_			
Case	NΙΛ		
Lase	INU.		

CITY OF OLYMPIA MUNICIPAL COURT

NEEDS ASSESSMENT FORM

CHARGE(S): ARE VOII CURRENTLY TRESPASSED FROM ANYWHERE?Yes	CHARGE(S): ARE YOU CURRENTLY TRESPASSED FROM ANYWHERE? Yes No WHEN TRESPASSED?			·
ARE YOU CURRENTLY TRESPASSED FROM ANYWHERE? Yes No WHEN TRESPASSED? Comments: Ethnic toy Race: Ethnic origin (please select one of the following): Hispanic / Latino White Black / African American Nether Hawdillan / Other Pacific Islander No you have a valid ID Card? Yes No Receiving any type of State Assistance? Yes No Found Stampa TANF GAU ABD Medicaid SI/SSDLOSHS Other DEPENDENCY: (Number of people you legally and financially support?) Children Ages: Marital Status: Single Married Widowed Divorced Separated In a relationship? YES NO Are your children in faster care? Do you have family support? Who? What type? ADDRESS/PHONEM/EMAIL: St his a permanent address? Yor N Transient? Yor N Homeless? Yor N How long? Why homeless? EDUCATION: (Please indicate your highest level of education) MILITARY: Have you ever been in the military? Yor N Active Duly? Yor N Reserve/National Guard? Yor N Stranch of Service? Years? PTSD? Yor N TBI? Yor N MST? Yor N Discharge Status EMPLOYMENT: Camployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wk. Unemployed reason ob Skills/Comments: LECHOLUBRICOPY: How long? Previous A/D Issues? LICOHOLUBRUG/DV: Unemployed? Currently/previously in TX, where/when? Lice you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N Research of Domestic Violence or a violent crime? Y N Do you want services? Y or N N Rescently Insured Control of Domestic Violence or a violent crime? Y N Do you want services? Y or N N Rescently Insured Control of Domestic Violence or a violent crime? Y N Do you want services? Y or N N Rescently Insured Provider Provider Now With someone be helpful to you in working on some life issues or concerns? Y or N N YOMMENTS: MYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider Preference Health Care Facility?	ARE YOU CURRENTLY TRESPASSED FROM ANYWHERE? Yes No WHEN TRESPASSED? Comments: Ethnicity/Race: Ethnic origin [please select one of the following]: Hispanic / Latino White Black / African American Native Invavalian / Other Pacific Islandor Anarican indian / Alaska Native Asian Do you have a valid ID Card? Yes No Receiving any type of State Assistance? Yes No Food Stamps TANF GAU/ABD Medicaid SSI/SSDL/DSIS Other DEPENDENCY: (Number of people you legally and financially support?) Children Ages: Marital Status: Single Married Widowed Divorced Separated In a relationship? YES NO Are your children in foster care? Do you have family support? Wha? What type? ADDRESS/PHONE#EMAIL: Is this a permanent address? Yor N Transient? Yor N Homeless? Yor N How long? Why homeless? EDUCATION: (Please indicate your highest level of education) MILITARY: Have you ever been in the military? Yor N Active Duty? Yor N Reserve/National Guard? Yor N Branch of Service? Years? PTSD? Yor N TBI? Yor N MST? Yor N Discharge Status EMPLOYMENT: Employed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wl Name and Location of Employer? Unemployed? Previous A/D Issues? Clean/sober how long? Previous A/D Issues? Current A/D of Choice? Currently/previously in TX, where/when? Are you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y Or N PRESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counselling or mental health services? Y or N Have you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N COMMENTS: Do you have Health Insurance? Y or N Name of Insurance Provider	NAME (Last, First, MI):	DOB:	DATE:
Comments: Ethnicity/Race: Ethnic origin (slesse select one of the following):	Comments: Ethnicity/Race: Ethnic origin (please select one of the following):	CHARGE(S):		, , , , , , , , , , , , , , , , , , , ,
No was the a valid ID Card? Yes No Receiving any type of State Assistance? Yes No Oyou have a valid ID Card? Yes No Receiving any type of State Assistance? Yes No Other Depth of Card? Yes No Receiving any type of State Assistance? Yes No Other Depth of Card? Yes No Other Depth of Card? Yes No Other Depth of Card? No Not Not Not Not Not Not Not Not Not	Andre a valid ID Card?	ARE YOU CURRENTLY TRESPASSED FROM ANYWHER Comments:	RE?YesNo WHEN T	RESPASSED?
Proof Stamps	TANF	Native Hawaiian / Other Pacific Islander	American Indian / Ala	aska Native Asian
### DEPENDENCY: (Number of people you legally and financially support?) Children Ages:	DEPENDENCY: (Number of people you tegally and financially support?) Children Ages:	Do you have a valid ID Card?YesNo Receiving	g any type of State Assistance?	