Name_____ Best Contact (phone number, e-mail, etc.)_____ Zip Code _____

Please answer the questions below so we can better understand how we can help you. For questions where you've answered yes, please check the 'Urgent' box if this is something you'd like help with today if possible.

		Yes	No
🏠	Are you worried that in the next 2 months, you may not have a safe or stable place to live? (eviction, being kicked out, homelessness) Urgent?		
⚠️	Are you worried that the place you are living now is making you sick? (has mold, bugs/rodents, water leaks, not enough heat) Urgent?		
💡	In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services to your home? Urgent?		
🍎	In the last 12 months, did you worry that your food could run out before you got money to buy more? Urgent?		
🚗	In the last 12 months, has lack of transportation kept you from medical appointments or getting your medications? Urgent?		
💊	In the last 12 months, did you have to skip buying medications or going to doctor's appointments to save money? Urgent?		
🧑	Do you need help getting child care or care for an elderly or sick adult? Urgent?		
⚖️	Do you need legal help? (child/family services, immigration, housing discrimination, domestic issues, etc.)? Urgent?		
🧍	Are you finding it hard to get along with a partner, spouse, or family members? Urgent?		
😠	Does anyone in your life hurt you, threaten you, frighten you, or make you feel unsafe? Urgent?		
💬	Do you sometimes have a hard time understanding what's explained to you, or given to you in writing, about your health and health care? Urgent?		
🍾	Does substance use get in the way of activities in your everyday life, like going to work or school, or taking care of yourself or your family? Urgent?		
🙁	Do feelings of depression, anxiety, or other mental health concerns get in the way of your daily activities or make it hard to take care of yourself or your family? Urgent?		

What kind of health insurance do you have? Check all that apply. *This information is for data collection purposes only.* **Completing this screening will not impact your health insurance benefits.**

Medicaid   Medicare   Commercial (please specify)_____

Other (please specify)_____   ☐ Uninsured

If you are uninsured, would you like help getting connected to health insurance?

Yes   No   N/A

Do we have your permission to share your information with community organizations that may be able to help you?

Yes   No   N/A

Signature_____   Date_____