**Health Screening**

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Food** |  |  |
| 1. Within the past 12 months, did you worry that your food would run out before you got money to buy more? |  |  |
| 1. Within the past 12 months, did the food you bought just not last and you didn’t have money to get more? |  |  |
| **Housing/ Utilities** |  |  |
| 1. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else’s home (i.e. couch-surfing)? |  |  |
| 1. Are you worried about losing your housing? |  |  |
| 1. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed? |  |  |
| **Transportation** |  |  |
| 1. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? |  |  |
| **Interpersonal Safety** |  |  |
| 1. Do you feel physically or emotionally unsafe where you currently live? |  |  |
| 1. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? |  |  |
| 1. Within the past 12 months, have you been humiliated or emotionally abused by anyone? |  |  |
| **Optional: Immediate Need** |  |  |
| 1. Are any of your needs urgent? For example, you don’t have food for tonight, you don’t have a place to sleep tonight, you are afraid you will get hurt if you go home today. |  |  |
| 1. Would you like help with any of the needs that you have identified? |  |  |