BADGER HOUSING INC

CoC Program Annual Assessment Form

SAMPLE (usable form on page 2)

Client Name: Mary Smith

Today's Date: 2/16/2023

Case Manager Name: Jane Addams

Project Start Date: 2/23/2022

Current Supportive Services:

- Client is getting assistance from Badger Food Pantry; mental health counseling at Aurora clinic; transportation assistance (rides from CM to appointments and Walmart); help with cleaning supplies when we get donated items.
- She's receiving Food Share (decrease expected in March) and Social Security w/increase for 2023.
- Was attending weekly survivor women's group at Badger Healing Center. CM will work on referrals for dentist and eye doctor.

Changes:

- Client said she stopped attending survivor group bc she feels she's getting what she needs through therapist.
- Client said she wants to see an eye doctor and maybe a dentist, but she's nervous about going to the dentist because it's been many years.

New Referrals: CM will research eye doctor and dentist.

2/17/23 CM sent text to client with phone # and info about ABC Dental and New Eyes program through 16th Street Clinic.

Your Agency Name

CoC Program Annual Assessment Form

Client Name: _____ Today's Date: _____

Case

Current Supportive Services:

Manager Name: _____ Project Start Date: _____

Changes:

New Referrals: