**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | In the last 12 months, did you ever, **eat less than you felt you should because there wasn’t enough money for food?** |  Y N |
|  | In the last 12 months, has your **utility company shut off your service** for not paying your bills |  Y N |
|  | Are you worried in the next 2 months, you **may not have stable housing** |  Y N |
|  | What was your main activity during most of the last 12 months? Worked for pay Unemployed Permanently unable to work Attended schoolHousehold duties Other | Check One |
|  | Do problems getting **child care make it difficult for you to work** or study? *Leave blank if you do not have children*  |  Y N |
|  |

|  |
| --- |
| In the last 12 months, have you ever had to go without health care **because you didn’t have a way to get there?** |

 |  Y N |
|  | In the last 12 months, have you needed to see a doctor, **but could not because of cost?** |  Y N |
|  | In the last 12 months, **did you skip medications** to save money? |  Y N |
|  | Do you ever need help **reading information about your medical conditions?** |  Y N |
|  | Are you satisfied with **how of often you see or talk to people that that you care about and feel close to**? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings  |  Y N  |
|  | Have you been **released from a correctional facility** in the last 12 months? |  Y N |
|  | Are you **afraid you might be hurt** in your apartment building or house? |  Y N |
|  | If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs? |  Y N |
|  | **Are any of your needs urgent?**For example: I don’t have food tonight, I don’t have a place to sleep tonight |  Y N |