

Community Health Worker SDOH Assessment



Community Health Worker name:

Date of visit:

Child first and last name	Date of birth	Race (Asian, Black, Hawaiian/Pacific Islander, American Indian/Alaskan Native, Other, White)	Ethnicity (Hispanic / Latino?)	HHLPS ID#

Primary home address

City

Zip code

County

Parent/guardian name

Phone number

Email

Housing Assessment

1. How would you describe your living situation currently?

I have a steady place to live.

I have a place to live today, but I am worried about losing it in the future.

I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station or in a park).

2. Think about the place you live. Do you have problems with any of the following?

Pests such as bugs, ants, or mice

Mold

Lead paint or pipes

Lack of heat

Oven or stove not working

Smoke detectors missing or not working

Water leaks

None of the above

3. Do you own or rent the residence you are currently living in?

Own

Rent

Food Assessment

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

- 4. Within the past 12 months, you worried that your food would run out before you got money to buy more.**

Often true

Sometimes true

Never true

- 5. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**

Often true

Sometimes true

Never true

Transportation Assessment

- 6. In the past 12 months, have you had difficulty accessing or affording transportation to get to your child's doctor appointments, including follow up lead testing appointments?**

Yes

No

Utility Assessment

- 7. In the past 12 months has the electric, gas, oil or water company threatened to shut off services in your home?**

Yes

No

Already shut off

Assistance

- 8. Would you like help with any of these needs?**

Yes

No

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Referrals Provided	
Housing	*Lead Safe Home Program* /Community Development Grantee Program Community Action Agency Weatherization program Healthy Homes program State Emergency Relief Program (SER) Housing Choice Voucher Program Other
Food	WIC Food Pantry Medicaid Health Plan Food Assistance Program Other
Transportation	Medicaid Health Plan Other
Utility Assistance	Wrap Around Services Medicaid Health Plan

Home Lead Services (Lead Safe Home Program/Abatement Application)	
Additional coordination of care activities	Lead Safe Home/Abatement Program Application activities: Left application with family Assisted family with completing application Picked up completed application from family Submitted application for family Family declined completing application Family does not qualify for program Provided list of lead safe contractors

Educational Documents Provided

Housing

Homeowner & Tenant Safe Cleaning Guide

Is Your Child Safe from Lead Poisoning?

Childproof Home Improvements

Other

Food

Well Fed Means Less Lead

Other

Additional
handouts

Spices & Cosmetics

Spices & Home Remedies

Pregnant & Nursing Persons

Take Home Lead

Other

Notes

Date:

Date:

Community Health Worker Signature

Date

Parent/Guardian Signature

Date