

RÉSO - Evaluation summary

v.1.4, décembre 2005 rev. juin 2012

Needs Evaluation for Social Reintegration

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M., & Leblanc, L.
 nadine.blanchette-martin@ssss.gouv.qc.ca

File Number

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Client's first name, last name (block letters please)

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Phone number

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Sex

- ☐ Male
☐ Female

Date of birth

Year				Month		Day	

List of needs

Indicate in which area(s) the person needs help as well as the intervention priority associated with this need. If the person does not feel a need for help, check the box at the bottom of the page.

Does the person have a need for services in each of the following areas?	Level of priority of the intervention			Does the person want help?		Does not apply to the person's situation	Comments	
	Yes	No	Moderate	Important	Urgent			Yes
1. Nutrition.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clothing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Hygiene.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Economic condition.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Education / Work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Leisure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Support network.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Other situations of concern.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ The person does not need social reintegration services at the moment.

Date of evaluation

Year				Month		Day	

Evaluator's cde

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First name, Last name of evaluator

Signature of evaluator

RÉSO - Nutrition

v.1.4, décembre 2005 rev. avril 10

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File number

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First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

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Last name of client (block letter please)

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Name of evaluator

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Signature of evaluator

Evaluate to what extent the person has the ability, the equipment/appliances or following characteristics :

1. Equipment/appliances needed for nutrition

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Has no equipment: no stove, micro wave, fridge, dishes, pots & pans, utensils, etc.		Moderately equipped: has some equipment/appliances or they are outdated, don't work well or don't always ensure the proper management of food.		Has the necessary equipment/appliances, may not be brand new but are working well.	

2. Food Safety

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Cannot ensure his food safety (ex.: food is stolen).		Food is sometimes stolen.		Food does not get stolen.	

3. Knowledge on nutrition

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Does not know the importance of eating various types of food (ex.: not able to name the 4 food groups of Canadian Food Guide and nutritional values of foods)		Moderately recognizes the importance of varying types of foods (ex.: can name at least 2 of the 4 food groups of Canadian Food Guide and knows nutritional values of some food)		Knows importance of varying types of foods (ex.: knows the 4 food groups of Canadian Food Guide and the nutritional values of the food.)	

4. Food choices

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Makes poor choices with respect to food groups and opts for non-nutritional foods.		Makes some good choices with respect to food groups, but other choices are somewhat inappropriate and unbalanced.		Makes good choices, has a variety of foods, well balanced even if there is occasional excess.	

5. Regular meals

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Has 1 good meal per day, at least 5 days out of 7.		Has at least 2 good meals per day, 4 days out of 7.		Has about 3 good meals per day, 5 days out of 7.	

6. Ability to prepare meals

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Does not have or has almost no ability to prepare meals.</p> <p>Does not know recipes, does not know where to get recipes (friends, relatives, books).</p> <p>Has difficulties using the food he has to make a meal (ex.: leftovers), needs to improve skills in this area.</p> <p>Does not cook food properly (not enough or too much, inappropriate cooking methods).</p>		<p>Is moderately able to prepare meals.</p> <p>Knows certain recipes but has limited choices, has limited means to find recipes.</p> <p>At times knows how to use the food he has (such as leftovers) to make meals, but needs to improve skills in this area.</p> <p>Has a certain capacity to adequately cook the food.</p>		<p>Good abilities to prepare meals. Knows sufficient number of recipes and, if needed, knows how to find new recipes (friends, relatives and books).</p> <p>Good use of ingredients/ food (ex.: leftovers) to make meals.</p> <p>Good capacity to cook foods appropriately.</p>	

