

817-507-5879 \* 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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