**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