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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-03291 (06/2024) | **STATE OF WISCONSIN**Bureau of Community Health ProtectionChronic Disease Prevention and Cancer Control Section |
| **WISEWOMAN SOCIAL SERVICES AND SUPPORT ASSESSMENT** |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** |
| Client Name (Last, First, MI) | Date of Birth | Client ID Number |
|       |       |       |
| **SECTION 2 – ASSESSMENT** |

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| Do you use any of the following types of computers: desktop/laptop, smartphone, tablet/other portable wireless computer? [ ]  Yes [ ]  No |
| Do you or any member of your household have access to the internet? |
| [ ]  Yes – by paying a cell phone company or internet service provider[ ]  Yes – without paying a cell phone company or internet service provider[ ]  No |
| During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources? [ ]  Yes [ ]  No |
| Have you ever missed a doctor's appointment because of transportation problems? [ ]  Yes [ ]  No |
| Are you currently using childcare services for one or more children? Select all that apply. |
| [ ]  Infants (Birth to 11 months)[ ]  Toddlers (11 to 36 months)[ ]  Preschoolers (3 to 5 years) | [ ]  After School Care (K to 9th grade)[ ]  Not Applicable |
| In the past year, have you had any problems related to childcare? Select all that apply. |
| [ ]  Cost [ ]  Availability[ ]  Location[ ]  Transportation | [ ]  No Problems[ ]  Other Problems[ ]  Not Applicable |
| What is your housing situation today? |
| [ ]  I have housing.[ ]  I have housing, but I am worried about losing my housing.[ ]  I do not have housing. |
| How often does your partner physically hurt you, insult, or talk down to you? |
| [ ]  Never[ ]  Rarely[ ]  Sometimes | [ ]  Fairly Often[ ]  Frequently[ ]  Decline to answer |
| If you are prescribed medications, do you usually take them as prescribed? Select all that apply. |
| [ ]  Forget to take medicine[ ]  Careless at times about taking medicine[ ]  When feeling better, sometimes stop taking medicine[ ]  When feeling worse, sometimes stop taking medicine |

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| **SECTION 3 – SOCIAL SERVICES AND SUPPORT REFERAL(S)** |
| Instructions: Use the following social services referral ID number to document referral date, outcomes, and comments. Referral Codes: 01-Computer Use, 02-Internet Access, 03-Food Insecurity, 04-Transportation, 05-Housing, 06-Childcare, 07-Partner Violence, 08-Medication Adherence, 09-Mental Health, 10-Language Translation, 11-Substance Abuse |

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| Date of Referral | Referral Code No. | Outcome (select one) | Outcome Date | Comments |
|       |       | [ ]  Refused [ ]  Need Met [ ]  Ongoing Need[ ]  Not Started [ ]  LTFU |       |       |
|       |       | [ ]  Refused [ ]  Need Met [ ]  Ongoing Need[ ]  Not Started [ ]  LTFU |       |       |
|       |       | [ ]  Refused [ ]  Need Met [ ]  Ongoing Need[ ]  Not Started [ ]  LTFU |       |       |