As part of whole person care offered at Orchid Health, we have Community Health Workers (CHWs) available to support you with connection to resources beyond the medical clinic.

Name _____ DOB _____Today's Date _____

1. **What is something that makes you happy or that you're proud of?**

   _____

2. **Do you currently live in a shelter or have no steady place to sleep at night?**

   ❒ Yes ❒ No

3. **Do you think you are at risk of becoming homeless? OR at risk of facing eviction?**

   ❒ Yes ❒ No

4. **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

5. **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

6. **Do you have trouble getting transportation to medical appointments?**

   ❒ Yes ❒ No

Please indicate if you have concerns about any of the following:


❒ Alcohol/Substance Use


❒ Child or Elder Care


❒ Clothing


❒ Dental Care


❒ Education


❒ Employment


❒Health Insurance


❒ Pests / Mold / Air Quality


❒ Prescription Costs


❒ Social Connection


❒ Utility Costs


❒ Vision Care

Would you like assistance with any of the above areas? ❒ Yes ❒ No ❒ Not Sure