### **REFERRAL ASSESSMENT FRAMEWORK**

## **Needs Assessment Matrix**

SERVICE NEEDS ASSESSMENT

Client ID: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Primary Needs (Check all applicable):

* Emergency Shelter
* Medical Care
* Legal Services
* Mental Health Support
* Child Protection
* Economic Support
* Police Protection
* Long-term Housing

Urgency Level:

* Immediate (within 24 hours)
* Urgent (within 72 hours)
* Standard (within 1 week)
* Non-urgent (within 2 weeks)

Special Considerations:

* Children Present
* Disability Access Needed
* Language Support Required
* Transportation Needed
* Cultural Specific Services
* Religious Considerations