



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.*

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**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): \_\_\_\_\_

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WLS #: \_\_\_\_\_

Total number of referrals given: \_\_\_\_\_

Program: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_