

BBNA Head Start

PO Box 310 Dillingham, AK 99576
907-842-4059

FAMILY NEEDS ASSESSMENT & INTEREST SURVEY 09-10

CHILDS NAME: _____ BIRTH DATE: ____ / ____ / ____ COMMUNITY: _____
PARENT(S) NAME: _____ Date _____

Head Start offers parents opportunities and support for growth so they can identify their own strengths, needs and interests. Staff is available to support parents as they identify and meet their own goals and nurture the development of their children.

Community Resources:

Agencies I am using, need or don't need

	<u>Using</u>	<u>Need</u>	<u>Don't Need</u>
Health Insurance			
Medicaid	_____	_____	_____
Medicare	_____	_____	_____
Other: _____	_____	_____	_____
Food Programs			
Food Stamps	_____	_____	_____
Food Bank	_____	_____	_____
Health Services			
Indian Health Services	_____	_____	_____
Private Clinic/Hospital	_____	_____	_____
WIC	_____	_____	_____
Housing Assistance	_____	_____	_____
Financial Assistance	_____	_____	_____
Adult Basic Education (GED)	_____	_____	_____
Vocational Training	_____	_____	_____
Higher Education	_____	_____	_____
Employment Opportunities	_____	_____	_____
Legal Services	_____	_____	_____
Drugs/Alcohol Programs	_____	_____	_____
Behavioral Health Services	_____	_____	_____
Child Care	_____	_____	_____
Children Programs in the Community	_____	_____	_____
Other: _____	_____	_____	_____

Are you having any problems getting help at any of these agencies? Yes No

Would you like assistance from the Family Liaison in accessing resources? Yes No