

Big Sandy Area CAP / Head Start Family Needs Assessment

Child's Name: _____

Center: _____

	Measure	Comments
1	Tell me about your housing condition. Is your housing safe, affordable, and adequate for your family's needs?	
2	Are there times when it is hard for you to provide enough food for your family? Are you aware of basic nutrition guidelines?	
3	Do you have access to reliable transportation? If you use public transportation, does it work for you?	
4	Do you have health insurance for your entire family? Are you able to go to a doctor or dentist when you need to? Can family members visit the doctor and dentist regularly?	
5	Are you able to cope with the stresses of everyday life? Do you have someone to go to for support?	
6	Are you able to meet basic family needs with your income? Do you have a monthly budget?	
7	Do the members of your family get along well? Do you feel confident in your skills as a parent?	
8	Do you and/ or other family members participate in community activities? (i.e. recreation, schools, libraries, church, etc.)	
9	If employed, are you satisfied with your job? Are you interested in job training/ or career development?	
10	Are you interested in continuing your education learning new skills, or improving the skills you already have?	
11	Do you have quality childcare available? Is it affordable and reliable?	