



**Here's a needs assessment service screening form checklist for new clients to identify services that are needed:**

**1. Screening tests**

- Blood pressure
- HIV
- Hep C
- STI
- Blood glucose levels
- Cancer screenings (e.g. mammogram, colonoscopy)
- Fall Prevention

**2. Specialized Services**

- Medical Health Primary Care
- Behavioral Health Medication Visit
- Mental Health Counseling
- Addiction Medicine
- Physical therapy or rehabilitation
- Occupational therapy
- Speech therapy
- Nutrition counseling
- Peer Support Counseling

**3. Activities of Daily Living (ADLs)**

- Bathing and grooming
- Dressing
- Eating and meal preparation
- Mobility and ambulation
- Toileting and continence

**4. Instrumental Activities of Daily Living (IADLs)**

- Housekeeping and home maintenance
- Shopping and running errands
- Managing finances and bills
- Transportation
- Medication management

**5. Support Services Continued**

- Housing Placement Assistance
- Food Assistance
- Insurance Coordination
- Job Search
- Referral Assistance \_\_\_\_\_
- Legal Help

**6. Support Services**

- Caregiver support
- Respite care
- Home health services
- Hospice care
- Palliative care

Name:(First)\_\_\_\_\_ (Last)\_\_\_\_\_ D.O.B:\_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ Zip:\_\_\_\_\_

Email:\_\_\_\_\_

**Signature Disclaimer**

I authorize Ace Foundation of Florida to contact necessary resources on my behalf. This includes health services, legal entities, or support groups as needed. I understand this grants explicit consent for actions taken in my best interest.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/2024