



Family Needs Assessment

Parent/Guardian Name: _____ Family ID Number: _____

Parent/Guardian Address: _____

Phone: _____ Email: _____

The Division of Early Education Services would like to help meet the needs of the children and families we serve. Please complete the following so that we may best serve you.

What language is your child most comfortable with? _____

Are you satisfied with your current child care arrangements? _____

What are some goals that you may have for yourself? _____

Do you need assistance or would you like to receive resources in any of the following areas? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Adult Literacy Programs | <input type="checkbox"/> Housing Assistance and Shelters |
| <input type="checkbox"/> Budgeting and Debt | <input type="checkbox"/> Legal Assistance (other than child support) |
| <input type="checkbox"/> Cash Assistance and Welfare (TANF) | <input type="checkbox"/> Parent Support (counseling, therapy, training) - check all that apply |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> At-Risk |
| <input type="checkbox"/> Disability Services (SSA and other) | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Domestic Violence, Anger Mgmt., Child Abuse |
| <input type="checkbox"/> Education (adult) - check all that apply | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> GED | <input type="checkbox"/> Parenting Programs, Classes, Support |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Social and Emotional Health |
| <input type="checkbox"/> College | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Education (child) – Tutoring and Summer Programs | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Employment and Career Development | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Trauma, Crises, Tragic Events |
| <input type="checkbox"/> Food and Nutrition Programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health Care and Safety - check all that apply | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Utility Assistance |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Veterans Resources |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Other: _____ | |

Would you be interested in attending a workshop on any of the above topics? If so, please specify: _____

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- No information requested. No follow-up needed. Referred to R&R for follow-up.

Staff Signature: _____ Date: _____