



JCHIP
DRAFT
CHW DEEPER DIVE
ASSESSMENT
9/21/12
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for addressograph plate

NEEDS ASSESSMENT – DEEPER DIVE

ASSISTANCE PROGRAM ELIGIBILITY ASSESSMENT

1. Age	Yrs		
2. Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
3. Other household members? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Number of related adults	#		
b. Number of related minor children	#		
c. Number of non-related adults	#		
d. Number of non-related children	#		
4. Household income	<i>Source</i>	<i>Self or Other</i>	<i>Average Monthly Amount</i>
	<input type="checkbox"/> Employment		\$
	<input type="checkbox"/> Unemployment (specify number of weeks remaining)		\$
	<input type="checkbox"/> SSI		\$
	<input type="checkbox"/> SSDI		\$
	<input type="checkbox"/> Social Security		\$
	<input type="checkbox"/> Other Retirement		\$
	<input type="checkbox"/> TCA and FSP only		\$
<input type="checkbox"/> Other (specify) _____		\$	
5. Disability? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Wheelchair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Oxygen dependent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Identified as disabled by government agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Pending disability application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Legal issues? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Convictions	#	Date:	
b. Offense	Type:		
c. Describe			
7. Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MEANS-TESTED BENEFITS ELIGIBILITY AND ENROLLMENT ASSESSMENT

	Enrolled?	If not enrolled, eligible?	If enrolled, expiration/recertification date:
Food and Nutrition			
1. Food Supplement Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Women, Infants, and Children (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Cash Assistance					
3. Temporary Cash Assistance (TCA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Temporary Disability Assistance Program (TDAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Energy Assistance					
5. Maryland Energy Assistance Program (MEAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Electricity Universal Service Program (EUSP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Utility Service Protection Program (USPP; "Budget Billing")	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medicare Savings Programs and Rx Benefits (Medicare patients only)					
8. Qualified Medicare Beneficiary Program (QMB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Select Low-income Medicare Beneficiary/Qualified Individual Program (SLMB/QI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Medicare Part D "Extra Help"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Is there anything that we have not talked about? If so, what is it?					

IDENTIFICATION					
12. Photo ID?					<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Birth Certificate?					<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Social Security Card?					<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSPORTATION					
15. Assess available transportation benefits (<i>see additional description of benefits</i>):					
a. Have MA Transportation?					<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Previously applied?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, outcome?	<input type="checkbox"/> Approval expired	<input type="checkbox"/> App never processed	<input type="checkbox"/> Stopped using		
b. Have MTA Disability Reduced Fare Pass?					<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have MTA Mobility?					<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have MTA Taxi Access?					<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Assess other available help with transportation:					
a. Family or friend? (identified in screen)					<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Other sources of help for transportation or transportation costs?					<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If yes, describe: _____					
17. Assess nature of transportation need (See description of non-covered services):					
a. Able to use existing services? (Bus, subway, light rail)					<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Needed for non-covered services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IDENTIFICATION					
18. Photo ID?					<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Birth Certificate?					<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Social Security Card?					<input type="checkbox"/> Yes <input type="checkbox"/> No
HOUSING					
21. Current living situation:					

a. Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Name of owner or facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Nature of problem:		
a. Temporary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Poor physical condition? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Impacting health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Physical layout does not meet needs? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Wheelchair access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Insufficient space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Other factors:		
a. Medical conditions? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Substance use disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Severe mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Frail health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v. Other	Describe: _____	
b. Ever lived in public housing in Baltimore City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINANCE and FOOD INSUFFICIENCY		
24. Income assessment		
a. When in the month do you get your income?		
i. Number of times per month: _____		
ii. Date of government benefit payments: _____		
b. Are there times in the month when you tend to run out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If "yes," specify time of month if possible: _____		
c. When in the month do you need to, or usually pay, your regular bills?		
i. Utility: _____		
ii. Water: _____		
iii. Phone: _____		
iv. Rent/Mortgage: _____		
v. Cable: _____		
vi. Credit Cards: _____		
vii. Other: _____		
d. Are there specific agencies, organizations, or churches you go to when you need help with money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Food Access Assessment		
a. Does your difficulty getting food ever involve difficulty getting to a store to buy food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you have difficulty paying for the food you need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If "yes," are there specific times in the month when you tend to have problems paying for food? If "yes," specify time of month if possible: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are there specific agencies, organizations, or churches you go to when you need help with money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No