

## Oklahoma Family Resource Assessment – Parent Questionnaire

**Parent/Guardian:** In an effort to better serve your child and family, please complete the following brief questionnaire regarding the current community resources and/or services received by your child/family. Simply check the box in the “Have” column for any resource/service already in place for your child/family.

<b>Child's Name:</b>		<b>Completion Date:</b>	
<b>Number of adults 18 years or older living in your home</b>		<b>Number of children under 18 years old living in your home</b>	
<b>YEARLY Household Gross Income Estimate</b>			
<input type="checkbox"/> Less than \$26,000 <input type="checkbox"/> \$26,000 to \$35,000 <input type="checkbox"/> \$35,000 to \$45,000	<input type="checkbox"/> \$45,000 to \$54,000 <input type="checkbox"/> \$54,000 to \$63,000 <input type="checkbox"/> \$63,000 to \$72,000	<input type="checkbox"/> \$72,000 to \$82,000 <input type="checkbox"/> \$82,000 or more	
<i>What are your current concerns for your child and/or family?</i>			
<i>Of these concerns, what is most important to you (may list more than one priority)?</i>			
<b>Resource/Service</b>	<b>HAVE</b>	<b>Resource/Service</b>	<b>HAVE</b>
Child/Children – Health Insurance or TEFRA		Adult Education/GED Program	
Child/Children – Primary Care Physician		Other Clothing/ <b>Food Assistance</b>	
Child/Children – Well Child Care/Immunizations		TANF (Temporary Assistance for Needy Families)	
Child/Children – Prescriptions/Medical Supplies		LIHEAP (Low Income Home Energy Assistance)	
Child/Children – Dental Care		<b>Other Diaper/Formula Assistance</b>	
Child/Children – Vision Care		Parent Support Group(s)	
Self/Other Adults – Health Insurance		Counseling services for self/child/other adult(s)	
Self/Other Adults – Primary Care Physician		Reliable transportation	
Self/Other Adults – Dental Care		Valid driver's license or state ID	
Self/Other Adults – Vision Care		Access to public transportation	
Self/Other Adults – Prescriptions/Medical Supplies		SoonerRide	
WIC (Women, Infants and Children)		Housing	
Tribal Affiliation/Benefits/CDIB		Housing and/or Utility Assistance	
SNAP (Supplemental Nutrition Assistance)		Community Weatherization Assistance	
SSI/Social Security Income		Childcare	
SSI/DCP (Disabled Children Program)		DHS Childcare Assistance	
DDSD – Family Support Assistance Program		Early Head Start/Head Start	
DDSD – In-Home Supports Waiver		Private Therapy Services (PT, OT, Speech)	
Respite Care		Access to community library services/programs	
<i>Do you have any immediate resource needs regarding food, shelter or safety for your child, self or family?</i> <input type="checkbox"/> yes <input type="checkbox"/> no			