

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?

☐ Medical

☐ Developmental

☐ Social-Emotional-Behavioral

☐ Mental Health

☐ Academic

☐ Motor

☐ Speech/Language

☐ Other: _____

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

In addition 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.

☐ GECC

☐ KCS

☐ KMS

☐ KIS

☐ KHS

☐ n/a

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.

Killingly Family Resource Center

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