

Customer Needs Check-List

Customer Name: _____

TWIST ID: _____

This form is necessary in order to determine your immediate needs and to allow us to make necessary referrals to other agencies. This information is voluntary and confidential. Please answer each question accordingly, and check all needs. *Ex: if you are currently receiving SNAP benefits, please do not indicate as a need since you are currently receiving.*

Personal/Family Questions (Please Circle YES or NO)		
Are you responsible for the care of a family member with special needs? (illness, incapacitated)	YES	or NO
Do you have any personal or family problems or concerns for which you need assistance?	YES	or NO
Do you have any family members that require day care? (Adult or Child)	YES	or NO
If yes, are they currently in day care?	YES	or NO
If day care is needed and not being received, are there any family member or friends who could provide these services?	YES	or NO
Personal/Family Needs (Please check Needs only)		
<input type="checkbox"/> Domestic Violence Help or Information	<input type="checkbox"/> Child Abuse/Neglect Help or Information	<input type="checkbox"/> Elder Abuse/Neglect Help or Information
<input type="checkbox"/> Need Child/Family Care	<input type="checkbox"/> Family/Youth Support Services	<input type="checkbox"/> Financial Counseling
<input type="checkbox"/> Need Transportation to Work	<input type="checkbox"/> Need Transportation to Training	<input type="checkbox"/> Furniture
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Clothing	

Living Conditions Questions (Please Circle YES or NO)	
Do you have a stable living arrangement?	YES or NO
Do you have adequate support or resources for basic life needs? (food, clothing, shelter)	YES or NO
Do you depend on other for income or assistance with basic living necessities?	YES or NO
Living Condition Needs (Please check Needs only)	
<input type="checkbox"/> Emergency Food	<input type="checkbox"/> Food Stamps / SNAP
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Low Income Housing
<input type="checkbox"/> Weatherization	<input type="checkbox"/> House Repairs
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Military Assistance	<input type="checkbox"/> Other _____
<input type="checkbox"/> WIC	<input type="checkbox"/> Meals on Wheels

Health/Medical Questions (Please Circle YES or NO)	
Are you currently under the care of a physician or healthcare professional?	YES or NO
Are you currently taking any prescribed medication on a regular basis that would interfere with work or school?	YES or NO
Do you have any long-term health problems?	YES or NO
Do you have any health problems or concerns that are not currently being treated?	YES or NO
Are you eligible for, or receiving health benefits?	YES or NO
Health/Medical Needs (Please check Needs only)	
<input type="checkbox"/> Adult	<input type="checkbox"/> Children
<input type="checkbox"/> Transportation to Medical Appointments	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Drug/Alcohol Information or Services	<input type="checkbox"/> Pregnancy Service
<input type="checkbox"/> Other _____	<input type="checkbox"/> Family Planning
<input type="checkbox"/> Elderly	<input type="checkbox"/> Rehabilitative
<input type="checkbox"/> Disabled	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Medications	<input type="checkbox"/> Blindness, Deafness
<input type="checkbox"/> Respite	<input type="checkbox"/> Elder Care

Legal Questions (Please Circle YES or NO)

Are you currently on parole, probation or arrest bond? YES or NO

Have you been convicted of a felony or misdemeanor? YES or NO

Do you have any pending legal problems, constraints or issues? YES or NO

Legal Needs (Please check Needs only)

- Child Support Criminal Civil (any legal matter that is not criminal)
- Administrative (Social Security, SSI, Medicaid, TANF, SNAP, Public Housing, Unemployment, etc.)

Employment Needs (Please check Needs only)

- Job Search Assistance Need a Resume or updated a Resume Employment Program for Youth (16-21)
- Interview Workshops Employment Program for Seniors (55+) Employment Programs for Persons with Disabilities
- Other: _____

Training Needs (Please check Needs only)

- GED Preparation Remedial Education (Reading, Writing or Math) Training Programs for Youth (18 – 21)
- Vocational Technical Training English as a Second Language (ESL) Training Programs for Seniors (55+)
- Career Exploration College Entrance Exam Preparation Training Programs for Persons with Disabilities
- Other: _____

Veteran Needs (Please check Needs only)

- Employment Training Medical Other: _____

I do not require any of the above services at this time.

Customer Signature: _____ Date: _____

Workforce Specialist: _____ Date: _____