

COVID19 Local Resources

Head of Household: _____

Address: _____

Alternate Phone #: _____ **Email:** _____

For new Participants Only:

DOB: ____ / ____ / _____ Gender: M - F Race/Ethnicity: _____ Disability: Yes - No

Marital Status _____ Housing Status: Subsidized Non-Subsidized Neighborhood Resident

Emergency Contact - Name: _____ Relationship: _____ Phone: _____

1. In the case of a quarantine, do you have enough food to last for 7 days? Yes No N/A

Household Items

2. Do you have antibacterial soap or other disinfectant cleaners such as bleach, clorox, lysol? Yes No N/A

3. Do you have your household essentials for the next 7 days (toothpaste, toilet paper, soap, feminine products, etc)?
Yes No N/A

4. If you have young children, do you have a 7 day supply of baby essentials (formula, baby food, diapers etc.)? Yes No

Educational Needs

5. Are you or your school aged children required to do remote learning? Yes No N/A

6. If so do your children need tutoring or homework assistance? Yes No N/A

7. Does your household have access to broadband internet at home? Yes No N/A

8. Do you have access to a computer or tablet with internet connectivity? Yes No N/A

Healthcare

9. Do you have a chronic health condition? Yes No N/A

10. Do you have a 2-week supply of prescriptions? Yes No N/A

11. Do you have the medicine you need for your family for the next 7 days? Yes No N/A

12. Do you have a plan to get to where you need in case of an emergency? Yes No N/A

13. Does/did your household have a medical emergency related to COVID-19? Yes No N/A

Economic Mobility

13. Did you pay your rent this month? Yes No N/A

14. Did you pay your utilities this month? Yes No N/A

15. Did you lose employment as a result of the COVID-19 crisis?

Yes (lost job as a result AND still unemployed)

No (still employed OR lost job for other reasons)

N/A (regained a job OR not employed throughout (not looking, disabled, retired, etc.))

16. Due to the pandemic would you rate your stress as lower, higher or about the same (as is typical for you)?

Lower About the same Higher

17. Do you have a support system in the following areas?

To help you with your children? Yes No N/A

To help you in case of an emergency? Yes No N/A

To help you take a break? Yes No N/A

To help with activities of daily living? Yes No N/A



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Action Table

<p>1. In the case of a quarantine, do you have enough food to last for 7 days? = No</p> <p>2. Do you have antibacterial soap or other disinfectant cleaners such as bleach, clorox, lysol? = No</p> <p>3. Do you have your household essentials for the next 7 days (toothpaste, toilet paper, soap, feminine products, etc)? = No</p> <p>4. If you have young children, do you have a 7 day supply of baby essentials (formula, baby food, diapers etc.)? = No</p>	<p>Requires FDP - Safe and Stable Housing - Secure Basic Needs</p>
<p>6. If so do your children need tutoring or homework assistance? = Yes</p>	<p>Requires FDP - Children and Youth - In-School - Connect to structured high quality out of school time programming</p>
<p>7. Does your household have access to broadband internet at home? = No</p> <p>8. Do you have access to a computer or tablet with internet connectivity? = No</p>	<p>Requires FDP - Safe, Stable Housing - Secure Basic Needs</p>
<p>10. Do you have a 2 week supply of prescriptions? = No</p> <p>11. Do you have the medicine you need for your family for the next 7 days? = No</p>	<p>Requires IDP - Healthy Lifestyle - Access: Prescriptions OR FDP - Children and Youth: Access Prescriptions)</p>
<p>12. Do you have a plan to get to where you need in case of an emergency? = No</p>	<p>Requires Service Linkage – Basic Needs Assistance</p>
<p>13. Did you pay your rent this month? = No</p> <p>14. Did you pay your utilities this month? = No</p>	<p>Requires FDP - Safe, Stable Housing - Bring rent current Bring electric/gas/water bill current</p>

