

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

|   |  | Yes                      | No                       |
|---|--|--------------------------|--------------------------|
|    | In the Last 12 months, did you ever <b>worry whether your food would run out</b> before you had money to buy more?           | <input type="checkbox"/> | <input type="checkbox"/> |
|    | In the last 12 months, has your <b>utility company shut off your service</b> for not paying your bills?                      | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Have you used your <b>cooking stove for heat</b> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Are you worried that in the next 2 months, you <b>may not have stable housing</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Do problems getting <b>childcare make it difficult for you to work</b> or study?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | In the last 12 months, have you needed to see a doctor, <b>but could not because of cost</b> ?                               | <input type="checkbox"/> | <input type="checkbox"/> |
|    | In the last 12 months, did you <b>skip medications to save money</b> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | In the last 12 months, have you ever had to go without health care because you didn't have <b>a way to get there</b> ?       | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Do you ever need help <b>reading hospital materials</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you <b>afraid you might be hurt</b> in your apartment building or house?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | During the last four weeks, have you been <b>actively looking for work</b> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you a <b>veteran</b> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>Are any of your needs urgent?</b><br>For Example: I don't have enough food tonight, I don't have a place to sleep tonight | <input type="checkbox"/> | <input type="checkbox"/> |
|   | If you checked YES to any boxes above, <b>would you like to receive assistance</b> with any of these needs?                  | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments: