

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:

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: