



Needs Assessment

Name: _____

DOB: _____

Preferred name: _____

Gender: _____

Housing

Describe your current housing: _____

Is it safe?: Yes No Is it stable?: Yes No

Notes: _____

Family

Who lives in your home?

Name	Relationship to you	Age

Any safety concerns?: Yes No

Notes: _____

Employment

Are you employed?: Yes No Where?: _____

Are you job searching?: Yes No Do you have a resume?: Yes No

What type of work experience do you have?: _____

What are your career goals?: _____

Notes: _____

Household Finances

Indicate current income sources:

\$_____ Employment \$_____ SSI \$_____ Social Security
\$_____ SNAP \$_____ SSDI
\$_____ WIC \$_____ Child Support \$_____ Pension
\$_____ TANF

Do you have any financial concerns?: Yes No

Are your bills current?: Yes No

Notes: _____

Medical

Do you have health insurance?: Yes No Provider: _____

If no, would you like us to help you apply for insurance? Yes No

Do you have any medical diagnoses or concerns?: Yes No

Explain: _____

Notes: _____

Mental Health/AOD

How would you rate your current mental/emotional well-being?:

Failing Poor Average Good Excellent

Do you have any mental health diagnoses or concerns?: Yes No

Explain: _____

Current mental health treatment: Yes No

Where?: _____

Who do you turn to for emotional support?:

Do you have history of self-harm or suicidal thoughts?: Yes No
Currently?: Yes No

Explain: _____

Any concerns related to drugs or alcohol abuse?: Yes No

Explain: _____

Miscellaneous

Are you currently receiving support from any community agencies or resources?:

Yes No

Explain: _____

What community agencies and resources have you received help from in the past?:

Do you have any legal concerns?: Yes No

Explain: _____

Are you a current or former military service member or spouse?: Yes No

Explain: _____

Other: _____

Check all areas to be addressed:

Select	Category
	Housing
	Family
	Finances
	Employment
	Education
	Mental Health/Emotional
	Medical
	Substance Abuse
	Bereavement
	Legal
	Immigration
	Other:
	Other:

Signature: _____ Date: _____