

## Service and Needs Assessment

Date \_\_\_\_\_ Is this your first visit with an IPI Case Advocate?  Yes  No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Best way to contact? (phone #, email address) \_\_\_\_\_

What is your immediate concern today? \_\_\_\_\_

This assessment helps us help you by identify the critical needs of you and your family. This form is required before you meet with an IPI Case Advocate. **Please indicate the issues you would like to discuss about you and your family** (check all that apply). If the service you request is not available through IPI, we will refer you to another agency who can assist you with your special needs.

### Housing

- |  |  |
|--|--|
| <input type="checkbox"/> Immediate housing need (homeless) | <input type="checkbox"/> Emergency shelter or transitional housing         |
| <input type="checkbox"/> Apartment resources               | <input type="checkbox"/> Affordable housing                                |
| <input type="checkbox"/> Home owner's or renters insurance | <input type="checkbox"/> Home buyer education                              |
| <input type="checkbox"/> Relocation (moving) assistance    | <input type="checkbox"/> Referrals for assistance paying utilities or rent |
| <input type="checkbox"/> Landlord/tenant dispute resources | <input type="checkbox"/> Information about foreclosure                     |
| <input type="checkbox"/> Home repair assistance            | <input type="checkbox"/> Information on weatherization                     |
| <input type="checkbox"/> Other housing issues?             |  |

### Transportation

- |   |   |
|---|---|
| <input type="checkbox"/> Bus tickets/passes           | <input type="checkbox"/> Need reliable transportation                 |
| <input type="checkbox"/> Purchase or sell a car       | <input type="checkbox"/> Need auto registration/insurance information |
| <input type="checkbox"/> Need car seat for child      | <input type="checkbox"/> Discounted car repair service                |
| <input type="checkbox"/> Other transportation issues? |   |

### Diet, Nutrition, & Exercise

- |   |   |
|---|---|
| <input type="checkbox"/> Immediate food assistance                    | <input type="checkbox"/> Affordable fitness classes             |
| <input type="checkbox"/> Weight management education/support          | <input type="checkbox"/> Nutrition and exercise plan            |
| <input type="checkbox"/> Help identifying presence of eating disorder | <input type="checkbox"/> Help finding eating disorder treatment |
| <input type="checkbox"/> Other issues?                                |   |

### Addiction & Dependency

- |   |  |
|---|--|
| <input type="checkbox"/> Information on addiction/dependency            | <input type="checkbox"/> Addiction/dependency support group referral     |
| <input type="checkbox"/> Support coping with addiction/dependency       | <input type="checkbox"/> Addition/dependency treatment                   |
| <input type="checkbox"/> Help identifying healthy coping skills         | <input type="checkbox"/> Help coping with family member drug/alcohol use |
| <input type="checkbox"/> Other substance use/abuse or addiction issues? |  |

### Mental Health

- |  |  |
|--|--|
| <input type="checkbox"/> Counseling resources  | <input type="checkbox"/> Support group resources                             |
| <input type="checkbox"/> Help understanding my mental health   | <input type="checkbox"/> Help coping with family members with mental illness |
| <input type="checkbox"/> Anxiety and/or depression   | <input type="checkbox"/> Help connecting with mental health services         |
| <input type="checkbox"/> Thoughts of harming myself  | <input type="checkbox"/> Thoughts of harming others                          |
| <input type="checkbox"/> Has anything out of the ordinary or unusual happened to you that you are still thinking about and that is causing you stress? |  |
| <input checked="" type="checkbox"/> Other mental health issues?  |  |

### Finances

- |   |   |
|---|---|
| <input type="checkbox"/> Inadequate income                      | <input type="checkbox"/> Need help with rent, utilities, or other basic needs |
| <input type="checkbox"/> Help in applying for public benefits   | <input type="checkbox"/> Education on managing spending, reducing debt        |
| <input type="checkbox"/> Credit counseling                      | <input type="checkbox"/> Bankruptcy education                                 |
| <input type="checkbox"/> Help budgeting/creating financial plan | <input type="checkbox"/> Savings and investment education                     |
| <input type="checkbox"/> Retirement planning                    | <input type="checkbox"/> Saving for children's education                      |
| <input type="checkbox"/> Other money issues?                    |   |

**PLEASE TURN OVER**

**Professional Development/Employment**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently unemployed, with benefits | <input type="checkbox"/> Currently unemployed, without unemployment comp |
| <input type="checkbox"/> Re-entering workforce               | <input type="checkbox"/> Interview clothing needed                       |
| <input type="checkbox"/> Job searching resources/skills      | <input type="checkbox"/> Career advancement or career change support     |
| <input type="checkbox"/> Assistance with a career plan       | <input type="checkbox"/> Want to start my own business                   |
| <input type="checkbox"/> Need help with interviewing skills  | <input type="checkbox"/> Need to create a resume/cover letter            |
| <input type="checkbox"/> Workplace communication skills      | <input type="checkbox"/> Other employment issues?                        |

