



Making Opportunity Count, Inc.
Client Pre-Assessment Form

Date: _____

Client Name: _____

1. Do you have enough income to meet your monthly expenses?

- Yes
- No

2. Are you able to work, but have difficulty finding employment?

- Yes
- No

3. What is your highest educational level?

- No GED or high school diploma
- High School diploma or GED
- Associates or Bachelor's Degree
- Graduate or Professional degree
- Some College

4. Are you currently behind on your rent/mortgage?

- Yes
- No

5. Are you currently behind on your utility bills?

- Yes
- No

6. Are you currently homeless?

- Yes
- No

7. Do you believe your home poses any health risks to your family?

- Yes
- No

8. Are you safe?

- Yes
- No

9. Do you and your family have enough to eat?

- Yes
- No

10. Do your children receive safe, affordable and appropriate child care?

- Yes
- No

11. Are you a single parent who is not receiving child support?

- Yes
 No

12. Do you have regular access to a dependable car? And/or does public transportation meet your daily needs?

- Yes
 No

13. Do you have health insurance?

- Yes
 No

14. Have you seen a doctor or nurse practitioner in the past 2 years for a physical?

- Yes
 No

15. Have all of your children seen a doctor or nurse practitioner for a physical or well-child exam in the past 12 months?

- Yes
 No

16. Has everyone in your family seen a dentist or dental hygienist in the past 12 months?

- Yes
 No

17. Do you, or any of your family members, need help managing mental health symptoms?

- Yes
 No

Do you, or any of your family members, need help quitting or cutting back on drug/alcohol use?

- Yes
 No

18. Are you able to pay for your household monthly prescription cost?

- Yes
 No

19. Would you like to improve your English writing/reading/speaking skills?

- Yes
 No

20. Are you in need of assistance to manage your personal finances?

- Yes
 No