**Needs Assessment**

Date: Name: DOB: HMIS #:

General Well Being [checking in to see how you’re doing]

How are you feeling today? [Refer to CHC Access to Care Coordinator for medical / behavioral health symptoms: 860-622-1517]

What’s your plan for food and drinks? For the food we provide, do you have any dietary restrictions? Diabetes?

Depression and Suicidality Screener [ask a couple questions about how you’re feeling]

Over the past two weeks, have you felt down, depressed, or hopeless? **YES / NO**

Do you have thoughts of killing yourself? **YES / NO**

Have you ever attempted to kill yourself? **YES / NO**

YES to question 1 🡪 Offer behavioral health telehealth referral: 860-622-1517

YES to question 2 is positive for suicidal ideation 🡪 911

Current Medications [check in about your medications and when you may need refills]

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

What’s your plan for getting refills?

Provide info re: prescription delivery: Hancock Pharmacy (203) 367-4571 OR United Pharmacy (203) 955-1781

Substance Use & Recovery

Do you currently rely on alcohol or drugs to get through the day? **YES / NO**

YES 🡪 complete next section and provide Virtual Recovery Flyer

Alcohol:

What is your plan to stay out of withdrawal?

How much do you usually drink on a daily basis?

When was your last drink and how much did you consume?

Are you experiencing insomnia, unusual heart rate, increased temperature or stomach pain?

Have you had withdrawal symptoms in the past, like seizures or experienced delirium?

Have you seen a doctor in the past about drinking? If yes, who?

If the person has finished their last drink and have no access to more and are experiencing symptoms either call their previous doctor or 911.

If the person does have more to consume, discuss harm reduction, create a safety plan, and ask to leave resources. Ensure to connect back with them in a few days.

List your medication for opioid treatment therapy, quantity and prescriber. If not, are you interested in treatment?

YES 🡪 complete next section and provide Virtual Recovery Flyer

1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask your provider if they can deliver this or ask a trusted, healthy, third party to deliver. If not, contact CHC Access to Care Coordinator for alternatives 860-622-1517

Relationships and Social Connections [want to make sure you feel connected]

What is your plan to stay socially connected? Stay entertained? Do you need help with technology?

Do you have a phone? **YES / NO**

Do you have access to internet through the phone or a computer device? Do you have a tv? **YES / NO**

Do you have an email address that you can check? **YES / NO**

Would you like to be notified of virtual groups, activities, entertainment? **YES / NO**

Do you currently feel unsafe from a partner or ex-partner’s behavior? **YES / NO**

What is your plan?

YES 🡪 provide information for Safe Connect for immediate support: 888-774-2900

Anyone you’re particularly worried about right now? Can we help?

Anything else you’d like to tell us?

**Quick Guide**

Create a list of medications that you are prescribed with the prescribing physician:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refill due on:\_\_\_\_\_\_\_\_\_

Pharmacies that can deliver your prescriptions: Hancock Pharmacy (203) 367-4571 OR United Pharmacy (203) 955-1781

List your medication for opioid treatment therapy, quantity and prescriber:

1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Connect 1.888.774.2900

**Getting through this.**

Focus on what’s in your control.

Acknowledge your thoughts and feelings. Make notes of the positives throughout the day with a picture or by journaling.

Come back to your body. Try the meditation steps below, or go for a walk outside.

Stay connected and talk to others at a safe distance or over the phone.

Structure your day. Find comfort in routine and a schedule.

Make notes of the positives throughout the day, either with a picture or by journaling.

Join an online group, read something new, transform yourself, great creative.

**Meditation:**

Be present. Take a deep breath. Name 5 things you can see; 4 things you can touch; 3 things you can hear; 2 things you can smell; 1 thing you can taste. Take a deep breath.

Be present. You are safe. What country do you live in? What state? What county? What town? What is the name of your street? What number do you live in?

Stay present. Inhale for 4 seconds. Exhale for 5 seconds. What is your full name? When were your born? How old are you? What gender are you? What color is your hair? What color are your eyes? Which hand do you write with? Breathe.