

## Community Health Center of the Black Hills Needs Assessment

Patient Name:		Case Manager:		Date Completed:	
Patient Number:		Phone Number:		Message Ok?	Yes No
Email Address:		Address (if different than file):			

### Housing

3	Stable housing	Safe and secure	Enough room for household size	Pay <input type="checkbox"/> mortgage/ <input type="checkbox"/> rent on time	Pays Utilities/ <input type="checkbox"/> on LEAP	Repairs taken care of as needed/ <input type="checkbox"/> on Weatherization
2	Temporary housing	Relatively safe	Household members share rooms	Need help to pay <input type="checkbox"/> rent/ <input type="checkbox"/> mortgage	Need help to pay utilities	Repairs needed, but not a priority
1	<input type="checkbox"/> Homeless <input type="checkbox"/> risk of losing housing	Dangerous housing	Not enough room for household size	<input type="checkbox"/> Facing eviction or <input type="checkbox"/> foreclosure	Received shut off notice	<input type="checkbox"/> Unable to make repairs/ <input type="checkbox"/> Landlord not making repairs

Comments:

### Food/Clothing

3	<input type="checkbox"/> Purchase own food/On <input type="checkbox"/> SNAP <input type="checkbox"/> WIC	Eats at least 3 meals/day	Eats from healthy food groups	No clothing needs
2	Need help to access food	Eats two or less meals/day	Sometimes eat from healthy food groups	Needs seasonal clothing
1	No food in household	Skips daily meals	Never eat from healthy food groups	Needs clothing

Comments:

### Transportation

3	Have reliable vehicle	Have <input type="checkbox"/> Driver's License/ <input type="checkbox"/> ID/ <input type="checkbox"/> Birth Certificate/ <input type="checkbox"/> Car Insu	Reliable transportation to appointments	Vehicle <input type="checkbox"/> repairs/ <input type="checkbox"/> maintenance done	Vehicle payments made on time or <input type="checkbox"/> vehicle paid for
2	Have unreliable vehicle	<input type="checkbox"/> Revoked/ <input type="checkbox"/> suspended driver's license	Un-reliable transportation to appointments	Has resources to pay for <input type="checkbox"/> maintenance/ <input type="checkbox"/> repairs	Payments are behind
1	Have no vehicle	No <input type="checkbox"/> Driver's License/ <input type="checkbox"/> ID/ <input type="checkbox"/> Birth Certificate/ <input type="checkbox"/> Car Insu	Needs transportation to appointments	Unable to pay for <input type="checkbox"/> repairs or <input type="checkbox"/> maintenance	Vehicle was <input type="checkbox"/> repossessed/ <input type="checkbox"/> on the verge of being repossessed/ <input type="checkbox"/> no vehicle

Comments:

### Employment

3	<input type="checkbox"/> Employed/ <input type="checkbox"/> choose not to work/ <input type="checkbox"/> disabled/ <input type="checkbox"/> Veteran	Have skills/training	Has resume established	Has dependable child care
2	<input type="checkbox"/> Temporary or <input type="checkbox"/> inadequate employment	Upgrading skills/training	Access to create/update resume	Un-reliable child care
1	Unemployed	Need skills/training	No resume	Needs information on child care

Comments:

**Financial**

3	Reliable income	Pays <input type="checkbox"/> all or <input type="checkbox"/> most bills on time	Good credit	Follow a budget	Established bank accounts	Retirement plan set up
2	Adequate income	Struggle to pay bills	Establishing credit	<input type="checkbox"/> Need help with budgeting skills <input type="checkbox"/> limited budgeting skills	Difficulty adding to bank accounts	Wants information on retirement
1	Little to No Income	Unable to pay bills	No credit/poor credit	No budgeting skills	No bank accounts	No resources to establish retirement

Comments:

**Education**

3	<input type="checkbox"/> Attending college <input type="checkbox"/> college degree <input type="checkbox"/> training certificate	<input type="checkbox"/> Knowledgeable with computer/internet <input type="checkbox"/> access to computer/internet	Utilize public library regularly	Possesses ability to read	<input type="checkbox"/> Speak <input type="checkbox"/> read and <input type="checkbox"/> write in English
2	Have <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	Some computer/internet skills	Utilize public library occasionally	Has trouble reading	Learning to speak, read and write in English
1	No High School Diploma/GED	No computer/internet skills	Does not utilize public library	Unable to read	Unable to speak, read or write English

Comments:

**Wellness/Relationships**

3	Good support system	Have stable relationships	Able to cope with stress	Able to function most day	No mental health concerns with <input type="checkbox"/> self <input type="checkbox"/> family	No legal concerns	Use positive parenting skills
2	Limited support system	Somewhat stable relationships	Sometimes able to cope with stress	Sometimes able to function	Managed Mental health concerns with <input type="checkbox"/> self <input type="checkbox"/> family	Minor legal concerns	Sometimes uses positive parenting skills
1	No support system	Unstable relationships	Unable to cope with stress	Difficulty functioning most days	Unmanaged mental health concerns with <input type="checkbox"/> self <input type="checkbox"/> family	Major legal concerns	Needs information about positive parenting

Comments:

**Health Care**

3	Have <input type="checkbox"/> private health/ <input type="checkbox"/> dental <input type="checkbox"/> vision <input type="checkbox"/> Rx insurance <input type="checkbox"/> VA	<input type="checkbox"/> No Health concerns/ <input type="checkbox"/> exams, <input type="checkbox"/> immunizations current	No one in the household smokes	No alcohol abuse	No drug use	Exercise regularly
2	<input type="checkbox"/> Medicaid or <input type="checkbox"/> Medicare	<input type="checkbox"/> Health concerns managed/ <input type="checkbox"/> exams, <input type="checkbox"/> immunizations overdue	Smokes/wants assistance to quit	<input type="checkbox"/> Receiving intervention services wants assistance <input type="checkbox"/>	<input type="checkbox"/> Receiving treatment <input type="checkbox"/> wants assistance <input type="checkbox"/> self-medicating	Exercise occasionally
1	No <input type="checkbox"/> health <input type="checkbox"/> dental <input type="checkbox"/> vision <input type="checkbox"/> Rx insurance	Unmanaged health concerns	Smokes/no interest in quitting	Needs assistance with addiction	Needs assistance with addiction	Do not exercise

Comments: