



CCPS EARLY CHILHOOD PROGRAMS
Head Start/Early Head Start
FAMILY ASSESSMENT
 (Appendix 22)

FAMILY NEEDS: Please check services you are interested in or are in need of:

Adult Education (GED, college info)	_____	Clothing	_____
Crisis Assistance (Utilities, etc.)	_____	Transportation (Dial A Ride)	_____
Emergency (Kid Care, Health Ins., etc.)	_____	Mental Health Counseling	_____
English as Second Language	_____	A. Substance Abuse	_____
Food	_____	B. Child Abuse/Neglect	_____
Housing	_____	C. Domestic Violence	_____
Job Training	_____	Child Support Assistance	_____
Literacy or Education	_____	Health Education (prenatal, etc)	_____
Parenting Education	_____	Marriage Education	_____
		Vocational/Technical Training	_____

REFERRALS: _____

Please check if anyone in your family is currently or has in the past, received any of the following services:

	Currently Receiving	Received in the Past
CCPS Teen Parent Program	_____	_____
Child Find	_____	_____
Counseling	_____	_____
Early Learning Coalition	_____	_____
Early Steps (EIP)	_____	_____
FL Healthy Kid/Kidcare	_____	_____
Food Stamps	_____	_____
Head Start/Early Head Start	_____	_____
Healthy Families	_____	_____
Healthy Start	_____	_____
Medicaid/Medicare	_____	_____
WIC	_____	_____

Child Care Needs: Where will your child(ren) go after school:

Directly home to parent/guardian:	_____	Home of a relative or sitter:	_____
Latch-key/YMCA at the school site:	_____	Child Care Center (specify):	_____
A family child care home:	_____		_____
Extended day through HS/EHS/VPK:	_____	Other specify:	_____

Distribution: Parent/Guardian/Caregiver Family Service Worker