Family Services

Please answer these questions about services you may have used in the past 2 months, or, now need. We are trying to find out what families with young children in our practice may need, so we can be more helpful.

1. Did you regularly use child care?  
   YES  NO
   If YES, please rate this service very helpful somewhat helpful not helpful
   If NO, do you need this service now? YES  NO

2. Did you attend parenting classes?  
   YES  NO
   If YES, please rate the classes very helpful somewhat helpful not helpful
   If NO, do you need this service now? YES  NO

3. Did you attend a support group like Alcoholics Anonymous?  
   YES  NO
   If YES, please rate this group very helpful somewhat helpful not helpful
   If NO, do you need this service now? YES  NO

4. In the past 2 months, did you regularly participate in a Mom’s Club or playgroup?  
   YES  NO
   If YES, please rate this group very helpful somewhat helpful not helpful
   If NO, do you need this kind of group now? YES  NO

5. Did your child receive services for developmental delays?  
   YES  NO
   If YES, please rate this service very helpful somewhat helpful not helpful
   If NO, do you need this service now? YES  NO

6. Did your child receive counseling or therapy?  
   YES  NO
7. Did you receive counseling or therapy for yourself?  
   If YES, please rate this service very helpful somewhat helpful not helpful  
   If NO, do you need this service now? YES NO  

8. Did you receive guidance on disciplining your child?  
   If YES, please rate this guidance very helpful somewhat helpful not helpful  
   If NO, do you need such guidance now? YES NO  

9. Did you receive help for a problem with alcohol?  
   If YES, please rate this service very helpful somewhat helpful not helpful  
   If NO, do you need this service now? YES NO  

10. Did you receive help for a problem with drugs?  
    If YES, please rate this service very helpful somewhat helpful not helpful  
    If NO, do you need this service now? YES NO  

11. In the past 2 months, did you get help regarding a violent relationship with a spouse or partner?  
    If YES, please rate this service very helpful somewhat helpful not helpful  
    If NO, do you need this service now? YES NO  

12. Did your child receive Medical Assistance or SCHIP?  
    If YES, please rate this service very helpful somewhat helpful not helpful  
    If NO, do you need this service now? YES NO
13. Did you receive welfare payments?  
   YES  NO  
   If YES, please rate this service very helpful somewhat helpful not helpful  
   If NO, do you need this service now? YES NO  

14. Did you receive Food Stamps?  
   YES  NO  
   If YES, please rate this service very helpful somewhat helpful not helpful  
   If NO, do you need this service now? YES NO  

15. Did you receive WIC?  
   YES  NO  
   If YES, please rate this service very helpful somewhat helpful not helpful  
   If NO, do you need this service now? YES NO  

16. Please let us know if there are other problems where we might help.

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THANK YOU FOR FILLING THIS OUT

PLEASE GIVE THIS FORM TO: 