

SILETZ TRIBAL HEAD START

FAMILY NEEDS ASSESSMENT

Siletz Tribal Head Start is conducting a survey to identify needs that exist in our community, and to determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help us to design programs to meet the needs of the community. Thanks for your input and support.

Check One (Optional): Native American Other _____

Address _____ County _____

Family Data

Two Parent Household Single Parent Household Foster Parent Guardian Grandparent

Total Number of Household Memembers: _____ Total Number of Children in Family: _____

Age(s) of primary caregiver: _____ Age(s) of Children: _____

Does any children have any condition that may be considered a disability or special need? _____

_____ No/Yes _____

Please explain _____

Primary Language spoken in the home _____

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 Other _____

Do you Own or Rent your home? _____ Cost per month _____ Are you homeless? _____

Transportation

Do you have reliable transportation? Yes ___ No ___ Do you have access to public transporation? Yes ___ No ___

Childcare

Do you have children in childcare now? Yes _____ No ___ What is the hourly/monthly rate? _____

How would you rate your childcare? Poor Good Fair Tremendous

Have you had any problems accessing child care services? Yes _____ No _____

Which of the following would best meet you needs:

Center Based Head Start _____ or Home Based Head Start _____

Would it benefit you if Siletz Tribal Head Start served families for 12 full months? _____ Yes ___ No

Would it benefit you if our program served children ages 0-3? _____ Yes _____ No

Would it benefit you if Head Start were to offer an all day program from 7am to 6pm? ___ Yes ___ No

Please rate the following from highest to lowest priority of need. 1 = highest priority to 14 = lowest need
___ Employment ___ Adult/Higher Education ___ Preschool/Head Start ___ Recreation ___ Housing
___ Literacy ___ Health Care ___ Dental Care ___ Nutrition ___ Child Care ___ Parenting
___ Cultural Activities ___ Alcohol & Drug Awareness ___ Other _____