

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

2. 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.)

3. 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

4. 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)?

a. Home

- 1 – Very unsafe
- 2
- 3
- 4

APPENDIX A

- 5 – Very safe

b. Community

- 1 – Very unsafe
- 2
- 3
- 4
- 5 – Very safe

Finances and Public Assistance

5. 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

6. How will you support yourself financially? (Please check 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

7. 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: _____

8. 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: _____

9. Do you have any concerns about your benefits that you would like to discuss?

- No
- Yes. Please explain: _____

Healthcare

10. 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?)

11. In the 2 weeks prior to being arrested, how often have you been bothered by any of the following?

- a. Little interest or pleasure in doing things?
 - Not at all (0)
 - Several days (1)
 - More than half the days (2)
 - Nearly every day (3)
- b. 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

12. 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

13. Do you have a valid form of identification?

- Yes. Please specify type (driver’s license, county I.D., etc.) _____
- No

Transportation

14. 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

15. How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Often
- Always

16. When you experience a problem or challenge, do you have a trusted person you can talk to?

- Never
- Rarely
- Sometimes
- Often
- Always

Education

17. Do you have any needs regarding assistance in reading and/or writing?

- Yes
- No

18. 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

19. Is there anything else you want to talk to me about?

- No
- Yes. Please explain: _____