# LAP3 Needs Assessment Questionnaire

**What brought you here today?**

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## Client Demographics

**Legal Name:**

Last  
First  
M.I.

**Preferred Name:**

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**Gender:**

- [ ] Female  
- [ ] Male  
- [ ] Transgender (male to female)  
- [ ] Transgender (female to male)  
- [ ] Other: 

**How do you identify?**

- [ ] Lesbian  
- [ ] Gay  
- [ ] Straight  
- [ ] Bi-sexual  
- [ ] Questioning  
- [ ] Prefer Not to Respond  
- [ ] Other: 

**Preferred Gender Pronouns:**

- [ ] She, her  
- [ ] He, him  
- [ ] They, their  
- [ ] Other: 

**Address:**

Street Address  
Apartment/Unit #

City  
State  
Zip Code

**Phone:**

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**Emergency Contact/ Phone #:**

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**Email/Phone:**

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**Birth Date:**  
**Marital Status:**

- [ ] Single  
- [ ] Married  
- [ ] Divorced
### Education

<table>
<thead>
<tr>
<th>Are you currently attending school?</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where?</td>
<td>□ Elementary&lt;br&gt; □ Middle School&lt;br&gt; □ 9th&lt;br&gt; □ 10th</td>
<td>□ 11th&lt;br&gt; □ 12th, did not graduate&lt;br&gt; □ High School Grad/ Equiv.</td>
</tr>
</tbody>
</table>

**Comments**  

### Employment

<table>
<thead>
<tr>
<th>Are you employed?</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, how often do you work?</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>If, no do you want to work?</td>
<td>Yes □</td>
<td>No □</td>
</tr>
</tbody>
</table>

**Comments**

**What is your job or career goal?**

**Comments**

### Housing

<table>
<thead>
<tr>
<th>What is your current living situation?</th>
<th>□ Transitional&lt;br&gt; □ Rental&lt;br&gt; □ Friend’s House</th>
<th>□ Relatives&lt;br&gt; □ Shelters&lt;br&gt; Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Safe?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Stable?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
# Well-Being

**Do you receive any of the following social services?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- □ MediCAL
- □ WIC
- □ CalWORKS/TANF
- □ GAIN
- □ General Relief
- □ SNAP
- □ ILP
- □ SSI

**If yes, check all that apply.**

**Comments**

**Do you have a social worker? (DCFS)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments**

**Have you ever had to meet conditions of probation/parole?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments**

**Are you a ward of the court?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments**

**Do you have children?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If yes, are you in need of childcare services?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments**
**Do you have medical insurance?**

If yes, check all that apply.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Vision</td>
</tr>
</tbody>
</table>

**Comments**

**Are you interested in LGBTQ services?**

| Yes | No |

**Comments**

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**Referral**

**Date:**

| Referred By: |

| Referrer Contact Number: |

**Type of Services:**

- [ ] Education
- [ ] Employment
- [ ] Housing
- [ ] Well-being

**Referred to:**

Partner Agency: _______________________________________

Contact Person: _______________________________________

Contact Number: _______________________________________

**Comments**