7. Ability to get food

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Does not buy appropriate quantity of food for time planned (too much or not enough).</p> <p>Does not pay attention to: quantities of fruits and vegetables, expiration dates, choices of food, equivalent but less expensive foods, delaying a purchase when too expensive</p> <p>Has little or no ability to purchase food on sale or at lesser costs. Does not consider the following: looking for sales before buying groceries, making a menu with affordable foods</p> <p>Has little or no ability to choose the places where to buy food, ex.: places where food is more expensive or where there are fewer choices (ex.: in corner stores, specialized grocery stores).</p> <p>Proximity of stores vs. capacity to get to stores</p>		<p>Occasionally buys sufficient quantities or sometimes the right quantity of food for time period planned.</p> <p>Is somewhat able to choose food products, pays some attention to quantity of fruits and vegetables, date of expiration, choosing equivalent less expensive foods, delaying purchase of certain foods when too expensive</p> <p>Is somewhat able to buy on sale or affordable products, does not consider the following: looking for a sale before buying, planning a menu based on affordable products.</p> <p>Is somewhat able to choose a good location to purchase food, ex.: avoiding where food is too expensive or where there are few choices (ex.: corner stores, specialized grocery stores).</p> <p>Proximity of stores vs. capacity to get to stores</p>		<p>Buys adequate quantity of food and not too much</p> <p>Good ability to choose the food he/she buys</p> <p>Good ability to purchase affordable or on sale products</p> <p>Good ability to choose purchase location for groceries, even if there are some exceptions</p> <p>No difficulty getting to purchase locations</p>	

File Number

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8. Capacity to preserve food

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Has little or no knowledge of duration of food preservation, in freezer, in fridge (may keep some foods too long, or discard it too soon).</p> <p>Has little or no knowledge of method of preservation (does not cover containers in fridge, little wrapping of food in freezer).</p>		<p>Has some knowledge of duration of preservation of some foods in freezer/ fridge (sometimes keeps some food too long or discards it too soon).</p> <p>Has a certain knowledge of methods of preservation (sometimes covers the food in fridge, more or less wraps the food in freezer).</p>		<p>Has good knowledge of the duration of preservation of foods, even if some food is wasted.</p> <p>Has good knowledge of the methods of preservation of foods.</p>	

9. Inventory of groceries at the client's home

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Quantity The cupboards and fridge are almost empty</p> <p>Quality Has only non nutritional food. Food not well preserved, outdated, inadequate for consumption.</p>		<p>Quantity Has some food but quantity is insufficient</p> <p>Quality Presence of non nutritious foods and a few that are more nutritious. Part of the food is well preserved and fit for consumption.</p>		<p>Quantity Adequate quantity of food based on the period of time to be covered and the number of people living in same home.</p> <p>Quality Has mostly nutritious food; food is well preserved and fit for consumption.</p>	

10. Overall , are you satisfied with your nutrition?

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Completely

Comments

File Number

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RÉSO - Clothing

v.1.4 décembre 2005 rev. avril 2010

File Number

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First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

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Last name of client (block letters please)

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Name of evaluator

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Signature of evaluator

Evaluate to what extent the person has the ability, the equipment/appliances or following characteristics :

1. Inventory of client's clothing supply

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<u>Quantity</u> The person does not have sufficient clothing to meet needs related to: - seasons - social situations <u>Quality</u> The person's clothing is not adequate for: - seasons - social situations		<u>Quantity</u> The person has some clothing but the quantity is insufficient to meet needs related to: - seasons - social situations <u>Quality</u> Clothing partly fulfils its functions in relation to: - seasons - social situations		<u>Quantity</u> The person has enough clothing to meet needs related to: - seasons - social situations <u>Quality</u> Clothing is appropriate for: - seasons - social situations	

2. Knowledge of locations to purchase clothing

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Knows little or nothing about where to purchase or get clothing according to his/her budget.		Has some knowledge of where to purchase or get clothing according to his/her budget.		Has good knowledge of location where to purchase or get clothing according to his/her budget.	

3. Use appropriate locations to purchase clothing

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Rarely goes to appropriate locations to purchase or get clothing according to his/her budget.		Occasionally goes to appropriate location to purchase or get clothing according to his/her budget.		Has good knowledge of location where to purchase or get clothing according to his/her budget.	

