



Social Service Questionnaire

Date: _____ Client Name: _____ DOB: _____

Please complete the following questionnaire. All the items will be kept confidential.

Do you have concerns about the following? Please **check "YES" or "NO."**

		Comments
1. Transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
2. Chemical Dependency	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
3. Financial	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
4. Housing Utilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
5. Spouse or Partner	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
6. Food	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
7. Work/Vocational Issues	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
8. Emotional Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
9. Family Issues	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
10. Abuse (physical, sexual, emotional)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
11. Neglect	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
12. Health/Physical Issues	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
13. Eating/Sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
14. Do you have specific social or emotional concerns?		_____
<hr/>		
15. Are you presently receiving services from any of the following agencies?		
Help Me Grow	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Head Start	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Public Schools	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Franklin County Children Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Franklin County Board MR/DD	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rehabilitation Commission Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	

For office use only:

Social services questionnaire reviewed and resource list provided.

Emily Blosser Date