

# Killingly Public Schools Family Resource Center How Can We Help You?

What is your marital status?  Single  Married  Separated  Living Together  Widowed  Divorced

How many people live in your household? Adults: \_\_\_\_ Children: \_\_\_\_ Are you currently expecting?  Yes  No

Do you:  Own  Rent  Reside with family or friends Other: \_\_\_\_\_

Do you have access to reliable transportation?  Yes  No

If no, are you able to get yourself and your children back and forth to appointments, etc?

Yes  No  Sometimes

Will your child need transportation to get to /from school?  Yes  No

Would a member of your household be interested in information regarding:

Employment

Adult Education

G.E.D.

What services does your family currently use?

Food Pantry

TANF

WIC

Husky Health

Heating Assistance

Diaper Bank

SNAP

DCF Support

Clothing Assistance

Counseling Services

Access Agency

Supportive Housing

Pediatric Dental Screenings/Care

Playgroups

Would you be interested in?

Food Pantry

TANF

WIC

Husky Health

Heating Assistance

Diaper Bank

SNAP

Childcare

Clothing Assistance

Counseling Services

Access Agency

Supportive Housing

Pediatric Dental Screenings/Care

Playgroups

Holiday Support

Other: \_\_\_\_\_

In which areas do children and families in your community face the greatest challenges? \_\_\_\_\_

\_\_\_\_\_

What prevents you and your family from accessing available services you may need? \_\_\_\_\_

\_\_\_\_\_

**Please see other side**

Do you have concerns regarding your child in any of the following areas?

<input type="checkbox"/> Medical	<input type="checkbox"/> Developmental	<input type="checkbox"/> Social-Emotional-Behavioral
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Academic	<input type="checkbox"/> Motor
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Other: _____	

Is there anything else you would like to tell us about your child or family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In additional to English, are there any other languages spoken in your home?  Yes  No  
If yes, what language? \_\_\_\_\_

Would you be interested in information about becoming a foster or adoptive parent?  Yes  No

Were you referred by a community agency?  No  Yes, Agency Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Best way to reach me: \_\_\_\_\_

Please indicate which school(s) your children attend.

<input type="checkbox"/> GECC	<input type="checkbox"/> KCS	<input type="checkbox"/> KMS	<input type="checkbox"/> KIS	<input type="checkbox"/> KHS	<input type="checkbox"/> n/a
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**Required for Preschool Registration ONLY**

How many adults in your household are currently employed? \_\_\_\_\_  
What is the current annual household income? \_\_\_\_\_  
Do you receive SSI?  Yes  No      Do you receive child support?  Yes  No

Thank you.  
For more information, see the contact information below.

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