

Name: _____

Birth Date: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. In the last 12 months, did you ever worry whether your food would run out before you had money to buy more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last 12 months, has your utility company shut off your service for not paying your bills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you used your cooking stove for heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you worried that in the next 12 months, you may not have stable housing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do problems getting childcare or care for another family member make it difficult for you to work or study? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last 12 months, have you needed to see a doctor, but could not because of cost? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the last 12 months, did you skip medication to save money? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 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"/> | <input type="checkbox"/> |
| 9. Do you ever need help reading hospital materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you afraid you might be hurt in your apartment building or house? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. During the last four weeks, have you been actively looking for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you a veteran? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your needs urgent? | | |
| For Example: I don't have enough food tonight, I don't have a place to sleep tonight? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you checked YES to any boxes above, would you like to receive assistance with Any of these needs? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: