**Kinship Navigator Collaborative**

**Family Needs Assessment**

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| To what extent are the following resources adequate for you and your kin child(ren)?  | Does Not Apply | Not At All Adequate  | Seldom Adequate | Sometimes Adequate  | Usually Adequate  | Almost Always Adequate  |
|  | 0 | 1 | 2 | 3 | 4 | 5 |
| **Financial and Legal** |
| 1. Access to public assistance (for example, Medicaid, Temporary Assistance for Needy Families (TANF), Social Security) |  |  |  |  |  |  |
| 2. Money to buy necessities and pay bills |  |  |  |  |  |  |
| 3. Support from social services and/or other government agencies  |  |  |  |  |  |  |
| 4. Clothing to stay warm and clean |  |  |  |  |  |  |
| 5. Books, toys, and school supplies |  |  |  |  |  |  |
| 6. Legal assistance related to being a kinship caregiver (for example, adoption, legal custody, guardianship)  |  |  |  |  |  |  |
| 7. Legal assistance related to public assistance (for example, Medicaid, Temporary Assistance for Needy Families (TANF), Social Security, other) |  |  |  |  |  |  |
| 8. Other legal assistance  |  |  |  |  |  |  |
| **Nutrition** |
| 9. Enough food for 2 meals daily for you and your kin child(ren) |  |  |  |  |  |  |
| 10. Access to fresh fruits and vegetables |  |  |  |  |  |  |
| 11. Ability to cook healthy meals  |  |  |  |  |  |  |
| **Housing** |
| 12. Safe, livable housing  |  |  |  |  |  |  |
| 13. Indoor plumbing/water  |  |  |  |  |  |  |
| 14. Heating and/or, if needed, air conditioning |  |  |  |  |  |  |
| 15. Lighting and electricity  |  |  |  |  |  |  |
| 16. Ability to complete home repairs or improvements |  |  |  |  |  |  |
| 17. Ability to adapt my home for my kin child(ren) |  |  |  |  |  |  |
| 18. Telephone or access nearby to a phone |  |  |  |  |  |  |
| 19. Internet or access nearby to the Internet |  |  |  |  |  |  |
| 20. Furniture (for example, beds, cribs) |  |  |  |  |  |  |
| **Caregiver Employment and Self Care** |
| 21. A job that will support my household |  |  |  |  |  |  |
| 22. Ability to expand my own education, skills & interests |  |  |  |  |  |  |
| 23. Ability to do things for myself |  |  |  |  |  |  |
| 24. Access to support groups or clubs |  |  |  |  |  |  |
| 25. Ability to do fun things with my kin child(ren)  |  |  |  |  |  |  |
| 26. Opportunities to learn how to be a more effective caregiver who is acting as a parent  |  |  |  |  |  |  |
| **Transportation** |
| 27. Ability to travel to places you need to go for yourself |  |  |  |  |  |  |
| 28. Ability to transport your kin child(ren) to places, including appointments  |  |  |  |  |  |  |
| **Health Care** |
| 29. Medical care **for yourself** |  |  |  |  |  |  |
| 30. Medical care for **your kin child(ren)** |  |  |  |  |  |  |
| 31. Dental care **for yourself** |  |  |  |  |  |  |
| 32. Dental care for your kin child(ren) |  |  |  |  |  |  |
| 33. Professional mental health counseling **for yourself** |  |  |  |  |  |  |
| 34. Professional mental health counseling **for your kin child(ren**) |  |  |  |  |  |  |
| 35. Ability to plan for future health needs for yourself or your kin child(ren) |  |  |  |  |  |  |
| **Childcare/Day Care** |
| 36. Management of the daily needs of your kin child(ren) at home  |  |  |  |  |  |  |
| 37. Babysitting for your kin child(ren) |  |  |  |  |  |  |
| 38. Routine childcare/day care for your kin child(ren) |  |  |  |  |  |  |
| 39. Full-time care for your kin child(ren) should something happen to me |  |  |  |  |  |  |
| **Children’s Education** |
| 40. K to 12 school enrollment for your kin child(ren) |  |  |  |  |  |  |
| 41. Early intervention and special education services for your kin child(ren) |  |  |  |  |  |  |
| 42. Payment for special needs of your kin child(ren) |  |  |  |  |  |  |
| 43. Vocational training services for your kin child(ren)  |  |  |  |  |  |  |
| 44. Future educational options for your kin child(ren) (e.g., college) |  |  |  |  |  |  |
| 45. Ability to plan for a future job for your kin child(ren) |  |  |  |  |  |  |
| 46. Other supports needed? (write in)  |  |

**Placement Stability and Permanency Measures**

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| --- | --- |
| 1. Is your kin child(ren) still in your home?  | [ ]  YES *- If you answer yes to this question, skip question number 2 below*[ ]  NO  |
| 2. Why did your kin child(ren) leave your home?  | [ ]  Returned to birth parent[ ]  Entered foster care[ ]  Moved to another kin caregiver[ ]  Age 18 and older and left home[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Please rank your top three to five needs from the options below. (1 = the most important need) The top 3 needs should be reflected in goal setting.*** |
| \_\_\_Finding and maintaining housing\_\_\_Concrete goods, for example, furniture\_\_\_Daily food and nutrition\_\_\_Public assistance\_\_\_School related supports  | \_\_\_Transportation\_\_\_Primary medical care or resources\_\_\_Dental care \_\_\_Childcare/day care\_\_\_Mental health counseling\_\_\_Kinship care support groups /networking | \_\_\_Education/training for kinship caregivers\_\_\_Legal services and adviceOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |