

CLIENT NEEDS ASSESSMENT

Comprehensive needs identification for any medical, educational, social or other services. Check ALL that apply.

Remember: Client must meet eligibility criteria to receive service.

Do you or anyone you know need any of the following services?

Client Name:

Date:

SOCIAL NEEDS	
Protective Services	
Financial Assistance (Living Expenses)	
Home Aid Services	
Respite Care	
Shelter Services	
Foster Care	
Adoption	
Clothing	
Food	
Housing Issues	
Independent Living	
Recreational (Big Brother, Mentor, YMCA, After School Programs, Scouts, etc.)	
Socialization	
Other:	
EDUCATIONAL NEEDS	
Psychological Testing	
Resource Classes	
Self-Contained Special Education	
Special Schools	
Home-Bound Instruction	
Residential Schools	
Alternative Programs	
General Educational Development (GED)	
Other:	
MENTAL HEALTH NEEDS	
Inpatient Hospitalization	
Residential Treatment Services	
Psychological Testing	
Specialized Treatment (for example: Trauma, DBT, Adult Survivors of Sexual Abuse, Criminal Domestic Violence group - perpetrators and/or victims, etc.)	
Other:	

HEALTH NEEDS	
Health Education and Prevention	
Screening and Assessment	
Primary Care	
Acute Care	
Long-Term Care	
Dental Care	
Medication Assistance (Financial)	
Other:	
VOCATIONAL NEEDS	
Career Education	
Vocational Assessment	
Job Survival skills Training	
Vocational Skills Training	
Work Experiences	
Job Finding, Placement & Retention Services	
Other:	
ADDITIONAL NEEDS	
Alcohol and Drug Abuse Treatment	
Self-Help and Support Groups	
Advocacy	
Transportation	
Legal Services	
Volunteer Programs	
Other:	
COMMENTS RELEVANT to TCM DELIVERY	