



Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Strengthening Families: Immediate Needs Questionnaire

All families have strengths and sometimes they need support, too. For example, it can be hard for families to afford everything they need. Neighborhood House Association Head Start is asking families whether they have any needs that we can support them with right now. May I ask you a few questions to see if I can help in any way? Your participation is voluntary; however, I'd welcome the opportunity to offer support and referrals to helpful resources. Your answers will be kept confidential by NHA.

1. As I mentioned, sometimes it's hard for families to afford everything they need. In the past month, were you unable to pay for (check all that apply):		
<input type="radio"/> Rent or mortgage	<input type="radio"/> Medicine, medical expenses, or co-pays	<input type="radio"/> Transportation (including gas, bus passes, or shared rides)
<input type="radio"/> Utilities or bills (electricity/gas/heat, cell phones, etc.)	<input type="radio"/> Groceries/food (including baby formula or diapers)	<input type="radio"/> Basic household or personal hygiene items
<input type="radio"/> Clothing	<input type="radio"/> I was able to pay for all of these	
2. In the past 3 months, have you (check all that apply):		
<input type="radio"/> Delayed or not gotten medical care for yourself or your child(ren)	<input type="radio"/> Lived at a shelter, in a motel/hotel, in an abandoned building or a vehicle	<input type="radio"/> Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills
<input type="radio"/> Been evicted from your home or apartment	<input type="radio"/> Lost access to your regular transportation (e.g. vehicle totaled or repossessed)	<input type="radio"/> Been unemployed when you really needed and wanted a job
<input type="radio"/> None of these apply to me		
3. Challenges are a normal part of life. Having support and learning new coping skills can help us manage stress and thrive. I have people I can trust to ask for support with (check all that apply):		
<input type="radio"/> Money, bills, budgeting	<input type="radio"/> Health/exercise/nutrition	<input type="radio"/> Parenting my kids
<input type="radio"/> Relationships	<input type="radio"/> Stress/anxiety/depression	<input type="radio"/> None of the above
4. What needs do you or your family have that I haven't asked you about?		
_____		
_____		
Referral(s) discussed and provided to parent/caregiver by EHS/HS staff:		
<input type="checkbox"/> NO REFERRALS/SERVICES PROVIDED	<input type="checkbox"/> NHA	<input type="checkbox"/> WIC
<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> TANF / CalWorks	<input type="checkbox"/> CalFresh / Food Stamps
<input type="checkbox"/> SDUSD / Child Care Programs	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Emergency Food
<input type="checkbox"/> Energy Program Assistance	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Other: _____		

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_