

Homeless Shelter Services Needs Assessment

Client Information

Name

Age

Gender

Contact Information

Current Situation

Current Living Situation

Duration of Homelessness (in months)

Household Composition (children, partner, etc.)

Immediate Needs

☐ Food ☐ Clothing ☐ Shelter ☐ Hygiene ☐ Medical Care ☐ Other

If Other, please specify

Health & Well-Being

Are there any physical or mental health conditions we should be aware of?

Are you currently taking any medications?

Long-Term Needs

- ☐ Permanent Housing
- ☐ Employment
- ☐ Education/Training
- ☐ Legal Assistance
- ☐ Counseling
- ☐ Other

If Other, please specify

Comments / Additional Information