Opioid Health Home Needs Assessment

Custor	mer Name	Customer Number: Email Address:	
Phone	Number:		
Medic	al Health:		
Yes	No		
		1. Any medical issues that need follow-up?	
		2. Is the customer pregnant?	
		3. Is the customer experiencing pain?	
		4. Is the customer prescribed any medication?	
		5. Does the customer need a referral to a dentist?	
		6. Does the customer need a referral for an eye exam?	
		7. Would the customer benefit from getting his/her hearing checked?	
		8. Does the customer exercise or participate in any physical activity?	
	ai neaith r	needs identified:	
Menta	al Health:		
Yes	No		
		1. Is the customer currently receiving mental health treatment?	
		2. Has the customer previously received any mental health treatment?	
		3. Is the customer aware of receiving a mental health diagnosis?	
		4. Does the customer indicate any mental health concerns?	
		5. Does the customer need a referral for a mental health assessment?	
		6. Has the customer experienced or witnessed any trauma in the past or currently?	
		7. Does the customer have or need a personal safety plan?	
Menta	ıl Health n	eeds identified:	

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Activities of Daily Living:					
Yes	No				
		1. Does the customer need emergency shelter?			
		2. Does the customer need help in locating and/or maintaining affordable and suitable housing?			
		3. Does the customer live alone?			
		4. Does the customer have transportation needs?			
		5. Does the customer have any physical disabilities impacting daily living?			
		6. Does the customer have support services for his/her physical disability?			
		7. Does the customer need support meeting basic nutritional needs for self and/or children?			
		8. Does the customer need budget and/or credit counseling services?			
		9. Does the customer have any cultural issues, including language which impact daily living?			
Family	//Relation	nships:			
Yes	No				
		1. Is the customer's significant others supportive of customer's treatment?			
		2. Does the customer have any children?			
		a. Does the customer need help finding childcare?			
		b. Does the customer need a pediatric referral?			
		3. Is there Department of Human Services (FIA) involvement?			
		4. Is there Child Protective Services (CPS) involvement?			
		5. Are any minor children living in foster care?			
Family	/relations	ship needs identified:			

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Educational/Vocational:				
Yes	No			
		1. Is the customer employed or on disability?		
		2. Does the customer need assistance obtaining a job?		
		3. Is the customer in school or interested in returning?		
Educa	tiona	I/vocational needs identified:		
Legal	Issue	s:		
Yes	No			
		4. Is the customer on probation, parole, or awaiting court proceedings?		
		5. Is the customer involved with Drug Treatment Court?		
		6. Are there any other legal or civil concerns?		
Legal	need	s identified:		
Identi	fy wh	ich needs the customer would like to address at this time and incorporate into the care plan.		
Comp	leted	by: Date Completed:		

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