

| 2020 Needs Assessment Form       |             | Date:   |                |                        |  |
|----------------------------------|-------------|---------|----------------|------------------------|--|
| Caller's Name:                   |             |         |                | <del>-</del>           |  |
| Phone:                           | E           | Email:  |                |                        |  |
| ********                         | ******      | ******* | ******         | ********               |  |
| Client Info:                     |             |         |                |                        |  |
| First:                           | Last:       |         | Age: _         | Race:                  |  |
| Address:                         |             |         |                | Apt/Ste:               |  |
| City:                            | St:         | Zip:    | Count          | :y:                    |  |
| Phone:                           |             | Email:  |                |                        |  |
| Referred From:                   |             |         |                |                        |  |
| Assistance Needed:               |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
| Are you employed? When           | re?         | Mc      | onthly Househo | old income: \$         |  |
| Is there a specific way your fan |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
|                                  |             |         |                |                        |  |
| Would it help you to get extra   | food?       |         |                |                        |  |
| Do you have transportation? _    | self,       | family, | friend,        | public transportation. |  |
| In no. can someone pick up foo   | od for vou? |         |                |                        |  |

| ADDITIONAL INFORMATION NEEDED TO IDENTIFY AVAILABLE FREE SERV  Circle: Single/Widow/Married/Divorced  Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (snapple of the services of the services of the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently receiving (please circle the services that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently please that the client or a client's dependent is currently | istance Received:                     |                    |   |                  |  |
|--|---------------------------------------|--------------------|---|------------------|--|
| ADDITIONAL INFORMATION NEEDED TO IDENTIFY AVAILABLE FREE SERV  Circle: Single/Widow/Married/Divorced  Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving (SNAP Disability Social Security SSI VA Disability Medical Wedicaid Unemployment Section 8  # of Household Members: # of Dependents:   |                                       |                    |   |                  |  |
| ADDITIONAL INFORMATION NEEDED TO IDENTIFY AVAILABLE FREE SERV  Circle: Single/Widow/Married/Divorced  Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving (SNAP Disability Social Security SSI VA Disability Medical Wedicaid Unemployment Section 8  # of Household Members: # of Dependents:   |                                       |                    |   |                  |  |
| Circle: Single/Widow/Married/Divorced  Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving SNAP Disability Social Security SSI VA Disability Medical Medicaid Unemployment Section 8  Frof Household Members:  | erred To:                             | _                  |   |                  |  |
| Circle: Single/Widow/Married/Divorced  Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving SNAP Disability Social Security SSI VA Disability Medical Medicaid Unemployment Section 8  Frof Household Members:  |                                       |                    |   |                  |  |
| Denomination or Home Church  Receiving (please circle the services that the client or a client's dependent is currently receiving SNAP Disability Social Security SSI VA Disability Medical Medicaid Unemployment Section 8  # of Household Members: # of Dependents:  | ADDITIONAL INFORMATION                | I NEEDED TO I      | DENTIFY AVAILABLE                                       | FREE SERVICES    |  |
| Receiving (please circle the services that the client or a client's dependent is currently receiving SNAP Disability Social Security SSI VA Disability Medical Medicaid Unemployment Section 8  # of Household Members:  | le: Single/Widow/Married/Divorce      | ed                 |   |                  |  |
| Medicaid Unemployment Section 8  # of Household Members: # of Dependents: # of Dependent: Yes No, Dependent: Yes Name:   | nomination or Home Church             |                    |   |                  |  |
| Medicaid Unemployment Section 8  # of Household Members:   | eiving (please circle the services th | at the client or a | client's dependent is curre                             | ntly receiving): |  |
| # of Household Members:  | AP Disability Social Secu             | rity SSI           | VA Disability   | Medicare         |  |
| Name:  | dicaid Unemployment                   | Section 8          |   |                  |  |
| Name:  | Household Members:                    |                    | of Dependents:  |                  |  |
| Name:  | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
| Name:, Age:, Disability: Yes No, Dependent: Yes  Name:, Age:, Disability: Yes No, Dependent: Yes  Name:, Age:, Disability: Yes No, Dependent: Yes  | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
| Name:, Age:, Disability: Yes No, Dependent: Yes  Name:, Age:, Disability: Yes No, Dependent: Yes   | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
| Name:, Age:, Disability: Yes No, Dependent: Yes  | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
|  | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
| Additional Notes:  | Name:                                 | , Age:             | , <b>Disability</b> : Yes No, <b>Dependent</b> : Yes No |                  |  |
|  | litional Notes:                       |                    |   |                  |  |
|  |                                       |                    |   |                  |  |
|  |                                       |                    |   |                  |  |
|  |                                       |                    |   |                  |  |
|  |                                       |                    |   |                  |  |