

NEEDS EVALUATION TOOL

Instructions: Complete this form with the client to determine if he/she has any ancillary needs. This form should be administered after the initial assessment; at any point new needs arise, and annually, if Targeted Case Management (TCM) services are being provided.

Immediate Action	Action Needed	Monitor	No Action Needed	Strength to Utilize
<i>Client's situation is highly unstable; an urgent need for the client</i>	<i>Client's situation is unstable; a need for the client</i>	<i>Client's situation is somewhat stable or temporarily stable; an area to monitor</i>	<i>Client's situation is stable; no needs at this time</i>	<i>Client's situation is thriving; a strength that may assist the client in reaching other goals</i>

BASIC NEEDS / BENEFITS ESTABLISHMENT

Housing: What is your current living situation?				
<input type="checkbox"/> Immediate Action <i>Currently homeless or facing eviction; has an eviction notice</i>	<input type="checkbox"/> Action Needed <i>At risk of losing housing; residing in temporary housing (shelter or motel); has difficulty qualifying for housing; doubled up with others</i>	<input type="checkbox"/> Monitor <i>Has stable housing for at least 6 months (subsidized or unsubsidized); residing in transitional housing</i>	<input type="checkbox"/> No Action Needed <i>Secure housing (renting or owning) with limitations of choice due to moderate income</i>	<input type="checkbox"/> Strength to Utilize <i>Secure housing (renting or owning) in a neighborhood of choice</i>

Specific Need(s), if applicable

Income: Do you have enough income to cover your basic needs?				
<input type="checkbox"/> Immediate Action <i>No income for meeting basic needs</i>	<input type="checkbox"/> Action Needed <i>Income inadequate for meeting basic needs</i>	<input type="checkbox"/> Monitor <i>Income adequate for meeting basic needs; but no savings or ability to handle financial emergencies</i>	<input type="checkbox"/> No Action Needed <i>Income sufficient & stable for meeting basic needs & paying monthly bills; & provides for some savings</i>	<input type="checkbox"/> Strength to Utilize <i>Income is sufficient & stable for meeting basic needs & paying monthly bills; & provides for significant savings</i>

Specific Need(s), if applicable

Access to Food: Are you currently able to access food?				
<input type="checkbox"/> Immediate Action <i>Completely relies on sources of free or low-cost food</i>	<input type="checkbox"/> Action Needed <i>Majority of basic food needs purchased with food assistance (Cal Fresh)</i>	<input type="checkbox"/> Monitor <i>Requires occasional assistance from a supplemental food program to meet basic food needs</i>	<input type="checkbox"/> No Action Needed <i>Can meet basic food needs without assistance</i>	<input type="checkbox"/> Strength to Utilize <i>Always able to purchase & prepare food of choice</i>

Specific Need(s), if applicable

Clothing: Do you have access to adequate clean clothing to wear on a daily basis?				
<input type="checkbox"/> Immediate Action <i>No clothing or seriously inadequate clothing; insufficient clothing to assure clean clothes on a daily basis; unaware of resources for clothing; no access to laundry resources</i>	<input type="checkbox"/> Action Needed <i>Unable to buy appropriate clothing; relies on clothing resources or thrift stores; clothing may not be suitable for the season; may lack access to laundry resources</i>	<input type="checkbox"/> Monitor <i>Occasionally relies on thrift stores or community clothing banks; has limited financial resources to obtain clothing; has access to laundry resources</i>	<input type="checkbox"/> No Action Needed <i>Has financial resources to purchase appropriate (adequate for season, correct size, etc.) clothing for school, work or every day</i>	<input type="checkbox"/> Strength to Utilize <i>Is able to purchase clothing of choice to assure appropriate (adequate for season, correct size, etc.) clothing for school, work or every day</i>

Specific Need(s), if applicable

Physical/Dental/Vision Health: Do you have access and the means to receive needed health care?				
<input type="checkbox"/> Immediate Action <i>No medical coverage & current need for medical / dental care; chronic medical conditions with inconsistent follow-up care</i>	<input type="checkbox"/> Action Needed <i>No medical coverage & great difficulty accessing medical / dental care when needed; chronic medical conditions with inconsistent follow-up care</i>	<input type="checkbox"/> Monitor <i>Medical coverage; attempts to make & keep routine medical / dental appointments</i>	<input type="checkbox"/> No Action Needed <i>Medical coverage & can access care when needed, but costs may strain budget; no or stable chronic conditions; employs preventative medical/dental practices</i>	<input type="checkbox"/> Strength to Utilize <i>Medical coverage & can access care when needed & is affordable; proactive preventative medical/dental practices</i>

Specific Need(s), if applicable

Transportation: Do you have access to transportation when you need it?				
<input type="checkbox"/> Immediate Action <i>No access to transportation, public or private; may have car that is inoperable</i>	<input type="checkbox"/> Action Needed <i>Rarely has transportation needs met; transportation is available, but unreliable, unpredictable, unaffordable; may have car but no license</i>	<input type="checkbox"/> Monitor <i>Has transportation needs met some of the time; transportation is available & reliable, but limited and/or inconvenient; has a license</i>	<input type="checkbox"/> No Action Needed <i>Has transportation needs met most of the time; transportation is generally accessible to meet basic travel needs</i>	<input type="checkbox"/> Strength to Utilize <i>Transportation is readily available & affordable</i>

Specific Need(s), if applicable

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	Agency: _____ Provider #: _____
Los Angeles County – Department of Mental Health	

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Activities of Daily Living: Are you able to perform all of your self-care activities by yourself or with assistance?

