CMCT Social Needs Screening Tool

**Medical**

Do you need assistance with connecting to a Doctor?  
Yes  No

Do you have any dental concerns or needs?  
Yes  No

If yes, do you need assistance with connecting to a Dentist?  
Yes  No

Additional Comments: __________________________________________________________

Do you have any Vision or eye care needs?  
Yes  No

If yes, circle all that apply:  
Help connecting to an eye doctor/optometrist,
Help making an eye appointment,  
Help filling a prescription for glasses

Do you have any outstanding medical bills that you are concerned with?  
Yes  No

Are there any medical supplies, medications, or specialty care appointments that you need that you haven’t been able to access?  
Yes  No

**Behavioral Health**

Do you have any mental health concerns?  
Yes  No

Do you have any substance use concerns?  
Yes  No

Would you like to be connected to resources to receive support/counseling/treatment for mental health or substance use?  
Yes  No

**Safety**

Do you feel physically and emotionally safe where you currently live?  
Yes  No

Are you currently in a situation where you are being hurt or harmed in any way?  
Yes  No

**Housing**

What is your current living situation? (CIRCLE: street, shelter, doubled up, Sober Living Environment (SLE), residential treatment, transitional housing, single room occupancy (SRO), board and care, own or rent)
Comments/Additional Information: __________________________________________________________

Do you believe you are at risk of losing your housing within the next 6 months?  
Yes  No

Do you live alone or with other people? (CIRCLE: Alone Lives with people )

If living with other people: (Check all that apply)

☐Mother  ☐Father  ☐Sibling(s)  ☐Extended Family  ☐Child/Children  ☐Adult Child/Children  ☐Friend
☐Spouse/Partner  ☐Roommate/Housemate  ☐Group Home  ☐Other

Comments:________________________________________________________

Do you have any pets?  
Yes  No

Comments __________________________________________________________

Would you like information about utility discount programs? (Ex: PG&E, water, phone)  
Yes  No
Would you like information about home repair programs? (i.e. Weatherization Program)  Yes  No
Would you like information about rental assistance resources?  Yes  No
Would you like information about shelters in your area?  Yes  No

Finances
Do you have a source of income?  Yes  No
  If yes, what is your source of income? (CIRCLE: Employed, Self-employed, SSI/SSD, General Assistance, Inheritance, Cal-Works, Other)

Have you received or are you currently applying to any income/public assistance programs, such as SSI, SSDI, GA, Cal-Works, or others?  Yes  No
Currently applying, Applied in past, Never, Denied, Currently receiving

Additional Comments:______________________________________________________________

Would you like assistance applying for Income/Public Assistance Programs? (CIRCLE: SSI, SSDI, General Assistance benefits, Cal-Works, Other)  Yes  No

Food Security
Do you or your family struggle with having enough food to eat every day?  Yes  No
Would you be interested in information about food programs and food stamps?  Yes  No
  If yes, what programs/resources? (CIRCLE: CalFresh/Food Benefits, WIC, Food Pantries, Free/Reduced school lunches, congregate meals)

Transportation
Do you need help with transportation to/from medical appointments or other important appointments? Yes  No
How do you currently get to/from your medical/other important appointments?
  Public transportation, private car, family members, taxi, Uber, CCHP, Other

Support System
When you feel stressed/overwhelmed, do you need additional support in your life?  Yes  No
  If yes, Who/Where do you go when you need help or support in your life?__________________________
What is something you like to do /something in your life you are proud of? ________________

Do you have any children and/or adults who are dependent on your care that you would like additional resource information for? YES NO  (CIRCLE: Child Adult)

What support/resources do you feel that you need? ____________________________________________

Education/Employment
Would you like information about educational opportunities?  Yes  No
Would you like information job training programs?  Yes  No
Would you like information about job placement programs  Yes  No

Legal
Do you need legal assistance information? (ex: immigration, child custody/support, tenant issues, restraining orders, etc.)  Yes  No