



COMMUNITY CONNECTIONS ASSESSMENT

First Name: _____
Last Name: _____
Current Age: _____
Date of Birth (MM/DD/YYYY): _____
Current Location: _____

SUPPORT

Who do you consider to be a part of your support system?

Do you see that person on a regular basis?

FAMILY & FRIENDS

Are there individuals in your life that are part of your family?

Can you share more about those who are part of your family?

How often do you see them and connect with them?

Are they local to where you currently live?

COMMUNITY GROUPS

Are you a part of any groups that help you connect with others in the community?

If yes, would you share the types of connections that you have made and how they have helped you?

Are you in need of connections to different groups? Would you be interested in learning more about the types of community groups that are available?