



# Client and Family Needs Checklist

Your Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Child(ren): \_\_\_\_\_

Below are some of the needs that are often identified by families we serve. Please identify any of your family's needs so we can provide you with information regarding services and resources that may be available for you and your family.

## Essential Needs

<input type="checkbox"/> Clothing	<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities or Energy Assistance
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	

## Social Needs

<input type="checkbox"/> Child Abuse Information	<input type="checkbox"/> Custody	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Child Care	<input type="checkbox"/> Educational Resources	<input type="checkbox"/> Parenting Information
<input type="checkbox"/> Counseling	<input type="checkbox"/> Employment or Workforce Training	<input type="checkbox"/> Veteran's Services

## Health & Safety Needs

<input type="checkbox"/> Child Development & Special Needs	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Prenatal Care
<input type="checkbox"/> Dental/Oral Care	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Protection from Abuse (PFA)
<input type="checkbox"/> Healthcare Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown <input type="checkbox"/> Need Assistance <input type="checkbox"/> Insured - Carrier: _____		

Please list other need(s) or provide any other information you would like to discuss:

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## CAC Use Only

- |   |   |
|---|---|
| <input type="checkbox"/> No services wanted or needed at this time              | <input type="checkbox"/> No FRA follow-up contact desired                     |
| <input type="checkbox"/> CAC Caregiver Handbook Provided                        | <input type="checkbox"/> MDT Process Notification Form Provided               |
| <input type="checkbox"/> Client and Family Services Information Packet Provided | <input type="checkbox"/> Informed Consent and Confidentiality Waiver Provided |

CAC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver/Adult Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

