 **Family Needs Assessment**

(*HSPPS 1302.52(b), 1302.50(b))*

**Why do we ask personal family questions?** – A Needs Assessment is required by Early Head Start and Head Start to support the needs of the whole family, which positively benefits your child's success in school and life! These personal questions are confidential and allow staff to identify your family strengths, and any areas which you may want more information or community referrals. We want to celebrate your family strengths and any needs that you may have.

Thank you for your honest responses so we can best serve you in our program!

**Demographics:**

1. **Child’s Name (Only one survey completed per family):**
2. **Guardian Name:**
3. **Date: \*\* Note that Red questions are entered in Child Plus and blue are not.**

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| **FAMILY WELL-BEING – (PFCE Outcome 1):**  **Families are safe, healthy, and have increased financial security (10 categories)** |
| **Housing:** |
| ***4. Housing A: Do you currently have stable housing? Yes \_\_\_\_ No \_\_\_\_***    ***5. Housing B: For offering resources, but not entered in Child Plus.***  ***Family’s Current Housing:***   * ***Own*** * ***Rent*** * ***Homeless*** * ***Shelter or Transitional Housing*** * ***Doubled Up*** * ***Hotel/Motel*** * ***At risk for eviction*** * ***At risk for foreclosure***   ***6. Housing C: For offering resources, but not entered in Child Plus.***  ***Please share anything additional about your housing that would be helpful to know:*** |
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| **Food:** |
| ***7. Food A: Do you have enough food for your family monthly? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***8. Food B: Would your family enjoy having more fresh fruits/vegetables for meals/snacks?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***  ***9. Food C: For offering resources, but not entered in Child Plus.***  ***Does cost and/or availability of fresh fruits/veggies impact your family? Yes \_\_\_\_\_ No \_\_\_\_\_***  ***10. Food D: For offering resources, but not entered in Child Plus.***  ***Would you like tips for cooking/preparing fruits/veggies? Yes \_\_\_\_\_ No\_\_\_\_\_*** |
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| **Clothing:** |
| ***11. Do you have resources to provide your family with enough daily/seasonal clothing? Yes \_\_\_\_\_ No \_\_\_\_\_*** |
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| **Transportation:** |
| ***12. Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_*** |
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| **Health Insurance and Medical Home:** |
| ***13. Health Insurance A: Does your enrolled child have health insurance? Yes\_\_\_\_\_ No \_\_\_\_\_***    ***14. Health Insurance B: Does anyone in your family need health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***15. Medical Home A: Does your enrolled child have a primary care physician or a doctor/doctor’s office that he/she regularly sees?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***    ***16. Medical Home B: Does anyone in your family need a regular doctor/doctor’s office? Yes \_\_\_\_\_ No\_\_\_\_\_*** |
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| **Dental Insurance and Dental Home:** |
| ***17. Dental Insurance A: Does your enrolled child(ren) have Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_***    ***18. Dental Insurance B: Does anyone in your family need Dental Insurance? Yes \_\_\_\_\_ No\_\_\_\_\_***    ***19. Dental Home A: Does your enrolled child(ren) have a Dentist that he/she regularly sees?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***    ***20. Dental Home B: Does anyone in your family need a regular Dentist? Yes \_\_\_\_\_ No \_\_\_\_\_*** |
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| **Economic Stability:** |
| ***21. Do you have enough household income to meet your family household needs?*** ***Yes \_\_\_\_ No \_\_\_\_***    **22. *For offering resources, but not entered in Child Plus for the FOT.***  **NMCAA Available Resources to Offer to Families:**  ***Track any of these nmcaa referrals/resources in SS Tracking or Child Plus Direct Entry.***  ***NMCAA offers the following services. Please check all areas you would like more information for.***   * *Utilities Assistance Information (Heating for your home)* * *Tax Preparation (January-April)* * *Budget Counseling Workshops* * *Bankruptcy Education Workshops* * *Foreclosure Prevention Information (Can you pay rent or mortgage monthly?)* * *Homeownership Workshops*   *Weatherization for the Following Counties:*   * *Charlevoix, Emmet, Antrim, Grand Traverse, Wexford, Missaukee, Leelanau, Benzie, Kalkaska, & Roscommon* |
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| **Safety:** |
| ***23. Safety A: Do you and family members feel physically and emotionally safe in your home?***  ***Yes \_\_\_\_\_No \_\_\_\_***    ***24. Safety B: For offering resources, but not entered in Child Plus.***  ***Please check any boxes below for areas you and/or your family members want support for:***     * ***Physical / Bodily Safety of All Types.*** * ***Emotional Safety*** *(Emotional Safety within the Household****).*** * ***Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***   ***25. Safety C: For offering resources, but not entered in Child Plus.***  ***Please check all boxes to identify the safety items that you need for your home.***   * *Active Supervision in the home (Resources to learn ways to keep your children safe in your home.)* * *Gun safety / Trigger locks* * *Bathtub and water safety* * *Securing tall and heavy furniture* * *Smoke Detectors* * *Carbon Monoxide Detectors* * *Fire Extinguishers* * *Baby Gates (for protection from stairs, wood stove or fireplace).* * *Medication Lock boxes* * *Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
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| **Mental and Emotional Health:** *We ask about mental health to support family wellness.* ***Our program is here to support, not judge anyone.*** |
| ***26. Mental and Emotional Health A:***  *You show courage and resilience by asking for help. We ask about mental health to support family wellness. Children need mentally healthy families to succeed. Our program is here to support, not judge anyone. Many families benefit from support for stress, anxiety, depression, self-harming (any form of harm to self), and/or suicidal thoughts. We offer to connect families to mental health partners who are compassionate and respectful.*  ***Do you feel that you have the support you need for all members of your family to manage the family’s mental and emotional health? Yes \_\_\_\_\_No \_\_\_\_\_***    ***27. Mental and Emotional Health B: For offering referrals, but not entered in Child Plus.***  ***Please check all that apply to your situation so we can best support your needs.***   * ***Stress*** * ***Anxiety*** * ***Depression*** * ***Any form of physical harm to body*** * ***Suicidal thoughts*** * ***Not applicable*** * ***If you check any boxes, please answer below.***   ***28. Mental and Emotional Help C: For the referral process, but not entered in Child Plus.***  ***Have you spoken with your doctor or a mental health professional (such as a psychologist, counselor, social***  ***worker, or therapist about your concerns noted above?***   * ***Yes*** * ***No*** * ***Not Applicable*** * ***Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
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| **Substance Misuse:** |
| ***29. Substance Misuse: Do you feel you have the support needed IF someone in your family were to misuse***  ***substances? (Our program is here to support your family; not judge. Responses are confidential.***  ***Yes \_\_\_\_\_No \_\_\_\_\_*** |
| **POSITIVE PARENT-CHILD RELATIONSHIPS - (PFCE Outcome 2): Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.** |
| **Parenting Skills/Nurturing Relationships:** |
| ***30. Do you feel you have the tools for positive parenting and nurturing relationships with your children?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_*** |
| **FAMILIES AS LIFELONG EDUCATORS - (PFCE Outcome 3): Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.** |
| **Parents Supporting Learning:** |
| ***31. Parents are their child’s most important teacher right from birth and are essential in their child’s healthy***  ***development and learning. Do you feel you have the tools you need to support your child(ren) in learning***  ***(school readiness) at home? Yes \_\_\_\_ No \_\_\_\_*** |
| **FAMILIES AS LEARNERS - (PFCE Outcome 4): Parents and families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.** |
| ***Families as Learners:*** |
| ***32. Adult Education A: Does any adult in your home have interest in information for completing their GED OR***  ***High School Diploma OR adult job training programs?******Yes \_\_\_\_\_ No \_\_\_\_\_***    ***33. Adult Education B: Do any adults in your home have interest in local college programs?***  ***Yes \_\_\_\_\_ No \_\_\_\_***  ***34.* *Family Languages:*  *We promote primary family languages. Would you like information for multiple***  ***languages are spoken in your home?***  ***Yes \_\_\_\_\_ No \_\_\_\_\_***        ***35. Primary Family Languages: For offering resources, but not entered in Child Plus.***  ***Please let us know the primary family language spoken by you and your family:*** |
| **FAMILY ENGAGEMENT IN TRANSITIONS - (PFCE Outcome 5): Parents and families support and advocate for their child’s learning and development as they move to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to kindergarten.** |
| **Transitions:** |
| ***36. Are you confident in preparing your child for new transitions such as new settings like going from Early Head Start to Head Start, to kindergarten or any other family changes?*** ***Yes \_\_\_\_ No \_\_\_\_*** |
| **FAMILY CONNECTIONS TO PEERS/COMMUNITY - (PFCE Outcome 6): Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.** |
| **Social Networks:** |
| ***37. Do you have family, friends, community-based groups, or recreational groups who support you? (These supports can even be the friendly lady at the grocery store or the library).***  ***Yes \_\_\_\_ No \_\_\_\_*** |
| **FAMILIES AS ADVOCATES AND LEADERS - (PFCE Outcome 7): Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children’s development and learning experiences.** |
| **Advocating for your child, family, and community:** |
| ***38. Do you feel that you can “use your voice” to speak up or advocate for the needs of your child(ren), their***  ***school experiences and your family needs? Yes \_\_\_\_ No \_\_\_\_*** |

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