

Name _____

DOB _____

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