạng khác: _____     |

Tôi **KHÔNG** muốn được liên lạc cho các lớp học, hoạt động hay dịch vụ trong tương lai.

**Chỉ dùng cho văn phòng.**

**Westminster FRC / Western Youth Services / Boys Town CA**

- 5.2 Counseling: \_\_\_\_\_
- 5.3 Family Support Services
- 5.5 FRC Case Management
- 5.9 Health and Education Services
- 5.11 Out of School Time Youth Program (WFRS)
- 5.12 Parenting Education (WSD/BTC)
- 5.14 TLFR Family Fun Activities

- 6.3 Emergency Assistance
  - Baby Diapers/Pull Ups
  - Food Box
  - Hygiene Kits
  - Backpack/School Supplies
  - Thanksgiving Food Basket
  - Christmas Food Basket
  - Christmas Toys/Gifts

- Voucher/Gift Card
  - Basic Needs
  - Food
  - Gas
  - Bus

Store: \_\_\_\_\_

Value: \_\_\_\_\_

Recreation Scholarship Amount: \_\_\_\_\_

Name of Initial Referring Agency:

Staff Providing Service Name/Title:

Staff's ☎ Number:

Service/Program Begin Date:

/ /



# Westminster Family Resource Center

7200 Plaza Street Westminster CA 92683

Phone (714) 903-1331 • Fax (714) 903-1881



## Consent to Exchange Information and Release of Records

I, \_\_\_\_\_, authorize staff and/or authorized representatives of the Westminster Family Resource Center (FRC) Collaborative member agencies listed below:

<ul style="list-style-type: none"> <li>• Abrazar/ Spark Point</li> <li>• Alta Med Health Services/HCA</li> <li>• American Family Housing</li> <li>• Boys &amp; Girls Club of Westminster</li> <li>• Boys Town California</li> <li>• Cal-Optima, Orange County Ca</li> <li>• Children's and Youth Services (CYS)</li> <li>• Children's Initiative of Orange County (CHI OC)</li> <li>• City of Westminster</li> </ul>	<ul style="list-style-type: none"> <li>• Community Services Program (CSP)</li> <li>• Garden Grove Unified School District</li> <li>• Girls Inc.</li> <li>• Huntington Beach Union High School District</li> <li>• Interval House</li> <li>• Maternal Outreach Management Systems (MOMS)</li> <li>• OCAPICA</li> <li>• O.C. Social Services Agency (FaCT. CFS)</li> <li>• Ocean View Unified School District</li> </ul>	<ul style="list-style-type: none"> <li>• Orange County Child Abuse Prevention Center</li> <li>• Orange County Health Care Agency/CSPP</li> <li>• Paladin Eastside Psychological Services</li> <li>• Western Youth Services/HCA</li> <li>• Westminster Police Department (WPD)</li> <li>• Westminster School District (WSD)</li> <li>• Other _____</li> <li>• Other _____</li> <li>• Other _____</li> </ul>
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To exchange among themselves, confidential information, and records about me and the minor family members listed below, in order to assist me/us in developing and implementing a comprehensive family service plan. This information may include educational, medical, psychological, employment, social services and family history information. I understand that these agencies will not release any of my/our records or information about me or my family to organizations or individuals not listed above without first obtaining my written consent. I also understand that if staff has reason to believe that I or someone in my family is a danger to self or others or involved in child abuse or neglect, and/or elder or dependent adult abuse, staff is required to report relevant information to public safety authorities about me without my consent in order to protect me or others from harm.

This release applies to: \_\_\_\_\_ (mother/partner/grandmother) Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_ (father/partner/grandfather) Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

and the following people:

Family member	Date of Birth	My relationship to them

I understand that I have a right to review my records. I also understand that my consent is voluntary and that I may withdraw it in writing at any time. Otherwise this release will expire when my FRC family services case closes.

I understand that I may attend the Case Management Team Meeting on the date my case is presented to discuss services related to my individual or family needs. I understand that I can ask my case manager or call the FRC Coordinator at (714) 903-1331 if I wish to participate. The meetings are on Wednesdays at 11 am and should I choose to attend, my case manager will inform me of the specific time my case presentation will be held.

\_\_\_\_ (INITIALIZE)

The information contained in this consent form may be shared or given to other Westminster Collaborative partners for the purpose of identifying additional services. Likewise, my information may be grouped and used with other data for research purposes. If used for research purposes my information will remain anonymous. My signature indicates that I understand the above information and have received a photocopy of this authorization. A photocopy of this document is as valid as the original.

