Needs Assessment for Social Work

Client Information
Name:
Date of Birth:
Gender:
Contact Information:
Referral Source:

Assessment Date

Social Worker

I. Client Background

1. Family and Social Relationships:

Family structure and dynamics:

Significant relationships and social support network:

Community involvement:

2. Educational and Employment History:

Highest level of education:

Current and past employment:

3. Medical and Mental Health History:	
Known medical conditions:	
Mental health history:	
Current medications:	
4. Cultural Background:	
Cultural identity and affiliations:	
Language(s) spoken:	
Religious/spiritual beliefs:	
II. Current Situation and Needs	
1. Presenting Issue(s):	
Description of the current problem or situation	on:
2. Physical Health Needs:	
Immediate health concerns:	
Long-term health needs:	
3. Mental and Emotional Well-being:	
Current mental health status:	
Emotional support needs:	

4. Economic and Resource Needs:

Financial status and needs:

Access to basic necessities (food, shelter, clothing):

Eligibility for financial assistance or benefits:

5. Safety and Risk Factors:

Any immediate safety concerns:

Risk factors for harm or neglect:

III. Strengths and Resources

1. Client's Strengths:

Personal skills and abilities:

Resilience and coping strategies:

2. Community and Social Resources:

Available community resources:

Support systems and networks:

IV. Goals and Objectives

1. Short-term Goals:

Immediate objectives to address current needs:

2. Long-term Goals:

Broader goals for stability and well-being:

V. Recommended Interventions and Services

Immediate Interventions:

Services and support for immediate needs:

2. Ongoing Support and Services:

Long-term services and interventions:

VI. Plan for Implementation and Follow-up

Action Steps:

Responsible Parties:

Timeline for Review and Evaluation:

Social Worker's Signature

Date:

Client's Signature (if applicable)

Date: