

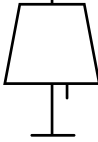

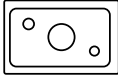
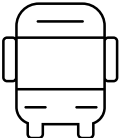


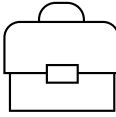



SOCIAL ASSESSMENT FORM

This form helps us identify any issues, concerns or challenges that may be impacting your health and wellbeing. You will have the option to discuss your responses with your health-care team. **Regardless of whether or not you choose to discuss your responses with your provider, we encourage you to visit [CommunityRelay.com](https://www.CommunityRelay.com).** Community Relay is a free, confidential resource that enables you to search for free- or reduced-cost programs and services by zip code.

I prefer not to complete this form.

1 Please mark any of the following areas that may be impacting your health and wellbeing, check all that apply.

<input type="checkbox"/>  FOOD Food pantries, nutrition, meal planning	<input type="checkbox"/>  HOUSING Temporary housing, repairs, financial assistance	<input type="checkbox"/>  GOODS Household items, toys, clothing, medical supplies	<input type="checkbox"/>  HEALTH Nutrition, medical care, vision care	<input type="checkbox"/>  FINANCIAL Financial education, tax preparation, insurance
<input type="checkbox"/>  TRANSIT Bus passes, financial assistance for gas or public transportation	<input type="checkbox"/>  CARE End of life care, daytime care, residential care	<input type="checkbox"/>  EDUCATION Preschool, screening and exams, financial assistance	<input type="checkbox"/>  EMPLOYMENT Job placement, workplace rights, skills and training	<input type="checkbox"/>  LEGAL Mediation, representation, interpretation

None of the above apply to me today.

2 Please share any supporting information and/or additional **non-medical** concerns:

3 Would you like to discuss your responses with a member of your health-care team?

YES **NO**

