

**SILETZ TRIBAL HEAD START**

**FAMILY NEEDS ASSESSMENT 2012-2013**

Siletz Tribal Head Start is conducting a survey to identify needs that exist in our community. This information is used to determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help ensure that our program meets your needs. Your input and support is valuable. Thanks!

**Check One** (Optional):  Native American  Other County You Live In \_\_\_\_\_

**Family Data:** Single Parent Household? NO YES Foster Parent/Grandparent? NO YES

Total Number of Household Members: \_\_\_\_\_ Total Number of Children in Family: \_\_\_\_\_

Age(s) of primary caregiver: \_\_\_\_\_ Age(s) of Children: \_\_\_\_\_

Are any of your children disabled? NO YES Have any of children been in Head Start? NO YES

Do you know families with children under the age of 5 years that are not in Head Start? NO YES

**Economic Information:**

Parent(s) Employed: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Not Employed \_\_\_\_\_ In Training/School

Gross Monthly Income: \_\_\_\_\_ Highest Grade Completed by Caregiver: \_\_\_\_\_

Does Family Receive:  TANF  Food Stamps  SSI  GA  OHP  WIC

Do you Own or Rent your home? \_\_\_\_\_. Monthly Rent/House Payment \_\_\_\_\_

**Transportation**

Do you have reliable transportation? NO YES Do you have access to public transportation? NO YES

**Childcare:** Do you have children in childcare now? NO YES How Many Hours per Week? \_\_\_\_\_

How much do you pay ? \_\_\_\_\_ Hour/Mo. Is it easy to find childcare services? NO YES

How would you rate your childcare?  Poor  Fair  Good  Great

**Please rate the following from highest to lowest priority of need. 1 = highest priority to 17 = lowest need**

Employment  Education  Preschool/Head Start  Recreation  Housing  Literacy

Health Care  Dental Care  Nutrition  Child Care  Parenting  Cultural Activities

Alcohol & Drug Awareness  Personal Counseling  Stress Management  Obesity

Other \_\_\_\_\_

**Should Head Start Services be (please circle one for each of the 3 questions):**

1. Full-day or Part-day 2. Full-Year or Part-Year 3. Classroom or Home Based

**Should Head Start Services serve children ages 0 – 3 years?** Yes No

**Any other comments?** \_\_\_\_\_