

What I Need?

What are some of the key things that you need help with right now? Please circle the appropriate box.

| | | | |
|---|-----|----|-------|
| 1. Medical Care | Yes | No | Maybe |
| 2. Housing | Yes | No | Maybe |
| 3. Income (Including job status and/or benefits) | Yes | No | Maybe |
| 4. Immigration Status | Yes | No | Maybe |
| 5. Other Legal Issues (<i>Please write in specific issue(s) you need help with</i>) | Yes | No | Maybe |
| 6. Mental Health Care (Including therapy and/or medication) | Yes | No | Maybe |
| 7. Substance Use Treatment | Yes | No | Maybe |
| 8. Aging and Elder Care Resources | Yes | No | Maybe |
| 9. Education Resources | Yes | No | Maybe |
| 10. Parenting Resources/Skills | Yes | No | Maybe |
| 11. Domestic Violence/Abusive Relationships | Yes | No | Maybe |
| 12. Impulses to Hurt Self or Others | Yes | No | Maybe |
| 13. HIV/STI Testing and/or Resources | Yes | No | Maybe |
| 14. Support Group(s) | Yes | No | Maybe |
| 15. Leisure Activities | Yes | No | Maybe |
| 16. Other (<i>Please write in specific issue(s) you need help with</i>) | Yes | No | Maybe |

**Some of these are things that we will not be able to help you with now, and we may need to give you outside referrals. It is still important for us to know about these issues because it will allow us to provide you the best care possible.*