Wayfinder
FAMILY SERVICES

Kinship Support Services Program

Family Needs Scale

Family Name:_____ **Date:**_____ **Type of Interview:** o **Intake**
Worker Name:_____ **Family Income: $**_____ o **Decline to state** o **Closing**
Child Dependency Status: _____

Have any of the children previously been in foster care? ☐ Yes (If so, when _____ & who_____) ☐ No ☐ Unknown
Anyone in the home have a disability? ☐ Yes (If so, who_____) ☐ No ☐ Unknown

Child Name: _____ DOB: _____ Relation to CG: _____ Ethnicity: _____ M ☐ F ☐

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Are there more than 4 KSSP children in the home? ☐Yes ☐No *(If additional children exist please note on back)*

How frequently do you need:	*Never*	*Almost Never*	*Some-times*	*Often*	*Almost Always*	*Always*	*Notes: Use other sheet if needed*
1. Extra money to buy necessities and pay bills.	1	2	3	4	5	6	
2. Help budgeting money	1	2	3	4	5	6	
3. Legal assistance.	1	2	3	4	5	6	
4. Help getting enough food daily for two meals for your family.	1	2	3	4	5	6	
5. Help learning to cook nutritious meals for your family.	1	2	3	4	5	6	
6. Having a telephone or access to one.	1	2	3	4	5	6	
7. Help getting a place to live.	1	2	3	4	5	6	
8. Plumbing, lighting, or heat.	1	2	3	4	5	6	
9. Help getting furniture, clothes, toys.	1	2	3	4	5	6	
10. Help completing chores, repairs, home improvements.	1	2	3	4	5	6	
11. Help adapting your house to meet your child's needs.	1	2	3	4	5	6	
12. Help getting a job.	1	2	3	4	5	6	
13. Help getting places you need to go for yourself.	1	2	3	4	5	6	
14. Help transporting my child places, including appointments.	1	2	3	4	5	6	

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15. Travel equipment for your child's needs (e.g a baby seat).	1	2	3	4	5	6	
How frequently do you need:	***Never***	***Almost Never***	***Some-times***	***Often***	***Almost Always***	***Always***	***Notes: Use other sheet if needed***
16. Someone to talk to about your child (-ren).	1	2	3	4	5	6	
17. Someone to talk to about how things are going for you.	1	2	3	4	5	6	
18. Medical and dental care for your family.	1	2	3	4	5	6	
19. Time to do things for yourself.	1	2	3	4	5	6	
20. Emergency health care for your family.	1	2	3	4	5	6	
21. Help planning for your own future health needs.	1	2	3	4	5	6	
22. Help managing the daily needs of my child at home.	1	2	3	4	5	6	
23. Emergency child care.	1	2	3	4	5	6	
24. Respite care.	1	2	3	4	5	6	
25. Special services for your child such as counseling, special education, vocational training.	1	2	3	4	5	6	
26. Time to do fun things with your family.	1	2	3	4	5	6	
27. To belong to parent groups or clubs.	1	2	3	4	5	6	
28. Help learning how to be a more effective parent.	1	2	3	4	5	6	
29. Assistance with alcohol or other substance abuse problems either for myself or family member (specify).	1	2	3	4	5	6	
30. Protection for yourself and your family from violence in your neighborhood.	1	2	3	4	5	6	
31. Protection for yourself and your family from violence in your home.	1	2	3	4	5	6	

(Adapted 9/95 by D. Cohon, Edgewood Institute for the Study of Community-Based Services. From: C.J. Dunst, C.M. Trivette, and A.G. Deal, 1988, Enabling and Empowering Families: Principles and Guidelines for Practice, Cambridge, MA: Brookline Books.)

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DATA ENTRY: _____ // DATE ENTERED: _____
(signature/initials)