







WE CARE Survey

DECLINED

Place patient sticker here, or write in:
 Name: _____
 DOB: _____
 Visit date: _____

We want to make sure that you know about the community resources that are available to you and your family. Many of these resources are free of charge. Please answer each question and hand it to your child's doctor at the beginning of the visit. Thank you!

	<p>Do you need childcare for your child? YES <input type="checkbox"/> If YES, would you like help finding it? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Do you have a full-time job? YES <input type="checkbox"/> If NO, would you like help finding employment? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Do you think you are at risk of becoming homeless? YES <input type="checkbox"/> If YES, would you like help with this? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Do you always have enough food for your family? YES <input type="checkbox"/> If NO, would you like help with this? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Do you have a high school degree? YES <input type="checkbox"/> If NO, would you like help to get a GED? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Do you have trouble paying your heating/cooling, water or electricity bill? YES <input type="checkbox"/> If YES, would you like help with this? _____ NO <input type="checkbox"/></p>	<p>Yes No Maybe Later <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p>If a parent has needs <u>and</u> wants help, please give the appropriate WE CARE information sheet(s) from your practice's Family Resource Book. 1 screener per family. Store copy in patient EMR or chart.</p>	<p>Please check off below if you provided WE CARE information sheet(s) and/or referral(s) for the following needs:</p> <table> <tr> <td><input type="checkbox"/> Childcare</td> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Education</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Food</td> <td><input type="checkbox"/> Utilities</td> </tr> </table> <p>Referral provided by: <input type="checkbox"/> Provider <input type="checkbox"/> MA <input type="checkbox"/> Nurse <input type="checkbox"/> Other</p>	<input type="checkbox"/> Childcare	<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Food	<input type="checkbox"/> Utilities
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