Name _____ Patient #_____
DOB_____ Date_____

## MOVING HEALTH CARE UPSTREAM SCREENING

### FINANCIAL CAPABILITY

| | | |
|---|---|---|
| a. Family size (collected through EHR) | | |
| b. % Federal Poverty Level (collected through EHR) | | |
| c. Over the past month, did you have enough money to pay for all your living expenses? | YES | NO |
| d. In the past three months, did pay an overdraft or late fee on a loan or bill? | YES | NO |
| e. In the past three months, did you use a pay day lender, pawn shop or check cashing store to get money for things? | YES | NO |

Comments:_____

_____

### FOOD SECURITY

| | | |
|---|---|---|
| a. Do you have enough healthy food for your family during the month? | YES | NO |
| b. Do you worry about food running out during the month? | YES | NO |

Comments:_____

_____

### ACCESS TO PUBLIC BENEFITS

| | WIC | Food Stamps | Medi-Cal | Disability | Day care | Other (write in) |
|---|---|---|---|---|---|---|
| a. Have you applied for…? | | | | | | |
| b. Have you received…? | | | | | | |
| c. Have you been denied…? | | | | | | |

Comments:_____

_____

Name _____ Patient #_____
DOB_____ Date_____

**HOUSING SECURITY**

| | | |
|---|---|---|
| a. Do you have problems in your home with rodents, cockroaches, water leaks, other (mold, lead)? | YES (write in) | NO |
| b. Do you have problems with overcrowding in your home? | YES | NO |
| c. Have you had to move more often than once in a year? | YES | NO |
| d. Are you worried about losing your housing? | YES | NO |

Comments:_____

_____

**FAMILY STABILITY / VIOLENCIA**

| | | |
|---|---|---|
| a. Has your child lived away from you? | YES | NO |
| b. Have you ever felt unsafe in a relationship? | YES | NO |
| c. Do you believe your child has felt unsafe? | YES | NO |
| d. Do you or anyone in your household have trouble with drinking or drugs? | YES | NO |
| e. Do you enjoy being a parent? | YES | NO |
| f. How would you describe your relationship with your child? | | |
| g. Do you have concerns about gang violence in your family or neighborhood? | YES | NO |

Comments:_____

_____