



## BASIC NEEDS ASSESSMENT

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Current Age: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Please answer the following questions to the best of your ability.

### FOOD

Do you have access to enough food resources?

Are you currently utilizing food pantries or county food programs?

### SHELTER

Are you currently housed?

- ☐ YES
- ☐ NO

Tell us more about your current housing situation?

### TRANSPORTATION

Do you have reliable transportation?

- ☐ YES
- ☐ NO

How do you get to appointments, school, work etc?

- ☐ WALK
- ☐ BIKE
- ☐ BUS
- ☐ TRAIN
- ☐ CAR

### MORE ABOUT YOU

- ☐ SINGLE PARENT
- ☐ VETERAN
- ☐ SENIOR
- ☐ HOMELESS
- ☐ YOUTH(18-24)