4. Ability to choose clothing

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
Does not know how to choose clothing appropriately in relation to: - price - care - season - colors - social situations		Knows how to choose some clothing in relation to: - price - care - season - colors - social situations		Knows how to choose clothing appropriately in relation to: - price - care - season - colors - social situations	

5. Overall , are you satisfied with your clothes?

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Completely

Comments:**File Number**

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RÉSO - Housing

v.1.4, décembre 2005 rev. avril 2010

File Number

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First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

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Last name of client (block letters please)

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Name of evaluator

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Signature of evaluator

Evaluate to what extent the person has the ability, the equipment or following characteristics:

1. a) In what type of lodging do you live at the present time ? (choose only one answer)

- | | |
|--|---|
| <input type="radio"/> Apartment | <input type="radio"/> Residential centre |
| <input type="radio"/> Supervised apartment | <input type="radio"/> Prison |
| <input type="radio"/> House (renting) | <input type="radio"/> No stable lodging |
| <input type="radio"/> House (owner) | <input type="radio"/> HLM, subsidized housing |
| <input type="radio"/> Foster home | <input type="radio"/> Lodging co-op |
| <input type="radio"/> Rooming house | <input type="radio"/> Others, specify : _____ |
| <input type="radio"/> Hospital | _____ |

b) Since when are you in this type of lodging ?

Date :

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 -

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 -

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 Year Month Day

c) Safety / cleanliness

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
The lodging or building is not safe (ex; no handrails, unsafe floors, holes, balcony not functional).		The lodging or building is somewhat safe (some handrails missing, floors are not safe in some places, some holes, balcony not functional, etc.).		Lodging or building is safe.	
Unsanitary condition of the building (presence of vermin, mold, insects).		Certain places in the building are unsanitary, (presence of vermin, mold, insects).		Building cleanliness is satisfactory.	

2. Satisfaction regarding current lodging location

To what degree is the person satisfied with...	Not at all	A little	Some	A lot	Completely	N/A
The location of his/her lodging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The type of lodging desired (choose only one answer)

- | | |
|--|---|
| <input type="radio"/> Appartement | <input type="radio"/> Residential centre |
| <input type="radio"/> Supervised apartment | <input type="radio"/> No stable lodging |
| <input type="radio"/> House (renting) | <input type="radio"/> HLM, subsidized lodging |
| <input type="radio"/> House (owner) | <input type="radio"/> Lodging co-op |
| <input type="radio"/> Foster home | <input type="radio"/> Others, specify : _____ |
| <input type="radio"/> Rooming house | _____ |
| <input type="radio"/> Hospital | |

4. In the last 3 years, how many times have you moved ?

Number of times

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5. Reasons for last move? (You may choose more than one answer)

- ☐ For work ☐ Too expensive
☐ Separation ☐ Evicted from lodging, specify : _____
☐ To share lodging _____
☐ To change location ☐ Unsanitary conditions
☐ Needed a change ☐ Others, specify : _____

6. Reasons for other moves? (Enter the numbers that correspond to the 3 main reasons you moved over the last 3 years, starting with the most recent)

1. For work
 2. Separation
 3. To share lodging
 4. To change location
 5. Needed a change
 6. Too expensive
 7. Evicted from lodging, specify : _____
 8. Unsanitary conditions
 9. Others, specify : _____

Approximate date (Try to indicate at least the year and month)						Reasons		
Year		Month	Day			1 st	2 nd	3 rd
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Type of environment desired with respect to lodging location (you may choose more than one)

- ☐ CLSC ☐ Significant people
☐ Hospital ☐ School for children
☐ Public transport ☐ Day care
☐ Grocery store ☐ Sports/ Leisure complex
☐ Pharmacy ☐ Need to be in the countryside
☐ Laundry mat ☐ Need to be in city/town
☐ Location appropriate for substance abstinence ☐ Others, specify : _____
☐ Need regular help for basic needs (meals, housecleaning, hygiene etc.)

8. Need for equipment/appliances (you may choose more than one)

- ☐ Stove
☐ Fridge
☐ Bed
☐ Mattress
☐ Dishes
☐ Kitchen table and chairs
☐ Living room chairs/sofa
☐ Others, specify : _____

File number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. Knowledge of lease

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
None or little knowledge of responsibilities that come with signing a lease. None or little knowledge of the advantages (rights) that come with signing a lease.		Has some knowledge of the responsibilities that come with signing a lease. Has a certain amount of knowledge of the advantages (rights) that come with signing a lease.		Has sufficient knowledge of the responsibilities that come with signing a lease. Has sufficient knowledge of the advantages (rights) that come with signing a lease.	

Comments:**File number**

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RÉSO - Hygiène

v.1.4, décembre 2005 rev. avril 2010

File Number

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First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

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Last name of client (block letters please)

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Name of evaluator

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Signature of evaluator

Evaluate to what extent the person has the ability, the equipment or following characteristics :

1. Personal hygiene

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Insufficient personal hygiene (the person rarely washes, has strong body odors, rarely brushes teeth, etc.).</p> <p>Does not have basic supplies to wash self (no soap, no shampoo, etc.).</p> <p>Does not have access to equipment to wash self (bathtub, shower, sink, etc.).</p>		<p>Somewhat sufficient personal hygiene (sometimes washes, sometimes has body odors, occasionally brushes teeth).</p> <p>Has some supplies to wash self sometimes (soap, shampoo, etc.).</p> <p>Has access to some equipment to wash (bathtub, shower, sink etc.).</p>		<p>Sufficient personal hygiene (the person washes, brushes teeth).</p> <p>Generally has supplies needed to wash self (soap, shampoo, etc.).</p> <p>Has access to equipment to wash self (bathtub, shower, sink, etc.).</p>	

2. Cleanliness of clothing

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Wears clothes that are obviously not being washed.</p> <p>Has almost no knowledge/ ability regarding how to wash clothes.</p>		<p>Wears clothes that leave doubt as to their cleanliness</p> <p>Has some knowledge/ ability regarding how to wash clothes</p>		<p>Wears clothes that are sufficiently clean.</p> <p>Has good knowledge/ ability regarding how to wash clothes.</p>	

3. Lodging cleanliness

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot	<input type="radio"/> Completely	<input type="radio"/> N/A
<p>Insufficient lodging cleanliness due to lack of housekeeping (dishes not washed, washroom dirty, domestic animals not being cared for, complete in depth housecleaning needed).</p> <p>Insufficient lodging cleanliness due to cluttering (too many accumulated things, very little room to move around, etc.).</p>		<p>Lodging cleanliness is partly insufficient (dishes not washed, washroom dirty, domestic animals not being cared for, needs to have a complete housecleaning).</p> <p>Lodging cleanliness is partly insufficient due to cluttering (too many accumulated things, very little room to move around, etc.).</p>		<p>Lodging cleanliness is satisfactory.</p> <p>Lodging cleanliness is satisfactory.</p>	

4. Cleanliness of the kitchen

○ Not at all	○ A little	○ Some	○ A lot	○ Completely	○ N/A
Care not taken to ensure basic cleanliness of appliances, dishes, pots and pans (ex.: Does not clean fridge, pots and pans).		Some care is taken to ensure basic cleanliness of appliances, dishes, pots and pans etc., but needs to improve (occasionally cleans the fridge, pots and pans are not clean, etc.).		Adequate care is taken to ensure basic cleanliness of appliances, dishes, pots and pans, etc.	

Comments

File Number

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RÉSO - Economic condition

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First name of client (block letters please)

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Date of evaluation

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Year

--	--

Month

--	--

Day

Code of evaluator

--	--	--	--

Last name of client (block letters please)

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Name of evaluator

--	--	--	--	--	--	--	--	--	--

Signature of evaluator

1. What payments must you do each month?

Darken the circle corresponding to the payments you have to make (the amounts are optional)

- | | | | | | | | | |
|--|----|---|--|--|--|--|--|--|
| <input type="radio"/> Food(groceries/restaurant) | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Lodging/mortgage | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Electricity | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Heating | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Telephone (phone, pager, cellular phone, Internet, etc.) | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Cable | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Car | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Insurance | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Alimony | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Medications | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Leisure activities | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Pawnbroker | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Substance use debts | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Gambling debts | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Loans, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Cigarettes | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Others, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Others, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Others, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Others, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| <input type="radio"/> Others, specify : _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |

Total :

\$							
----	--	--	--	--	--	--	--

2. What is your personal monthly income?

\$					
----	--	--	--	--	--

What is your monthly family income?

