@HOME Needs Assessment

\*Please answer the following questions to the best of your ability. Your answers will help us serve you better. All the information will be kept confidential.\*

\*\*Personal Information:\*\*

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Gender: [ ] Male [ ] Female [ ] Non-Binary [ ] Prefer not to say [ ] Other: \_\_\_\_\_\_

4. Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_

5. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_

6. Emergency Contact:

 a. Name: \_\_\_\_\_\_\_\_\_\_\_\_

 b. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

 c. Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_

\*\*Family and Children:\*\*

7. Do you have children? [ ] Yes [ ] No

 a. If yes, how many? \_\_\_\_\_\_\_\_\_\_\_

 b. Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you a single parent? [ ] Single Mother [ ] Single Father [ ] Not a Single Parent

9. If not a single parent, is the other parent/guardian involved in the children's life? [ ] Yes [ ] No

\*\*Current Living Situation:\*\*

10. Are you currently homeless? [ ] Yes [ ] No

11. If yes, how long have you been without stable housing? \_\_\_\_\_\_

12. Previous Address (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Number of people in your current household: \_\_\_\_\_\_

\*\*Basic Needs:\*\*

14. Do you need immediate shelter? [ ] Yes [ ] No

15. Are you in need of food assistance? [ ] Yes [ ] No

16. Do you need clothing? [ ] Yes [ ] No

\*\*Transportation:\*\*

17. Do you have reliable transportation? [ ] Yes [ ] No

18. Will you be using transportation services provided by @HOME? [ ] Yes [ ] No

\*\*Employment and Financial Situation:\*\*

19. Current Employment Status: [ ] Employed [ ] Unemployed [ ] Part-time [ ] Student

20. Current Job Title (if employed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Monthly Income (approximate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Current Financial Situation:

 a. Are you able to cover your monthly expenses? [ ] Yes [ ] No

 b. Do you have any outstanding debts or loans? [ ] Yes [ ] No

23. Do you need emergency funding assistance for any bills? [ ] Yes [ ] No

 a. If yes, please specify which bills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Are you interested in our Resume Resources? [ ] Yes [ ] No

25. Are you interested in our Business Resources? [ ] Yes [ ] No

\*\*Areas of Assistance:\*\*

26. What areas do you need the most help in? (Select all that apply)

 a. [ ] Housing

 b. [ ] Employment

 c. [ ] Financial Planning

 d. [ ] Childcare

 e. [ ] Education for children

 f. [ ] Other: \_\_\_\_\_\_\_\_\_\_

\*\*Additional Information:\*\*

27. Do you have any medical conditions or disabilities we should be aware of? \_\_\_\_\_\_\_\_\_\_

28. Are you currently receiving any other forms of assistance or benefits? [ ] Yes [ ] No

 a. If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. How did you hear about @HOME? \_\_\_\_\_\_\_\_\_\_\_

\*\*For Internal Use Only:\*\*

30. Intake Officer: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

31. Notes/Comments: \_\_\_\_\_\_\_\_\_\_\_