



## Self-Sufficiency Matrix Interview

### Pre-Interview Information:

Client Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interpreter? (Y/N): \_\_\_\_\_ Name of Interpreter: \_\_\_\_\_

- A. What program or programs are you currently working with at Jannus?  
\_\_\_\_\_
- B. Have you previously worked with Jannus EO or another Jannus program?  
\_\_\_\_\_
- C. If you have received a loan from Jannus EO, what kind of loan did you receive?  
\_\_\_\_\_
- D. Tell me about your household makeup - do you live alone or with others?  
\_\_\_\_\_

1. Physical Health: The next few questions are all about your health and body.

- a. Do you have any pain or illness that is ongoing? \_\_\_\_\_  
\_\_\_\_\_
- b. Do you go to the doctor only when you are sick or do you schedule regular check-ups (annually)? \_\_\_\_\_
- c. Do you go to the dentist only when you have a problem or do you schedule regular check-ups (annually)? \_\_\_\_\_

2. Mental Health: The next few questions are about how you feel and think or your heart and mind.

- a. We all feel sad sometimes:
  - i. How often would you say you feel sad? \_\_\_\_\_  
\_\_\_\_\_
  - ii. How long does it last? \_\_\_\_\_
  - iii. What do you do about it? \_\_\_\_\_
- b. Is it easy for you to make friends? \_\_\_\_\_
- c. Do you feel like most people mostly want to help or hurt you?  
\_\_\_\_\_

- d. In Boise, how would a person access mental health services, like a counselor or a therapist? \_\_\_\_\_  
\_\_\_\_\_
3. Healthcare Access: does your family have health insurance? \_\_\_\_\_
- a. Where do you get your insurance? \_\_\_\_\_
- b. Is your insurance premium affordable? \_\_\_\_\_
- c. Is getting medical attention affordable? \_\_\_\_\_
4. English Proficiency: Do you speak English? \_\_\_\_\_
- a. Do you speak enough to get by in the day-day-day things like:
- i. Grocery shopping? \_\_\_\_\_
- ii. Going to the bank? \_\_\_\_\_
- iii. Getting directions? \_\_\_\_\_
- iv. Going to the doctor? \_\_\_\_\_
- b. Are you taking English classes? \_\_\_\_\_
5. Language Access: Do you ever have the need for an interpreter? \_\_\_\_\_
- a. Are you able to access an interpreter when you need one? Do you need to request one, or is it offered to you? \_\_\_\_\_  
\_\_\_\_\_
6. Adult Education: What is your (and your spouse's) highest grade completed or degree earned? \_\_\_\_\_  
\_\_\_\_\_
- a. Enrolled in further education? ESL? College? GED? Vocational training? \_\_\_\_\_  
\_\_\_\_\_
7. Parenting skills:
- a. How old are your children? \_\_\_\_\_
- b. If there is a medical or behavioral issue with your child, what do you do?  
\_\_\_\_\_  
\_\_\_\_\_
- c. When you have an argument with your child, how do you resolve it?  
\_\_\_\_\_  
\_\_\_\_\_
- d. How would your kids describe you? \_\_\_\_\_  
\_\_\_\_\_

8. Child Education: Are all school-aged children enrolled in school? \_\_\_\_\_
- a. Do they make good grades? \_\_\_\_\_  
\_\_\_\_\_
  - b. Are they making friends? \_\_\_\_\_  
\_\_\_\_\_
  - c. Do they ever need to miss school? \_\_\_\_\_
    - i. How often? \_\_\_\_\_
    - ii. Why? \_\_\_\_\_  
\_\_\_\_\_
9. Childcare: Do you have a need for childcare? \_\_\_\_\_
- a. How do you meet your childcare needs? \_\_\_\_\_  
\_\_\_\_\_
  - b. How did you pick your childcare? Did you have options?  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Is the childcare loving? \_\_\_\_\_
    - i. Safe? \_\_\_\_\_
    - ii. Clean? \_\_\_\_\_
    - iii. Affordable? \_\_\_\_\_
  - d. How do you pay for childcare? ICCP? Cash? \_\_\_\_\_  
\_\_\_\_\_
10. Housing: Do you have a consistent place to live? \_\_\_\_\_
- a. Do you rent or own? \_\_\_\_\_
  - b. Is your housing affordable? \_\_\_\_\_
  - c. Do you like where you live? \_\_\_\_\_  
\_\_\_\_\_
  - d. What percent of your income do you spend on housing? \_\_\_\_\_  
\_\_\_\_\_
11. Life Skills: In your household,
- a. What would you do if your refrigerator wasn't working properly? \_\_\_\_\_  
\_\_\_\_\_
  - b. What would you do if you needed to dispose of a dishwasher? \_\_\_\_\_  
\_\_\_\_\_
  - c. What would you do if your water pipe broke? \_\_\_\_\_  
\_\_\_\_\_

d. (Do you live in a house? If so,) what days does garbage collection happen on your street? \_\_\_\_\_

12. Support System: When times get difficult, are there people or groups that makes you feel supported? Who? \_\_\_\_\_  
\_\_\_\_\_

a. How many people in your life would you say you have that you can turn to in times of need? \_\_\_\_\_

b. Do you know where to go in the community in times of crisis? Where? \_\_\_\_\_  
\_\_\_\_\_

13. Employment: do you have a job? \_\_\_\_\_

a. Do you like your job? Why or why not? \_\_\_\_\_  
\_\_\_\_\_

b. Do you work the number of hours you want? \_\_\_\_\_  
\_\_\_\_\_

c. Do you feel respected in the workplace? \_\_\_\_\_  
\_\_\_\_\_

d. Are you able to take time off when needed? \_\_\_\_\_

14. Income: how much money do you make every month? \_\_\_\_\_

a. Do you have other sources on income? (partner/adult children/housing assistance/etc.) \_\_\_\_\_  
\_\_\_\_\_

b. Do you earn enough money to cover your basic needs? \_\_\_\_\_  
\_\_\_\_\_

c. Do you earn enough money to save? \_\_\_\_\_

d. Is your income the same every month? \_\_\_\_\_  
\_\_\_\_\_

e. Are you in debt? If so, is any of it in collections? \_\_\_\_\_  
\_\_\_\_\_

15. Money Management:

a. Do you have a monthly budget? \_\_\_\_\_  
i. Does your budget include savings? \_\_\_\_\_

b. Do you have credit cards? What is your credit utilization percentage? \_\_\_\_\_  
\_\_\_\_\_

c. Do you know what a credit score is? \_\_\_\_\_

16. Food: Do you have enough food to eat every month? \_\_\_\_\_

a. How do you get your food? (SNAP/cash/food pantries) \_\_\_\_\_

b. Do you pick the foods you want or buy them because they are cheapest? \_\_\_\_\_

17. Mobility: Do you have a car? \_\_\_\_\_

a. Is your car reliable? \_\_\_\_\_

b. Do you have enough money to pay for car insurance, gas? \_\_\_\_\_

c. If you don't have a car, what kind of transportation do you rely on? \_\_\_\_\_

18. Relationship safety: Do you feel safe where you live? \_\_\_\_\_

a. Do your friends, family members, partner make you feel loved? \_\_\_\_\_

b. Is there anyone that makes you feel unsafe or uneasy in your life? \_\_\_\_\_

c. Is everyone in your house safe? \_\_\_\_\_

d. Do you know what to do and who to contact if you feel unsafe? Who? \_\_\_\_\_

e. Do you feel comfortable calling the police? \_\_\_\_\_