(if you live with a spouse)

\$					
----	--	--	--	--	--

3. What are your sources of income?

- | | |
|--|---|
| <input type="radio"/> Full time work | <input type="radio"/> Child support / alimony |
| <input type="radio"/> Part time work | <input type="radio"/> Loans and student grants |
| <input type="radio"/> Seasonal work | <input type="radio"/> Disability benefits |
| <input type="radio"/> Employment insurance | <input type="radio"/> Retirement pension |
| <input type="radio"/> Income security | <input type="radio"/> Inheritance |
| <input type="radio"/> Family allowance | <input type="radio"/> Others (GST, QST, including illegal activities) : _____ |
| <input type="radio"/> CSST | |
| <input type="radio"/> SAAQ | |

4. Who administers your income?

- | | |
|------------------------------|---|
| <input type="radio"/> Myself | <input type="radio"/> Member of my family |
| <input type="radio"/> Spouse | <input type="radio"/> Trustee |
| <input type="radio"/> Parent | <input type="radio"/> Others, specify : _____ |

5. Is it hard for you to make your monthly payments?

- ☐ Yes
☐ No

If yes, indicate the reasons :

- ☐ Insufficient income
☐ Difficulty making a budget
☐ Difficulty respecting the budget
☐ Problem with compulsive buying
☐ Money goes into alcohol/drug consumption
☐ Money goes into gambling
☐ Others, specify : _____

6. Do you have any debts?

- ☐ Yes
☐ No

If yes, which ones and how much? Darken the circle corresponding to the debts (the amounts are optional)

<input type="radio"/> Telephone	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Rent / Mortgage	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Hydro	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Credit card	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Loans							
<input type="radio"/> Financial institution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Circle of acquaintances, friends, family	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Pawnbroker	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Loan shark	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Debts related to alcohol /drug consumption	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Gambling debts	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Others, specify :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Others, specify :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Others, specify :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Others, specify :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Others, specify :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total debts :	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Are you preoccupied by your financial situation?

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Completely

8. Are you satisfied with your financial situation?

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Completely

9. Have you ever gone into bankruptcy?

- ☐ Yes
☐ No

If yes, how many times?

Date of last time?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Year					Month			Day	

10. Do you know how to make a budget (formally or informally)?

- ☐ Yes
☐ No

11. Have you ever made a budget?

- ☐ Yes
☐ No

12. Are you interested in making a budget?

- ☐ Yes
☐ No

If no, what would you need? _____

13. Are you aware of organizations that deal with budgets?

- ☐ Yes
☐ No

If yes, which ones? _____

Comments

File number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RÉSO - Education/Work

v.1.4, décembre 2005 rev. avril 2010

File number

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Needs Evaluation for Social Reintegration

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M., & Leblanc, L.
 nadine.blanchette-martin@ssss.gouv.qc.ca

First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

--	--	--	--

Last name of client (block letters please)

--	--	--	--	--	--	--	--	--	--

Name of evaluator

--	--	--	--	--	--	--	--	--	--

Signature of evaluator

1. What is your present situation ?

- ☐ In school
☐ Job market
☐ Combination work/study
☐ Not working/not studying, specify : _____
☐ Others, specify : _____

2. Do you want to change this situation?

- ☐ Yes
☐ No
☐ Not sure

If yes or not sure, desired new situation

- ☐ Go back to school
☐ Reorientation for studies
☐ Go back on the job market
☐ Change job or type of work
☐ Others, specify : _____

3. What is your last year of completed education?

- Primary school : ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
 Secondary school : ☐ I ☐ II ☐ III ☐ IV ☐ V
☐ Short professional program ☐ Long professional program
☐ Partially completed studies in a CGEP, a trade school (DEP), a private college, institute of technology, school of nursing, teacher's college
☐ Completed studies in a CGEP, a trade school (DEP), a private college, institute of technology, school of nursing, teacher's college
☐ Partially completed university studies, university certificate(s)
☐ Completed bachelor's degree, master's degree, doctorate degree

Area of studies, if applicable : _____

4. a. During your lifetime, have you ever had a job/employment?

- ☐ No If no, go to question 5
☐ Yes

b. What were the last 4 jobs you occupied? (starting with the most recent to the oldest)	Date employment ended (enter year and month)			Duration in months	Reasons employment ended see list on page 2	Difficulties see list on page 2																														
	Year	Month	Day			1 st	2 nd	3 rd																												
1. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
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4. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>					

Reasons employment ended

1. Voluntary departure
2. Laid off for closure/ budgetary restrictions
3. Laid off because of alcohol/drug consumption
4. Laid off for other reasons

Difficulties encountered at work

(Do not read this list to the client, let client speak freely and enter appropriate numbers yourself.)

