WE CARE SURVEY



Place Patient Sticker Here

We want to make sure that you know all the community resources that are available to you for problems. **Many of these resources are free of charge.** Please answer each question and hand it to your child's medical assistant at the beginning of the visit. Thank you!

	Do you have a high school degree?	Yes No ↓	Vee	Na	
		If NO, would you like help to get a GED?	Yes	No	Maybe Later
	Do you have a job?	Yes No			
		If NO, would you like help with finding employment and/or job training?	Yes	No	Maybe Later
	Do you need daycare for your child?	Yes No ↓			
		If YES, would you like help finding it?	Yes	No	Maybe Later
	Do you think you are at risk of becoming homeless?	Yes No ↓			
		If YES, would you like help with this?	Yes	No	Maybe Later
			If yes, is this an emergency? Yes* No		
	Do you always have enough food for your family?	Yes No ↓			
۲		If NO, would you like help with this?	Yes ↓	No	Maybe Later
			If yes, do you need food for tonight? Yes* No		
	Do you have trouble paying your heating bill and/or	Yes No ↓	Yes	No	Maybe Later
\bigcirc	electricity bill?	If YES, would you like help with this?	\downarrow		
			If yes, are you at risk of having your utilities shut off in the next week? Yes* No		
Parent Name:		Phone:	*Patient is eligible for immediate referral to Healtl Leads		