



## Social Determinants of Health Assessment

Thank you for trusting Meridian with your health! This form is called a *Social Determinants of Health Assessment*. It will ask you questions about your health, lifestyle, and more. After you complete the assessment, we will connect you to a Community Health Worker, who can help you find local resources to address any challenges you're facing.

This assessment is completely private. Any information you give us will only be used to help you. Please answer all questions clearly in black ink.

Send your assessment to:

Meridian  
777 Woodward Ave., Ste. 700  
Detroit, MI 48226

Or fax it to **1-833-667-1288**.

If you have any questions, need help, or would like to do this assessment over the phone, please call Meridian at **1-888-437-0606** (TTY: **711**). You can also do the assessment online at **mimeridian.com**.

### Contact Information

Member ID:  
DOB (mm/dd/yyyy):  
First Name:  
Last Name:  
Phone Number:

Street Address:  
City:  
State  
ZIP Code:

### Assessment

Are you able to manage your healthcare?

Yes  No

Do you have a Primary Care Provider (PCP)?

Yes  No  Not Applicable

Do you feel comfortable calling your PCP's office to schedule appointments or ask questions?

Yes  No  Not Applicable

Have you ever had to go without medications because you couldn't pay for them?

Yes  No  Not Applicable



Are you worried about lead, mold, or roof problems in your home?

- Yes  No

Do you live in an area that has a high crime rate that affects your ability to walk or be outside, or causes stress in your daily living?

- Yes  No

Do you have a place to walk, like a nearby playground or park?

- Yes  No

Are you ever worried about running out of food?

- Yes  No

Are you getting Supplemental Nutrition Assistance (SNAP), also known as food stamps?

- Yes  No

Have you ever applied for SNAP benefits (food stamps)?

- Yes  No

Do you run out of SNAP benefits (food stamps) before the end of the month?

- Yes  No  Not Applicable

Do you know about the Double Up Food Bucks program, which matches your SNAP benefits so you get twice the amount of fresh fruit and vegetables each month?

- Yes  No  Not Applicable

Have you ever taken a monthly budgeting class or cooking-on-a-budget class?

- Yes  No

Do you have access to a grocery store?

- Yes  No  Not Applicable

Are you ever worried about having a housing crisis? For example, not being able to pay your rent or mortgage, getting evicted, or having no place to live.

- Yes  No

Are you currently homeless?

- Yes  No

Are you currently facing eviction or foreclosure?

- Yes  No  Not Applicable



Do you make enough money (from a job, government benefits, etc.) to avoid a housing crisis?

- Yes  No  Not Applicable

Are there any current financial concerns for your family, such as shut-off notices or other life-impacting bills, that may affect your ability to live in a safe and healthy environment?

- Yes  No

Are you currently worried about not being able to pay your bills?

- Yes  No

Are you facing legal issues due to not being able to pay bills, such as child support, utility bills, and/or loss of income due to garnishment(s)?

- Yes  No

Do you or does anyone in your home want to continue their education?

- Yes  No

Do you need help finishing high school or getting your GED?

- Yes  No

Do you need help with financial aid for college?

- Yes  No  Not Applicable

Are there educational needs for children in the home?

- Yes  No  Not Applicable

Do you need English as a Second Language (ESL) or vocational classes?

- Yes  No

Do you or does anyone in your home need a job?

- Yes  No

Is a lack of childcare or transportation preventing you from getting or keeping a job?

- Yes  No  Not Applicable

Do you have a disability that prevents you from working?

- Yes  No

Do you have reliable transportation to pick up groceries and do other chores?

- Yes  No  Not Applicable



Do you have access to and know how to use public transportation?

- Yes  No  Not Applicable

Do you have a working, legal, and properly insured vehicle?

- Yes  No  Not Applicable

Do you have someone that you can rely on to get you back and forth to get groceries, pay bills, and do other chores?

- Yes  No  Not Applicable

Do you have a strong support system in place in case you ever need help with childcare, elder care, rides to work or school, or any other needs that may arise?

- Yes  No

Are you a member of a local church that has support services?

- Yes  No

Are you aware of community groups or volunteer activities to help build your support system?

- Yes  No

Do you feel like you are part of your community and know where to get help if needed?

- Yes  No

Are you aware of any support groups in your area?

- Yes  No

Do you feel socially isolated or discriminated against for any reason?

- Yes  No

Over the past two weeks have you been bothered by excessive nervousness, fear, anxiety, or worry?

- Yes  No

In the past two weeks have you felt down, depressed, or helpless?

- Yes  No

Are you connected to a mental health professional?

- Yes  No

Over the past two weeks have you been bother by any physical, mental, or emotional problems due to life events?

- Yes  No



Are there any other needs that we may be able to help with?

---

---

---

---