- 01 Late for work
- 02 Absent from work
- 03 Difficulty understanding instructions
- 04 Conflicts with co-workers
- 05 Refusal/ difficulty accepting authority
- 06 Too slow
- 07 Lack of skills for this work
- 08 Impulsive
- 09 Difficulty bearing the pressure
- 10 Work hours are incompatible with private life (ex.: the children)
- 11 Difficulty getting to work (access to transport)
- 12 Poor working conditions
- 13 Lack of motivation
- 14 Lack of competence (academic or professional)
- 15 Lack of self confidence
- 16 Others, specify in "comments" section
- 17 Consumption of alcohol/drugs

c. What strengths do you have with respect to employment? _____

d. In the last 3 years, how many jobs have you had?

--	--

5. a) Do you have a C.V.?

- ☐ Yes
☐ No

b) Do you need to do one?

- ☐ Yes
☐ No
☐ Not sure

c) In your opinion, does this client need help to do or redo the CV?

- ☐ Yes
☐ No
☐ Not sure

6. Have you received employment or education assistance services?

- ☐ Yes
☐ No
☐ Not sure

If yes, which ones? _____

7. In your opinion, does this client need employment or education services?

- ☐ Yes
☐ No
☐ Not sure

Comments

File number

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RÉSO - Leisure activities

v.1.4, décembre 2005 rev. avril 2010

File number

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Needs Evaluation for Social Reintegration

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M. & Leblanc, L.
 nadine.blanchette-martin@ssss.gouv.qc.ca

First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

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First name of client (block letters please)

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Name of evaluator

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of evaluator

1. What do you look for during your leisure time?

- ☐ **Entertainment :** Have fun, for pleasure (dancing, skating, etc.).
- ☐ **Skills development :** Creativity, develop certain skills, experience success through one's realizations (playing a musical instrument, painting, making pottery)
- ☐ **Relaxation :** Take some time, dream, decompress, take stock, be creative, take care of one's spirit (reading, cinema, etc.).
- ☐ **Improve or develop one's social network**

2. During the last 6 months, how often have you done the following activities?

Never
Occasionally
Every month
Every week
Every day

3. Activities you have done in the past but do not do anymore?

4. Activities you would like to do or do again?

- | | Never | Occasionally | Every month | Every week | Every day |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Cinema..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Television..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Computer (games, Internet, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Go to a show (live performance)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Tourist attractions..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Individual sports..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Team sports..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Outdoor activities..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Restaurant..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bar..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Volunteer work..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Make music..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Listen to music..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Read..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Manual work
(fix things, crafts, carpentry, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Groups (various clubs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Groups (religious)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. Others, specify : _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | | | | | |
| s. Others, specify : _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | | | | | |

- | | |
|----|-----------------------|
| a. | <input type="radio"/> |
| b. | <input type="radio"/> |
| c. | <input type="radio"/> |
| d. | <input type="radio"/> |
| e. | <input type="radio"/> |
| f. | <input type="radio"/> |
| g. | <input type="radio"/> |
| h. | <input type="radio"/> |
| i. | <input type="radio"/> |
| j. | <input type="radio"/> |
| k. | <input type="radio"/> |
| l. | <input type="radio"/> |
| m. | <input type="radio"/> |
| n. | <input type="radio"/> |
| o. | <input type="radio"/> |
| p. | <input type="radio"/> |
| q. | <input type="radio"/> |
| r. | <input type="radio"/> |
| s. | <input type="radio"/> |

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|----|-----------------------|
| a. | <input type="radio"/> |
| b. | <input type="radio"/> |
| c. | <input type="radio"/> |
| d. | <input type="radio"/> |
| e. | <input type="radio"/> |
| f. | <input type="radio"/> |
| g. | <input type="radio"/> |
| h. | <input type="radio"/> |
| i. | <input type="radio"/> |
| j. | <input type="radio"/> |
| k. | <input type="radio"/> |
| l. | <input type="radio"/> |
| m. | <input type="radio"/> |
| n. | <input type="radio"/> |
| o. | <input type="radio"/> |
| p. | <input type="radio"/> |
| q. | <input type="radio"/> |
| r. | <input type="radio"/> |
| s. | <input type="radio"/> |

