

## Social Determinants Questionnaire

**The information on this form is confidential. If you would prefer to contact our Care Management Department directly, please call (989) 892-5664 or (989) 793-9982.**

1. Do you have difficulty understanding the English language? Do you need help completing this form?
2. Do you ever have a time during the month when you don't have enough food?
3. Do you have trouble paying for housing or your electric/heating bills? Is your family currently or at risk of becoming homeless?
4. Is there a problem with your health insurance covering your child's medical costs? Do you need help with transportation to attend medical appointments? Do you need help paying for medications?
5. Are you concerned about your child's educational plan? Are you concerned about your child's success or behaviors in school?
6. Has your child experienced or observed any form of abuse, including physical, emotional, verbal, sexual, or neglect? Do you or your children feel unsafe at home or school now?
7. Is anyone close to your child having problems with depression or other mental illness, problem drinking, alcoholism, or drug use?
8. Do you need help with child care items such as a car seat, crib, diapers, formula, or other needs?
9. Has anyone close to your child gone to prison or jail?
10. Has your child experienced separation, divorce, or abandonment by one of their parents?
11. Does your child repeatedly verbalize feelings of not being loved, not feeling special, or not being supported?