

All Needs Met—Interview—Triage—Training

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Address _____ Name _____

_____ Phone _____

Summary:

The following table is intended to be a compilation of the person's situation, available at the top of the interview packet for ease of accessibility. After the interview, please return to this page to summarize the information. In the first column, please note the current status of the area; in the second column, please note recommendations for assistance. A Walkalong is

Client Support Matrix

Area	Notes	Walkalong
Age		
Bed		
Behaviors		
Belongings		
Budget		
Case Management		
Clarity		
Dreams		
Education		
Emergency Contact		
Faith Community		
Food		
Funds		
▪ Benefits		
▪ Earnings		
▪ Other		

Area	Notes	Walkalong
Healthcare		
▪ Case Manager		
▪ Dental		
▪ Doctor		
▪ Insurance		
▪ Medical		
▪ Medications		
▪ Smoking		
Housing		
▪ History		
▪ Room		
▪ Subsidies		
Legal		
Occupation		
▪ History		
▪ Hopes		
Relationships		
▪ Familial		
▪ Friends		
▪ Spousal		
Substance Abuse		
Transportation		
Utilities		
Veteran		

Compilation\Recommendations

Introduction:

The ideal use of this tool is over the phone because the phone contact can help focus the individual better than a face to face.

A client will be much more open with information if they fully understand what we are hoping to accomplish. Please introduce the process with the following:

“As staff\a volunteer with All Needs Met, I am aware of some options that we may be able to use to help you in your situation. It’s not a guarantee, but we’d like to explore your situation to see if there are any options for you. It does mean that I need to ask you quite a few questions. We won’t share any of the information with anyone outside of All Needs Met, unless you give us permission. May I ask you the questions?”

If yes, proceed.

Intake and Triage: Demographics

Name, Last		
Name, First		
Name, Middle		
Aliases	Do you use any aliases?	
Date of Birth	-- - - - -	
Age	How old are you?	
Social Security Number	- - - - - - - - - -	
Contact information	Is there someone who we should contact in case of an emergency?	
Names		
Phone numbers		

Introduction\Demographics

Behaviors

It is helpful at the beginning of this work to know if there are behavioral issues. Although these questions are not a guarantee of learning the truth, it can be a beginning.

If the answer is “Yes” to any of these questions, please also ask, “Would you mind describing the circumstances?”

Have you been restricted from any programs because of anger or for behavioral issues?

Have you had any fights that have caused you or others any difficulty in housing situations?

(If there is a temper issue:) Have these situations involved substance abuse?

Have you ever been asked to leave a residence for any reason?

Case Management

At times, folks have supportive others who could help them in their situation. This question seeks this information.

Is there anyone in the community or at an agency who is helping you with getting things done, such as getting to appointments and helping you with your paperwork?

Name of person	Name of agency\ organization	Contact info: Phone, email, address

Behaviors\Case Management

Family and Friends and Faith Communities

Family, friends and participation in a faith community can bring additional support and resources.

Do you have family or friends in the area? None reported ____ Yes____, if yes fill in the table below.

Do you have or have you had a relationship with any faith community in the past? If yes, fill in the table below.

Name	Relationship	Contact Info: Phone number, email, address:	Would they be able to help you? Can you stay with them? Under what conditions?

Family, Friends, Faith Community

Funds and Occupation:

This section seeks to collect personal resource options.

Food stamps:

Do you receive food stamps?

If yes, how much do you receive each month?

Savings:

Do you have any cash on hand that could be used with other resources that may be available to help your situation?

Yes _____ Amount _____ None reported _____

Income:

Do you have an income?

If yes, what is the source and how much do you receive?:

Source of Income:	Amount:	How often received: (weekly, monthly?)	
Benefit (EAEDC, SSA):			If receiving: Go to A
Employment:			If unemployed: To B If employed: To C
Other:			

A:

How long have you been receiving the benefit?

Do you mind telling me the reason that you are receiving the benefit?

B:

How long have you been out of work?

Would you qualify for unemployment?

Do you have prospects for work? (If not, go to **D**)

C:

Where do you work?

Is it full or part-time?

Is the work satisfying? (If not, go to **D**)

D

Do you have hopes or dreams for a certain kind of work that you would like to do?

What work has been most satisfying?

Have you ever volunteered or provided community service at a church or school?

Are you working with anyone to help find work?

