



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). Thank you.

Name: _____

E-mail Address: _____

Basic Needs:

1. Is your child currently wearing diapers? Yes No
IF YES
 - Are you currently receiving diaper donations from any other agencies? Yes No
 - What size diaper is your child wearing? _____
 - 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
IF YES:
 - Electric Bill? Yes No
 - Heating Bill? Yes No
 - Housing/Rent? Yes No
 - Other? Yes No If yes, explain: _____

3. Do you feel you are able to meet basic nutritional needs for your child and/or family? Yes No
IF 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 no, 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 Unsure

3. Would you like to be referred for a Free Developmental Screening (ASQ) to assess your child's possible strengths and challenges? Yes No

4. Do you/your child have a disability or special need that you need referrals for support? Yes No

5. Do you need referrals for mental health services? Yes No

6. Would you like referrals for post-partum support? Yes No

Other:

1. Are you dealing with issues (housing, monetary, stress or coping) related to COVID-19? Yes No

2. Would you like Remote Learning Resources for your children? Yes No

3. Do you need Working from Home Resources for yourself? Yes No

4. Do you need grief resources to cope with the loss of a loved one? Yes No

5. Would you like referrals for:

Clothing? Yes No

Coats? Yes No

Toy drives? Yes No

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 (write down number):

_____ Diaper Bank	_____ COVID-19	_____ Legal Aid Services
_____ Utility Assistance	_____ Health Insurance	_____ Early Intervention
_____ Housing/Rental Assistance	_____ Mental/Emotional Health	_____ Developmental Screening
_____ WIC	_____ Post-Partum Support	_____ Homelessness Prevention
_____ Food Bank/Pantries	_____ DCP&P Abuse/Neglect	_____ MCDSS General
_____ Clothing	_____ Disability/Special Needs	_____ SPAN
_____ Coats	_____ Advocacy	_____ SNAP - MCDSS
_____ Toys	_____ Remote Learning (kids)	_____ Remote Working
_____ School Supplies	_____ FSC	
_____ Other (please describe): _____		

NW#: _____

Total number of referrals given: _____

Program: _____

Staff Initials: _____

Date: _____