



Family Needs Assessment

Name: _____ **Date:** _____

A family needs scale assists the Kinship Family Program staff support families with their needs. Read the following statements and respond with how you and/or your family feel about needing help in the following areas. Please respond to all the questions.

Do you feel the need for any of the following types of help or assistance?	Not Applicable	No issues	Seldom an issue	Sometimes an issue	Often an issue	Always an issue
1. Having enough money to pay bills and buy necessities	NA	1	2	3	4	5
2. Help budgeting money	NA	1	2	3	4	5
3. Paying for the special needs of my child (ex. Medicines, healthcare needs, etc.)	NA	1	2	3	4	5
4. Applying for assistance for my child	NA	1	2	3	4	5
5. Having enough food on hand for at least two meals for my family	NA	1	2	3	4	5
6. Applying for Food Stamps or assistance	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Having a safe and secure place to live.	NA	1	2	3	4	5
9. Having working plumbing, lighting, and/or heat	NA	1	2	3	4	5
10. Purchasing and obtaining furniture, clothing, toys	NA	1	2	3	4	5
11. Completing chores, repairs, home improvements	NA	1	2	3	4	5
12. Adapting my house to meet my child's needs	NA	1	2	3	4	5

Do you feel the need for any of the following types of help or assistance?	Not Applicable	No issues	Seldom an issue	Some-times an issue	Often an issue	Always an issue
13. Finding and keeping employment	NA	1	2	3	4	5
14. Getting places I need to go (transportation)	NA	1	2	3	4	5
15. Getting in touch with people I need to talk to	NA	1	2	3	4	5
16. Transporting my child to appointments	NA	1	2	3	4	5
17. Having special travel equipment for my child (car seats, etc.)	NA	1	2	3	4	5
18. Finding someone to talk to about my child	NA	1	2	3	4	5
19. Having medical and dental insurance for family members	NA	1	2	3	4	5
20. Having emergency health care	NA	1	2	3	4	5
21. Finding special dental and medical care for my child	NA	1	2	3	4	5
22. Taking care of my own medical or dental needs	NA	1	2	3	4	5
23. Finding a supportive person to talk to about raising my child	NA	1	2	3	4	5
24. Managing the daily needs of my child at home	NA	1	2	3	4	5
25. Caring for my child during work hours	NA	1	2	3	4	5
26. Having emergency child care	NA	1	2	3	4	5
27. Getting respite care for my child	NA	1	2	3	4	5
28. Finding care for my child in the future	NA	1	2	3	4	5

Goals

1. If money and time weren't an issue, what is one thing you would like to do with your family?

2. What is one thing you or your family would like to accomplish in the next six months?

3. Are there things you or your family need help with immediately?

4. Is there anything else you would like the Kinship Program Staff to know?
