

Planning your Needs Assessment Meeting

Name:	Date of meeting:	Who I want at my meeting:
Your social worke	er will ask you some questi	ons:
Who is your emerge	ency contact? (next of kin)	
Do you have a relig	ion or beliet?	
Do you have any co	onnections with family?	
Do you have any co	illiections with family:	
How is your health?	7	
now is your noutin	•	
Do you have drug o	or alcohol problems?	
Do you have arag o	T diconot problems.	
What activities do	vou oniov?	
What activities ao	you enjoy: 	
Do you need help g	atting draccad?	
Do you need neip g	etting aressea:	

Do you need help with getting washed?
Do you need help with toileting needs?
Do you need help with keeping your home clean and tidy?
Do you need help to make meals?
Do you need help with making and keeping relationships?
Do you need help getting out and about?
Do you need help to keep safe?
Do you need help with money?
Do you need help with work, training or education?