



Assess My Needs

At Nevada Care Connection, Resource Navigators work with community resources, organizations, and services in order to support your independence. That is to say Resource Navigators explain available services, help apply for them, and navigate the health/social services systems and community resources.

This form will help us to find the best programs and services for your needs. After you submit the form, a Resource Navigator in your area will contact you and connect you to community resources and services near you.

This screening tool will help to assess your needs, identify helpful programs and services, and connect you with local community resources for assistance.

For example, this tool can be used to help:

- Children and adults with disabilities
- Older adults
- People with behavioral health concerns
- Anyone looking for community resources for themselves or a loved one

Firstly, please begin by giving your contact information and answering the following questions.

Assess My Needs (1)

Information about the person completing this form:

Name *(Required)*

First

Last

Phone Number *(Required)*

Email *(Required)*

Zip Code *(Required)*

Best language for person completing this form:

Are you planning on moving to Nevada? *(Required)*

- I am a current NV resident
- I currently do not live in NV, but I am planning on moving to NV
- I do not currently live in NV, and I am NOT planning on moving to NV


Age *(Required)*

Living Situation & Income

Select the option below that best describes your current living situation:

(Required)

Living alone 

Average Monthly Income

Insurance Coverage

Do you currently have Nevada Medicaid coverage?

- Yes
 No

Do you currently have Medicare coverage?

- Yes
 No

Resources & Assistance

Help us know more about you. Select the answers below that best describe the person and their needs.

I am a person with (check all that apply): *(Required)*

- A medical condition (e.g., cancer, lung/kidney related diseases, diabetes, stroke, heart condition, HIV/AIDS)
- An intellectual or developmental disability (e.g. cerebral palsy, epilepsy, autism, or concern for delay in child development)
- A physical condition or disability
- A substance use disorder (e.g. alcohol, prescription, or illegal drugs)
- A mental health condition (e.g., depression, anxiety, PTSD, ADHD)
- An acquired or traumatic brain injury
- Memory loss (e.g., Dementia, Alzheimer's Disease, or another memory condition)
- None of the Above

I am a person who needs help with the following basic self-care tasks (check all that apply): *(Required)*

- Bathing

- Communicating
- Dressing
- Getting In/Out of Bed
- Meals/Cooking
- self-feeding
- Using the Bathroom
- Walking/Mobility
- None of the above

Select All

I am a person who needs help with in-home supports to live independently

(check all that apply): *(Required)*

- assistive Technology (speaking, writing, hearing, remembering, learning, walking and mobility, driving, and many other activities of daily living)
- home safety, modification, and repair
- housekeeping, laundry, and other home care chores
- managing medications or medication reminders
- managing money
- meal preparation
- shopping for groceries and other necessities
- using telephone or computer
- None of the above

Select All

I am a person who needs other supportive services to live independently

(check all that apply): *(Required)*

- employment
- financial Assistance (e.g., employment, housing/utility expenses, debt, medical bills)
- legal assistance or support
- one-on-one check in telephone calls
- respite (Family Caregivers taking a break)
- small group activities (online or teleconference)
- supportive decision making
- telehealth services

none of the above

Select All

Do you currently have a primary care physician, community health workers, social worker, or other professional you/they work with?

- Yes
 No

Mental & Behavioral Health

Do you have concerns about risk of suicide for yourself?

- Yes
 No

For immediate assistance, please call the Crisis Support Services of Nevada at 1-800-273-8255, or text CARE to 839863. For emergencies please call 911. You can also visit the Crisis Support Services website at <https://cssnv.org/>

Are you seeking assistance for behavioral health services such as depression, anxiety, substance use, or because of problems thinking clearly?

- Yes
 No

Additional Information

Please let us know anything else that will be helpful for the Resource & Service Navigator to know prior to speaking with you (i.e., Deaf, limited minutes on cellphone, availability of times/days, etc.)



Authorization for the Use and Disclosure of Protected Health Information

Consent *(Required)*

I hereby authorize the use or disclosure of my protected health information by the State of Nevada, Department of Health and Human Services, as described below. I understand the following:

1. The purpose of this disclosure is for the Aging and Disability Services Division (ADSD) and their network partners to assist me in obtaining services. They may share the information I have provided in this webform with any social service agency that may provide me service such as housing, meals, healthcare, and counseling services.
2. The information I provided in this webform may be redisclosed and no longer protected by federal privacy regulations.
3. I may inspect or copy the information used or disclosed.

By checking this box, I hereby authorize the use or disclosure of my protected health information as described below.

CAPTCHA

I'm not a robot reCAPTCHA

Submit Form

Connect with Us

1550 E. College Parkway

Carson City, NV 89706

nvcc@adsd.nv.gov

Care Options

Provider Resources

About Us

FAQ

State Partners

Nevada 211

Contact Us

Request Help