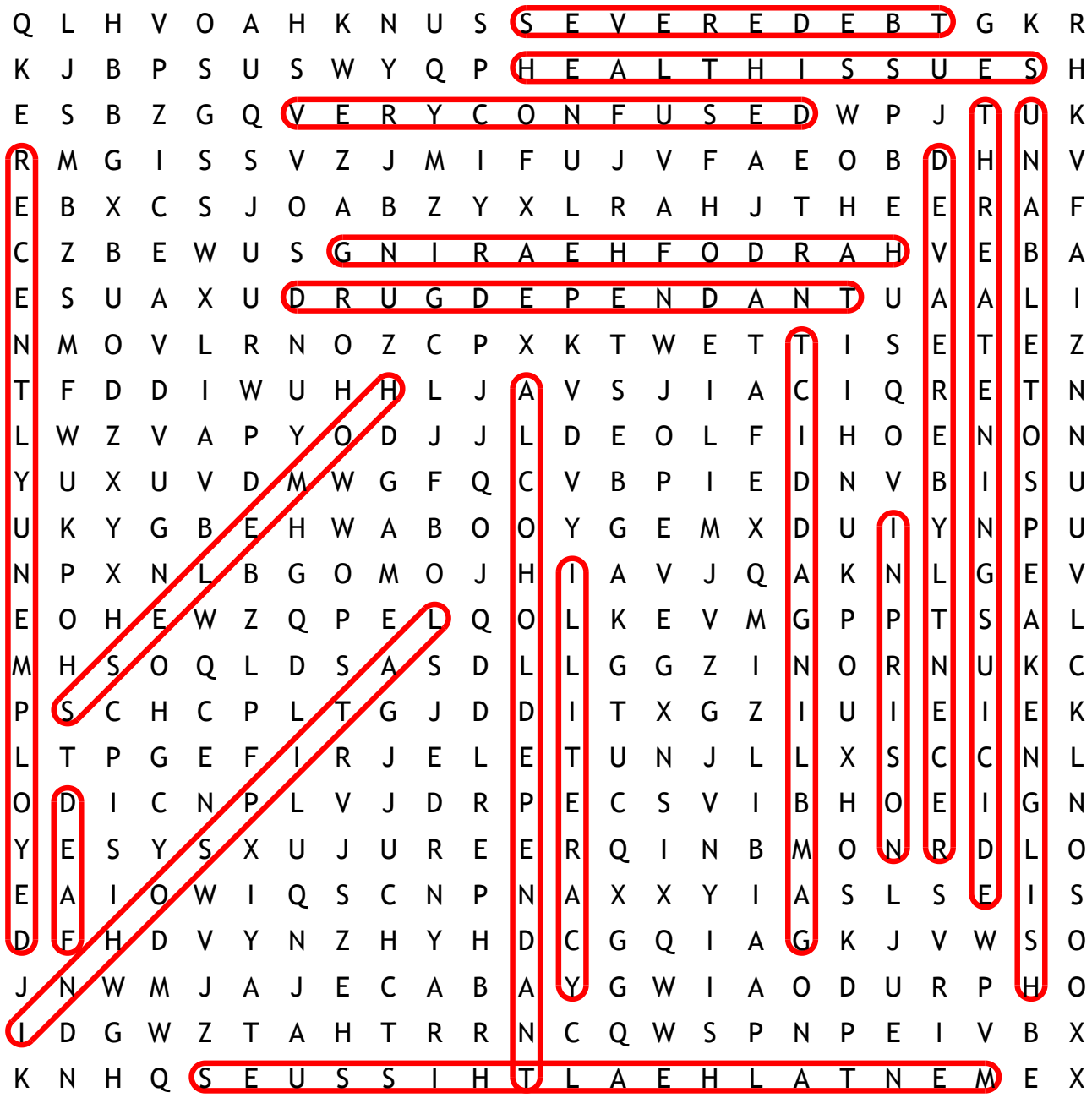
Name: _____ Date: _____

Vulnerability



Unable to speak English
Threatening suicide
Gambling Addict
Health issues
Severe Debt
Homeless
Mental health issues
Alcohol dependant
Hard of hearing
Very confused
Illiteracy
Deaf
Recently unemployed
Recently bereaved
Drug dependant
In hospital
In prison