

Place Patient Sticker Here

Please fill this out and give to the medical assistant when you are called into the exam room. Your answers will help your care team take better care of your health and connect you with resources. Thank you!

Please check “✓” your answers: I am a Patient Parent / Caregiver



What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Emergency: I do not have a safe place to stay tonight.



Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

Is this an emergency, do you need food for tonight?

- Yes No



Do you have trouble paying for medicines?

- Yes No



Do you have trouble getting transportation to medical appointments?

- Yes No



Do you have trouble paying your heating or electricity bill?

- Yes No

If yes, are you at risk of having your utilities shut off in the next week?

- Yes No



Do you have trouble taking care of a child, family member or friend?

- Yes No



Do you have trouble with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc.?

- Yes No



Are you currently unemployed and looking for a job?

- Yes No



Are you interested in more education?

- Yes No

Please check “✓” the resources you want help with:

Housing / Shelter



Food



Paying for Medicine



Transport



Utilities



Childcare



Care for elder or disabled



Daily Support



Job search / training



Education



I do not want to answer these questions