Has Needs

Patient ID   _____

Basics

Photo ID	◯ Has ◯ Needs
Birth Certificate	◯ Has ◯ Needs
Social Security Card	◯ Has ◯ Needs
Cell Phone	◯ Has ◯ Needs
Current Number	_____
Email Address	◯ Has ◯ Needs
Current Email	_____

Benefits

SSI/SSDI	◯ Has ◯ Needs ◯ Not Applicable
Has Patient Applied for SSI/SSDI Previously?	◯ Yes ◯ No
When Did They Apply	_____
Where Did They Apply	_____
Does Patient Have a Lawyer	◯ Yes ◯ No
Lawyer's First Name	_____
Lawyer's Last Name	_____
Current Status	_____
Food Stamps	◯ Has ◯ Needs ◯ Not Applicable
Medicaid	◯ Has ◯ Needs ◯ Not Applicable
Medicare	◯ Has ◯ Needs ◯ Not Applicable
Does Patient have Senior PharmAssist	◯ Yes ◯ No
Veterans Benefits	◯ Has ◯ Needs ◯ Not Applicable
Comments on Veteran Status	_____
Unemployment Benefits	◯ Has ◯ Needs ◯ Not Applicable
Data Discount Pass	◯ Has ◯ Needs ◯ Not Applicable
Access Van (Medicaid, County, Paratransit)	◯ Has ◯ Needs ◯ Not Applicable

NC MEDAssist   ○ Has   ○ Needs   ○ Not Applicable

Comments on Not Applicable Benefits   _____

GED or High School Diploma   ○ Has   ○ Needs

VR Referral   ○ Has   ○ Needs   ○ Not Applicable

Comments   _____

Employment   ○ Has   ○ Needs   ○ Not Applicable

Comments   _____

Finances

Bank Account   ○ Has   ○ Needs   ○ Not Applicable

Comments   _____

Advocate with CEF   ○ Has   ○ Needs   ○ Not Applicable

Comments   _____

Payee   ○ Has   ○ Needs   ○ Not Applicable

Comments   _____

Supports for Stability

Satisfactory Housing   ○ Has   ○ Needs   ○ Not Applicable

Current Housing   ○ Own Place (On Lease)
                                ○ Family/Friend House
                                ○ Transitional House
                                ○ Emergency Shelter
                                ○ Dv Shelter
                                ○ Car
                                ○ Streets
                                ○ Woods
                                ○ Abandoned Building
                                ○ Motel/Hotel
                                ○ Hospital
                                ○ Jail/Prison
                                ○ Other

Hotel/Motel Paid By   _____

Please Specify Other Current Housing   _____

Transportation   ○ Has   ○ Needs   ○ Not Applicable

Please Specify Type of Transportation   ☐ DATA Discount ID Card
                                ☐ Access Van
                                ☐ Personal Vehicle
                                (check all that apply)

Legal Aid ⃝ Has ⃝ Needs ⃝ Not Applicable

Primary Care Provider ⃝ Has ⃝ Needs ⃝ Not Applicable

Primary Care Provider First Name _____

Primary Care Provider Last Name _____

Primary Care Location _____

Specialty Care ⃝ Has ⃝ Needs ⃝ Not Applicable

Specialty Care Provider First Name _____

Specialty Care Provider Last Name _____

Specialty Care Location _____

Mental Health Care ⃝ Has ⃝ Needs ⃝ Not Applicable

Type of Service
☐ Med Management
☐ CST
☐ ACTT
☐ Other
(check all that apply)

Please Specify Other Type of Service _____

Mental Health Care Provider First Name _____

Mental Health Care Provider Last Name _____

Mental Health Care Location _____

Substance Abuse ⃝ Has ⃝ Needs ⃝ Not Applicable

Dental Care ⃝ Has ⃝ Needs ⃝ Not Applicable

Duke Charity Care ⃝ Has ⃝ Needs ⃝ Not Applicable

Family Connection ⃝ Has ⃝ Needs ⃝ Not Applicable

Other Social Supports ⃝ Has ⃝ Needs ⃝ Not Applicable

Additional Notes