Expenses:

Do you have any regular expenses?

Child Support or Alimony _____

Housing:

Rent or Mortgage Payment _____

Other Mortgage Payment _____

Utilities;

Heat _____

Electric _____

Water _____

Phone/Cell Phone _____

Internet _____

Living Expenses:

Food _____

Personal Care Products/Services _____

Eating Out _____

Entertainment _____

Misc. (Describe) _____

Automobile (year of mfg. _____):

Payment _____

Insurance _____

Gasoline _____

Repairs and Maintenance _____

Other _____

Other Expenses List:

Debts (list all):

Credit Cards _____

Other (Describe) _____

Health:

Healthcare is a very personal area for us. However, sometimes this information can be helpful for options. For example, if someone has a heart condition, it wouldn't be good to have to climb three flights of stairs. If there is any reluctance, please do not press the issue.

Because your health may impact options, would you mind telling me any medical conditions and what medications you are taking for them?

Condition	Medications

Do you have any mobility limitations? For example, are you in a wheelchair?

Do you have one or several doctors?

Provider Contact Info.	Conditions

Do you have insurance?

Provider	Contact Information

Do you smoke?

Have you had any struggles with substance abuse?

Have you ever lost a job due to substance abuse?

Have you ever lost a relationship due to substance abuse?

If substance abuse issues:

Do you attend support groups?

Do you have a sponsor?

If you don't have sponsor, would you be interested in having one?

Do you have anyone helping you with medical issues besides your doctor?

Name of person	Name of agency\ organization	Contact info: Phone, email, address

Health 2\2

Housing Status

Determining the housing history will indicate strengths and gaps in the ability to maintain housing.

History:

Questions:	Location\Situation	How did the situation end?
Where did you stay last night?		
Where did you stay last week?		
Where did you stay last month?		
Where have you been living for the last year?		
Where have you been living for the last two years?		
Where have you been living for the last five years?		
Where have you been living for the last ten years?		
Where did you spend your teenage years?		
Where did you spend your childhood (infant to @13)?		
Where were you born?		

Housing 1\2

What kind of housing\ living situation has worked best for you?	
What kind of housing would you prefer?	
Where would you most like to live?	
How much can you afford?	
Have you ever applied for a housing subsidy? Is so where?	

Summary:

For access to some resources, it is important to fill out this table of information.

Town of origin:	
Reason(s) for homelessness:	
Chronicity of homelessness: (Chronically homeless = one year or 4 times within three years) See “Chronic Homelessness”	

Judicial

Do you have any outstanding legal issues?

For example, are you on probation?

If yes, do your conditions of probation involve housing?

Do you have an attorney?

Do you have any outstanding warrants?

Issue\Warrant\Probation	Details

Transportation

Do you own a car?

If yes, is it

- Insured
- Registered
- Inspected
- Running?

If not, do you have access to other transportation?

If yes, what are the options?

Is there anyone who can help by giving you rides?

Veteran

Are you a veteran? If yes: Do you have a dd214(?)

Have you ever been or are you a client of:

- The Veterans' Clinic?
- Veteran Services
- Nam Vets?

Judicial \Transportation \ Veteran

Belief Questions

We have a few more questions that might give us some additional information about your situation. These are belief questions and may help us understand some underlying causes of your challenge.

People:

Do you believe that each person is valuable?

If yes, what makes a person valuable?

Do you believe that each person is deserving of love?

If yes, what makes them deserving?

Do you believe each person has a purpose?

If yes, what is the nature of that purpose?

Do you believe that each person has the right to self-determination, or freedom of choice?

If yes, how is this to be enacted and guaranteed?

Do you believe that the needs of everyone should be met?

If yes, how are these needs to be met?

You:

Do you believe that you have a purpose?

If yes, what is your purpose?

Do you believe that you are valuable?

If yes, why are you valuable?

Do you believe that you are loved?

Are your needs being met?

If not, what needs are not being met?

How do you think these needs could best be met?

ALL NEEDS MET
AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION

I, _____ (print name) grant permission to the individuals/agencies named below to provide All Needs Met with whatever information is requested for the purpose of providing services to myself or members of my household.

If the All Needs Met is listed below, I grant permission to All Needs Met to provide information to the other individuals/agencies listed for the purpose of providing services to myself or members of my household.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Client's Signature _____ Date: _____

Staff Signature _____ Date: _____

Release