<input type="checkbox"/> Immediate Action <i>Unable to live alone without assistance; assistance is not available</i>	<input type="checkbox"/> Action Needed <i>Requires moderate assistance or supervision to perform ADLs; assistance is not available</i>	<input type="checkbox"/> Monitor <i>Not able to perform ADLs but is in a safe & supportive environment OR requires extensive or total assistance & assistance is available</i>	<input type="checkbox"/> No Action Needed <i>Fully able to perform most ADLs, or with limited assistance/support; support & assistance is available</i>	<input type="checkbox"/> Strength to Utilize <i>Fully able to perform all ADLs without assistance or support</i>
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Specific Need(s), if applicable

EMPLOYMENT & WORKPLACE SKILLS / EDUCATION / TRAINING

Employment: Do you have a job with adequate pay & benefits? N/A (Retired)

<input type="checkbox"/> Immediate Action <i>No job; difficulty obtaining/maintaining employment</i>	<input type="checkbox"/> Action Needed <i>Temporary; seasonal; inadequate pay, no benefits; employed but wages/hours not adequate to meet basic needs or difficulty maintaining</i>	<input type="checkbox"/> Monitor <i>Employed; inadequate pay; few or no benefits; limited or no opportunity for advancement</i>	<input type="checkbox"/> No Action Needed <i>Employed with adequate pay & benefits; advancement potential</i>	<input type="checkbox"/> Strength to Utilize <i>Maintains permanent employment (not temporary or time limited) with adequate income & benefits</i>
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Specific Need(s), if applicable

Workplace Skills / Education / Training: Do you have skills/education/training needed for job opportunities? N/A (Retired)

<input type="checkbox"/> Immediate Action <i>Minimal to no skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Action Needed <i>Limited skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Monitor <i>Some skills/education/training that are needed to obtain a job in an industry</i>	<input type="checkbox"/> No Action Needed <i>Sufficient skills/education/training to obtain a job with opportunity for advancement in stable industry</i>	<input type="checkbox"/> Strength to Utilize <i>Strong skills/education/training that offer great potential for obtaining better or comparable position in growing industry</i>
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Specific Need(s), if applicable

Is there a level of education or vocational training that you would like to achieve? Yes No If yes, specify:

SUBSTANCE USE

Substance Use: Do you currently have issues with substance use?

<input type="checkbox"/> Immediate Action <i>Severe alcohol use and/or chemical dependence; institutional living or inpatient alcohol/drug rehab may be necessary</i>	<input type="checkbox"/> Action Needed <i>Significant use of substances resulting in chronic family/work difficulties</i>	<input type="checkbox"/> Monitor <i>Occasional use of substances; usage of chemicals has a tendency to lead to an abuse pattern, resulting in negative consequences; currently participating in substance use services</i>	<input type="checkbox"/> No Action Needed <i>Occasional misuse of alcohol and/or prescription drugs, generally uses in an appropriate manner</i>	<input type="checkbox"/> Strength to Utilize <i>No drug use; uses alcohol & prescription drugs in an appropriate manner (minimal to no usage)</i>
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Specific Needs, if applicable

Do you use tobacco? Yes No If yes, do you want to reduce or quit?

TECHNOLOGY

Access to Technology: Do you have access to technology (e.g., smartphone, tablet, or computer) & the internet at home?

<input type="checkbox"/> Immediate Action <i>No access to technology or the internet</i>	<input type="checkbox"/> Action Needed <i>Has no technology; has limited access to the internet via another location (e.g., library computer, school, etc.)</i>	<input type="checkbox"/> Monitor <i>Has access to technology but does not have reliable access to the internet (Wi-Fi); has limited data available on wireless plan</i>	<input type="checkbox"/> No Action Needed <i>Has at least one web-enabled device; & some access to the internet at home</i>	<input type="checkbox"/> Strength to Utilize <i>Has access to web-enabled devices & the internet at home</i>
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Specific Needs, if applicable