YesNo
Marital Status: Single Married Widowed Divorced Separated In a relationship? YES NO Are your children in foster care? Do you have family support? Who? What type? MDDRESS/PHONE#/EMAIL: St this a permanent address? Yor N Transient? Yor N Homeless? Yor N How long? Why homeless? EDUCATION: (Please indicate your highest level of education) MILITARY: Have you ever been in the military? Yor N Active Duty? Yor N Reserve/National Guard? Yor N Branch of Service? Years? PTSD? Yor N TBI? Yor N MST? Yor N Discharge Status EMPLOYMENT: Camployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wk. Jame and Location of Employer? Unemployed reason ob Skills/Comments: LICOHOLDRUG/DV: Current A/D of Choice? How long? Previous A/D Issues? The you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N Individual talking with someone be helpful to you in working on some life issues or concerns? Y or N YOMMENTS: MYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider Name of Insurance Provider	Marital Status: Single Married Widowed Divorced Separated In a relationship? YES NO Are your children in foster care? Do you have family support? Who? What type? MDDRESS/PHONE#/EMAIL: St this a permanent address? Y or N Transient? Y or N Homeless? Y or N How long? Why homeless? EDUCATION: (Please indicate your highest level of education) MLITARY: Have you ever been in the military? Y or N Active Duty? Y or N Reserve/National Guard? Y or N Branch of Service? Years? PTSD? Y or N TBI? Y or N MST? Y or N Discharge Status EMPLOYMENT: Camployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wl Idame and Location of Employer? Ob Skills/Comments: LICOHOL/DRUG/DV: Carrently/previously in TX, where/when? In a relationship? YES NO What type? Why homeless? Why homeless? Why homeless? Why homeless? I or N Wage per hour? Hrs. per wl Unemployed reason Unemployed reason Unemployed reason Clean/sober how long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? I or you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N Individual talking with someone be helpful to you in working on some life issues or concerns? Y or N YOMMENTS: MYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider	Food Stamps TANF GAU/ABD M	ledicaid SSI/SSDI/DSHS	S Other
And the state of t	And the state of t	DEPENDENCY: (Number of people you legally and financially	support?) Children Ages:	
So this a permanent address? Y or N Transient? Y or N Homeless? Y or N How long? Why homeless? ##################################	Sthis a permanent address? Yor N Transient? Yor N Homeless? Yor N How long? Why homeless? ##################################	Marital Status: Single Married Widowed	Divorced Separated In	n a relationship?YESNO
Sthis a permanent address? Yor N Transient? Yor N Homeless? Yor N How long? Why homeless? **EDUCATION**: (Please indicate your highest level of education) **MLITARY*: Have you ever been in the military? Yor N Active Duty? Yor N Reserve/National Guard? Yor N Transient of Service? Years? PTSD? Yor N TBI? Yor N MST? Yor N Discharge Status **EMPLOYMENT**: mployed? How long? Occupation? Wage per hour? Hrs. per wk lame and Location of Employer? Unemployed reason ob Skills/Comments: Unemployed reason Unemployed reason OSkills/Comments: Unemployed? How long? Previous A/D Issues? Previous A/D I	Stilis a permanent address? Y or N Transient? Y or N Homeless? Y or N How long? Why homeless? **EDUCATION**: (Please indicate your highest level of education) **MLITARY*: Have you ever been in the military? Y or N Active Duty? Y or N Reserve/National Guard? Y or N I ranch of Service? Years? PTSD? Y or N TBI? Y or N MST? Y or N Discharge Status **EMPLOYMENT**: mployed? How long? Occupation? Wage per hour? Hrs. per wlame and Location of Employer? Unemployed reason ob Skills/Comments: **LCOHOL/DRUG/DV**:	re your children in foster care? Do you have fam	ily support? Who?	What type?
######################################	### Active Duty? Yor N Reserve/National Guard? Yor N Reserve/Natio	ADDRESS/PHONE#/EMAIL:		
######################################	######################################	s this a permanent address? Y or N Transient? Y o	r N Homeless? Y or N H	ow long? Why homeless?
EMPLOYMENT: Imployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wk Idame and Location of Employer? Unemployed reason Ob Skills/Comments: LCOHOL/DRUG/DV: Current A/D of Choice? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? Tre you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: IENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N would talking with someone be helpful to you in working on some life issues or concerns? Y or N HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	EMPLOYMENT: Comployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per will have and Location of Employer? Unemployed reason Unemployed reason Ob Skills/Comments:	EDUCATION: (Please indicate your highest level of educa	tion)	
######################################	######################################	All ITARY. Have you agor been in the military? Vous	N Active Dates Ven N. D.	(2) (2)
EMPLOYMENT: Comployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wk I dame and Location of Employer? Unemployed reason Ob Skills/Comments: LCOHOL/DRUG/DV: Current A/D of Choice? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? Clean/sober how long? Currently/previously in TX, where/when? Cre you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N Would talking with someone be helpful to you in working on some life issues or concerns? Y or N WOMMENTS:	EMPLOYMENT: Comployed? Unemployed? How long? Occupation? Wage per hour? Hrs. per will fame and Location of Employer? Unemployed reason Ob Skills/Comments:			
