







WE CARE SURVEY



Place Patient Sticker Here

We want to make sure that you know all the community resources that are available to you for problems. **Many of these resources are free of charge.** Please answer each question and hand it to your child's medical assistant at the beginning of the visit. Thank you!

	Do you have a high school degree?	Yes	No ↓	If NO, would you like help to get a GED?	Yes	No	Maybe Later
	Do you have a job?	Yes	No ↓	If NO, would you like help with finding employment and/or job training?	Yes	No	Maybe Later
	Do you need daycare for your child?	Yes	No ↓	If YES, would you like help finding it?	Yes	No	Maybe Later
	Do you think you are at risk of becoming homeless?	Yes	No ↓	If YES, would you like help with this?	Yes	No	Maybe Later
					↓ If yes, is this an emergency? Yes* No		
	Do you always have enough food for your family?	Yes	No ↓	If NO, would you like help with this?	Yes	No	Maybe Later
					↓ If yes, do you need food for tonight? Yes* No		
	Do you have trouble paying your heating bill and/or electricity bill?	Yes	No ↓	If YES, would you like help with this?	Yes	No	Maybe Later
					↓ If yes, are you at risk of having your utilities shut off in the next week? Yes* No		

Parent Name: _____ Phone: _____

*Patient is eligible for immediate referral to Health Leads

Preferred Language: _____

Is it ok to text? Yes No