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| **Kinship Supports Needs Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Name: | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | |  |
| Initial Assessment | | | | |  | | | | | | | Interim Assessment | | | | |  | | | | | Post Assessment | | | |  | |
| # of Children in Your Care: | | |  | | | Ages of Children: | |  | | | | | | | Relationship to Children: | | |  | | | | | | Date of Placement: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This assessment is designed to help identify and prioritize you and your family’s needs. We want to assist with meeting these needs to support you providing care. **Please indicate your needs below by circling a number: 1 - no need, 2 - low need, 3 - moderate need, 4 - high need, and 5 - urgent need.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INITIAL NEEDS** | | | | | | |  | | | | | | | | | | | |  | **COMMENTS** | | | | | | | |
|  | | | | | | | NO LOW MOD HIGH URGENT | | | | | | | | | | | |  |  | | | | | | | |
| Clothing | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Baby Items (Car Seat) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Bedding (Beds/Cribs) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Food | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Rent/Utility Assistance/Housing | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Child Care | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Emergency Financial Support | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Medical Assistance for Child/Self | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Transportation | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Hygiene Products | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
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| **ONGOING NEEDS** | | | | | | |  | | | | | | | | | | | |  | **COMMENTS** | | | | | | | |
| **Training/Support:** | | | | | | | NO LOW MOD HIGH URGENT | | | | | | | | | | | |  |  | | | | | | | |
| Financial (TANF/Child Support/SSI/ Snap/Food Stamps/ Nutrition/WIC) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Advocating for Child/Self | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Budgeting (Credit Counseling) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Parenting/Discipline/Rules/ Boundaries | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Child Development | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Nutrition | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Home Safety/Childproofing | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Child Exposure (Domestic Violence/Substance Abuse/Sexual Abuse/Trauma) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Family Communication (Bio Parents/Extended Family) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Role Definition | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Education (School Enrollment/ Tutoring/ Mentoring/IEP/College) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| **ONGOING NEEDS** | | | | | | |  | | | | | | | | | | | |  | **COMMENTS** | | | | | | | |
| **Mental Health Services:** | | | | | | | NO LOW MOD HIGH URGENT | | | | | | | | | | | |  |  | | | | | | | |
| ADHD/ADD | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Children and Trauma | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Stress Relief | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Grief and Loss | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Anger Management | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Conflict Resolution | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Family Counseling | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Individual Counseling | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| **Other Services:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respite | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Activities  (Child/Self/Summer Programs) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Support Group  (Child/Self) | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Employment Resources | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Legal Issues | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
| Other: | | | | | | | 1 2 3 4 5 | | | | | | | | | | | |  |  | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  |  | | | | | | | |
| **IDENTIFIED SOCIAL SUPPORTS – Who can you count on? How can they help?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immediate/Extended Family Member: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Neighbors/Friends: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Church: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Based Organizations: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Others: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MOVING FORWARD** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the greatest strength you bring as a kinship caregiver? | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| What is your greatest worry in being a kinship caregiver? | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Plan to Address Needs and Next Steps: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Kinship Supports Worker Signature | | | | | | | | | | |  | | Kinship Provider Signature | | | | | | | |  | | Kinship Provider Signature | | | | |