SIGNATURE:

\_\_\_\_\_  
 Mother,  Father,  Guardian or Authorized Representative of minor

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE:

\_\_\_\_\_  
 Mother,  Father,  Guardian or Authorized Representative of minor

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE

\_\_\_\_\_  
Staff Signature / Staff Print Name

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE

\_\_\_\_\_  
Staff Signature / Staff Print Name

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





**Westminster Family Resource Center**  
 7200 Plaza Street Westminster CA 92683  
 (714) 903-1331



**Client Confidentiality Policy & Limitations**

The Westminster Family Resource Center maintains a policy of respecting a client's right to privacy and confidentiality. In an effort to achieve this, we keep paper and electronic client records in locked file cabinets and a secure database and we share information only on a need-to-know basis with appropriate staff, consultants and other authorized professionals. *(A complete list is available upon request)*

We use confidential information to assess the needs of you, your children and other family members, to work cooperatively on your behalf with other agencies with which you allow us to share information. However, California law requires all our staff to share confidential information about you or your children **without your permission** under the following circumstances:

- If we have any reason to believe any child or an elderly or dependent adult is being abused or neglected, we are required by law to report the suspected abuse or neglect to the Department of Social Services Child Protective Services or to Adult Protective Services.
- If we determine that you are a danger to yourself or others, our staff has legal responsibility to breach your confidentiality to insure the safety of the individual/s at risk, including yourself.

My signature indicates that I have read, understood and agree to comply with Westminster Family Resource Center's policy on confidentiality and its limitations and have received a copy of this document. A photocopy of this document is as valid as the original.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Client, Parent, Guardian or Authorized Representative*

\_\_\_\_\_  
*Print Name*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*FRC Collaborative Staff*

\_\_\_\_\_  
*Print Name*



**Westminister Family Resource Center**  
7200 Plaza Street Westminister CA 92683  
(714) 903-1331



## Prácticas y Limitaciones Para La Confidencialidad Del Cliente

El Westminister Family Resource Center mantiene la práctica de respetar el derecho del cliente a la privacidad y confidencialidad. En un esfuerzo para lograr este objetivo, mantenemos los datos por escrito y electrónicos de los clientes en gabinetes de archivo bajo llave y la base de datos computarizada bajo un sistema de seguridad bloqueado. Y solo compartimos la información cuando es necesario y con el personal apropiado, consultores y otros profesionales autorizados. (La lista completa está disponible bajo petición).

Usamos información confidencial para evaluar sus necesidades, las de sus hijos y otros miembros de su familia, para trabajar cooperativamente con otras agencias, con las cuales usted nos ha permitido compartir información.

Sin embargo, la ley de California requiere que todo nuestro personal comparta información confidencial sobre usted o sus hijos **sin su permiso** bajo las siguientes circunstancias:

- Si tememos alguna razón para creer que algún niño, un anciano o un adulto dependiente está siendo víctima de abuso o negligencia. La ley requiere reportar al sospecho de abuso o negligencia al Departamento de Servicios Sociales, Servicios de Cuidos de los Niños o a Servicios de Cuidos de los Adultos.
- Si determinamos que usted es un peligro para si mismo o para otros, nuestro personal tiene la responsabilidad legal de romper su confidencialidad para asegurar la seguridad del individuo en riesgo, incluyendo usted mismo.

Mi firma indica que he leído, entendido y estoy de acuerdo en cumplir con las prácticas de confidencialidad de el Westminister Family Resource Center con respecto a la póliza de confidencialidad y sus limitaciones, y que he recibido una copia de este documento. Una fotocopia de este documento será tan válida como la original.

FIRMA \_\_\_\_\_  
*Cliente, Padres o Representante Legal*

FECHA: \_\_\_\_\_

\_\_\_\_\_  
*Nombre en Letra de Imprenta*

FIRMA \_\_\_\_\_  
*Personal del Centro de recursos familiar*

FECHA: \_\_\_\_\_

\_\_\_\_\_  
*Nombre en Letra de Imprenta*

**Nota:** La siguiente información es con fines de coordinar los servicios y evaluación del programa y se mantendrá confidencial.

## FDM Indicators

**2016-2017**

Client # \_\_\_\_\_

FDM assessment: 1 2 3

Date: \_\_\_\_\_

<b>1. Access to Transportation</b>				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no access to transportation, even in an emergency.	I have no access to transportation to satisfy basic needs.	I have limited access to public or private transportation when needed.	I have consistent, dependable transportation, public or private.	N/A
Access to Transportation Notes:				
<b>2. Child Health Insurance</b>				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no health insurance for my child.	I applied for insurance for my child.	My child has health insurance, but it is difficult to maintain.	My child has adequate health insurance and our family can afford co-pays, if needed.	N/A
Child Health Insurance Notes:				
<b>3. Community Resource Knowledge</b>				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no knowledge of community programs.	I have minimal knowledge of programs and have difficulty accessing services.	I am aware of and can access programs with support when needed.	I am currently participating in community programs.	N/A
Community Resource Knowledge notes:				
<b>4. Health Services</b>				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have a medical condition and do not seek medical attention.	I often do not seek medical attention when needed.	I seek medical attention when needed.	I seek preventative medical attention.	N/A
Health Services Notes:				
<b>5. Employment</b>				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am unemployed and have difficulty getting a job.	I experience difficulty keeping a job once hired.	I am employed.	I am employed with potential for advancement.	N/A
Employment Notes				

**FDM Indicators  
2016-2017**

<b>6. Risk of Emotional or Sexual Abuse</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My child is exposed to or is witnessing physical, emotional or sexual abuse.	In the past, my child was exposed to and/or has witnessed physical, emotional or sexual abuse.	In the past, my child experienced/witnessed abuse and received or now receives formal support to build skills preventing future abuse.	My child is safe from physical, emotional and sexual abuse.	N/A
Risk of Emotional or Sexual Abuse Notes:				
<b>7. Supervision</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My child is seldom supervised by a trusted adult.	My child is sometimes supervised by a trusted adult.	My child is usually supervised by a trusted adult.	My child is always supervised by a trusted adult.	N/A
Supervision Notes:				
<b>8. Child's Behavior</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
I need guidance on how to respond to my children's behavior	I am uncertain how to react to my children's behavior	Rules and consequences sometimes are effective	Rules and consequences match my children's individual behaviors.	N/A
Child's Behavior Notes:				
<b>9. Connected with Local Schools</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My family does not know how to contact my child's teacher and we are not involved in school related activities	My family knows my child's teacher but is not involved in school related activities	My family has attempted to participate in school related activities and is familiar with child's teacher	My family actively participates in school related activities and knows my child's teachers well.	N/A
Connection to School Notes:				
<b>10. Child School Behavior</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My child's behavior is aggressive/defiant <u>&amp;/OR</u> withdrawn/disengaged at school.	My child sometimes has difficulty managing his/her behavior at school	My child manages his/her behavior with assistance as needed	My child enjoys going to school and exhibits positive behavior at school.	N/A
Child's School Behavior Notes:				

**FDM Indicators  
2016-2017**

<b>11. Appropriate Development</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My child has serious physical or mental developmental delays that are untreated.	My child has some developmental difficulties and needs additional supports.	My child is meeting developmental skills in most areas and we are managing the additional supports my child needs.	My child is meeting his/her developmental skills.	N/A
Age-Appropriate Physical and Mental Development Notes:				
<b>12. Family Communication Skills</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
Communication among my family members is abusive or cut off.	Communication among my family members is strained.	My family members often communicate respectfully.	My family members communicate openly and respectfully.	N/A
Family Communication Skills Notes:				
<b>13. Domestic Violence / Family Conflict</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My family conflicts are frequent and recurrent, with threats and/or violence	My family conflicts are expressed with anger and acting out, I may have the ability to discuss afterward	My family conflicts are resolved for the moment, in a safe process with or without assistance	My family conflicts are effectively resolved by family members	N/A
Domestic Violence / Family Conflict Notes:				
<b>14. Emotional Well-Being / Sense of Life Values</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
I feel so hopeless about life that it affects my family.	I often feel unhappy about life which affects my family.	Although I may have some disappointments, it does not interfere with my family.	I am happy with my life situation.	N/A
Emotional Well-Being / Sense of Life Values Notes:				
<b>15. Quality Time</b>				
<b>In crisis</b>	<b>At risk</b>	<b>Stable</b>	<b>Safe/Self-Sufficient</b>	<b>N/A</b>
My children and I spend no time sharing positive activities together	My children and I have difficulty spending time sharing positive activities together	My children and I sometimes spend time sharing positive activities together	My children and I do spend time sharing positive activities together	N/A
Quality Time With Child Notes:				

