



At Child Care Resources we are committed to helping children and families thrive by providing child care financial assistance for eligible families, informing parents of available child care options and connecting them to community resources to support the healthy development of the entire family. Please take a moment and complete this short questionnaire so that we may better help you and offer more personalized service (any information you share will be kept strictly confidential).

E-mail Address: _____

Basic Needs:

1. Is your child currently wearing diapers? Yes No
 - Are you currently receiving diaper donations from any other agencies? Yes No
 - What size diaper is your child wearing? _____
 - Estimated number of diapers used weekly? _____
 - Would you like us to refer your information to a local diaper bank to see if you are eligible to receive diaper donations? Yes No
2. Are you having trouble with housing expenses? Yes No
 - Heating Bill? Yes No Electric Bill? Yes No Housing/Rent? Yes No
3. Do you feel you are able to meet basic nutritional needs for your child and/or family? Yes No
 - Are you familiar with the WIC (Women, Infants, and Children) Program? Yes No
 - Do you need referrals to local food banks or pantries? Yes No
 - Are you familiar with SNAP/MCDSS? Yes No

Health Insurance and other related services:

1. Are you a recipient of NJ Family Care or other state subsidized health care plans? Yes No
 - If not, would you like more information on NJ Family Care? Yes No
2. Is your child meeting or on target for meeting basic developmental milestones? Crawling, walking, and talking when they should be? Yes No
 - Are you unsure about the previous question? Yes No
 - Would you like more information? Yes No
3. Do you need referrals for mental health services? Yes No
4. Would you like referrals for post-partum support? Yes No
5. Do you or your child have a disability or special need for which you need referrals for support?

Yes No

Other:

- 1. Are you still dealing with issues (housing, monetary, stress and coping) related to Superstorm Sandy?
Yes No
- 2. Would you like referrals for clothing? Yes No
- 3. Would you like referrals for coats? Yes No
- 4. Would you like referrals for toy drives? Yes No
- 5. Would you like a referral for legal aid? Yes No

If you need additional community referrals please indicate below what types of referrals you require.

For Official Use Only:

Community Referrals Provided:

- | | | |
|--|---|--|
| <input type="checkbox"/> Diaper Bank | <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Legal Aid Services |
| <input type="checkbox"/> Housing/Rental Assistance | <input type="checkbox"/> Post-Partum Support | <input type="checkbox"/> MCDSS General |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Disability/Special Needs | <input type="checkbox"/> Homelessness Prevention |
| <input type="checkbox"/> Food Bank/Pantries | <input type="checkbox"/> Sandy | <input type="checkbox"/> DCP&P Abuse/Neglect |
| <input type="checkbox"/> SNAP - MCDSS | <input type="checkbox"/> Clothing | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Coats | <input type="checkbox"/> SPAN |
| <input type="checkbox"/> Other (please describe) | | |

NW#: _____

Number of referrals given: _____

Program: _____

Subsidy Case Manager: _____

Date: _____