**Health Leads Survey**

**(Must be completed by a Legal Guardian of the patient)**

**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person completing form (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Ins.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best number to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time(s) to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | In the past 2 months, has **your child's health** kept you or your child from usual activities, such as school, work or extracurricular events?  In the past 12 months, has there been a time your child needed to see a doctor but, was unable to **because of the cost**? | Yes No  Yes No |
|  | In the past 2 weeks, have **you felt overwhelmed by your child's behavior** at home or school? | Yes No |
| C:\Program Files (x86)\Microsoft Office\MEDIA\CAGCAT10\j0183328.wmf | In the past 2 months have you been concerned that your child is being bullied at school, on the bus, or online?  Do you want help with finishing a GED, college or learning a trade? | Yes No  Yes No |
|  | In the past 2 weeks have you been worried that your child could be feeling depressed or having anxiety that is making it difficult for them to enjoy normal activities? | Yes No |
|  | Does the **cost of child care make it difficult for you to work** or study?  Is it hard to find work or another **source of income** to meet your family’s needs? | Yes No  Yes No |
|  | In the last 12 months, did you **ever eat less than you felt you should** because there wasn't enough food or money for food? | Yes No |
|  | Are you **afraid that you or your child/children might be hurt** in your home or neighborhood? | Yes No |
|  | In the last 12 months, have you ever had to miss school, work or been unable to go to the store because you didn't have a way to get there? | Yes No |
|  | In the last 12 months, has your **utility company shut off your service** for not paying your bills? | Yes No |
|  | Are you worried that in the next few months, **you may not have stable housing?** | Yes No |
|  | If you checked yes to any boxes above, **would you like to receive assistance** with any of these needs? | Yes No |
|  | **Are any of your needs urgent?**  For example: I don't have food tonight, I don't have a place to sleep tonight? | **Yes** No |

Any additional comments you would like to share with us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If, you answered yes to wanting assistance, a Care Manager will be in contact with you.