

Welcome. This screening tool is used to support you with your health goals. There are no wrong answers. Your responses are completely confidential and do not affect your benefits and services.

Note: The screening tool should not be completed if you filled one out in the last 3 months.

<p>First Name: _____ Last Name: _____</p> <p>Birthdate: ____ / ____ / ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer</p> <p>Medicaid CIN: _____ Zip Code: _____ (Homeless person – approx.)</p>		
In the last 12 months, did you ever eat less than you felt because there wasn't enough money for food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 12 months, has your utility company shut off your service for not paying your bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ever need help reading hospital materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Yes	<input type="checkbox"/> No