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## Health Services Survey

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# Health Services Survey

complete one per household

Arrival Date at [redacted] (month/day/year) \_\_\_\_\_ [redacted] Location \_\_\_\_\_

List ethnicity, gender, age and health concerns for **you and each family member** staying at [redacted]:

<b>Ethnicity:</b>							
<b>Gender:</b>							
<b>Age:</b>							
<b>Health Concerns:</b>							

What health services would you and your family want support with while at [redacted] (Check all that apply):

- Dental
- Vision/Eyeglasses
- Medications
- Health Insurance
- Substance Use Support
- Mental or Behavioral Health
- Children's Health
- Parenting Support
- Vaccinations
- Women's Health
- General Healthcare
- Support Groups
- Pregnancy Support
- Domestic Violence Support
- Nutrition
- Pet Health
- Family Planning
- Specialist Referral
- Other Services: \_\_\_\_\_

Have you or your family met with the Health Services Team at [redacted]  Yes  No

If yes, which?  Nursing  Doctor  Behavioral Health  Care Coordinator

If no, why?  Did not know about services  Services were not easy to use  Not interested

The Health Services Team at [redacted] helped improve my health and my family's health. (Check one)

- Yes
- No
- A little
- Unsure

[redacted] helped my family get connected to a primary care provider and other needed care. (Check one)

- Yes
- No
- A little
- Unsure

Comments:

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