



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

2. 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

_____ FSC

_____ 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

_____ School Supplies

_____ Other (please describe): _____

WLS #: _____

Total number of referrals given: _____

Program: _____

Staff Initials: _____

Date: _____