Screening and Community Resource Referral Checklist

Use the checklist below to identify what components of SDOH you currently screen for and identify the existing programs and services in the community that you work with to refer patients with thos needs. For each component, respond whether you do screen or have an interest in expanding screening. If you respond that you do or may want to screen for each component, please detail what services or programs in the community you have relationships with to refer patients (e.g., food banks, employment or housing services).

Consider completing this checklist in collaboration with your partners, including local and state health departments.

Screening and Community Resource Referral Checklist			
Topic	Yes – we screen for this.	Is there a plan to expand this screening in the next year?	What services/programs in the community do you work with to support needs in this area?
Economic Stability			
Employment			
Utilities			
Childcare			
Finances			
Food			
Other:			

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Topic	Yes – we screen for this.	Is there a plan to expand this screening in the next year?	What services/programs in the community do you work with to support needs in this area?
Education Access and Quality			
English language comprehension			
Education status			
Other:			
Social and Community Context			
Incarceration status			
Immigration status			
Personal Safety			
Intimate Partner Violence			
Social integration/social support			
Other:			

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Screening and Community Resource Referral Checklist

Topic	Yes – we screen for this.	Is there a plan to expand this screening in the next year?	What services/programs in the community do you work with to support needs in this area?
Healthcare Access and Quality			
Insurance type/status			
Health literacy			
Other:			
Neighborhood and Built Environment			
Housing			
Neighborhood			
Transportation			
Other:			