

Social Care Network HRSN Screener

First: _____ **Last:** _____

DOB: _____ **CIN:** _____ **Date:** _____

CONSENT

We use this survey to understand the needs of Members that may interfere with good health. This information may be shared with your health plan and other service providers to determine if you qualify for any additional, free health related services. Your information may additionally be shared for the purpose of referral to other service providers. Some of your information may be prepopulated based on information from Medicaid and we will verify this information with you. Your personal health information is managed in accordance with HIPAA standards and other applicable privacy regulations. You can find a list of participating providers at welinkcare.org. You will always be asked for your permission for a referral. You can choose not to answer the survey, but we can only check for possible services if you do answer. If you have any concerns or complaints, you may call 888 538-2958 or email concern@forwardleadingipa.org.

- ☐ Member agreed.
- ☐ Member does not consent. (Submit form.)

LEGAL GUARDIAN FOR PERSON OVER THE AGE OF 18

If you are providing this information as the legal guardian of an individual over the age of 18, you attest that you have the legal guardianship of the individual you are providing information for and that they are unable to provide the information independently.

- ☐ Yes
- ☐ N/A

PARENT/GUARDIAN CONSENT FOR MINOR

If you are providing this information as a parent/guardian of a child under the age of 18, you attest that you have the legal guardianship of the individual you are providing information for and that they are unable to provide the information independently.*

- ☐ Yes
- ☐ N/A

PERSONAL INFORMATION

First Name*:

Middle Initial:

Last Name*:

Medicaid Client Identification Number
(CIN)*:

Date of Birth*:

Sexual Orientation*:

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Other
- ☐ Unknown
- ☐ Asked but Declined

Administrative Gender*:

- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Phone Number:

Email Address:

ZIP Code*:

Address Line 1*:

Address Line 2:

City*:

State*:

Preferred Spoken Language*:

County:

Gender Identity:

- ☐ Male Gender Identity
- ☐ Female Gender Identity
- ☐ Non-Binary Gender Identity
- ☐ Unknown
- ☐ Asked but Declined

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Asked but Unknown
- ☐ Unknown

Race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Asked but Unknown

Preferred Name:

Preferred Pronoun:

- ☐ He/him/his
- ☐ She/her/hers
- ☐ They/them/theirs
- ☐ Other
- ☐ Unknown

Preferred Phone Number:

Preferred Address:

LIFE CHANGING EVENT

Are you re-screening this patient due to a Major Life Event? Defined as: change in functioning (an increase or decrease of symptoms or a new diagnosis); inpatient or outpatient hospital admittance and/or discharge; serious injury; admittance, discharge, or transfer from detox or residential placement; significant change in housing; significant change in income or support resources; significant change to family, including but not limited to: marriage or divorce; giving birth (regardless of outcome) to or adopting a child, loss of a family member; arrest; loss of benefit. *

- ☐ Yes
- ☐ No

LIVING SITUATION

What is your living situation today?*

- ☐ 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)

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

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

FOOD

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

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

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *

- ☐ Yes
- ☐ No

CAREER

Do you want help finding or keeping work or a job? *

- ☐ Yes, help finding work
- ☐ Yes, help keeping work
- ☐ I do not need or want help

SCHOOL

Do you want help finding or keeping work or a job? *

- ☐ Yes, help finding work
- ☐ Yes, help keeping work
- ☐ I do not need or want help

SAFETY

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions. A Score of 11 or more may indicate that a person may not be safe.

How often does anyone, including family and friends...

	Never (1)	Rarely (2)	Sometimes (3)	Fairly Often (4)	Frequently (5)	Asked but Declined	Did Not Ask
Physically hurt you?*							
Insult or talk down to you?*							
Threaten you with harm?*							
Scream or curse at you?*							

Total Safety Score: _____

PHYSICAL ABILITY

Do you have serious difficulty walking or climbing stairs? (5 years or older) *

- ☐ Yes
- ☐ No
- ☐ Asked but Member declined to answer.
- ☐ Screener did not ask Member.

Do you have difficulty dressing or bathing? (5 years or older) *

- ☐ Yes
- ☐ No
- ☐ Asked but Member declined to answer.
- ☐ Screener did not ask Member.

NEXT STEPS

Would the member like to continue with a Navigator within the SCN for further assistance in addressing the above needs and connecting them to resources?*

- ☐ Yes
- ☐ No

If yes, will YOU be acting as the Navigator for them or will you refer the member to a trusted Navigator within the SCN?

- ☐ Yes, I will be acting as the navigator and will start an Eligibility Assessment Form next as part of the Navigation workflow.
- ☐ No, I will now place a referral to a Trusted Navigator resource within the SCN.

TIME SPENT

How long did you interact with the Member for this screener?

- ☐ 8-22 minutes
- ☐ 23-37 minutes

In what language was this screening conducted?