

Provider initials: DT Date: 5/18/20 Patient DOB: 3/12/1990

Patient Name: Andrew Hutchinson Sex: M F O

Preferred Spoken Language: English Spanish Other: _____

Screening Circumstances: Telephone Outreach Behavioral health apt
 Exam room Warm handoff

1. Are you Hispanic or Latino?

- Yes
 No

2. Which race(s) are you? Check all that apply

- Asian
 Pacific islander
 White
 Native Hawaiian
 Black/ African American
 American Indian/ Alaskan Native
 I choose not to answer this question
 Other: _____

3. What language are you most comfortable speaking?

- English
 I choose not to answer this question
 Language other than English

4. How many family members including yourself do you currently live with?

- 1
 I choose not to answer this question

5. What is your housing situation today?

- I have housing
 I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 I choose not to answer this question

6. Are you worried about losing your house?

- Yes
 No
 I choose not to answer this question

7. What is the highest level of school that you have finished?

- Less than a high school degree
 High school diploma or GED
 More than high school
 I choose not to answer this question

8. What is your current work situation?

- Unemployed
 Part-time work
 Full-time work
 Otherwise unemployed, but not seeking work (student)
 Otherwise unemployed, but not seeking work (retired)
 Otherwise unemployed, but not seeking work (disabled)
 Otherwise unemployed, but not seeking work (unpaid, primary caregiver)
 I choose not to answer this question

9. What is your main insurance?

- None/ uninsured
 Medicaid
 CHIP Medicaid
 Medicare
 Other public insurance (not CHIP)
 Other public insurance (CHIP)
 Private Insurance

10. In the past year have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply/

- Food
 Clothing
 Child care
 Utilities
 Medicine or any health care
 Phone
 I choose not to answer this question
 Other: _____

11. Has the lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Yes, from medical appointments or getting my medications
 Yes, from non-medical meetings, appointments, work, or from getting things I need
 No
 I choose not to answer

12. How often do you see or talk to people that you care about and feel close to?

- Less than once a week
- 1-2 times a week
- 3-5 times a week
- More than 5 times a week
- I choose not to answer this question

13. Stress is when someone feels tense, nervous, and anxious or can't sleep at night because their mind is troubled. How stress are you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question

14. Do you feel physically or emotionally safe where you currently live?

- Yes
- No
- Unsure
- I choose not to answer this question

15. In the past year, have you been afraid of your partner or ex-partner?

- Yes
- No
- Unsure
- I have not had a partner in the past year
- I choose not to answer this question

16. Are any of your needs urgent? (For example, I don't have food tonight, I don't have a place to sleep tonight)

- No
- Yes (Please write)

17. Would you like to receive assistance for any of these needs?

- Yes
- No
- Unsure
- I choose not to answer this question

Food Security

- Dept. of Social Services, Durham (Food Stamps)
- CM already completed app
 - Patient to complete app
- More in My Basket
- Durham Public Pantries Calendar
 - CM mailed handout
 - CM gave specific example:
- Durham FEAST (DPS) Pick-up
- Durham FEAST (DPS) Delivery
- Durham Center for Senior Life Pick-up
- Meals on Wheels
- Women, Infants, and Children (WIC)
- Other:

Transportation

- Medicaid Van: Access or Absolute (Durham County)
- LCHC Transportation Services
 - CM already scheduled
Date/Time of Service _____
 - Patient will schedule service
Next Patient APPT. _____
- GoDurham Discount ID cards
- GoDurham Access Paratransit
- Other:

Housing

- DHIC
- Rebuilding Together of the Triangle
- The Furniture Project
- Urgent Repair Program (Habitat for Humanity)
- Handout
 - Reinvestment Partners Durham Rental Guide
 - Dept of Social Services, Durham Housing
 - Durham Housing Assistance:
 - Emergency Housing
 - Durham Rental Guide Prop Managers
- Other

Financial

- Unemployment Support
- Legal Aid/DSS Eviction Diversion Program
- Durham Financial Assistance handout (charity, city/county)
- Clothing assistance (Urban Ministries)
- Durham Rescue Mission
- Other:

Educational and Professional Development

- Vocational Rehab Services
- NC Works State Program
- ELS Resource Center
- Dress for Success
- Durham Literacy Center
- StepUp
- Community college program
- Other:

Youth Development

- Individualized Education Plan (IEP)
- Head Start/NC Pre-K
- YMCA
- El Centro Hispano
- Bull City Fit
- Children's Developmental Services
- East Durham Children's Initiative
- Durham Parks & Rec
- Durham Public Schools
- Other:

Access to Medical Care

- NC MedAssist
 - CM completed application
 - Patient will complete application
 - Additional Documents needed
- _____
- _____
- _____
- Senior PharmAssist
- LCHC Finance Dept, medications voucher
- Medicaid information
- LATCH
- Dept of Social Services, Durham Medical services
 - Patient will complete application
- Project Access
 - Warm handoff completed
 - Patient will schedule service
- Duke Charity Care
 - CM Completed Application
 - Patient will complete application
- UNC Charity Care
 - CM Completed Application
 - Patient to complete application
- Healthcare marketplace
- LCHC Healthcare (dental, eye): _____
 - Warm handoff completed
 - Patient will schedule service
- Other:

Other Services Referred/Additional Notes:

Social and Emotional Health

- Durham Senior Life Center
- LCHC Behavioral Health/counseling services
- El Futuro
- Carolina Outreach:
 - Warm handoff to completed
Patient APPT. _____
 - Patient will schedule service
- Alliance Behavioral Health
 - Patient will schedule service
- Alcoholics Anonymous
- Durham Center Access Mobile Crisis Team
- Hope Services
- LCHC Chronic Pain Support Group
- Wellness City
- Other:

Criminal Justice System Conflicts

- Federal Bonding Program
- Formally Incarcerated Transition (FIT) program
 - Warm handoff completed
 - Patient will schedule service /follow up
- Criminal Justice Resource Center
- Re-entry programs: _____
- Other:

Domestic or Intimate Partner Violence

- Durham Crisis Response Center (DCRC)
- LCHC Behavioral Health/Counseling services
- Other:

Utilities

- Assurance Wireless
- Dept of Social Services, Durham Utilities Assistance

Should we follow-up with this patient?

Yes Ineligible (inappropriate) No referral Refused

If yes, continue below.

Patient Proxy Name (if applicable):

Best time to call (day(s) of week, time of day)

Mornings

Best phone number

(818) 234-5587

Cell Home Work