

Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

Family Needs Assessment

Adult's Name _____

Child(ren) _____

Please check the following resources or topics for which your family would like more information:

<input type="checkbox"/>	CalWorks / CalFresh	<input type="checkbox"/>	Building Self-Esteem
<input type="checkbox"/>	Clothes Closet	<input type="checkbox"/>	Child Abuse Prevention
<input type="checkbox"/>	Dental Services	<input type="checkbox"/>	Child Growth and Development
<input type="checkbox"/>	Family Counseling	<input type="checkbox"/>	Community Activities for Families
<input type="checkbox"/>	Food Pantry	<input type="checkbox"/>	Coping with Stress
<input type="checkbox"/>	Health Clinic	<input type="checkbox"/>	Discipline/Child Behavior
<input type="checkbox"/>	Local Schools	<input type="checkbox"/>	Family Health and Nutrition
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Safety, First Aid, CPR
<input type="checkbox"/>	Planned Parenthood	<input type="checkbox"/>	Single-Parenting
<input type="checkbox"/>	Special Education	<input type="checkbox"/>	
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	

Check this box if your family has no needs at this time.

In what other areas may the Center assist you and your family?

Signature _____ Date _____

Parent, Step Parent, Domestic Partner, Guardian or Foster Parent Signature

OFFICE USE ONLY _____

Follow up completed by: _____ Date: _____

Notes: _____