



This assessment is ONLY for parents and caregivers who are caring for children under the age of 18. The information you provide will help community partners address the services and resources needed most in your community. There are no risks for participating in this assessment, and you only have to provide your contact information if you would like someone to follow up with you.



INSTRUCTIONS: Please circle the "1, 2, or 3" to rate how much you need assistance with the items below.

1 = Not at all 2 = Somewhat 3 = Extremely

HOUSING

Table with 4 columns: Item description, 1, 2, 3. Items include: A place to live because currently homeless, A place to live because living in temporary housing, Mortgage or rent assistance, Keeping myself and family safe in my home, Resolving issues with landlord, Necessary household items, Handicap/mobility access or modification, Home repairs to resolve safety issues, Utility payment, Applying for housing assistance.

TECHNOLOGY/ELECTRONICS

Table with 4 columns: Item description, 1, 2, 3. Items include: Internet access at home, Phone, Computer/laptop, Help on how to use virtual technology.

FINANCIAL AND MATERIAL NEEDS

Table with 4 columns: Item description, 1, 2, 3. Items include: Enough food for family, Healthy foods, Personal hygiene items, Items to care for child(ren), School supplies, Clothes for family, Applying for public benefits, Applying for disability assistance, Applying for child support, Personal vehicle, Public transportation, Finding a job.

HEALTHCARE

Table with 4 columns: Item description, 1, 2, 3. Items include: Health insurance, Dental insurance, Applying for Medicaid, Paying medical bill(s), Paying for prescription(s), Medical Care, Dental Care, Well-being visits/immunizations, Prenatal care and support, Data coverage or technology to access Telehealth services, Transportation to medical appointments.

LEGAL

Table with 4 columns: Item description, 1, 2, 3. Items include: Someone to call about legal issues, Getting an attorney.

PARENTING SUPPORT

Table with 4 columns: Item description, 1, 2, 3. Items include: Single parenting/caregiver support, Finding ways to engage my children while completing everyday tasks, Caring for a child with developmental delays or disabilities, Dealing with challenges of parenting child(ren) of relatives, friends, or child(ren) in foster care, Helping child(ren) with homework/school work, Parenting tips or class, Someone to come into my home to provide parenting support and tips, Someone I can call to help me problem solve parenting issues and find resources, Support group of parents with child(ren) of similar age.

CHILD CARE

Table with 4 columns: Item description, 1, 2, 3. Items include: Applying for childcare assistance, Affordable childcare, Before/after school care, Childcare for evenings/weekends due to work schedule, Care for child(ren) with special needs.

EDUCATION FOR ADULTS

Table with 4 columns: Item description, 1, 2, 3. Items include: Adult education, GED/HiSET/High school diploma, Job skills training, Financial management training, English classes.

EDUCATION AND SUPPORT FOR CHILDREN

Table with 4 columns: Item description, 1, 2, 3. Items include: Tutoring for my child(ren), Applying for disability accommodations for my school aged child(ren), Applying for disability evaluation/early intervention for my child(ren), Ability to do distance learning with my child(ren), Mentor for my child(ren), Extra-curricular activities for my children.

MENTAL HEALTH

Table with 4 columns: Item description, 1, 2, 3. Items include: Treatment with an alcohol or drug abuse program for me or someone in my family, Treatment for a mental health problem for me or someone in my family, Counseling or therapy for me or someone in my family, Someone I can call or meet with when I am stressed, sad, upset, angry, or scared, Leaving an unhealthy relationship.



INSTRUCTIONS: Please circle the "1, 2, or 3" next to each item to indicate how much your community needs it.

1 = Not at all 2 = Somewhat 3 = Extremely

COMMUNITY NEEDS

Community babysitting co-op	1	2	3
Medical clinic/after hours clinic nearby	1	2	3
Grocery store nearby	1	2	3
Community events <i>(i.e., potluck, community resource night, etc.)</i>	1	2	3
Community gardens	1	2	3
Parks and recreation facilities	1	2	3
Sidewalks or path for walking and biking	1	2	3

Street lights	1	2	3
Speed bumps to reduce speeding cars	1	2	3
Quick response time of police to emergency calls	1	2	3
Positive police presence	1	2	3
An organization to call to find out about resources in my community	1	2	3
Neighborhood meetings to discuss safety and needs of residents	1	2	3



INSTRUCTIONS: Please respond to the following questions about yourself.

DEMOGRAPHIC QUESTIONS

1. What is your age? _____
2. What is your gender?
 Male Female Non-binary
3. What is your race? (check all that apply)
 Black/African American White/Caucasian
 American Indian or Alaska Native Asian or Pacific Islander
 Other: _____
4. Are you Hispanic or Latino?
 Yes No
5. What is the highest level of education you have completed?
 Less than high school degree
 High school degree or GED/HiSET
 More than high school degree
6. What is your current employment status?
 Full time Part time Seasonal
 Unemployed and looking for a job
 Unemployed, but not looking for a job
(i.e., retired, stay at home caregiver, disabled, student, etc.)
 Other: _____
7. How many minor children (under 18 years old) do you care for?

8. What is your relationship with the minor children you are caring for?
 (check all that apply)
 Biological parent Step-parent
 Legal adoptive parent Foster parent
 Relative *(i.e., grandparent, uncle, aunt, brother, sister, etc.)*
 Non-relative *(i.e., god-mother, parent's friend, etc.)*
 Other _____
9. Including you, how many people live in your home? _____

10. What is your living arrangement? (check all that apply)
 Single parent/caregiver
 Two parents/caregivers
 Single parent/caregiver, but live with a partner
 Live with parents, other relatives, or friends
 Other: _____
11. In the past 24 months, please provide the number of times you moved?

12. What parish do you live in? _____
13. What is your address? _____
 City _____ Zip Code _____
14. If you need help with any of the needs you checked on the previous page and would like for us to TRY and connect you with people who can help, please check "Yes," and specify below. Yes No
 Which items do you need help with? _____
15. Would you be interested in meeting with other community members for support, to discuss available resources, and advocate for your community's needs? Yes No
16. If you answered "Yes" to either question 14 or question 15, please share:
 Your name: _____
 Phone number: _____
 Email: _____
17. Is there anything else you wish to share about your family's needs or what is missing in your neighborhood or city that would make it better, healthier, and/or safer? _____