FAMILY NEEDS QUESTIONNAIRE

Name: ____________________________________ Email Address: ____________________________

Phone: ____________________________ Signature: ____________________________ Date: ________________

☐ I do not wish to complete a Family Needs Questionnaire at this time

1. I would like information on receiving help for the following: (please check all that apply)
   ○ I am in need of utilities assistance (shut-off notice)
   ○ I am in need of assistance with rent (eviction notice)
   ○ I am in need of food for my family
   ○ I am in need of clothing (gender/sizes ______________________)
   ○ Other ______________________________________________________

2. Would you like information on health insurance/Medicaid/Kid Care for your children?
   ○ Yes      ☐ No

3. Would you like information on obtaining a doctor for yourself or your children?
   ○ Yes      ☐ No

4. Would you like information on obtaining a dentist for yourself or your children?
   ○ Yes      ☐ No

5. Do you have access to reliable transportation when you need it?
   ○ Yes      ☐ No

6. Would you like information on assistance with domestic violence or drug/alcohol abuse?
   ○ Yes      ☐ No Specify: ______________________________________

7. Would you like information regarding job placement/training, GED, ESOL?
   ○ Yes      ☐ No Specify: ______________________________________

8. Would you like information on the following topics (please check all that apply)
   ○ Stress Management          ☐ Child Development Stages
   ○ Divorce/Single Parenting   ☐ Health and Nutrition
   ○ Toilet Training Tips       ☐ Grandparents/Relatives Caring for children
   ○ Speech and Hearing         ☐ Discipline Techniques
   ○ Inclusion/Special Needs    ☐ Budgeting
   ○ Other, please list: ______________________________________

COALITION USE ONLY

Date Resources Sent to Client: ____________________________ Staff Signature: ____________________________

Early Learning Coalition of Indian River, Martin and Okeechobee Counties, Inc.
10 SE Central Parkway Suite 200 • Stuart, FL 34994 • Tel 772-220-1220 • Toll Free (877) 220-1223 • Fax 772-223-3868
www.elcirmo.org

IRMOSR19 Rev011620