

SERVICE ASSESSMENT QUESTIONNAIRE

To assist in providing a greater scope of services to you and your family, please complete this Service Assessment Questionnaire (front and back) and return it to your STEP representative.

Pg.1

Current Service Provision

Are you currently receiving STEP services?	N	Y
If yes, what service? _____		
Are you currently receiving services through another agency in the community?	N	Y
If yes, what agencies? _____		

Family Circumstances

Are you able to pay your monthly bills with your current income?		
YES - I am able to meet my monthly expenses.		
NO - I occasionally am unable to meet my monthly expenses.		
NO - I am unable to meet my expenses on a monthly basis.		
Do you receive cash assistance, medical assistance, or food stamps?	N	Y
Are you in need of safe, reliable child care that you can afford?		
NO - I am not in need of child care.		
YES - I have difficulty paying for my current child care.		
YES - I am unable to obtain employment due to not having child care.		
Are you expecting a child?	N	Y
Do you have children living in your home age 5 years or younger?	N	Y
Do your children have needs that prevent you from working?	N	Y
Are you the caregiver of someone age 60+ who is living in your home?	N	Y
Are you or anyone in your family experiencing problems while living in a long-term care facility?	N	Y
Are you in need of supports for a family or household member to remain at home?		
NO - I am not in need of supports.		
YES - I need supports to help care for a family or household member.		
YES - I'm concerned that a family or household member may need more care than can be provided at home.		

Parenting Support

If pregnant or caring for a newborn, would you want assistance understanding your baby's developmental needs?	N	Y
Are you interested in parenting classes?	N	Y
Are you divorced or separated with children?	N	Y
If yes, is cooperative parenting a concern?	N	Y
If yes, is your child having a hard time accepting a new stepparent?	N	Y

Housing/Living Arrangement

Are you currently homeless or in danger of losing your home?		
NO - I have housing.		
YES - I rent and am in danger of being evicted.		
YES - I own my home and am in danger of foreclosure.		
YES - I am currently homeless.		
If you are a homeowner, does your home require repairs that you cannot afford?		
NO - I am not a homeowner.		
NO - I am able to afford repairs needed to my home.		
YES - My home is safe but is in need of some repairs that I can't afford.		
YES - I can't afford repairs needed to my home, making it unsafe for myself or family.		
Does your residence need to be weatherized?	N	Y
Are you concerned that there are choking hazards or other safety hazards in your home that could harm your children?	N	Y
Are you in need of assistance with food?		
NO - I have enough food to feed myself and my family.		
YES - I don't have enough food on occasion.		
YES - I regularly don't have enough food.		
Are you in need of assistance with utilities or fuel?		
NO - I am able to pay my utility and fuel bills.		
YES - I have difficulty paying my utility and fuel bills.		
YES - I have a shut off notice or I am out of fuel.		

Transportation		
Are you in need of dependable transportation?		
NO - I have dependable transportation.		
YES - I do not have transportation.		
YES - I am unable to work due to no transportation or unreliable transportation.		
YES - I am unable to attend medical appointments due to no transportation or unreliable transportation.		

Education		
Do you have a high school diploma or GED?	N	Y
Are you seeking education funding for current student loans or future education expenses?	N	Y
Are you interested in improving your reading, writing, math, or digital literacy skills?	N	Y
Are you interested in attending either college or a vocational training program?	N	Y

Employment		
Are you currently employed?		
YES - I am employed.		
YES - I am employed but would like to improve my skills to obtain a different job.		
NO - I am not employed but have income to pay my bills (ex: retired or social security).		
NO - I am unemployed.		
Are you over the age of 55 and seeking employment?	N	Y
Are you planning to seek employment in the next year or two?	N	Y
Do you want to build or enhance your resume?	N	Y
Are you interested in learning more about the services provided by CareerLink?	N	Y

Health Care Providers		
Are you in need of a primary care provider?	N	Y
Are you in need of a dental provider?	N	Y

Independent Living (Age 60+)		
Are you at risk of abuse or financial exploitation?	N	Y
Are you in need of a responsible caregiver?	N	Y
Are you experiencing health insurance issues?	N	Y
Do you want to participate in activities with others?	N	Y
Do you need help to prepare your own meals?	N	Y
Do you need help with personal care or housekeeping?	N	Y
Do you need adaptations to your home due to disabilities?	N	Y
Do you want to participate in exercise with your peers?	N	Y
Would you benefit from support services to maintain your independence?	N	Y

Other		
Are you looking for volunteer opportunities?	N	Y
Do you have any additional needs which were not discussed within this questionnaire?	N	Y

Your information	
Name: _____	Date: _____
Phone: (_____) _____ - _____	
Address: _____	

Complete the Questionnaire, then call, visit, mail, or e-mail STEP. Phone: 570-326-0587 E-mail: STEP@stepcorp.org



Lycoming County
Clinton County

STEP, Inc. | 2138 Lincoln Street, Williamsport, PA 17701

STEP, Inc. | 124 East Walnut Street, Lock Haven, PA 17745