

FOR PARAMUS RESIDENTS ONLY

Paramus Human Services

2021 Needs Assessment

Name: Last _____ First: _____
Phone: cell _____ home _____ work _____
Address: _____ EMAIL Address: _____
Number of parents/adults in household _____
Insurance: Plan _____ SSLast 4: _____

Presenting Concern: _____

Household Member information/circumstance:

Name	Birthdate	Male/Female	Disability/ Illness/ Condition/ Handicap/ Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Ailments: _____

COMPLETE ONLY IF YOU HAVE FINANCIAL HARDSHIPS:

Source of income: _____ Amount: _____
Source of income: _____ Amount: _____
Source of income: _____ Amount: _____
Bank statement balance: _____ Date: _____
Income tax return review: _____
Description of financial hardship: _____

Other relevant information: _____

I agree to work with Human Services to develop an Action Plan to achieve my goals and access care and resources.

Signed: _____ **Date:** _____

Please download this fillable form and email to: imaury@paramusborough.org
Please call Irene for questions/information: 201-265-2100 X 6101