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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: |  |
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| 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.** |
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| **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 |  |  |
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| **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 |