

HHSC Non-Medical Needs Screening

Food

For you and your household, please answer if the next two statements are often true, sometimes true, or never true.

1. Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. Decline to answer

2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. Decline to answer

If the member answers "Never true" or "Decline to answer" for questions 1 and 2, skip question 3 and go to question 4.

3. Would you like help with your food needs?
 - a. Yes
 - b. No
 - c. Decline to answer

Transportation

4. Within the past 12 months, has a lack of reliable transportation kept you from medical appointments or getting medications?
 - a. Yes
 - b. No
 - c. Decline to answer

5. Within the past 12 months, has a lack of reliable transportation kept you from doing things you need to do, such as grocery shopping or getting to work or school?
 - a. Yes

- b. No
- c. Decline to answer

If the member answers “No” or “Decline to answer” for questions 4 and 5, skip question 6 and go to question 7.

6. Would you like help with transportation?

- a. Yes
- b. No
- c. Decline to answer

Housing

7. What is your living situation today?

- a. I have a steady place to live.
- b. I have a steady place to live today, but I’m worried about losing it in the future.
- c. I don’t have a steady place to live. I am temporarily staying in another person’s home, in a hotel, shelter, car, abandoned building, bus or train station, or living outside on the street, in the woods, or in a park.
- d. Decline to answer

Think about where you live when answering the next six questions.

8. Do you have problems paying for utilities, such as electricity, gas, heat, air conditioning or water?

- a. Yes
- b. No
- c. Decline to answer

9. Do you have problems with utilities not working, such as electricity, gas, heat, air conditioning or water?

- a. Yes
- b. No
- c. Decline to answer

10. Do you have problems with pests like bugs or mice?

- a. Yes
- b. No
- c. Decline to answer

11. Do you have problems with mold?

- a. Yes
- b. No
- c. Decline to answer

12. Do you have problems with lead paint or pipes?

- a. Yes
- b. No
- c. Decline to answer

13. Do you have problems with smoke or carbon monoxide detectors missing or not working?

- a. Yes
- b. No
- c. Decline to answer

If the member answers "I have a steady place to live" or "Decline to answer" for question 7, and "No" or "Decline to answer" for all questions 8-13, skip question 14 and go to question 15.

14. Would you like help with your living situation?

- a. Yes
- b. No
- c. Decline to answer

Child Care

15. In the next 12 months, will you need help finding or paying for child care?

- a. Yes
- b. No
- c. Decline to answer

If the member answers "No" or "Decline to answer" for question 15, skip question 16.

16. Would you like help with child care?

- a. Yes
- b. No
- c. Decline to answer