

**Center for the Pacific Asian Family
Residential Client Self-Assessment – DRAFT**

KNOWLEDGE

- 1) I know more ways to plan for my safety. Yes No
- 2) I know more about community resources available to me. Yes No

ABILITY TO SELF-ADVOCATE

CPAF provides services to all residential clients in the following service areas: **Safety, Wellness, Resources, Strengthening Family and Community Integration**. Please evaluate your confidence and ability to pursue the goals listed, using the key below:

- (1) = I lack confidence to self-advocate for this goal.
 (2) = I am increasing my confidence to self-advocate for this goal.
 (3) = I am confident in my ability to advocate for myself and pursue this goal on my own.

Safety and Survival	N/A							
Planning for safety	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
How to get legal services to protect myself and my family	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wellness								
How to manage my physical health	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
How to manage my emotional health	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Resources								
Increase my income	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Increase my non-monetary resources (ex. legal assistance, child care, food, housing)	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Increase my independent living skills (ex. financial planning, ESL, computer knowledge, job training)	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Family								
Strengthen new family unit	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Community Integration								
Increase connection to the community (ex. learn transportation routes, learn about local organizations)	<input type="checkbox"/>	<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

**Center for the Pacific Asian Family
Client Follow-Up Survey**

Please complete the following survey and return to CPAF.

1. What did you learn about yourself during your time in the program?
 2. What did you want to accomplish when you entered the program?
 3. What are some things that you learned while working to reach these goals? What were your challenges?
 4. How did CPAF help you to reach your goals?
 5. Could CPAF have supported you better? In what way?
 6. Were there goals that you wanted to pursue but for which CPAF could not provide support? If so, what are they?
 7. Upon leaving the program, what things do you still need support to accomplish?
 8. Is there any information or advice you would share with other people who are experiencing domestic violence or sexual assault?
 9. What would you say/what advice would you give to someone who had just entered CPAF's program?
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TELL A STORY IN CPAF'S STORY BOOTH!

In honor of our 35th anniversary in 2013, CPAF is collecting stories from our past and present clients to share with our community. We will make a short video of the stories to show at our 35th Anniversary Garden Party, and also put it on YouTube.

You can contribute by telling us YOUR story in our Holiday Party Story Booth! You can speak by yourself, or get interviewed by a CPAF staff, or even tell the story to your children. We will not use your name unless you give us permission. If you do not want to be filmed, we can record your voice only.

How is your life different now compared to the day you first contacted CPAF?

What are some memorable events that happened while you were at the shelter?

What are the most important lessons you've learned in life?

What are you proudest of in your life?

What would you tell another woman or family that is experiencing domestic violence? What do you want them to know?

{for moms} What are your dreams for your children?

{for moms} What advice would you give to your children about raising their own kids?

(on cards)

CPAF gave me...

When I think about CPAF, I think about...

I am thankful for...

I am proud of...

I'm looking forward to...