Family Strengths Form

FCP-615

Family Name: _____ **Date:**

EDUCATION

Name of A01:_____ Name of A02:_____
Education Level of (pull from application):
A01:_____ A02:_____

Do you have plans to pursue any education or career related goals?
A01: ☐ YES ☐ NO A02: ☐ YES ☐ NO

If yes, what do you have planned and when?

Is there anything we can do to help you reach your educational goal?

If you had to tell your child(ren) one thing about learning what would you say?

HOUSING/COMMUNITY

Do you rent, own, lease or have other living arrangements? (This may need to be updated from the application at the time of enrollment.)

Are payments for housing affordable for you? ☐ YES ☐ NO

How many people live in your household?

Do you have concerns about your current housing situation? If so, what are they? (safety, healthy living conditions)

Do you feel that your community/neighborhood is a safe place to live? Please explain:

What do you think would make your community a better place to live?

EMPLOYMENT

What type of skills, interests, or talents do you have? What do others say you do well?
A01:

A02:
Are you currently employed?
A01: ☐ YES ☐ NO A02: ☐ YES ☐ NO

If yes, where and how long?

If no, do you wish to obtain employment, or do you need assistance with job skills?
Employment: A01: ☐ YES ☐ NO A02: ☐ YES ☐ NO
Skills: A01: ☐ YES ☐ NO A02: ☐ YES ☐ NO

What type of work would you like to do and/or types of work have you done in the past?
A01:

A02:

TRANSPORTATION

Do you have access to safe transportation? ☐ YES ☐ NO
What is your main source of transportation? Please circle response: own vehicle, vehicle of friend/family member, walking, bus or other public transportation.

Do you currently have a valid driver's license?
A01: ☐ YES ☐ NO A02: ☐ YES ☐ NO
If no, have there been problems with obtaining or keeping a license? Please explain:

In the state of Virginia, it is a law that all children under 8 years of age be in a child safety seat while traveling. Do you need information about obtaining or correctly using a car seat for your child? ☐ YES ☐ NO

In the state of Virginia, it is a law that all passengers wear seat belts while traveling. Do you need information about obtaining or using seat belts in your main transportation source? ☐ YES ☐ NO

Do you need information about possible resources regarding safe driving practices or about insurance for your car? ☐ YES ☐ NO

FAMILY FINANCES

Do you or your family have other financial needs at this time?
☐ YES ☐ NO

Would you like information about:
Reducing debt? ☐ YES ☐ NO
Credit Counseling? ☐ YES ☐ NO

CHILD CARE

How are your children being cared for (mark all that applies)?
☐ Head Start ☐ School ☐ Home ☐ Daycare ☐ Family/Relative Home

Do you feel your child has quality, affordable childcare? ☐ YES ☐ NO

Do you have friends/family members who can "pitch in" if you need last minute childcare? ☐ YES ☐ NO

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SERVICES & RESOURCES

If you found yourself in need of a service or information about a service, what might you do? (This is an excellent opportunity for you to introduce the Parent Handbook & Resource Guide and to explain about our Advocacy services)

Do you feel you have knowledge of the services that are available for persons in your community? ☐ YES ☐ NO

Do you or have you used agency/program services? If so, what and when? (This can be pulled from the application but updated here)

FAMILY WELLNESS

Do you have access to total care for adult members of your family? (Vision, dental, medical, mental health services, etc.)
☐ YES ☐ NO If no, what would you need help with?

Does your child(ren) have a doctor/medical care available when he/she is ill? ☐ YES ☐ NO If yes, who?

Is your child(ren) covered by some type of medical plan such as a medical card or private insurance? ☐ YES ☐ NO
If yes, specify coverage:

Are there current concerns about alcohol/drug use for you or anyone in your household? ☐ YES ☐ NO

SPECIAL NEEEDS/FAMILY SUPPORT

Do you have a child or family member with a disability or special need?
☐ YES ☐ NO

How would you describe the need?

Is there something we could do to help meet that need? ☐ YES ☐ NO
If yes, explain.

Do you have people you can turn to when you need help, advice or just someone to listen? ☐ YES ☐ NO

Who has been helpful to you in raising your child(ren) and/or coping with daily situations?

Are there specific emotional health needs that we might be able to help with? ☐ YES ☐ NO
If yes, please specify:

PARENTING

Do you know and understand your child's needs? ☐ YES ☐ NO
If no, explain:

Do you have a consistent method of discipline? ☐ YES ☐ NO
If no, explain:

Do you have daily routines in your home? ☐ YES ☐ NO

Do you have concerns about your child's behavior? ☐ YES ☐ NO
If yes, explain:

What is the most difficult part of parenting for you? Your strength as a parent?

Do you have parenting concerns? ☐ YES ☐ NO
If yes, explain:

Would you be interested in parenting classes? ☐ YES ☐ NO

Family Assessment Scale: Start: 1 2 3 4 5 End: 1 2 3 4 5

Family Advocate Signature/Home Visitor:_____