CHSSN

Participant Intake and Needs Assessment

Date: Completed by:

Participant Information:

Name: Living Situation:

Age (optional): Preferred language:

Emergency contact (optional):

Health and Wellbeing (Optional, as relevant):

Mobility or accessibility considerations:

Cognitive or communication considerations:

Mental health or wellbeing (if shared):

Services currently accessed (optional):

Interests, Preferences, and Goals:

Activities of interest:

Preferred level of participation (e.g., observe, join occasionally, participate regularly, take on a role):

Personal goals (e.g., social connection, physical activity, learning):

Access and Barriers:

Transportation:

Schedule availability (include evenings/weekends):

Language or communication needs:

Comfort with group size or environment:

Other barriers identified:

Supports Requested or Identified (if any):

Navigation or referrals: Social connection (calls, visits):

Assistance with forms or services: Other supports: