



Organization Name:	Program Name:	Date:
Individual's Name (First MI Last):	Record #:	DOB:

Date of Initial Contact:

Immediate Needs- Document below services planned or required to meet the individual's immediate needs in the following areas:

Does not require immediate assistance-Describe current status:

I. Safety and Dangerousness Issues: Check all that apply and explain all "YES" answers

Recent self-injurious behavior: No Yes **If yes, explain:**

Violent or aggressive behavior: No Yes **If yes, explain:**

Order of Protection/Restraining Order: No Yes **If yes, explain:**

Criminal Activity/Illegal Drugs: No Yes **If yes, explain:**

Weapons in the home No Yes **If yes, explain:**

Pets or animals (type and number) No Yes **If yes, explain:**

Does not require immediate assistance- Describe current status:

II. Medical: Need for medication supply or other immediate health concerns:

Does not require immediate assistance- Describe current status:

III. Food: Need for food, cooking facilities, ability to shop:

Does not require immediate assistance-- Describe current status:

IV. Clothing: Need for adequate clothing (i.e. appropriate for season/conditions):

Does not require immediate assistance- Describe current status:

V. Shelter: Need for current housing (i.e. individual homeless), utilities:

Completed By - Print Staff Name/Credentials:	Staff Signature	Date Completed
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