

Name _____ Age _____ Program Entry Date _____ Exit Date _____

SCONE

Strengths, Challenges, Opportunities, Next Steps, Education

<p>Name and age of Spouse / Partner</p> <p>_____</p> <p># of Children _____</p> <p>Ages of all children:</p> <p>_____</p> <p>More about this individual/family:</p>	<p>Strengths: <i>What do you feel are your strengths? What would those closest to you say? If you don't mind me sharing, here are strengths I see...</i></p>	<p>Challenges: <i>What would you say is getting in the way of you moving forward?</i></p>	<p>Opportunities: <i>What would you like for us to help you with?</i></p>	<p>Next Steps: <i>What are your short- and long-term goals? Based on your goals, here are some things to consider and what you (we) can do to help you move forward:</i></p>
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Education: *What would you like to know about resources or services available within this (our) community?*

Please print notes below:

- Crisis Response (Rental/Utility Assistance; bus passes, etc.)
- COVID-19 Crisis Response
- Children/Youth Services
- Disability Services
- Education/Professional Development
- Employment Services
- Financial Literacy /Education
- Housing / Homeless Services
- Legal (Civil, Criminal, Orders of Protection, VISAs, Crime Victims' Compensation, etc.)?
- Mental/Medical Health Needs
- Treatment/Substance Use
- Other (specify)

Signature of client (primary head of household): _____ Date: _____

Signature of staff completing this form: _____ Date: _____

