



# Individualized Needs Assessment for Afghan Newcomers

<b>Staff Name:</b>		<b>Date of Assessment:</b>	
<b>Name:</b>	<b>Gender:</b>	<b>Age:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>Household Size:</b>	<b>Preferred Language:</b>	<b>Interpreter Present:</b> Phone or In-person

<b>A. Overall Health Needs Questions</b>	<b>YES / NO</b>	<b>Client Response</b>	<b>Referral Provided</b>	<b>Health Navigation Training Provided</b>	<b>Health Navigation Resource</b>
Do you or anyone in your family have any emergency/urgent medical needs?	YES / NO		YES / NO		
Is anyone in your family currently taking any medication? Do you [or they] have enough of this medication to last until you have a doctor's visit?	YES / NO		YES / NO		
Are you enrolled with a medical clinic and/or primary care provider/family doctor? [If not] Would you like for me to help you schedule an appointment with a primary care provider for you or your family?	YES / NO		YES / NO		
Do you have any scheduled medical appointments with your primary care provider (health assessment, immunization, etc.)? If yes, explain.	YES / NO		YES / NO		
[If appropriate and safe] Are you planning on starting a family in the next six months? [If not] Would you like to be connected with a medical provider so you can help prevent pregnancy?	YES / NO		YES / NO		



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A. Overall Health Needs Questions	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
Do you have any urgent dental needs?	YES / NO		YES / NO		
Do you have other medical needs or concerns you would like to discuss?	YES / NO		YES / NO		
Do you have medical insurance?	YES / NO		YES / NO		
[If no to the above and for people with Medicaid eligibility]: Has application for Medicaid been scheduled or initiated? [If no] Do you know who to contact regarding that?	YES / NO		YES / NO		<p style="text-align: center;"><b>Medicaid Explainer</b>  <b>English   Dari   Pashto</b></p>
B. Is Client able to/know how to	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
In case of an emergency, do you (or someone else) know how to reach out for help?	YES / NO		YES / NO		<p style="text-align: center;">Learn about what to do when you have a healthcare emergency and calling 911.  <b>English   Dari   Pashto</b></p>
Are you, or anyone in your family, able to schedule health appointments? Do you know the name, telephone, and address of your and your family's primary care provider(s)?	YES / NO		YES / NO		



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B. Is Client able to/know how to	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
Do you have a way or know how to get transportation to your medical appointments?	YES / NO		YES / NO		
Do you have someone who can watch your children if you needed to go to a medical appointment?	YES / NO		YES / NO		
Do you know the pharmacy where you would pick-up medications if you needed them?			YES / NO		How to Get a Prescription <b>English   Dari   Pashto</b>
Do you have a way to or know how to get to a pharmacy to pick up medications?			YES / NO		How to Get a Prescription <b>English   Dari   Pashto</b>
Do you know what a medication refill is and how to get a refill?					Prescription Refills and Safety <b>English   Dari   Pashto</b>
Do you know how to safely store medications?			YES / NO		Prescription Refills and Safety <b>English   Dari   Pashto</b>
Do you or your family need immunizations?	YES / NO				Vaccines Schedules Ages 0-6 <b>English   Dari   Pashto</b> Vaccines Schedules Ages 7-18 <b>English   Dari   Pashto</b>



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C. Manage to Navigate the Health System	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
Do you or anyone in your family know how to request interpretation for medical appointments?	YES / NO		YES / NO	YES / NO	<p>Requesting an Interpreter English   Dari  Pashto</p> <p>I Speak Cards Dari   Pashto</p>
Do you or anyone in your family know how to follow up/ask questions with a primary care provider?	YES / NO		YES / NO		
Do you know how to get urgent medical care for a non-emergency medical concern if your primary care provider is not available or if you do not have a primary care provider?	YES / NO		YES / NO		
Have you or anyone in your family referred to a medical specialist? [If yes] Are you able to make an appointment with this specialist?	YES / NO		YES / NO	YES / NO	
Do you or anyone in your family know how to manage medical bills?	YES / NO		YES / NO	YES / NO	
[For client's Medicaid eligible] Do you or anyone in your family know how to call your health insurance?	YES / NO		YES / NO	YES / NO	
[For clients Medicaid eligible] Do you know how to renew insurance or access alternative insurance options once Medicaid has expired?	YES / NO		YES / NO	YES / NO	



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D. Access to Social Determinants of Health	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
Do you need any support with immigration or have other legal needs?	YES / NO		YES / NO	YES / NO	
Do you and your family have enough food to have three meals a day?	YES / NO		YES / NO	YES / NO	
Do you have support in the community (i.e., friends, religious institutions, community-based organization, etc.)?	YES / NO		YES / NO	YES / NO	
Do you feel safe in your home?	YES / NO		YES / NO	YES / NO	
[If applicable] Do you have concerns about your children's school or education?	YES / NO		YES / NO	YES / NO	
[If applicable] Do you access to elder support and services?	YES / NO		YES / NO	YES / NO	
[If applicable] Do you access to childcare?	YES / NO		YES / NO	YES / NO	



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E. Mental Health Needs	YES / NO	Client Response	Referral Provided	Health Navigation Training Provided	Health Navigation Resource
<p>Many people we work with have gone through incredibly difficult experiences, which can impact their emotions and feelings in different ways, such as feeling sad all of the time, feeling alone, or having trouble sleeping. Do you notice any feelings like this that make it hard for you to face each day? Do you notice these feelings in any of your family members?</p>	YES / NO		YES / NO	YES / NO	
<p>Did you have trouble or challenges carrying out your daily routine (for example, cooking, working, going to school, seeing family, or enjoying life)? Are any of your family members experiencing these challenges?</p>	YES / NO		YES / NO	YES / NO	
<p>Do you experience feelings of anxiety, such as "tashwish" (uncertainty, circular thinking, difficulty gathering yourself), as well as worries or discomfort ("Narahat") related to your loved ones or feeling unwell or bothered by something? Are any of your family members experiencing these feelings?</p>	YES / NO		YES / NO	YES / NO	<p>For Adults Coping With Stress  <b>English   Dari   Pashto</b></p> <p>For Children Coping With Stress  <b>English   Dari   Pashto</b></p>