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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-03291 (06/2024) | **STATE OF WISCONSIN**  Bureau of Community Health Protection  Chronic 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 |
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| **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 |  |  |