Employed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wk Hame and Location of Employer? Unemployed reason Ob Skills/Comments: Unemployed reason Claim Clai	Employed? Unemployed? How long? Occupation? Wage per hour? Hrs. per wlame and Location of Employer? Unemployed reason	Branch of Service? Years? PTSD? Yor	N TBI? YorN MST? Y	or N Discharge Status
Clean/sober how long?	Clean/sober how long?	Employed? Unemployed? How long? Name and Location of Employer?		Unemployed reason
Current A/D of Choice? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? Cre you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N PRESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N loud talking with someone be helpful to you in working on some life issues or concerns? Y or N loudents: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	Clean/sober how long? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? Cre you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N PRESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N Vould talking with someone be helpful to you in working on some life issues or concerns? Y or N COMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?			
Current A/D of Choice? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? The you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: RENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N Reve you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N ROMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider Preference Health Care Facility?	Current A/D of Choice? How long? Previous A/D Issues? Clean/sober how long? Currently/previously in TX, where/when? The you a victim of Domestic Violence or a violent crime? Y N Do you want services? Y N RESCRIPTION MEDS TAKEN/COMMENTS: RENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N Reve you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N ROMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider Preference Health Care Facility?			
RESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N would talking with someone be helpful to you in working on some life issues or concerns? Y or N comments: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	RESCRIPTION MEDS TAKEN/COMMENTS: MENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N lave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N would talking with someone be helpful to you in working on some life issues or concerns? Y or N comments: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?		How long? Previe	ous A/D Issues?
RESCRIPTION MEDS TAKEN/COMMENTS: (ENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N ave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N /ould talking with someone be helpful to you in working on some life issues or concerns? Y or N OMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	RESCRIPTION MEDS TAKEN/COMMENTS: (ENTAL HEALTH: Has anyone ever advised you to seek counseling or mental health services? Y or N ave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N //ould talking with someone be helpful to you in working on some life issues or concerns? Y or N OMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	lean/sober how long? Currentl	y/previously in TX, where/v	vhen?
Ave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N Would talking with someone be helpful to you in working on some life issues or concerns? Y or N COMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	Ave you ever sought help in a hospital setting for anxiety, sadness, depression, or psych issues? Y or N Would talking with someone be helpful to you in working on some life issues or concerns? Y or N COMMENTS: HYSICAL DISABILITIES: Do you have Health Insurance? Y or N Name of Insurance Provider rimary Care Doctor? Preference Health Care Facility?	re you a victim of Domestic Violence or a violent RESCRIPTION MEDS TAKEN/COMMENTS:	crime? Y N Do you	want services? Y N
rimary Care Doctor? Preference Health Care Facility?	rimary Care Doctor? Preference Health Care Facility?	lave you ever sought help in a hospital setting for Yould talking with someone be helpful to you in w	anxiety, sadness, depression orking on some life issues o	or psych issues? Y or N
rimary Care Doctor? Preference Health Care Facility?	rimary Care Doctor? Preference Health Care Facility?	HYSICAL DISABILITIES: Do you have Health		
DDITIONAL NOTES:	DDITIONAL NOTES:	rimary Care Doctor? Preference		lame of Insurance Provider
		DDITIONAL NOTES:		

Case No.	

CITY OF OLYMPIA MUNICIPAL COURT NEEDS ASSESSMENT FORM

NAME (Last, First, MI):	DOB: DATE:	
CHARGE(S):		
		
What needs do you have in order to not break the law?		·
SOCIAL SERVICE CONTACT REFERRALS (check all a	that apply):	
 □ No Referral Recommended □ Drug/Alcohol Eval/TX Program □ Employment Services □ Education/Literacy □ Victim Counseling □ DSHS □ Medical Needs/Assessment □ Mental Health Services 	□ SeaMar □ Legal Assistance □ Affordable Care Act Rep □ Native Amer Services □ Veteran Services □ MRT program □ Department of Licensing □ Housing	
□ Other		
ADDITIONAL NOTES:		
	·	
		٠