

# Family Needs Survey

## Powell County Public Health

Dear Client:

Many families have a need for information or support. If you wish, our health department staff is very willing to discuss these needs with you and help identify resources and provide information.

Listed below are some needs commonly mentioned by families, and you may check any topics you would like to discuss. At the end there is a place to write down anything else not on the list. *The information you provide through this form will be kept confidential.*

Topics	Would you like to discuss this topic with a staff person?		
	No	Not Sure	Yes
<b>Parenting Skills &amp; Family Relationships –</b>			
1. How infants and children grow and develop			
2. How to handle my child's behavior			
3. Concerns with adult relationships			
4. Infant and child safety (physical environment)			
<b>Health Care –</b>			
1. Prenatal care			
2. Family Planning			
3. Information about children's health			
4. Locating a doctor or dentist			
5. Locating a mental health provider or substance abuse counselor			
<b>Financial –</b>			
1. Paying for food, clothing or transportation			
2. Finding housing			
3. Paying for medical care or insurance			
4. Finding and/or paying for daycare			
5. Help finding a job			
6. Adult education programs			

**Other –**

Please list other topics or provide any other information you would like to discuss:

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Person Completing Survey: \_\_\_\_\_

Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Information (please print clearly) –

- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_

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THIS PART TO BE COMPLETED BY HEALTH DEPARTMENT STAFF:

Staff Member Assistor: \_\_\_\_\_

Assessment Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID Number Assigned: \_\_\_\_\_

This project is/was 100% supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant B04MC28110 for Maternal and Child Health Services, the total FY16 Powell County Public Health award amount is \$5,169. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



# Family Support & Health Education Program

Powell County Public Health

## CONSENT FOR EXCHANGE OF INFORMATION

In participating in the Family Support & Health Education Program, a member of the staff at (County Public Health Department Name) will visit with you about the topics you indicated interest in on the Family Needs Survey.

Information may be shared with other programs or providers to help coordinate services and make useful referrals.

PARTICIPANT NAME (Please Print) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

By signing below, I agree to participate on a voluntary basis in the Family Support & Health Education Program. I authorize the staff of the (County Public Health Department Name) to share information and make referrals as necessary or deemed advisable during my participation in the program. I understand that all information will be kept confidential.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Date

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ID Number: \_\_\_\_\_

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# Family Support & Health Education Program

Powell City-County Health Department

## Family Assessment Tool

This Assessment document is for staff use only. It is to be used as a guide when interviewing a client, to gather the information needed to provide appropriate referrals and health education.

Participant Name: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_

Staff Member Name: \_\_\_\_\_

Consent Form Signed Date: \_\_\_\_\_

Initial Interview Date: \_\_\_\_\_

### **INSTRUCTIONS FOR INTERVIEWERS:**

*(This is not a script, but rather a basic guide for the interviewing process.)*

Introduce yourself to the participant, and let them know that your reason for asking them some questions is a way to gather information related to their family strengths and possible concerns. This in turn will help you to be more effective in helping them obtain the information, resources and support they desire or need. Make sure that the “Informed Consent” has been signed.

Please let your participants know that the health department’s services are confidential. However, it is also important to remind them of the limits of confidentiality (e.g., issues of child abuse or neglect; court orders; and where releases have been signed).

At least at first, limit your interview questions to the sections of this assessment tool which relate to the topics the participant indicated interest in on the Family Needs Survey. *Reminder* - your primary concern is to establish rapport with the participant, gather information related to coordination of services, and to do so efficiently in a courteous, non-judgmental, non-threatening manner.

## Parenting Skills & Family Relationships –

1. How infants and children grow and develop; and
2. How to handle my child's behavior:
  - Do you have a specific question(s) about your infant or child?
  - (Infant) Are you comfortable caring for your infant, i.e. diapering, sleeping routines, bathing?
  - (Infant) Would you like information about feeding your infant, i.e. nutrition, sucking, breastfeeding, taking a bottle, using a spoon?
  - (Infant) Are you familiar with the normal stages of infant development, such as crying, movement and language development?
  - (Child) Over all, do you think your child is developing normally?
  - (Child – if appropriate age) How does your child perform in school (or preschool or daycare)?
  - (Child) Does your child have any challenges interacting with others, i.e. classmates, peers, family, teachers, neighbors?
  - (Child) How well does your child carry out daily routines, such as dressing, eating, playing?
  - (Child) Does your child have any unusual fears, depression or restlessness?
  - (Parenting) What things do you do as a family, such as daily routines, family traditions and celebrations, and recreation?
  - (Parenting) How do you solve problems as a family?
  - (Parenting) How do you discipline your children?
  - (Parenting) Are there any areas of parenting that you would like more information about?
3. Concerns with adult relationships:

- Do you have a specific question(s) about adult relationships in your life?
  - How many adults are in your home?
  - How do the adults in your family discuss problems and reach solutions?
  - Have you ever witnessed or experienced any abuse, i.e. physical, emotional, sexual, or verbal?
  - What do you consider your support system to be, for instance, who do you call when you need help or to talk?
4. Infant and child safety (physical environment):
- Do you have a specific question(s) about providing a safe physical environment for your infant or child?
  - (Infant) Are you familiar with “Safe Sleep” or “Back to Sleep?”
  - (Infant) Would you like information about child-proofing your house, i.e. child-proof locks on cabinets with cleaning supplies and gates on stairs?
  - (Infant) Do you need a car seat?
  - (Infant) Have you received instruction on how to properly install a car seat?
  - Does your home provide adequate protection from the weather, insects or pests?
  - Are any firearms in your home locked up?
  - Does anyone in your home use tobacco, i.e. cigarettes or chew?

