

QUARTERLY WIA YOUTH ASSESSMENT (ROMA)

Rate (X) the youth's personal situation in the following life management areas.

Client Name: _____ Intake Date: _____ Int: _____ Exit Date: _____

Client Quarter (Circle): **Jan-Mar** **Apr-Jun** **Jul-Sept** **Oct-Dec**

Date: _____ Int: _____

Housing	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Employment	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Education	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Transport/ Mobility	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Legal	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Health	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Income/ Budget	1 In Crisis	At Risk	Protected	Capable	5 Thriving
Family Relations	1 In Crisis	At Risk	Protected	Capable	5 Thriving

Comments: _____

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