

Family Service Assessment

Child Name: DOB:	Parent Name: Date:
1. Do your children attend daycare? Do they need daycare services?	6. Have there been any changes in the last 6 months for the family or child? 7. Do you have difficulty reading or writing? Do you need additional information about literacy?
2. Are you receiving any of these services? <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Children Services <input type="checkbox"/> Others Are these services meeting your needs?	8. What is your current employment status? Are you looking for employment? Do you need job leads or additional information about job search?
3. What is your present housing status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other Are rent and utilities affordable for you?	9. Do you have plans on pursuing education? Do you need additional information about continuing education?
4. Do you need information about: <input type="checkbox"/> Behavior Management <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Effective Discipline <input type="checkbox"/> Domestic Violence/Exposure to Violence <input type="checkbox"/> Divorce <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Medical/Dental Provider	10. What are your family's strengths? Who is your support system?
5. Do you need information about: <input type="checkbox"/> Weatherization or Repair <input type="checkbox"/> Tenant Rights <input type="checkbox"/> Furniture or Clothing <input type="checkbox"/> Food Assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Financial Help/Budgeting <input type="checkbox"/> Child Support <input type="checkbox"/> Other	11. Is anyone in the household currently pregnant? Where are they receiving prenatal care?
12. Who does the child live with? How many people are in the home? How many adults? How many children?	
<p style="text-align: center;"><i>If you have any questions or concerns, please feel free to contact your family advocate.</i></p> <p style="text-align: center;"> Jennifer Miller 740-622-8665 Family Advocate Head Start & Early Head Start </p> <p style="text-align: center;"> Kendra Langdon 740-622-9537 Family Advocate Head Start & Early Head Start </p> <p style="text-align: center;"> Dawn Opphile 740-622-9537 Family Advocate Early Head Start </p> <p style="text-align: center;"> Jarrod Burt 740-622-8665 Family Advocate Head Start & Early Head Start </p>	
Parent Signature: <hr style="border: 0; border-top: 1px solid black;"/>	
Staff Signature: <hr style="border: 0; border-top: 1px solid black;"/>	
Date: <hr style="border: 0; border-top: 1px solid black;"/>	

