













DECLINED

# WE CARE SCREENER

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

\*\*\*\*\*FOR PROVIDER/STAFF USE ONLY\*\*\*\*\*

<p>If a parent has needs <u>and</u> wants help, please give the appropriate WE CARE information sheet(s) from your practice's <b>Family Resource Book</b></p>	<p>Please check off below if you provided a WE CARE information sheet(s) and/or referral(s) for the following needs:  <input type="checkbox"/> Childcare                      <input type="checkbox"/> Housing                      <input type="checkbox"/> Education  <input type="checkbox"/> Employment                      <input type="checkbox"/> Food                      <input type="checkbox"/> Utilities  <b>Referral provided by:</b> <input type="checkbox"/> Provider    <input type="checkbox"/> MA    <input type="checkbox"/> Nurse    <input type="checkbox"/> Other</p>
<p>Complete RIGHT-BOTTOM Information.          [1 Screener = 1 Family]          Store into Patient EMR or chart.</p>	<p><b>First and Last Name of Child:</b> _____  <b>Child's Date of Birth (mm/dd/yy):</b> ___ / ___ / ___  <b>Date of Visit with WE CARE Screener (mm/dd/yy):</b> ___ / ___ / ___</p>