

# FAMILY NEEDS SCREENING TOOL

6/12/25

## Introduction:

Parenting can be hard and you are not alone. The questions that follow will help identify your family's strengths and needs in order to connect you with help in your community.

Completing this is your choice. Your answers will help us understand how you can be connected with the best support.

This tool will ask you questions about different parts of your life such as your housing, safety, money and work, education, your child's health and growth, and other things your family may need help with.

Based on your answers, you may get information about helpful services. You do not have to answer every question. Skip any question that makes you uncomfortable.

Your answers are only intended to help connect you with services or support. For questions, please contact .....

## Section 1: Living Situation

1. In the past 12 months have you (select all that apply):
  - Been unhoused (e.g., stayed in a shelter, car, or on the street, etc.)?
  - Been worried about losing your housing?
  - Felt unsafe in your housing situation?
  - Felt stable in your housing?
  
2. How many children live in your household?
  - 0
  - 1
  - 2
  - 3 or more
  
3. What are the ages of each of your children? (select all that apply)
  - 1 year old
  - 2 years old
  - 3 years old
  - 4 years old
  - 5 years old
  - 6 years old
  - 7 years old
  - 8 years old
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old

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4. Are you currently pregnant or expecting?
  - Yes
  - No
  - I don't know
  
5. Are you a foster parent, adoptive parent, or legal guardian for any of the children in your home?
  - Yes
  - No
  - I don't know
  - Other: \_\_\_\_\_

### Section 2: Financial & Employment Stability

6. Which of the following do you currently receive (check all that apply)?
  - CalWORKs (e.g., Welfare-to-Work program or cash aid through CalWORKs)
  - Other Cash Aid (i.e., General Assistance or other non-CalWORKs cash aid)
  - Food Assistance
  - Health Insurance (e.g., Medi-Cal, private insurance)
  - SSI (Supplemental Security Income)
  - Housing Support (e.g., rental assistance, Housing Support Program - HSP)
  - Adoption Assistance Payments
  - KinGAP
  - Other: \_\_\_\_\_
  - I receive some help with paying for things, but I don't know exactly what it's called
  - None of the above
  
7. In the past 12 months, which of the following have you had trouble paying for? (check all that apply)
  - Rent
  - Food
  - Utilities
  - Clothing
  - Child Care
  - Medical Care
  - Treatment for a child's special needs
  - Phone Bill
  - Transportation
  - Self-care items/hygiene products
  - None
  - Prefer not to say

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8. What is your current job situation?
- I have a job that allows me to pay all my bills
  - I have a job, but my hours or pay are not enough to meet my family's needs
  - I do NOT have a job and I'm currently looking for work
  - I do NOT have a job and I'm NOT currently looking for work
9. If you have a partner, what is your partner's current job situation?
- My partner has a job that allows us to meet our family's financial needs
  - My partner has a job, but their hours or pay are not enough to meet our needs
  - My partner does NOT have a job and is currently looking for work
  - My partner does NOT have a job and is not currently looking for work
  - My partner is currently incarcerated
10. Is anything making it hard for you to work right now? *(Check all that apply)*
- I don't have childcare
  - I don't have transportation
  - I have health issues
  - Something else
  - No, nothing is making it hard for me to work

### Section 3: Education & Child Well-being

11. Do you need help signing up for school or classes for yourself?
- Yes
  - No
12. How often do you feel stressed by your child(ren)'s behavior (for example, tantrums or acting out)?
- Rarely
  - Sometimes
  - Often
13. Are any of your children between ages 5–18 not signed up for school right now?
- Yes
  - No
14. Are any of your children between ages 5–18 having a hard time in school? *(This could mean missing school often, struggling with learning, behavior concerns, or not getting the support they need.)*
- Yes, one or more of my children are having problems at school
  - No, my children are doing fine in school
  - I'm not sure
  - I don't have children between ages 5-18

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15. Are any of your children experiencing any of the following? (*Check all that apply*)
- They are in foster care
  - They have a health condition that makes daily life harder
  - They have learning or developmental challenges (e.g., learning differences, delays, special needs)
  - They have emotional or behavior challenges (e.g., big feelings, outbursts, trouble focusing)
  - They are using alcohol or drugs
  - They are dealing with mental health issues (e.g., anxiety, depression, etc.)
  - Something else
  - None of the above

### Section 4: Family Challenges

16. In the past 6 months, have you had any contact with child protective services or juvenile probation? (this information will only be used for determining eligibility for specific community-based programs)
- Yes
  - No
  - I am not sure
  - Prefer not to say
17. In the past 12 months, have you felt unsafe in any of your relationships (past or current)? (this information will only be used to connect you with specific community-based programs if you'd like)
- Yes
  - No
  - Prefer not to say
18. Is any adult in your home using alcohol or drugs in a way that affects your children or family life? (this information will only be used to connect you with specific community-based programs if you'd like)
- Yes
  - No
  - Prefer not to say
19. Is any adult in your home (including yourself) dealing with mental health challenges or issues that affect your children or family life? (this information will only be used to connect you with specific community-based programs if you'd like)
- Yes
  - No
  - Prefer not to say

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20. If you're needing help with anything, would you know where to go for help or support?

- Yes, I know how to get help
- I'm not sure where to go
- No, I do not know where to go for help

21. Do you have people you can count on, like family, friends, neighbors, or community groups, when you need help or advice?

- Yes, I have a strong support network
- Yes, but it's small or limited
- No, I often feel alone or isolated
- I am not sure

### **End of Questions!**

Thank you for taking the time to answer these questions to connect you and your family to supports that match your current needs.

Remember, you're not alone, and help is available!