

Name(s): _____

Date of Birth: _____

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	In the past 3 months, did ongoing poor physical or mental health keep you from doing your usual activities, like work, school or a hobby?	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 ever worry whether your food would run out before you had money to buy more?	Y	N
	Is it hard to find work or another steady source of income to meet your basic needs?	Y	N
	Are you worried that in the next 2 months, you may not have stable housing?	Y	N
	In the last 12 months, has your utility company shut off your service for not paying your bills, or have you had difficulty paying for utilities?	Y	N
	Do problems getting childcare or care of another family member make it difficult for you to work or study?	Y	N
	Do you feel unsafe or threatened in your home, school or workplace due to physical, verbal or emotional abuse? For ex: hitting, yelling, name calling.	Y	N
	Do you want help with school or job training, like finishing a GED, going to college, or learning a trade?	Y	N
	In the last 12 months, have you had to go without healthcare or had trouble getting to school, work, or a store because you did not have a way to get there?	Y	N
	Do you feel unsafe because of the living conditions in your home? For Ex: fear of falling, bugs, pets/animals.	Y	N
	Over the past 2 weeks have you had a great deal of stress, felt overwhelmed, and had trouble coping?	Y	N
	Over the past 2 weeks have you felt nervous, anxious, on edge or afraid something awful might happen?	Y	N
	Over the past 2 weeks have you felt down, depressed, like giving up, or thought about harming yourself?	Y	N
	Are you the caregiver of a loved one (child, spouse, life partner, elderly person) who is chronically ill or mental or emotionally challenged? If yes, would you like information on caregiver support or resources	Y	N
	Are you a veteran? If yes, are you using any services at the VA?	Y	N
	Are any of your need urgent? For Ex: I don't have enough food tonight, I don't have a place to sleep tonight.	Y	N