### Social Needs Screen

Mercy’s Children’s Wellness Clinic
Amanda Stice, APRN

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<tr>
<th>Preferred Language</th>
<th>Education Level</th>
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| MRN:____________________________    |                 |

| Name:____________________________ |                 |

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#### Care Team Notes:

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**Social Needs Screen**

- In the last 12 months, did you ever **eat less then you felt you should** because there wasn’t enough money for food? [Y ☐ N ☐]
- In the last 12 months, has your **utility company shut off your service** for not paying your bills? [Y ☐ N ☐]
- Are you worried that in the next 12 months, **you may not have stable housing**? [Y ☐ N ☐]
- Do problems getting **child care make it difficult for you to work or study**? **(leave blank if you do not have children)** [Y ☐ N ☐]
- In the last 12 months, have you needed to see a doctor, **but could not because of cost**? [Y ☐ N ☐]
- In the last 12 months, have you ever had to go without health care because you didn’t have **a way to get there**? [Y ☐ N ☐]
- Do you ever need help **reading hospital materials**? [Y ☐ N ☐]
- Are you **afraid you might be hurt** in your apartment building or house? [Y ☐ N ☐]
- If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs? [Y ☐ N ☐]
- **Are any of your needs urgent**? For example: I don’t have food tonight, I don’t have a place to sleep tonight. [Y ☐ N ☐]