BADGER HOUSING INC

CoC Program Annual Assessment Form

**SAMPLE** (usable form on page 2)

Client Name: **Mary Smith** Today’s Date: **2/16/2023**Case Manager Name: **Jane Addams** Project Start Date: **2/23/2022**
Current Supportive Services:
- **Client is getting assistance from Badger Food Pantry; mental health counseling at Aurora clinic; transportation assistance (rides from CM to appointments and Walmart); help with cleaning supplies when we get donated items.**- **She’s receiving Food Share (decrease expected in March) and Social Security w/increase for 2023.**- **Was attending weekly survivor women’s group at Badger Healing Center. CM will work on referrals for dentist and eye doctor.**

Changes:
- **Client said she stopped attending survivor group bc she feels she’s getting what she needs through therapist.**- **Client said she wants to see an eye doctor and maybe a dentist, but she’s nervous about going to the dentist because it’s been many years.**

New Referrals: **CM will research eye doctor and dentist.
2/17/23 CM sent text to client with phone # and info about ABC Dental and New Eyes program through 16th Street Clinic.**

Your Agency Name

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Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Start Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

Current Supportive Services:

Changes:

New Referrals: