Social Determinants of Health

What is your address?

Social Determinants of Health

Confianza Health is dedicated to provide wrap around services to our members and their families. Please complete the questionnaire to help us better serve you and your needs as you begin services with us.

Personal Characteristics.

Hispanic or Latino/a?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Which race(s) are you? Check all that apply

- [ ] Asian
- [ ] American Indian/Alaskan Native
- [ ] Black/African American
- [ ] Hispanic
- [ ] White
- [ ] I choose not to answer this question

What is the highest level of school that you have finished?

- [ ] Less than high school degree
- [ ] More than high school
- [ ] High school diploma or GED
- [ ] I choose not to answer this question

What is your perfered language?

- [ ] English
- [ ] Spanish
- [ ] Other

Do you need any accommodations for hearing, vision, cognitive limitations, or language interpretations?

- [ ] Yes
- [ ] No

Family & Home

How many family members, including yourself, do you currently live with?

What is your housing situation today?

- [ ] I have housing
- [ ] I do not have housing (staying with others, in a hotel, shelter, living outside ie. street, car, park)
- [ ] I choose not to answer this question

Are you worried about loosing your housing?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Finances & Resources

Do you have a steady source of income?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

In the past 12 months, have you worried about paying your bills?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Are you currenthly employed?

- [ ] Unemployed
- [ ] Part-time work or temporary work
- [ ] Full-time work
- [ ] Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)
- [ ] I choose not to answer this question

What is your main insurance

- [ ] None/uninsured
- [ ] Medicaid
- [ ] ALTECS Medicaid
- [ ] Medicare
- [ ] Other public insurance (not CHIP)
- [ ] Other public insurance (CHIP)
- [ ] Private Insurance
- [ ] I choose not to answer this question

In the past 12 months, have you delayed medical care because of cost?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

During the past year, what was the total combined income for you and the family members you live with? _____ This information will help us determine if you are elegible for any benefits.

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- [ ] Yes, it has kept me from medical appointments or from getting my medicatoins
- [ ] Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- [ ] No
- [ ] I choose not to answer this question

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? check all that apply

- [ ] Food
- [ ] Clothing
- [ ] Utilities
- [ ] Child Care
- [ ] Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)
- [ ] Phone
- [ ] Other
- [ ] I choose not to answer this question

In the past 12 months, did you worry that food would run out before you had money to buy more?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Social and Emotional Health

Do you feel physically and emotionally safe where you currently live?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] I choose not to answer this question

In the past year, have you been afraid of your partner or ex-partner?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] I choose not to answer this question

Do you have someone you can rely on for emotional support?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Would you like information about support groups near you?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Would you like information about services to help with any concerns you have?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Are you interested in having an SMI/SED evaluation completed?

- [ ] Yes
- [ ] No
- [ ] Unsure

Person signing document *

Signature: * ×

Date: