

Family Needs Assessment

Parent/Guardian: _____ Child: _____ Date: _____

Assessment Item	Yes/No	Referral (within 30 days)	Follow-Up (within 30 days)
Family Well-Being			
1. We have housing that meets my family's needs and that is structurally safe.			
2. We have enough resources to always feed the entire family.			
3. We have access to medical and dental care.			
4. We have enough money to pay our bills.			
Comments:			
Social and Emotional Well-Being			
1. I feel prepared as a caregiver for my child(ren), meaning I am eating well, get enough sleep, and avoid alcohol/tobacco/drugs.			
2. I am eating well, get enough sleep, and avoid alcohol, tobacco, and drugs.			
3. I have no concerns about my mental health.			
4. I am informed on child development/milestones.			
5. I spend quality time with my child(ren) and share affection openly and often with my child.			
6. I know positive techniques to help my child(ren) manage their behavior without punishment.			
7. I am a role model for my child(ren).			
Comments:			
Families as Learners			
1. I am working towards my education and/or career goals.			
2. Adults in family have high school diplomas/GEDs.			
3. I feel comfortable speaking, reading, and writing in English.			
4. Each family member has their own interests/hobbies and makes time to do them.			
Comments:			
Family Connections			
1. I give and receive positive support and advice with other parents, friends, and family.			
2. Both parents work together to raise child(ren).			
3. I have extended family that provide positive support.			
4. I am registered to vote.			
Comments:			

