**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the areas you would like help with. We will talk to you about resources for your identified needs. *We cannot guarantee help in all areas, but will do our best to respond to your needs and priorities.*

**□** **I do not have any needs at this time □ I’m declining assistance**

|  |  |  |  |
| --- | --- | --- | --- |
| **C:\Users\aschutte\Desktop\Housing.png**  **HOUSING** | **UTILITIES (Includes Phone, mailbox, etc.)** | **C:\Users\aschutte\Desktop\Food.png**  **FOOD C:\Users\aschutte\Desktop\MH.png** | **MEDICAL CARE** |
| **DENTAL CARE** | **C:\Users\aschutte\Desktop\MH.png**  **COUNSELING** | **ALCOHOL & DRUG TREATMENT** | **HEALTH SUPPLIES**  *(prescriptions, glasses, etc.)* |
| **TRANSPORTATION** | **C:\Users\aschutte\Desktop\jobs.jpg**  **EMPLOYMENT/ INCOME** | **CHILDCARE** | **C:\Users\aschutte\Desktop\Free-Clothes-Vectors.png**  **MATERIAL GOODS**  *(clothing, furniture, etc.)* |
| **IMPORTANT DOCUMENTS**  *(ID, birth certificate, & social security cards)* | **C:\Users\aschutte\Desktop\Safety.png**  **PHYSICAL SAFETY** | **C:\Users\aschutte\Desktop\Healing Hands Vector Icons.png**  **PEER SUPPORT & RECOVERY** | **C:\Users\aschutte\Desktop\legal.jpg**  **LEGAL HELP** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have health insurance?** | | □ Yes □ No If “**yes**” which one\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |  | |
| **Are you a Veteran?** | □ Yes □ No | | |  |
|  | | |  | |
| **Are you connected with services at:** | | | □ HOAP □ HOST □ ARCHES □ Simonka House □ UGM | |
| □ Salvation Army □ Salem Housing Authority □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | |  |  |

**Fecha:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre del Paciente:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fecha de Nacimiento:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por favor, seleccione las áreas en las que desea recibir ayuda. Hablaremos con usted sobre los recursos para sus necesidades identificadas. No podemos garantizar la ayuda en todas las áreas, pero haremos todo lo posible para llevar a cabo sus necesidades y prioridades.

**□ No tengo ninguna necesidad en este momento. □ Estoy rechazando la ayuda**

|  |  |  |  |
| --- | --- | --- | --- |
| **C:\Users\aschutte\Desktop\Housing.png**  **VIVIENDA** | **UTILIDADES (Incluye teléfono, buzón de correo, etc.)** | **C:\Users\aschutte\Desktop\Food.png**  **ALIMENTOS C:\Users\aschutte\Desktop\MH.png** | **ATENCIÓN MÉDICA** |
| **DENTAL** | **C:\Users\aschutte\Desktop\MH.png**  **SALUD MENTAL** | **TRATAMIENTO PARA ALCOHOL Y DROGAS** | **SUMINISTROS MÉDICOS**  (Lentes, medicamento) |
| **TRANSPORTE** | **C:\Users\aschutte\Desktop\jobs.jpg**  **EMPLEO / INGRESOS** | **CUIDADO INFANTIL** | **C:\Users\aschutte\Desktop\Free-Clothes-Vectors.png**  C:\Users\aschutte\Desktop\Free-Clothes-Vectors.png  **BIENES DE CONSUMO DURABLE**  (Ropa, muebles, pañales) |
| **DOCUMENTOS IMPORTANTES**  (Identificación, acta de nacimiento y tarjetas de seguro social) | **C:\Users\aschutte\Desktop\Safety.png**  **SEGURIDAD FÍSICA** | **C:\Users\aschutte\Desktop\Healing Hands Vector Icons.png**  **APOYO ENTRE IGUALES** | **C:\Users\aschutte\Desktop\legal.jpg**  **ASISTENCIA LEGAL** |

|  |  |  |
| --- | --- | --- |
| **¿Tiene seguro médico?** | □ sí □ no Si la respuesta es “**sí**”: ¿cuál es?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
| **¿Es veterano militar?** | □ sí □ no |  | |
|  |  | |
| **¿Esta conectado con:** | □ HOAP □ HOST □ ARCHES □ Simonka House □ UGM □ Salvation Army | |
| □ Salem Housing Authority □ Otro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |