



## NEEDS ASSESSMENT

CHILD'S NAME:				<b>FAMILY NEEDS ASSESSMENT</b>			
DATE OF BIRTH:							
<b>Adult Education</b>	<b>Basic Life Skills</b>	<b>Child Care</b>	<b>Child/Family Health Development</b>	<b>Clothing</b>	<b>Literacy Skills</b>	<b>Social Support</b>	
Continuing Ed.	Time Management	Before/After	Dental Care	Seasonal	<i>Family Literacy</i>	Friends	
Educational Planning	Homemaking/HH/Skills	Referral	Health Insurance		<i>Adult Literacy</i>	Relatives	
High School/GED	Other:	Funds for CC	Immunizations		Verbal Communication	Other:	
Vocational Training		24 hr. CC	Medical Home		ESL		
Other:			Prescriptions		Other:		
			Treatment for acute Health problems				
			SSI				
			Medicaid				
<b>Family Relationships</b>	<b>Income Support</b>	<b>Employment</b>	<b>Early Intervention Strategies</b>	<b>Nutrition</b>	<b>Community Involvement</b>	<b>Transportation</b>	
Domestic Abuse	TANF	Job Hunting	Disabilities	Food Needs	Church/Religion	Bus	
Marital/Partner	Child Support	Training	Speech	Other:	Crime Prevention	Private Vehicle	
Divorce	Food Stamps	Other:	Physical Therapy		Use Community Services	Other:	
Legal Aide	Alimony		Support Groups				
	Housing Assistance		Home Health - care				
	Utilities		Other:				
<input type="checkbox"/> No needs at this time – Date: _____						Staff Signature _____ Date _____	
Follow up:							