

Service Assessment Questionnaire

Client Name:

Assessment
Date:

Birthdate:

Current Service Provision

Are you currently receiving STEP services?	No	If yes, what STEP service(s)?
Are you currently receiving services through another agency in the community?	Yes	If yes, through what agency/agencies?

Family Circumstances

Are you able to pay your monthly bills with your current income?

Are you receiving cash assistance, medical assistance, and/or food stamps?

Are you in need of safe, reliable child care you can afford?

Are you currently expecting a child?

Do you have children living in your home who are under age 5?

Do your children have needs that prevent you from working?

Are you the caregiver of someone age 60+ who is living in your home?

Are you or anyone in your family experiencing problems while living in a long-term care facility?

Are you in need of supports for you or a family member to remain at home?

Parenting Support

If pregnant or caring for a new born, would you want assistance understanding your baby's developmental needs?

Would you be interested in parenting classes?

Are you divorced or separated with children?

Housing / Living Arrangement

Are you currently homeless or in danger of losing your home?

If you are a homeowner, does your home require repairs that you cannot afford?

Does your residence need to be weatherized?

Are you in need of assistance with food?

Are you in need of assistance with utilities or fuel?

Transportation

Are you in need of dependable transportation?

Education

Do you have a high school diploma or GED?

Are you seeking education funding for current student loans or future education expenses?

Employment

Are you currently employed?

Are you age 55 or older and seeking employment?

Are you planning to seek employment in the next year or two?

Do you want to build or enhance your resume?

Health Care Providers

Are you in need of a primary care provider?

Are you in need of a dental provider?

Other:

Are you looking for volunteer opportunities?

Do you have any additional needs which were not discussed within this questionnaire?

Restriction: