

The CASE Needs Assessment

Coordinated access to support exit

GENDER **COMMUNITY - WHERE DO YOU LIVE?** **MAXIMUM TRAVEL DISTANCE?**

RACE **WHAT AGENCIES/SERVICES ARE YOU WORKING WITH RIGHT NOW?**

AGE **ARE THERE ANY AGENCIES/SERVICES YOU DO NOT WANT TO WORK WITH?**

IS THERE ANYTHING ELSE WE NEED TO CONSIDER?

WHAT DO YOU NEED SUPPORT WITH RIGHT NOW?

2SLGBTQ+ specific support

Advocacy with CPS

African Caribbean Black (ACB) specific support

Career counseling

CASE meet and greet

Cell phone

Continuing education registration fees/books

Drivers license

Food bank access

GED (General Educational Development)

Gender affirming gear

Grocery Gift Cards

Health Care Advocacy

ID (MSI, NS ID, Birth Certificate)

Income assistance advocacy

Indigenous specific

Internet access

Landlord advocacy

Legal advice

Meeting accompaniments

Naloxone training

Parenting support

Peer support

Personal hygiene products /undergarments

Recreation

Rental or utility arrears

Safe use supplies

Safety planning

Security technology (cameras)

Sexual health check up

Spiritual / Religious

Tattoo removal

Traditional healing

Trauma or other counselling

Other