

## Phased Assessment Part 3 - Child and Family Needs Assessment:

The information gathered in this form is used to help us identify and help you take care of your family's needs. The information is **NOT** used as criteria for determining eligibility for any program.

Client Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

HMIS #: \_\_\_\_\_

### NEEDS OF PEOPLE WHO ARE PREGNANT AND / OR PARENTING

#### If anyone in the household is pregnant:

Has that person been receiving routine prenatal care?  Yes  No

Is the person able to eat regular nutritious food?  Yes  No

Is the person enrolled in WIC for food and other supports?  Yes  No

Would the family like assistance gaining any of the following supports:

- WIC
- Medical Insurance to cover prenatal care
- Help finding prenatal care
- Doula support (pregnancy, labor, and lactation support)
- Other: \_\_\_\_\_

#### For parents:

Do you have times when you are uncertain how to care for your child or children, how to help them learn and grow, how to discipline them, or how to keep them safe?  Yes  No

Do you sometimes feel overwhelmed with parenting?  Yes  No

Do you feel confident about being able to observe special occasions like a child's birthday or special holidays with your child/ren?  Yes  No

Would the family like assistance gaining any of the following supports:

- Information or classes about child development
- Parenting support group
- Ideas and support for celebrating special occasions
- Other: \_\_\_\_\_

### NEEDS OF PRESCHOOL CHILDREN

#### If there are any children under 5 years of age in the household:

Does each child have a regular pediatrician?  Yes  No

Is each child up to date on immunizations?  Yes  No

Is the family enrolled in WIC for food and other supports?  Yes  No

Is there a safe place to leave the child or children on a regular basis when the parent(s) goes to work, appointments, etc.?  Yes  No

Is there a safe place to leave the child or children on an emergency basis when the parent(s) is struggling or there is an unexpected crisis, etc.?  Yes  No

Would the family like assistance gaining any of these supports:

- WIC for formula and food for the children
- TANF for financial assistance
- Medical Insurance to cover pediatric care
- Help finding a pediatrician
- Affordable daycare
- Emergency childcare
- Other: \_\_\_\_\_

**If there are any children under 3 years old in the household:**

Has each child received a “Zero to Three” Child Development Evaluation?  Yes  No

Do the children have opportunities to be around other kids their age at a place that will help them learn and grow?  Yes  No

Would the family like assistance gaining any of these supports:

- A Developmental Assessment or Early Intervention Services
- Other: \_\_\_\_\_

**If there are any children 3 -5 years old in the household:**

Is each child enrolled in Head Start or other Preschool?  Yes  No

Would the family like assistance gaining any of these supports:

- Head Start or Preschool enrollment
- Other: \_\_\_\_\_

**NEEDS OF SCHOOL-AGED CHILDREN AND YOUTH**

**If there are any children or youth over 5 years old in the household:**

Does each child have a regular pediatrician?  Yes  No

Is each child up to date on immunizations?  Yes  No

Is each child enrolled in school?  Yes  No

Is each child able to attend the school they are enrolled in every day, except for rare absences due to the child’s illness?  Yes  No

Is the family registered with the Homeless Liaison at the child/ren’s school, so that they can receive transportation assistance, supports and fee waivers from the school?  Yes  No

Does each child have a place to go afterschool where they can be supervised and safe, get help with their homework, participate in activities and have social time?  Yes  No

Would the family like assistance gaining any of following supports:

- Information about help the school is obligated to provide homeless families
- Help talking to the Homeless Liaison at the children's school
- Afterschool Program enrollment
- Tutoring
- Other: \_\_\_\_\_

**\*For assistance with any school-related issues for your kids, including preschool, you can call: 815-740-4322. This number is not for housing-related issues.**

**If there are any teens in the household:**

Is each teen able to have time to pursue their own hobbies and interests?  Yes  No

Does each teen have opportunities for safe, age appropriate social time?  Yes  No

Would the family like assistance gaining any of the following supports:

- Information about hobby, social or support groups for teens
- Information about afterschool jobs or internships for teens
- Other: \_\_\_\_\_

**Are there other things you want us to know about you or your family? (Attach a separate page if needed)**

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