



**VOA Alaska Family Services**  
Family and Child Needs Assessment

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

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

**Reason for Completion**

Initial Assessment     Change in Circumstances     Annual Assessment

Families often face circumstances which make raising children particularly challenging. For the following, please check the appropriate box based on family needs. Based on answers, Kinship Care Coordinators will work with you/your family to provided additional support/information.

- Not challenging – no additional support is needed
- Somewhat challenging – additional support could be helpful
- Very challenging – support is needed immediately

**Caregiver/Family Needs**

**1. Basic Needs**

*Housing, utilities, transportation, food, clothing, furniture*

Not challenging     Somewhat challenging     Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Legal Assistance**

*Custody, court delinquency, other legal services*

Not challenging     Somewhat challenging     Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Caregiver/Parent Social Support**

*Loneliness, respite, support groups, self-care needs*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Caregiver/Parent Physical Health**

*Completing daily activities individually, dental health, cognitive health*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Caregiver/ Parent Mental Health**

*Stress management, emotional support, behavioral health*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Caregiver/ Parent Training and Education**

*Parenting training, support for children with special needs*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Family Functioning**

*Family relationships, attachment, bonding*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Needs**

**1. Child Care**

*Locating care, accessing care, after school/summer programs*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Education/Child Development**

*Enrolling child in school, IEP/plans, school supplies, Head Start*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Child Social Support**

*Connection with peers, connections with caring adults and/or mentors*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Child Physical Health**

*Participation in physical activity, finding/accessing medical care, equipment needs (car seat)*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Child Mental Health**

*Stress management, emotional support, behavioral health, substance use*

Not challenging       Somewhat challenging       Very challenging

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Needs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resources**

Please select if your family is enrolled or interest in any of the following community resources.

	<b>Yes</b>	<b>No</b>	<b>Interested</b>	<b>Not Eligible</b>
Adoption Assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinship Program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/ Denali Kid Care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infants, and Children (WIC) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/ Reduced School Meals .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>