Killingly Family Resource Center
Family Needs Assessment

Participation in this survey is optional, however, responses may assist families with resources and enrollment.

1. What is your marital status? ____Single ____Married ____Separated
   ____Living Together ____Widowed ____Divorced

2. How many people live in your household? _____Adults _____Children
   Are you currently expecting? ____Yes ____No

3. Do you: ____Own ____Rent ____Reside with family or friends
   Other:_____

4. How many adults in your household are currently employed? _____
   What is the current annual household income?
   Do you receive SSI? ____Yes ____No
   Do you receive child support? ____Yes ____No

   $ _____

5. Do you have access to reliable transportation? ____Yes ____No
   If no, are you able to get yourself and your children back and forth to appointments,
   etc.? ____Yes ____No ____Sometimes Difficult
   Will your child need transportation to get to/from school? ____Yes ____No

6. Would a member of your household be interested in completing a G.E.D. or
   participating in other adult education? ____Yes ____No

7. Would a member of your household be interested in employment resources?
   ____Yes ____No

8. What services do you currently utilize?
   ____Food Pantry ____TANF
   ____WIC ____Husky Health
   ____Heating Assistance
   ____Diaper Bank ____SNAP
   ____DCF Support
   ____Clothing Assistance
   ____Counseling Services
   ____Access Agency
   ____Supportive Housing
   ____Pediatric Dental Screenings/Care
   ____Play and Learn Playgroups

9. What would you be interested in?
   ____Food Pantry ____TANF
   ____WIC ____Husky Health
   ____Heating Assistance
   ____Diaper Bank ____SNAP
   ____DCF Support
   ____Clothing Assistance
   ____Counseling Services
   ____Access Agency
   ____Supportive Housing
   ____Dental Screenings/Care
   ____Play and Learn Playgroups

10. In which areas do children and families in your community face the greatest challenges?

11. What prevents you and your family from accessing available services you may need?

12. Would you be interested in information about becoming a foster or adoptive parent?
_____Yes _____No

13. Were you referred by a community agency? _____Yes _____ No

If yes, agency name_____.

14. Is there anything else you would like to tell us about your child or family?

* In the event that my 3-4 year old child is on the wait list, I give permission for Killingly Public Schools Preschool to share my application and attachments with EASTCONN Head Start. _____Yes _____No

Parent/Guardian signature_____
Date_____