



## Patient Assessment for Social Services

Please indicate any needs you have requiring assisted services. We will provide you with the information for the items you have checked.

- Adult or Child abuse services
- Adult day care/respice centers
- Affordable Housing
- AIDS information/services
- Blind/visually impaired services
- Child care facilities
- Counseling for individuals, couples, families, and/or children
- Deaf/hearing impaired services
- Dental Services
- Developmental disabilities services for children and/or adult
- Department of Human Services (food stamps, Medicare, AFDC, WIC)
- Domestic violence/spouse abuse services
- Emergency response systems/Telephone reassurance services
- Employment/Vocational services
- Financial assistance with rent, electric bills, food, clothing
- Financial assistance with medicines
- Financial assistance with medical equipment
- Home delivered meals
- Home health care agencies
- Homemaker services (meal preparation, light housekeeping)
- Hospice care
- Legal services
- Nursing/Retirement/Assisted living centers
- Nutrition/Senior Centers
- Social Security/Medicare program for patient with limited incomes
- Substance abuse treatment centers
- Support groups & services for caregivers and/or patients of Cancer, Arthritis, Alzheimer's, Parkinson's, Stroke, Multiple Sclerosis, Leukemia, Diabetes
- Transportation services
- Veterans Services
- Victims of violent crimes
- No assisted services required**

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Patient Name (printed)

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Patient Signature



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Therapist Signature

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Date