

817-507-5879 \* [info@roll-call.org](mailto:info@roll-call.org)

VETERAN OUTREACH

Needs Assessment Worksheet

This worksheet will help us determine what types of assistance or needs a veteran has, if any. It will help us properly pair the veteran with a volunteer.

Veteran Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark box(es) next to areas you would like assistance with.

Eating a nutritious diet

Getting out of bed

Getting out of chair

Going for a walk

Shopping for personal items

Using a smart phone

Using a computer

Transportation to appointments

A home/hospital/rehab center visit

Provide a short break to primary caregiver(s)

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information

Do you have any physical conditions that a volunteer should be aware of (e.g., hearing, vision, memory, balance, strength, hypertension, heart disease, diabetes, depression, etc.)?

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List anything specific you would like assistance with.

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How often would you like to be visited?

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Where would you like the volunteer to visit with you?

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Anything else we should consider?

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