## **Health Care –**

1. Prenatal Care:
- Are you currently pregnant?
  - Do you have a specific question(s) about prenatal care?

- Do you take a daily multivitamin or folic acid supplement?
- Are you currently receiving prenatal care from a licensed healthcare provider?

2. Family Planning:

- Do you have a specific question(s) about family planning?
- Are you planning to have (more) children?
- Would you like information about family planning and birth control?
- What are you doing to prevent and protect yourself from sexually transmitted diseases and unplanned pregnancies?
- Would you like information about how to discuss sexual responsibility with your partner or children?

3. Children's Health Conditions:

- Do you have a specific question(s) about any health needs your child(ren) may have?
- Are any of your children currently taking prescribed or over-the-counter medication?
- Are your children's immunizations up-to-date?
- Have any of your child(ren) been diagnosed with a disability?
- (Infant or Child) Has your infant or child been diagnosed with a special health care need that requires more medical care than is usually needed by children?
- Do you have concerns about a possible disability or special health care need for your child?

4. Locating a doctor or dentist:

- Do you have a specific question(s) about locating any kind of health care provider?

- Does your family have a physician or pediatrician?
  - Does your family have a dentist?
  - When was the last time your child(ren) saw a physician (ask for date)?
  - When was the last time your child(ren) saw a dentist (ask for date)?
  - How often do your child(ren) see the physician and the dentist?
  - When was the last time you saw a physician (ask for date)?
  - When was the last time you saw a dentist (ask for date)?
  - How often do you see the physician and the dentist?
  - Has/does your family work with a Public Health Nurse?
  - When was the last time you or a family member received Emergency Room Services and what was the nature of the visit?
5. Locating a mental health provider or substance abuse counselor:
- Do you have any specific question(s) about locating a mental health provider or substance abuse counselor?
  - Does anyone in your family have a problem with the use of medications, alcohol, or other drugs?
  - Is there a history of substance abuse in your family?
  - Have you ever received services for addressing substance abuse issues?
  - If so, was it helpful, do you consider yourself in recovery?
  - Are you interested in further substance abuse information or supportive services?
  - Are you experiencing feelings of anxiety or depression?
  - Have you ever been diagnosed with a mental health problem?

## **Financial –**

### 1. Paying for food, clothing or transportation:

- Do you have any specific question(s) about paying for your family's basic needs?
- Do you use a budget?
- Describe how you manage your living expenses on your income?
- What resources have you used to help you meet your monthly expenses?
- Do you have ongoing expenses that go unpaid?
- Do you have any concerns about a current or potential legal issue (including child support)?
- What transportation do you use?
- Is your transportation reliable?
- Does your transportation situation limit you from doing things?
- Do you have enough clothing and household resources to meet your family's needs?
- If you ever needed help providing clothing or other household items for your family, would you know where to get these services?
- Do you have enough food to meet your family's need?
- Do you use WIC, SNAP or TANF?
- Have you ever received information on how to prepare nutritional meals for your family?
- What are some of the most common meals and snacks your family eats?
- Who prepares meals in your household?

2. Housing:

- Do you rent or own your home?
- Do you receive any housing subsidies?
- Does your housing meet your basic needs as far as location near schools, work, child care, the neighborhood, and personal space?
- Is this a stable housing resource for you?

3. Paying for medical care or insurance:

- Do you have any specific question(s) about covering medical or insurance expenses?
- Do you have resources to cover your family's medical expenses?
- Would you like help applying for health coverage for yourself or your children?
- Do you have questions about how to use health insurance?

4. Finding and/or paying for childcare:

- Do you have any specific question(s) about finding or paying for childcare?
- Describe your child care needs.
- How do you meet these needs?
- Are you satisfied with this arrangement?
- What percent of your income do you pay for child care?

5. Help finding a job:

- Do you have any specific question(s) about finding a job?
- Are you currently employed?
- Have you used the services of the Job Service or employment agencies?

6. Adult education programs:

- Do you have any specific question(s) about adult education programs?
- What is the highest grade of school you have completed?
- Do you have a desire or need to continue your education?
- Would you like information about agencies or schools that help people get their GED?
- What are your goals for future employment?
- Do you know what skills would you need to obtain to achieve these goals?
- What steps have you taken toward these goals?
- What steps remain?

**Record of Referrals and Health Education Provided:**

*Please provide information below about referrals made, and/or health education provided (next page) for this family, along with follow-up dates and outcomes. Use additional pages for comments and follow-up as needed.*

<b>Referrals Needed</b>		
<b>Service</b>	<b>Initial Comments &amp; Date</b>	<b>Follow-Up / Outcome Comments &amp; Dates</b>
Adult or Vocational Education		
Clothing		
CYSHCN		
Daycare		
Dental		
Domestic Violence		
Employment		
Entitlements: WIC, SNAP, TANF, ETC		
Family Issues		
Food		
Head Start		
Housing		
Legal		
Medical		
Mental Health		
Pharmaceutical		
Substance Abuse		
Transportation		
Other		

<b>Health Education Needed</b>		
<b>Topic</b>	<b>Initial Comments &amp; Date</b>	<b>Follow-Up / Outcome Comments &amp; Dates</b>
Breastfeeding		
Child Development		
Child-Proofing Home		
Family Planning		
Infant Care and Development		
Health Condition Management		
Injury Prevention		
Parenting Program		
Smoking Cessation		
Other		

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