**FDM Indicators  
2016-2017**

**16. Nurturing**

In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am unable to support my child's emotionally and/or physically.	At times I have difficulty supporting my child emotionally and/or physically.	I am learning to empathize with my child's emotional and physical needs.	I respond to my child's emotional and physical needs with caring, love and concern.	N/A

Nurturing Notes:

**17. Parenting Skills**

In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am not confident to parent children.	I am inconsistent in parenting behavior.	I am often confident in dealing with my child's behavior.	I am very confident in my parenting skills.	N/A

Confidence in Parenting Skills Notes:

**18. Home Environment**

In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My home environment is dangerous/unsafe/unsanitary	My home environment has some areas that are dangerous/unsafe/unsanitary	My home environment is usually safe and well maintained	My home is safe, healthy, and well-maintained	N/A

Home environment notes:

**19. Stability of Home or Shelter**

In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am looking for a home or shelter, have been or soon to be evicted, living temporarily with others.	I live in a home/shelter/transition/motel.	I've lived in a home for six months.	I lived in a home for one year.	N/A

Stability of Home or Shelter Notes:

**20. Support System**

In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I cannot ask for and/or do not receive support from family or friends or community resources.	I can ask for and receive some support from family and friends may use community resources.	I can count on support of family and friends and use community resources.	I have an extensive support system of family, friends and community resources.	N/A

Support System Notes:

## FDM Indicators

2016-2017

21. Presence of Substance Abuse				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
Members of my household abuse illegal or prescription drugs or alcohol with destructive consequences.	Household members acknowledge substance misuse and are receiving help.	No one is using substances as a coping mechanism, or, may be successfully in recovery.	No history of substance abuse.	N/A
Presence of Substance Abuse Notes:				
22. Conflict Resolution				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My family conflicts are frequent and recurrent, with threats and/or violence.	My family conflicts are expressed with anger & acting out, I may have ability to discuss afterwards.	My family conflicts are resolved for the moment, in a safe process, with or without assistance.	My family conflicts are effectively resolved by family members.	N/A
Conflict Resolution Notes:				
23. Peer Relationships				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child is isolated from peers.	My child is unable to maintain positive relationships.	My child is maintaining positive peer relationships with support.	My child is able to maintain positive peer relationships.	N/A
Children's Social & Emotional Development Notes:				
24. Response to Child's Behavior				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I need guidance on how to respond to my children's behavior	I am uncertain how to react to my children's behavior	Rules and consequences sometimes are effective	Rules and consequences match my children's individual behaviors.	N/A
Response to Child's Behavior Notes:				
25. Family Friend Support				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I receive almost no support from immediate family/friends.	I receive support from immediate family/friends less than half of the time.	I receive support from my immediate family/friends half of the time.	I almost always have support from immediate family/friends.	N/A
Family Friend Support Notes:				
26. Coping Skills				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have difficulty handling many situations.	I recognize difficulties and look for ways to change.	I accept responsibility for choices and behavior.	I respect and understand the feelings of others.	N/A
Coping Skills Notes:				





**CDBG Self-Certification of Income Form  
FY 2016/17  
(Confidential)**

Name of Beneficiary Receiving Services: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1. Please identify all household members, date of birth, and income, if applicable.**

List of Household Members and Income				
Hshld #	Name	Relationship to Head of Household	Date of Birth	Income, if any
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
<b>Total</b>				\$

**2. Please circle household size and appropriate income category shown below.**

2016 HUD Income Limits (Effective May 2016)			
Number of Persons in Household/Family	30% of Median	50% of Median	51% to 80% of Median
1	\$20,500	\$34,150	\$54,600
2	\$23,400	\$39,000	\$62,400
3	\$26,350	\$43,900	\$70,200
4	\$29,250	\$48,750	\$78,000
5	\$31,600	\$52,650	\$84,250
6	\$33,950	\$56,550	\$90,500

**3. Household self-identified as:**

Single Race Category

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

Multiple Race Category

- American Indian or Alaska Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaska Native & Black/African American
- Other \_\_\_\_\_

Are you of Hispanic/Latino Ethnicity?  Yes  No

I have disclosed all household income information and certify that the above household information is correct. I/We acknowledge that qualification of assistance funded under the CDBG program is based upon having a qualifying personal/family/household income and that the income levels I/We have certified to in this self-certification may be subject to further verification by the City of Westminster and/or the U.S. Department of Housing & Urban Development (HUD), and I/We authorize such verification and will provide supporting documents if necessary.

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Print Name Signature Date

