**Directions: Please fill out all the questions, whether you are answering for yourself or for a child, so that your care team has the most complete information to care for you.**

1. **Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**
2. **In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?**
	* Yes
	* No
	* Already shut off
	* I am not sure
3. **In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?**

 (Check all that apply)

 Yes, it has kept me from

 medical appointments or

 getting medications

* + Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
	+ No
	+ I am not sure
1. **Think about the place you live. Do you have problems with any of the following?**

(Check all that apply)

* + Pests such as bugs, ants, or mice
	+ Mold
	+ Lead paint or pipes
	+ Inadequate heat
	+ Oven or stove not working
	+ No or not working smoke detectors
	+ Water leaks
	+ None of the above
	+ I am not sure

1. **What is your housing situation today?**
	* I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
	* I have housing today, but I am worried about losing housing in the future
	* I have housing

 I am not sure

1. **Within the past 12 months, the food you bought just didn’t last and you didn’t have enough money to get more.**
	* Often true
	* Sometimes true
	* Never true
2. **Within the past 12 months, you worried that your food would run out before you got money to buy more.**
	* Often true
	* Sometimes true
	* Never true
3. **Do you want help finding or keeping work or a job?**
	* Yes, help finding work
	* Yes, help keeping work
	* I do not need or want help
	* I am not sure

English 04/2022