

Provider initials: NM Date: 5/27/20 Patient DOB: 6/27/1985

Patient Name: Brianna Rainey 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?

- 2  
 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 is 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)

Medicine

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 *gave to PT*
    - 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: *Financial Assistance*

**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  
*No time to complete in person. Come back to complete*
- 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)**

*Any time*

\_\_\_\_\_

**Best phone number**

*(919) 337-7891*

\_\_\_\_\_

Cell  Home  Work