5. In general, to what extent are you satisfied with your leisure activities?

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Completely

6. What are the barriers to doing your leisure activities?

- ☐ Financial difficulties
☐ Lack of motivation
☐ Travel is difficult
☐ Children (babysitter)
☐ Run out of ideas
☐ Alone
☐ Lack of time
☐ Lack of perseverance
☐ Alcohol/drug consumption
☐ Gambling
☐ Others, specify : _____

7. Do you know about the activities in your neighborhood?

- ☐ Yes
☐ No

8. How many hours per week do you spend in front of a television, computer, video game screen, etc.? (do not include gambling)

--	--	--

 hours

Comments

File number

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RÉSO - Support Network

v.1.4, décembre 2005 rev. avril 2010

File number

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Needs Evaluation for Social Reintegration

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M. & Leblanc, L.
 nadine.blanchette-martin@ssss.gouv.qc.ca

First name of client (block letters please)

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Date of evaluation

				-			-		
Year					Month			Day	

Code of evaluator

--	--	--	--

Last name of client (block letters please)

--	--	--	--	--	--

Name of evaluator

--	--	--	--	--	--

Signature of evaluator

1. On whom can you rely (who can you count on) :

List of types of helpers:

- | | |
|------------------------|-----------------------------------|
| 01 Father | 07 Friends |
| 02 Mother | 08 Acquaintances |
| 03 Siblings | 09 Professional or caregiver |
| 04 Son/daughter | 10 Entity (symbolic or religious) |
| 05 Spouse | 11 Animals |
| 06 Other family member | |

Relationship
with this
personDarken the
circle if you
consume or
gamble with
this person

a) For material support?

First name, Last name

--	--	--	--

--	--

☐

--	--	--	--

--	--

☐

--	--	--	--

--	--

☐

b) To relax, have fun, take your mind off things, put aside your problems?

First name, Last name

--	--	--	--

--	--

☐

--	--	--	--

--	--

☐

--	--	--	--

--	--

☐

c) To talk about your problems and your feelings (ex.: sad, angry, happy, etc.) ?

First name, Last name

--	--	--	--

--	--

☐

--	--	--	--

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☐

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--	--

☐

d) To support you through this process of changing your consumption and gambling habits?

First name, Last name

--	--	--	--

--	--

☐

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--	--

☐

--	--	--	--

--	--

☐

2. To what extent are you satisfied with the support you are receiving?

Not at all / A little / Moderately / A lot / Completely

a. ☐ ☐ ☐ ☐ ☐b. ☐ ☐ ☐ ☐ ☐c. ☐ ☐ ☐ ☐ ☐d. ☐ ☐ ☐ ☐ ☐

3. Where do you usually go when you want to meet people?

- ☐ Cafés/Restaurants
 - ☐ Shopping Centers
 - ☐ Sports Centers
 - ☐ Bars
 - ☐ Game Centers (billiards, network computer games, arcades, etc.)
 - ☐ Outdoor parks
 - ☐ Walk along the streets
 - ☐ Community Centers
 - ☐ Community Organizations
 - ☐ Rehabilitation Center
 - ☐ Client does not want to meet people
 - ☐ Others, specify : _____
- _____

Comments**File number**

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RÉSO - Other Situations of Concern

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Needs Evaluation for Social Reintegration

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File number

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First name of client (block letters please)

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Date of evaluation

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Year

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Month

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Day

Code of evaluator

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Last name of client (block letters please)

Name of evaluator

Signature of evaluator

1. Which of the following concerns should the client resolve?

- ☐ Government file with income to be withdrawn (CSST, SAAQ, Employment Insurance, Income Security, etc.)
- ☐ Lost or non renewed cards (ex.: health insurance, social insurance, birth certificate, driver's license, etc.)
- ☐ Separation/divorce
- ☐ Custody of children/DPJ
- ☐ Support payments
- ☐ Harassing creditors
- ☐ Unpaid tickets
- ☐ Outstanding court case
- ☐ Income tax returns need to be filed (request for GST/QST)
- ☐ Changes of address need to be done
- ☐ Others, specify :

Comments