Appendix B

**Needs Assessment**

Date:

Client Name:

Court Number:

SF Number:

DOB/Age:

Address:

Phone #’s:

Other outreach info:

Staff Name:

Top of Form

Race/Ethnicity/Culture (check all that apply)

*  White
*  Black/African-American
*  Latino/a
*  Asian/Pacific-Islander
*  Native American
*  Declines to state
*  Other: 

Primary Language

*  English
*  Spanish
*  Other: 

Gender

*  Male
*  Female
*  MTF
*  FTM
*  Declines to state
*  Other: 

Sexual Orientation

*  Straight
*  Gay
*  Lesbian
*  Bisexual
*  Declines to state
*  Other: 

Veteran

*  yes
*  no

*\*(Ask the client, “what are your needs?” in terms of the following domains)*

Housing Issues

*  N/A
*  describe current situation:
*  household items
*  living situation
*  homelessness
*  affordable housing
*  Other: 

Financial Issues

*  N/A
*  describe current situation:
*  income/financial assistance
*  employment
*  volunteering
*  insurance (incl. MediCal)
*  payee
*  ADAP
*  clothing
*  transportation
*  Other: 

Health Issues

*  N/A
*  describe current health status:
*  significant past issues (re: HIV)
*  other chronic conditions
*  medical care
*  dental care
*  optical care
*  medication adherence
*  list of meds
*  fitness
*  food/nutrition
*  TB status
*  month/year diagnosed with HIV
*  letter of diagnosis
*  pregnant
*  Other: 

Mental Health Issues

*  N/A
*  describe current status/situation:
*  counseling
*  medication
*  suicidal thoughts or attempts
*  other self-harm
*  harm to others
*  trauma
*  domestic violence
*  hospitalizations
*  treatment history
*  Other: 

Substance Abuse Issues

*  N/A
*  describe current status/situation:
*  current use (y/n)
*  drug(s) of choice
*  how much/how often
*  past use (y/n)
*  current treatment
*  past treatment
*  Other: 

Legal Issues

*  N/A
*  describe current status:
*  past
*  probation requirements
*  stay away orders
*  durable power of attorney
*  living will
*  guardianship
*  Other: 

Social Support Issues list and include contact info when appropriate

*  N/A
*  emergency contact
*  partnered?
*  children (how many/how old)
*  other significant personal contacts
*  significant social service contacts
*  legal/criminal justice contacts
*  medical provider
*  mental health treatment provider
*  substance abuse treatment provider
*  HIV-related supports
*  place of birth
*  family of origin
*  childcare
*  spiritual/religious
*  Other: 

Education Issues

*  N/A
*  identify highest grade completed
*  GED
*  High School Diploma
*  vocational training
*  Other: 

Risk Reduction/Prevention Issues

*  N/A
*  sexual risk factors
*  substance-related risk factors
*  Needs/wants HIV education
*  Needs/wants help with partner notification
*  Needs/wants a risk reduction plan
*  Other: 

What are your Needs? Other

|  |
| --- |
|  |

Priorities

|  |
| --- |
|  |

Immediate Referrals

|  |
| --- |
|  |

Recommended Frequency of Pre-release/Post-release Contact

*  One time only
*  Once per week
*  Twice per week
*  Once per month
*  Twice per month
*  Other: 