5 x 5 Assessment		
Client Name/Champ ID:		
Client's Housing Status:		
ICMS:		
Date:		
A. Physical Health	Score:	(If fixed, add *)
Comments (Describe why you gave this score): Action Plan (Describe key steps to address this score if 4 or 5):		
B. Mental Health	Score:	(If fixed, add *)
Comments: Action Plan:		
C. Substance Use Disorder	Score:	(If fixed, add *)
Comments: Action Plan:		
D. Life Skills	Score:	(If fixed, add *)
Comments: Action Plan:		
E. ADLs/iADLs	Score:	(If fixed, add *)
Comments: Action Plan:		

Level of Health Promotion Intervention Needed to Lower/Maintain Scores: **High** ◯ **Low** ◯