**Education**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult basic education            | <input type="checkbox"/> Scholarship resources/financial aid |
| <input type="checkbox"/> Continuing education information | <input type="checkbox"/> College preparatory classes         |
| <input type="checkbox"/> Computer training                | <input type="checkbox"/> Support with learning challenges    |
| <input type="checkbox"/> GED classes/testing centers      | <input type="checkbox"/> Vocational or certificate program   |
| <input type="checkbox"/> Other education issues?          |  |

**Relationships**

- |  |  |
|--|--|
| <input type="checkbox"/> Reconnect with family/friends             | <input type="checkbox"/> Need to improve family communication            |
| <input type="checkbox"/> Marriage/couples counseling               | <input type="checkbox"/> Help in understanding co-dependency             |
| <input type="checkbox"/> Need affordable childcare or subsidy      | <input type="checkbox"/> Information on parenting, parenting classes     |
| <input type="checkbox"/> Information on caring for an aging parent | <input type="checkbox"/> Information on enrichment/after-school programs |
| <input type="checkbox"/> Affordable senior care                    | <input type="checkbox"/> Information on hospice services                 |
| <input type="checkbox"/> Other relationship issues?                |  |

**Domestic Violence and/or Sexual Assault**

- |  |   |
|--|---|
| <input type="checkbox"/> Information on domestic violence  | <input type="checkbox"/> Help filing a police report  |
| <input type="checkbox"/> Information on sexual assault   | <input type="checkbox"/> Need safe place to live      |
| <input type="checkbox"/> Assistance creating a safety plan   | <input type="checkbox"/> Need an order of protection  |
| <input type="checkbox"/> Domestic violence support group   | <input type="checkbox"/> Sexual assault support group |
| <input type="checkbox"/> Counseling/support for children   | <input type="checkbox"/> Counseling/support for self  |
| <input type="checkbox"/> Ongoing support/follow-up because of domestic violence or sexual assault experience |   |

**Family Law and Other Legal Issues**

- |  |  |
|--|--|
| <input type="checkbox"/> Previously incarcerated               | <input type="checkbox"/> On probation                                |
| <input type="checkbox"/> Immigration information needed        | <input type="checkbox"/> Bankruptcy information needed               |
| <input type="checkbox"/> Family law information needed         | <input type="checkbox"/> Referral to family law attorney needed      |
| <input type="checkbox"/> File for divorce                      | <input type="checkbox"/> File for legal separation                   |
| <input type="checkbox"/> Information on preparing for court    | <input type="checkbox"/> Help creating a parenting plan              |
| <input type="checkbox"/> Help enforcing existing custody order | <input type="checkbox"/> Help enforcing existing child support order |
| <input type="checkbox"/> Other legal issues?                   |  |

**Health Care**

- |  |  |
|--|--|
| <input type="checkbox"/> No health insurance                       | <input type="checkbox"/> Need help applying for health insurance |
| <input type="checkbox"/> Emergency health care assistance          | <input type="checkbox"/> Immediate health concern or illness     |
| <input type="checkbox"/> General health and wellness information   | <input type="checkbox"/> Need primary care resources             |
| <input type="checkbox"/> Prescription assistance                   | <input type="checkbox"/> Alternative healing resources           |
| <input type="checkbox"/> Dental services                           | <input type="checkbox"/> Help finding a doctor                   |
| <input type="checkbox"/> Optical services (i.e. glasses, eye exam) | <input type="checkbox"/> Well woman check-up resources           |
| <input type="checkbox"/> STD Testing                               | <input type="checkbox"/> Pre-natal/pregnancy support             |
| <input checked="" type="checkbox"/> Other health issues?           |  |

**Self Esteem Enhancement**

- |   |   |
|---|---|
| <input type="checkbox"/> I feel pretty good about myself          | <input type="checkbox"/> I would like to feel better about myself     |
| <input type="checkbox"/> I feel pretty good about how I look      | <input type="checkbox"/> I would like to feel better about how I look |
| <input type="checkbox"/> I would like to improve my social skills | <input type="checkbox"/> Help creating a social support network       |
| <input type="checkbox"/> Help with organizational skills          | <input type="checkbox"/> Help with time management skills             |
| <input type="checkbox"/> Other self esteem issues?                |   |