OTHER COMMUNITY SERVICES / RESOURCES

Child/Adult/Elder Care: Do you have dependent care needs? N/A

<input type="checkbox"/> Immediate Action <i>Needs dependent care but none is available, affordable, accessible and/or child is not eligible</i>	<input type="checkbox"/> Action Needed <i>Dependent care is unreliable, unaffordable and/or inadequate; supervision is a problem for dependent care that is available</i>	<input type="checkbox"/> Monitor <i>Affordable or subsidized dependent care is available, but limited; accessing subsidies if qualified</i>	<input type="checkbox"/> No Action Needed <i>Reliable, affordable dependent care is available; no need for subsidies</i>	<input type="checkbox"/> Strength to Utilize <i>Able to select quality dependent care of choice; no need for subsidies; backup dependent care plan is available</i>
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Specific Needs, if applicable

Do you need pet care/assistance? Yes No If yes, specify:

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Legal – Civil: Do you have any issues that may require legal aid?				
<input type="checkbox"/> Immediate Action <i>Has significant legal problems & is not addressing them or does not understand that the problem involves legal issues</i>	<input type="checkbox"/> Action Needed <i>Has identified legal problems but is unable to proceed without legal assistance</i>	<input type="checkbox"/> Monitor <i>Has responded to legal issues with appropriate legal assistance</i>	<input type="checkbox"/> No Action Needed <i>Legal issues are moving towards resolution</i>	<input type="checkbox"/> Strength to Utilize <i>No legal issues or legal issues have been fully resolved</i>
Specific Needs, if applicable				
Sexual Orientation / Gender Identity: Do you have any needs related to sexual orientation or gender identity? <input type="checkbox"/> N/A				
<input type="checkbox"/> Immediate Action <i>Has need/desire for support & currently has no support in sexual orientation or gender identity</i>	<input type="checkbox"/> Action Needed <i>Has need/desire for support & currently has weak or inconsistent support in sexual orientation or gender identity</i>	<input type="checkbox"/> Monitor <i>Has need/desire for support & currently has some reliable support</i>	<input type="checkbox"/> No Action Needed <i>Has need/desire for support & has a moderate connection to community supports</i>	<input type="checkbox"/> Strength to Utilize <i>Has need/desire for support & has a strong connection to community supports</i>
Specific Needs, if applicable				
Spirituality: Do you have any needs related to spirituality? <input type="checkbox"/> N/A				
<input type="checkbox"/> Immediate Action <i>Has need/desire for spiritual support & currently has no spiritual support</i>	<input type="checkbox"/> Action Needed <i>Has need/desire for spiritual support & currently has weak or inconsistent spiritual support</i>	<input type="checkbox"/> Monitor <i>Has need/desire for spiritual support & currently has some reliable spiritual support</i>	<input type="checkbox"/> No Action Needed <i>Has need/desire for spiritual support & has a moderate connection to spiritual supports</i>	<input type="checkbox"/> Strength to Utilize <i>Has need/desire for spiritual support & has a strong connection to spiritual supports</i>
Specific Needs, if applicable				
General Community Support: Are there any other community supports that you need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:				
SUPPORT / PURPOSE				
Support System: Do you have friends or family you can always rely on when in need of support?				
<input type="checkbox"/> Immediate Action <i>Has no personal support system & no knowledge of available community supports</i>	<input type="checkbox"/> Action Needed <i>Has no personal support system, but knows where to go in the community for help when experiencing a need or crisis</i>	<input type="checkbox"/> Monitor <i>At least one personal support & basic community networks are available in times of need</i>	<input type="checkbox"/> No Action Needed <i>Enough personal supports available & is connected with at least one community support network (e.g., nonprofit, church, support group)</i>	<input type="checkbox"/> Strength to Utilize <i>Enough personal supports readily available; & is active and/or highly knowledgeable about community support networks</i>
Specific Needs, if applicable				
Purpose / Meaningful Use of Time: Are you doing things that you find personally meaningful?				
<input type="checkbox"/> Immediate Action <i>Not engaged in personally meaningful activities</i>	<input type="checkbox"/> Action Needed <i>Thinking about personally meaningful activities</i>	<input type="checkbox"/> Monitor <i>Starting to engage in meaningful activities ("trying out" or "testing the waters")</i>	<input type="checkbox"/> No Action Needed <i>Engaged in personally meaningful activities</i>	<input type="checkbox"/> Strength to Utilize <i>Fully engaged in personally meaningful activities & has a sense of fulfillment</i>
Specific Needs, if applicable				

1. **Areas of sufficiency or strength** (i.e. areas marked as “No Action Needed” or “Strength to Utilize”):

Comments (include any positive outcomes where previous needs were met or improved upon):

2. **Areas of potential need** (i.e. areas marked as “Immediate Action”, “Action Needed”, or “Monitor”; areas marked “YES”):

Agreed upon areas to provide support/assistance through linkage & referral:

Comments: (include history & current status of need, relevant information from significant supports, information from other documents/chart review, & any barriers to getting needs met such as lack of identification):

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