



Covid-19 Client Assessment Checklist

INTENDED PURPOSE: To conduct a 360 degree check of clients and identify urgent needs.
If you are unable to locate or connect with a client in any given week, contact possible locations, e.g. shelters, hospitals, OCDC, pharmacy, police, family or friends.

Does person have a phone/electronic means to communicate?

Food

- Do you have food for you, your family, and your pets? How long will your supply last you?
- Where and how are accessing food?
- Do you need help with this?

Financial

- Are you receiving your financial support/benefit cheques ok?
- Are you able to pay any set monthly bills? (e.g. utilities)
- Do you feel you have the resources you need to support your (dependent) children?

Medication

- Do you have your medication? Refills? Drug Card?
- Check how injections, bloodwork related to medication (e.g. clozapine) are being done
- Check NRT, methadone, suboxone, any medication with withdrawal potential
- Do you need help with this?

Housing

- Do you feel safe in your environment?
- Is there anyone staying with you who you do not want to be there?
- Do you have any housing concerns? Are you able to pay rent?
- If history of domestic violence, check safety planning and social isolation

Physical health

- Do you have any health concerns?
- How are you protecting yourself with the Covid-19 virus? Provide education on symptoms
- Do you have any appointments in the coming week? Ask about what, how, and when

Substance Use

- How are you managing with substance use?
- Do you have access to safe consumption supplies? This could include alcohol
- What do you need to stay safe?

Mental Health

- Mini mental status exam
- Assess risk to self or others (suicidal or homicidal thoughts, trauma)
- Is the client able to meet the requirements of their CTO or ORB disposition?
- What is your wellness plan? How else could we support you?
- How are you coping with self-isolation? Do you have children at home?

April 21 v5

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