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| C:\Users\pamelaw\AppData\Local\Microsoft\Windows\INetCacheContent.Word\logo20017.pngSDOH CUSTOMER Assessment | | | | | |
| Name |  | Date |  | | |
| **Department** |  | D.O.B. |  | Age | |
| Check all documents in possession | 🞎 Social Security Card 🞎 Driver’s License/ID 🞎 Diplomas/Transcript/Certificate 🞎 Birth Certificate | | | | |
| **FOOD & NUTRITION** | | | | | |
| 1. Are you interested in learning cost-savings, nutritional cooking techniques? Yes\_\_\_ No\_\_\_  2. Is having regular access to a food pantry necessary? Yes\_\_\_ No\_\_\_  3. Are you interested in learning cost-saving food purchasing ideas? Yes\_\_\_ No\_\_\_  4. Would you modify your diet and food prep to increase health outcomes and nutritional values? Yes\_\_\_ No\_\_\_ | | | | | |
| **CRIME & ENVIRONMENT** | | | | | |
| 1. Do you want a voice addressing community crime and violence? Yes\_\_\_ No\_\_\_ 2. Would you participate in a community meeting with law enforcement officials? Yes\_\_\_ No\_\_\_ 3. Are you interested in beautifying the environment (planting flowers, trees & clean-up) Yes\_\_\_ No\_\_\_ 4. Are you concerned about clean water and air quality? Yes\_\_\_ No\_\_\_ | | | | | |
| **HEALTH & FITNESS** | | | | | |
| 1. Is health condition or personal fitness a concern? Yes\_\_\_ No\_\_\_ 2. Would you participate in a free health check-up clinic? Yes\_\_\_ No\_\_\_ 3. Are you interested in how genetics will influence family health concerns? Yes\_\_\_ No\_\_\_ 4. Do you want to learn more about the side-effects of the medicines you are taking? Yes\_\_\_ No\_\_\_ 5. Do want to learn how to make the best Medicare choice without enrollment? Yes\_\_\_ No\_\_\_ | | | | | |
| **EDUCATION & INFORMATION** | | | | | |
| 1. Would you enroll in a self-paced computer class? Yes\_\_\_ No\_\_\_ 2. Do you want to learn about social media and participate more? Yes\_\_\_ No\_\_\_ 3. Do you want to learn more about nonpartisan political choices and how democracy works? Yes\_\_\_ No\_\_\_ 4. Are you curious about what’s happening in the city and how it could effect you? Yes\_\_\_ No\_\_\_ | | | | | |
| **Supports** | | | | |
| Check all services in which assistance is needed | 🞎 Budgeting 🞎 Photo/License ID 🞎 Clothing 🞎 Food 🞎 Support Groups 🞎 Furniture  🞎 Childcare 🞎 Rental Assistance 🞎 Birth Certificate 🞎 Social Security Card 🞎 Utility Payments  🞎Employment 🞎 Parenting 🞎 Healthcare 🞎 Disability 🞎 Literacy Skills 🞎 Domestic Violence | | | | |

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature Date

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Intake Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_