

## Spark Needs Assessment

To see the Needs Assessment in action, check out our full video guide [HERE](#)

See below for a list of the questions outlined in the Spark Needs Assessment survey.

### Questions for Clients:

1. Personal Info
  - a. Birthdate
  - b. Contact Information
    - i. Email
    - ii. Mobile Phone Number
    - iii. Home Phone Number
  - c. Home Address
    - i. Clients can also add in a separate Shipping Address
  - d. Medicare Information
    - i. Medicare Name (as it appears on Medicare Card)
    - ii. Medicare Number
    - iii. Part A Start Date
    - iv. Part B Start Date
2. Health Insurance
  - a. Do you want to stay with your current plan?
  - b. Yes
  - c. No
    - i. What's wrong with your current plan?
  - d. Veteran Status and Benefits
    - i. ChampVA
    - ii. Tricare
    - iii. VA Healthcare
  - e. Medicaid
    - i. Medicaid Number
    - ii. Do you get extra help with paying for your medications?
3. Prescriptions
  - a. Prescription Name - clients can add as many prescriptions as they need
    - i. Dosage
    - ii. Refill frequency
  - b. Local Pharmacy
  - c. Mail Order option
4. Providers
  - a. Primary Care Physician
  - b. Specialists
  - c. Indicate if help is needed to find a new provider