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 ❒