

3. Other than housing, what needs do you currently have?

(Please check those that apply)

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|--|--|
| <input type="checkbox"/> Need a better job | <input type="checkbox"/> Need to see a doctor for health problems |
| <input type="checkbox"/> Need someone to take care of Children (Childcare) | <input type="checkbox"/> Need help being a better Parent (Parenting) |
| <input type="checkbox"/> Need more money to pay bills Each month | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Want to finish school | <input type="checkbox"/> Need help managing money (Budgeting) |
| <input type="checkbox"/> Need food assistance | |
| <input type="checkbox"/> Job training | |
| <input type="checkbox"/> Need better transportation | |

Please list other needs that you have or your family has: _____

List your strengths _____

4. Please check the different agencies you have visited or received services from in the last six months.

- | | |
|--|--|
| <input type="checkbox"/> Health Department, doctor or clinic | <input type="checkbox"/> Community Action Agency (CPC, CA) |
| <input type="checkbox"/> Job training program
SPOC/ SEC/ UFRONT/ OVR | <input type="checkbox"/> Children's services program |
| <input type="checkbox"/> Mental Health Center/Alcohol
or drug program | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Free meals programs |
| <input type="checkbox"/> Head Star for child (ren) | <input type="checkbox"/> Other (please list below)

_____ |
| <input type="checkbox"/> Higher Learning | |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> None of the above |