

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)*

- | | |
|--|---|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Child Development Stages |
| <input type="checkbox"/> Divorce/Single Parenting | <input type="checkbox"/> Health and Nutrition |
| <input type="checkbox"/> Toilet Training Tips | <input type="checkbox"/> Grandparents/Relatives Caring for children |
| <input type="checkbox"/> Speech and Hearing | <input type="checkbox"/> Discipline Techniques |
| <input type="checkbox"/> Inclusion/Special Needs | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Other, please list: _____ | |

COALITION USE ONLY

Date Resources Sent to Client: _____ Staff Signature: _____

