

HVRP Manual Sample Forms

*This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.*

SUPPORTIVE SERVICE NEEDS CHECKLIST

Check any issues listed below for which you have a need at this time.

Health

(Case Manager Notes)

<input type="checkbox"/> Get an eye exam/eye glasses	_____
<input type="checkbox"/> Quit smoking	_____
<input type="checkbox"/> Lose weight – 50 lbs. or more	_____
<input type="checkbox"/> See a doctor for myself	_____
<input type="checkbox"/> See a doctor for my child	_____
<input type="checkbox"/> Reduce my alcohol use	_____
<input type="checkbox"/> Reduce my drug use	_____
<input type="checkbox"/> Get help for a family member who uses alcohol/drugs	_____
<input type="checkbox"/> Get my teeth fixed, go to a dentist	_____
<input type="checkbox"/> Get personal grooming/hygiene items (makeup, toothpaste, soap, deodorant, etc.)	_____
<input type="checkbox"/> Get health/dental insurance for me and my family	_____
<input type="checkbox"/> Get birth control	_____
<input type="checkbox"/> Needs special adaptations for work skills because of disability	_____

Housing

<input type="checkbox"/> To live in my own place	_____
<input type="checkbox"/> Pay past due utilities (WIA may help when gets housing)	_____
<input type="checkbox"/> Get a telephone	_____
<input type="checkbox"/> Reduce housing costs	_____
<input type="checkbox"/> Move/relocate	_____
<input type="checkbox"/> Emergency/temporary housing	_____

Legal

<input type="checkbox"/> Collect child support	_____
<input type="checkbox"/> Take care of my legal problems	_____
<input type="checkbox"/> Get protection from a violent person	_____
<input type="checkbox"/> Complete community service hours	_____

Family

<input type="checkbox"/> Improve my parenting skills	_____
<input type="checkbox"/> Improve my relationship with my child	_____
<input type="checkbox"/> Improve my relationship with my spouse/significant Other	_____
<input type="checkbox"/> Learn how to control my anger	_____
<input type="checkbox"/> Provide a safe home for my children	_____
<input type="checkbox"/> Send children to college or training	_____
<input type="checkbox"/> Pay family bills/debts	_____
<input type="checkbox"/> Provide basic essentials for family (food, shelter,	_____

HVRP Manual Sample Forms

*This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.*

- _____ clothing)
- _____ Get children to attend/stay in school
- _____ Needs child care for children

Personal

- _____ Feel less depressed/stressed
- _____ Develop confidence
- _____ Be able to manage my moods/feelings
- _____ Feel less frustrated or confused
- _____ Resolve my own past issues with abuse
- _____ Stop having feelings of wanting to die
- _____ Get counseling for loss of a child/spouse
- _____ Get counseling for a past rape
- _____ Learn money management skills

Transportation (Need for reliable transportation)

- _____ Obtain driver's license
- _____ Get auto insurance, tag, etc.
- _____ Get help with gas money

Safety

- _____ Get some help for quitting alcohol/drugs
- _____ Make friends who don't drink or use drugs
- _____ Get myself or my child out of a gang
- _____ Provide a safe environment for my child
- _____ Protect my child from child abuse
- _____ Find nearby childcare that is good
- _____ Have backup childcare for emergency situations
- _____ Get out of a violent relationship

Please indicate any special concerns not addressed in the above list.

Participant Signature

Date