Social Determinants of Health (SDoH) Mini Screener

INSTRUCTIONS:

- This screener should be used to collect member SDoH data during patient visits for providers who do not have an SDoH screener integrated into their EMR system.
- Data obtained will be documented in the patient's electronic health record, and then matched and assigned to the standardized (Z codes) for billing purposes.
- This form and any supporting documentation should be returned to: **DFHLTSS@delawarefirsthealth.com**

Member Demographics:

✓ Enter all member demographics

✓ Please verify before entering

Screening Questions:

✓ Capture member needs and interests for support

Program Enrollment

✓ Indicate if member has opted into program

✓ Add guardian name if applicable

✓ Enter your contact information

Comments

✓ Feel free to add important comments

Additional Documents to Submit:

✓ You are welcome to upload additional materials that would be beneficial for the review.

(continued)

Member Demographics

Date Completed:	Member Name:		Language Spoken:
Member ID:		Gender:	Date of Birth:

	Screening Questions	Selection	Comments
1	What is your housing situation today?	☐ I have housing ☐ I do not have housing (staying with others, hotel, shelther, living outside, in car or park) ☐ I choose not to answer ☐ Other	
2	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services?	☐ Yes ☐ No	
3	In the past 3 months, how often have you worried that your food would run out before you had money to buy more?	☐ Not at all ☐ Rarely ☐ Sometimes ☐ Often ☐ Always	
4	In the past 12 months or since the last time we checked in, has the lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	☐ Yes ☐ No	
5	Do you always feel safe in your home and around all the people in your life?	☐ Yes ☐ No	
6	Which of the following are you currently receiving help with (Select ALL that apply)?		
	• Food?	☐ Yes ☐ No	
	• Housing?	☐ Yes ☐ No	
	• Transportation?	☐ Yes ☐ No	
	• Utilities (heat, electricity, water, etc.)?	☐ Yes ☐ No	
	• Medical care, medicine, or medical supplies	☐ Yes ☐ No	
	• Dental or Vision services?	☐ Yes ☐ No	
	• Understanding health information or completing medical forms?	☐ Yes ☐ No	
	• More help with activities of daily living?	☐ Yes ☐ No	
	• Childcare/other child-related issues?	☐ Yes ☐ No	
	• Debt/loan repayment?	☐ Yes ☐ No	

	Screening Questions	Selection	Comments
6	Which of the following are you currently receiving help with at this time (Select ALL that apply)?	☐ Yes ☐ No	
	• Legal Issues?	☐ Yes ☐ No	
	• Employment?	☐ Yes ☐ No	
	• Access to a working telephone?	☐ Yes ☐ No	
	• Access to the internet?	☐ Yes ☐ No	
	• Other?	☐ Yes ☐ No	
7	Which of the following do you need help with at this time (Select ALL that apply)?		
	• Food?	☐ Yes ☐ No	
	• Housing?	☐ Yes ☐ No	
	• Transportation?	☐ Yes ☐ No	
	• Utilities (heat, electricity, water, etc.)?	☐ Yes ☐ No	
	• Medical care, medicine, medical supplies?	☐ Yes ☐ No	
	• Dental or Vision services?	☐ Yes ☐ No	
	• Applying for public benefits (WIC, SSI, SNAP, etc.)?	☐ Yes ☐ No	
	• Understanding health information or completing medical forms?	☐ Yes ☐ No	
	• More help with activities of daily living?	☐ Yes ☐ No	
	• Childcare/other child-related issues?	☐ Yes ☐ No	
	• Debt/loan replayment?	☐ Yes ☐ No	
	• Legal issues?	☐ Yes ☐ No	
	• Employment?	☐ Yes ☐ No	
	• Access to a working telephone?	☐ Yes ☐ No	
	• Access to internet?	☐ Yes ☐ No	
	• Other?	☐ Yes ☐ No	

Program Enrollment

Enrolll Member in Program now?	☐ Yes ☐ No
Member/Guardian agrees to participate in program?	☐ Yes ☐ No
Guardian name (if applicable):	
Name of Person Completing Screener:	

Phone Number:	NPI:	Address:

Additional Comments

Thank you for completing this form. Additionally, you may use the following link to access <u>Find Help</u>, a large directory of social service organizations to help find local housing, food pantries, transit and other free or reduced cost services to support our members.