

Health Needs Assessment



In the last 12 months, did you or your family ever **eat less than you felt you should** because there wasn't enough money for food?



Are you worried that in the next 2 months you **may not have stable housing**?



Think about the place you live. Do you have problems with any of the following? **Pests (mice or roaches), mold, no/not working smoke detectors, water leaks, no window guards.**



In the last 12 months, has the **electric, gas, oil, or water company threatened to shut off your services** in your home?



In the last 12 months, have you or your family ever had to go without health care because you didn't have a **way to get there**?



Are you or your family worried about feeling **safe in your home**?



Do you feel that you need more **support from other people or programs** to help you care for yourself or your family?



Do you need help **understanding your or your child's healthcare needs** (diagnosis, medications, plan, etc.)?



In the last 12 months, was there a time when your child needed to see a doctor or get medications or supplies **but could not because of cost**?



Did you or your child **miss school or work** because of a health problem that could have been avoided?



If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs?