

TouchPoint - Blank TouchPoint



TouchPoint Name: County Need (CSA)

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

County Need Touchpoint

County Need

<input type="checkbox"/> Behavioral/Mental Health
<input type="checkbox"/> Disparities in Access to Services/Resources
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Isolation
<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Lack of Services/Resources
<input type="checkbox"/> Neglect
<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Physical Health
<input type="checkbox"/> Poverty
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other

Report Prompts:

TouchPoint: County Need (CSA)

Printed on: 7/14/15

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Priority Ranking of Need (1= Highest)

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 7
<input type="checkbox"/> 8
<input type="checkbox"/> 9
<input type="checkbox"/> 10

Specify Other Need (Limit 100 characters)

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How was this need identified?

<input type="checkbox"/> County Self Assessment
<input type="checkbox"/> Public Demand
<input type="checkbox"/> New Law
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown

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Please describe how need was identified (Limit 150 characters)

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