## HUB & Family Needs Assessment 2021-2022

| Positive Parent-Child Relationships  | Initial | Mid | Fina |
|--|---------|-----|------|
| I have daily routines with my child or if this is my first pregnancy, I plan to  |         |     |      |
| create daily routines or a schedule with my baby.  |         |     |      |
| 1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much  |         |     |      |
| I have discipline strategies that improve my child's behavior, or if this is my<br>first pregnancy, I believe an infant does not need to be disciplined.<br>1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much  |         |     |      |
| H Do you have any concerns about your child's behavior?<br>Supports to assist with your child's concerning behaviors (acting out, ADHD, autism, etc.)  |         |     |      |
| <ul> <li>H Do you have any concerns about your family and want support through?</li> <li>H Family Service Collaboratives</li> <li>H Parenting Support Programs</li> <li>H Mental Health Supports such as counseling, therapy</li> <li>H Crisis Nurseries</li> <li>H Domestic Violence</li> <li>H Substance Abuse Supports</li> <li>B Reproductive and Sexual Health (such as family planning/ contraceptive resources, STD testing)</li> </ul> |         |     |      |
| Family as Lifelong Educators   |         |     |      |
| <ul> <li>I read with my child, or if this is my first pregnancy I read, sing, or talk to my unborn child.</li> <li>1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much</li> </ul>  |         |     |      |
| <ul> <li>I make sure my child is in class every day or home for weekly home visits, or if this is my first pregnancy, I am at my scheduled home visits.</li> <li>1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much</li> </ul>  |         |     |      |
| H Do you have any concerns about your child's development?<br>Screening for child development (to make sure your child's abilities are on track<br>for their age group and to find supports, if needed)<br>Autism, or other developmental concerns   |         |     |      |
| <ul> <li>H Do you need any Child Education Resources</li> <li>H Childcare/Daycare Programs (age 6wks-11yrs)</li> <li>H Early Childhood Education/Preschool (3-5yrs)</li> <li>H Youth Activities</li> <li>H After School Programs</li> </ul>  |         |     |      |

| Families as Learners  |  |  |
|---|--|--|
| I am working toward improving my education, work, or life skills.   |  |  |
| 1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much   |  |  |
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| H Do you need help finding a job or with job training?  |  |  |
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| Family Engagement in Transitions  |  |  |
| I feel comfortable sharing my family's interests and concerns with staff.   |  |  |
| 1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much   |  |  |
|   |  |  |
| H Do you need help finding Legal services involving non-criminal matters?   |  |  |
| H Family Law (Custody, Divorce, Family Safety)  |  |  |
| H Immigration Status (Safety Planning, Public Charge, etc.)   |  |  |
|   |  |  |
| Family Connections to Peers and Community   |  |  |
| I feel connected to other parents and adults.   |  |  |
| 1. Not at all 2. Not very much 3. Somewhat 4. Mostly 5. Very much   |  |  |
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|   |  |  |
|   |  |  |
| Families as Advocates and Leaders<br>I am learning how to speak up for my child's needs, or if this is my first   |  |  |
|   |  |  |
| I am learning how to speak up for my child's needs, or if this is my first<br>pregnancy I am learning how to speak up for my needs and the needs of my<br>unborn baby.  |  |  |
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| My family's current HOUSING situation is best described as<br>1. Homeless, facing eviction, unable to rent   |  |
|--|--|
| <ol> <li>Transitional, no lease, staying short term with friends or family</li> <li>Stable, safe, not affordable, needs repairs, landlord doesn't address issues</li> <li>Safe, stable, affordable subsidized housing</li> <li>Safe, stable, affordable subsidized housing</li> </ol>  |  |
| 5. Safe, stable, affordable unsubsidized housing or purchasing/own a home  |  |
| Do you need Affordable Housing Options?<br>H Family Homeless and Prevention Assistance<br>H Transitional Housing<br>H Shelters<br>B Energy Assistance (Utility Support)  |  |
| H Do you need help finding Legal services involving housing rights?<br>(Evictions, repair needs, utility shut-off, etc.)   |  |
| <ul> <li>How are your family's FOOD needs met?</li> <li>1. No/limited food resources, no way to prepare food, or goes without</li> <li>2. Food stamps, WIC, food shelf, but not enough to cover monthly needs</li> <li>3. Can meet basic food needs, but requires food stamps or other assistance</li> <li>4. Can meet all basic food needs without assistance</li> <li>5. Can meet all food needs including extra desires and wants, can dine out on special occasions</li> </ul> |  |
| B Have you worried that your food would run out before you got money to buy more?  |  |
| How are your TRANSPORTATION needs met or not met?  |  |
| 1. No access to transportation, must walk  |  |
| <ol> <li>Unreliable transportation, depends on friends and family, bus or taxi</li> <li>Reliable but limited transportation, car may need minor repair(s), may need</li> </ol>   |  |
| driver's license or insurance  |  |
| <ol> <li>Transportation is available to meet basic travel needs, may share a car</li> <li>Transportation is always available and reliable, car is insured, driver is licensed</li> </ol>   |  |
| Does lack of transportation make it difficult to meet your family's needs?<br>(Check all that apply)<br>H Medical appointments or getting medications<br>H Non-medical meetings, appointments, work, or getting things I need  |  |
| Tell me about your HEALTH CARE INSURANCE for you and your family.  |  |
| 1. No medical coverage for all family members  |  |
| 2. Some members have medical coverage  |  |
| 3. All members have subsidized medical coverage  |  |

| <ul> <li>4. All family members have private medical coverage, but premiums or deductibles are expensive</li> <li>5. All family members have private medical coverage with affordable premiums</li> </ul>   |  |  |
|--|--|--|
| and deductibles  |  |  |
| B Do you need help finding a health care provider?   |  |  |
| <ul> <li>B Do you need help applying for public benefits programs?</li> <li>B Health Insurance (low-cost or free medical coverage)</li> <li>B Dental Care (low-cost resources for dental coverage)</li> <li>B Financial Assistance for Medical or Dental Expenses</li> </ul> |  |  |
| <mark>H</mark> Do you need help getting medical equipment or supplies for a family member with a disability?   |  |  |
| H Do you need help getting support for a family member with Hearing or Vision loss?  |  |  |

H – Help Me Connect, <u>helpmeconnectmn.org</u> B ·

B – Bridge to Benefits, <u>mn.bridgetobenefits.org</u>

Notes: