

I-CARE, Inc.

Family Need/History

1. Does Family have transportation? Yes No
2. In the past year, have you had trouble meeting your child's basic needs for housing, healthcare, and/or food Yes No
3. Have you or your child ever witnessed alcohol or drug abuse? Yes No
4. Have you or your child ever witnessed physical, emotional, verbal or domestic violence in the home? Yes No
5. Does any person living in the home have a disability?
Yes No If yes, please list _____
6. Do either of child's parents have a mental illness? Yes No If yes, please list _____
7. Has your child recently lost a parent due to: **Check all that apply.**
Death Imprisonment Removal Separation Abandonment Deportation
8. Has the family been involved with Child Protective Services in the last 12 months?
Yes No
9. Have you ever lost custody of your child or voluntarily placed him/her in another home?
Yes No
Have you as the parent/guardian ever been in foster care? Yes No
10. Do you or your child ever feel isolated or have limited interaction with others?
Yes No
11. Have there been any other serious events which have placed stress on the family?
Yes No if yes, please explain _____
12. Are you interested in our parenting curriculum (Circle of Security) Yes No
13. Please list any workshops you are interested in attending (Example: financial literacy, home buying, etc.)

Child's Name: _____

Parent Signature: _____

Date: _____