

Patient's Name: _____ **Date of Birth:** _____

Phone Number: _____ **Preferred Language** _____

Instructions: Please read each of the following questions and select the response(s) that most accurately reflect your present situation. Your answers will assist the health care team in referring you to available resources.

Questions		YES	NO	N/A
1.	In the past month, did you run out of food before you had money to buy more?			
2.	In the past month, has lack of transportation kept you from going to work, medical appointments, or school meetings, or from getting things needed for daily living?			
3.	In the past month, did you or a member of your family run out of needed medicine before having money to buy more?			
4.	Are you worried that you will not have stable housing in the next month?			
5.	In your current home, do you have gas, water and electricity?			
6.	Are you afraid you may be hurt in your house, camp, apartment, neighborhood, fields or other place of employment?			
7.	Has anyone in your family physically hurt, cursed, insulted, or threatened you?			
8.	Do you often see or talk to your family, friends, or other people that you care about? (For example, talking with friends on the phone, visiting friends or family, or going to church or club meetings)			
9.	Do you have a permanent job?			
10.	Are your children in school?			
11.	Are you comfortable reading, writing, and understanding English?			
12.	Do you need help reading and understanding the health center materials or how to take your medicine?			
13.	Do you have questions about your eligibility for benefits, or other legal issues?			
14.	Do you have someone that can take care of your children when you are at work, at school, or attending medical appointments or other appointments?			
15.	Other:			

Assistance Needed: Would you like to receive assistance with any of these needs? YES NO N/A

Prioritization: Which of these needs are most urgent for you?

Action Plan

Need (s):

Referral(s):

Follow-up:

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09737, Training and Technical Assistance National Cooperative Agreement for \$1,433,856 with 0 % of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.