

Family Needs Assessment Participant Name _____

Initial Date _____

Follow up dates(every 6 months) _____



Domain	1	2	3	4	5	Score	Goal
Housing	Homeless	Legal threat of eviction or foreclosure or living in unaffordable housing.	Living in relatively stable housing and receiving subsidized rent/mortgage or subsidized housing.	Household is in safe adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
Employment	No job	Employed part time or seasonal work.	Employed part time but not sufficient wages or benefits but seeking FT employment.	Employed full time with adequate pay and benefits.	Employed full time with good pay, benefits and opportunities for		
Income	No income/No assistance	Income but unable to meet basic needs.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
Food	Less than 1 day of food available in household and unable to purchase more.	Household is on food stamps but still not meeting household needs.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
Transportation	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
Child Care	Needs child care but care is unaffordable and/or unavailable.	Has childcare in place but childcare is unaffordable and unreliable.	Child care is available and reliable with assistance/ subsidy. (ex. CCIS)	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.		
Early Childhood Education *	Children under 5 living in home without education services.	Early childhood services desired but lacking information.	Enrolled in Early childhood program but unable to attend regularly.	Enrolled in school and attending classes most of the time.	Children's educational needs being met through early childhood services.		
Child Development/ Parenting**	Child with unidentified behavioral or developmental issues not receiving assistance.	Child with identified developmental or behavioral needs receiving assistance.	Child receiving services for a developmental or behavioral issue but parent feels unsupported.	Child and parent receiving services for a developmental or behavioral issue with limited resources.	Child and parent receiving services for a developmental or behavioral issue and have adequate resources.		

* children ages birth to 5 (ex. Head Start, Preschool, Pre-K counts, etc.)

** any child living in the household

Child's name and age _____

Child's name and age _____

Child's name and age _____

Child's name and age _____

Domain	1	2	3	4	5	Score	Goal
Health Care Coverage	No medical coverage with immediate need.	No medical coverage for any family member with no immediate health need.	Some or all members (ex. children) have medical assistance.	All members can get medical care/insurance but it is a financial strain.	All members are covered by affordable, adequate health insurance.		
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living with assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
Family /Social Support	No family or social support.	Family/friends may be supportive but lack ability or resources to help.	Some support from family/friends but limited ability and resources.	Support from family and friends with adequate ability and resources.	Has a healthy/expanding family and social support system.		
Emotional Health	Danger to self or others; recurring suicidal thoughts; experiencing severe difficulty in day-to-day life.	Experiencing symptoms that may affect behavior, but not a danger to self/others.	Mild symptoms may be present; only moderate difficulty in functioning in day-to-day life.	Minimal symptoms that are responses to life stressors or have diagnosis and are receiving services.	Symptoms are absent or rare; no more than everyday problems or concerns.		
Substance Abuse	Household member currently using excessive alcohol or illicit drugs that is affecting the family.	Household member currently using excessive alcohol or illicit drugs not affecting the family.	Household member with substance abuse issue but currently receiving treatment.	Household member has completed treatment with no evidence of past addiction.	No history of substance abuse issue within household.		
Safety	I feel myself or others in my home are unsafe or threatened in daily life.	I feel myself or others in my home occasionally feel unsafe or threatened.	Current members of the home are getting help or services for safety issues within the home.	There are past safety issues within the home that have been resolved with services.	There are no current or past safety issues within the home.		
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	No interest in community involvement due to barriers and or time or resource limitations.	Interested in community involvement but lacks knowledge of ways to become involved.	Some community involvement (parents groups/church groups. etc.) but limited due to lack of resources.	Actively involved in community with no barriers.		
Credit	No credit or bad credit***	Unable to get a credit card or limited credit history.	Have a credit card or a cosigner on a loan.	Have a credit card with \$4500. credit limit or credit report is good.	Excellent credit report.		
Asset Building	No savings/no homeownership	Savings less than \$1000.	Savings and or investments over \$1000.	House with mortgage and savings or no savings.	Owns home (no mortgage) with savings or savings and retirement.		
Utilities	One or more utilities are shut off.	Had utility shut off notice in the past 6 months.	Utility bill is past due.	Utility bill is current, receives energy assistance.	Utilities current, no energy assistance and seeking energy savings		
Other: (Optional)							

*** Bad credit is a score 300-499