**Initial Screening for SDOH**

**for Individuals Prior to Release from Jail**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No working phone:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What are you most concerned about today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Situation**

1. **What is your living situation today?**
* I have a stable place to live
* I have a place to live today, but I am worried about losing it in the future (I am temporarily staying with others, in a hotel, in a shelter, etc. but it is not permanent housing)
* I do not have a stable place to live (I am temporarily living outside on the street, on the beach, in a car, abandoned building, bus or train station, or in a park, etc.)
1. **Think about the place you live. Do you have problems with any of the following?** (Please check all that apply.)
* Pests such as bugs, ants, or mice
* Mold
* Lead paint or pipes
* Lack of heat
* Lack of air conditioning
* Oven or stove not working
* Smoke detectors missing or not working
* Water leaks
* None of the above
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety**

1. **On a scale from 1 to 5, how safe do you feel in your home and community (1 being very unsafe and 5 being very safe)?**
	1. Home
* 1 – Very unsafe
* 2
* 3
* 4
* 5 – Very safe

* 1. Community
* 1 – Very unsafe
* 2
* 3
* 4
* 5 – Very safe

**Finances and Public Assistance**

1. **How hard is it for you to pay for the very basics like food, housing, medical care, and heating?**
* Very hard
* Somewhat hard
* Not at all hard
1. **How will you support yourself financially?** (Pleasecheck all that apply.)
* I have a job
* I have and/or would like to apply for Public Benefits (food, health care, cash assistance, etc.)
* I have a family member or friend who I can rely on for financial support
* I will look for a job. Are you interested in attending a job training program? Yes \_\_\_\_ No\_\_\_\_\_
* I don’t know
1. **Are you enrolled in any of the following benefits?** (Please check all that apply.)
* Medicare/Medicaid/health insurance
* Disability benefits and Social Security (SSD, SSI, Survivors benefits, Temporary Disability)
* Veterans Affairs Benefits
* General Assistance (GA) or Temporary Assistance for Needy Families (TANF)
* SNAP or WIC (food assistance)
* Unemployment benefits
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Would you like assistance to apply for any of the following benefits?** (Please check all that apply.)
* Medicare/Medicaid/health insurance
* Disability benefits and Social Security (SSD, SSI, Survivors benefits, Temporary Disability)
* Veterans Affairs Benefits
* General Assistance (GA) or Temporary Assistance for Needy Families (TANF)
* SNAP or WIC (food assistance)
* Unemployment benefits
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Do you have any concerns about your benefits that you would like to discuss?**
* No
* Yes. Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthcare**

1. **Do you need a referral for any of the following health services?** (Please check all that apply.)
* No assistance needed
* Primary care physician
* Obstetrics and Gynecology
* Urologist
* Treatment for substance use (Do you drink alcohol? Do you use illegal drugs? Do you use prescription drugs for non-medical reasons?)
1. **In the 2 weeks prior to being arrested, how often have you been bothered by any of the following?**
2. Little interest or pleasure in doing things?
* Not at all (0)
* Several days (1)
* More than half the days (2)
* Nearly every day (3)
1. Feeling down, depressed, or hopeless?
* Not at all (0)
* Several days (1)
* More than half the days (2)
* Nearly every day (3)

If you get 3 or more when you add the answers to 13a and 13b the person may have a mental health need.

**Parent or Caregiver**

1. **Are you a parent or caregiver? If so, do you have any immediate concerns regarding the health and safety of the individual(s) in your care.** (Please check all that apply.)
* Affording food
* Affording childcare for your child
* Child support issues
* Being able to see your child or parenting time issues
* Child is struggling in school or having discipline problems at school
* Problems registering child for school or with transportation to school
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identification**

1. **Do you have a valid form of identification?**
* Yes. Please specify type (driver’s license, county I.D., etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Transportation**

1. **Do you have any transportation issues today?** (Please check all that apply.)
* I have access to transportation
* No money for transportation
* Not near public transportation
* No car
* No driver’s license
* License suspended

**Family and Community Support**

1. **How often do you feel lonely or isolated from those around you?**
* Never
* Rarely
* Sometimes
* Often
* Always
1. **When you experience a problem or challenge, do you have a trusted person you can talk to?**
* Never
* Rarely
* Sometimes
* Often
* Always

**Education**

1. **Do you have any needs regarding assistance in reading and/or writing?**
* Yes
* No
1. **Do you want help with school or training? For example, starting or completing job training, getting a high school diploma or GED or equivalent.**
* Yes
* No

**Concerns**

1. Is there anything else you want to talk to me about?
* No
* Yes. Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_