

Please return this survey to your child's teacher by Friday, August 26th.

# HWMS Youth Service CENTER

## 2017-2018 NEEDS ASSESMENT SURVEY

Please take a few moments of your time to complete the attached survey. The information is used by the Youth Service center and HWMS to determine how we may better serve our students and their families.

The HWMS Youth Service Center provides programs and services for all Middle School students and families. This is made possible through funding from the Cabinet for Health and Family Services. To obtain this funding, the center is required to conduct a needs survey to determine how monies will be spent.

### DEMOGRAPHICS

How many people live in your household? Please specify the number in EACH category

\_\_\_\_\_ Adults  
\_\_\_\_\_ Children, 18 years of age and older  
\_\_\_\_\_ Children, 11 to 17 years of age  
\_\_\_\_\_ Children, 5 to 10 years of age  
\_\_\_\_\_ Children, 3 to 4 years of age  
\_\_\_\_\_ Children, 2 years of age and under

Who is the primary caregiver in your household?

\_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

What is your current marital status?

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Live with partner

Do your children have

\_\_\_\_\_ a medical card \_\_\_\_\_ KCHIP (KY Children's Insurance Program)  
\_\_\_\_\_ private insurance \_\_\_\_\_ No medical insurance

Would you like assistance in completing a KCHIP application? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many adults in your household are currently employed? \_\_\_\_\_

How many adults in your household have a High school diploma? \_\_\_\_\_ GED \_\_\_\_\_

Do you receive funds/resources from any of the following:

\_\_\_\_\_ Social Security \_\_\_\_\_ Food Stamps \_\_\_\_\_ Unemployment  
\_\_\_\_\_ SSI \_\_\_\_\_ WIC \_\_\_\_\_ Child Support  
\_\_\_\_\_ Disability \_\_\_\_\_ KTAP \_\_\_\_\_ Other \_\_\_\_\_

Do your children receive

\_\_\_\_\_ free school meals \_\_\_\_\_ reduced school meals \_\_\_\_\_ full pay school meals  
\_\_\_\_\_ eligible for free meals, but choose not to participate in program

Would you like assistance in completing a free/reduced meal application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you recently had a new baby or are you currently expecting? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give baby's birth date or due date \_\_\_\_\_

### CHILD CARE SERVICES

Please put a "U" for the type of child care you currently use, or an "N" for the type of child care you need. Leave section blank if child care is not a need.

\_\_\_\_\_ during daytime work hours \_\_\_\_\_ summer  
\_\_\_\_\_ during alternate shift hours \_\_\_\_\_ on days when school is not in session  
\_\_\_\_\_ after school \_\_\_\_\_ other \_\_\_\_\_  
\_\_\_\_\_ before school

Please complete both sides of survey.

## SCHOOL CLIMATE

HWMS has a welcoming environment for parents and students:

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ Strongly Disagree

Have you spoken with your child's teacher this year?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

About how often do you visit the school during a year?

\_\_\_\_\_ Over 10    \_\_\_\_\_ Between 5 and 10    \_\_\_\_\_ Less than 5    \_\_\_\_\_ Never

Average number of minutes parents spends reading with their children each week? \_\_\_\_\_

Are you aware of any Health issues that may interfere with your child's learning ?

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## FAMILY NEEDS

My child/family has faced the following issues in the past year:

_____ child care	_____ transportation
_____ abuse/neglect	_____ school attendance
_____ housing and/or utilities	_____ difficulty with school work
_____ unemployment	_____ peer problems
_____ family conflict	_____ bullying
_____ divorce	_____ behavior issues/discipline
_____ death of immediate family member	_____ drug/alcohol dependency
_____ incarceration of family member	_____ medical needs (please explain) _____
_____ emergency crisis (house fire, etc.)	_____ other (please explain) _____
_____ food	_____
_____ clothing	_____
_____ financial needs	_____

My family is currently involved with the following agencies:

_____ Social Services	_____ Social Insurance (food stamps, Medicaid, etc.)
_____ Social Security	_____ Health Department
_____ Employment Services	_____ Other (please explain) _____
_____ Court System	_____
_____ Child Support Services	_____

## PROGRAMS/SERVICES

Please list any after school and summer programs/services that you would like to see offered to HWMS students or parents/caregivers:

Note: State policy prohibits the family resource center from requesting identifying information of families on this form. If you listed specific items in which you would like assistance, please contact the HWMS Youth Service Center at (606)349-0807