

Name _____
DOB _____



SOCIAL BARRIERS

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. 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
3. 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
4. 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
5. 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
6. 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
7. 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
8. 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