**Family Strengths and Needs Survey Data Capture Sheet**

**Case or Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Drug Court Enrollment Date** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **1 Participant** | | **2** | | **3** | | **4** | **5** | | **6** | | **7** | |
| **Relationship to Participant** | | |  | |  | |  |  | |  | |  | |
| Gender | □ Female  □ Male | | □ Female  □ Male | | □ Female  □ Male | | □ Female  □ Male | □ Female  □ Male | | □ Female  □ Male | | □ Female  □ Male | |
| Date of Birth/ Age |  | |  | |  | |  |  | |  | |  | |
| Race | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | | □ White  □ Black  □ American Indian/ Alaskan Native  □ Asian/Pac Islnder  □ Multiracial  □ Unknown | |
| Latino/ Hispanic | □ Yes □ No | □ Yes □ No | | □ Yes □ No | | □ Yes □ No | | | □ Yes □ No | | □ Yes □ No | | □ Yes □ No |
| % time participant currently lives with: | |  | |  | |  | | |  | |  | |  |
| Participant has parental rights for: | |  | |  | |  | | |  | |  | |  |
| Currently employed | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ 0ther | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A | | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A | | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A | | | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A | | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A | | □ Part Time  □ Full Time  □ Unemployed, looking  □ Unemployed, not looking  □ Student  □ Disabled  □ Homemaker  □ Other □ N/A |
| Educational Attnmnt (Yrs) |  |  | |  | |  | | |  | |  | |  |
| Veteran |  |  | |  | |  | | |  | |  | |  |
| CPS/ Child Welfare case |  |  | |  | |  | | |  | |  | |  |
| In foster or relative care |  |  | |  | |  | | |  | |  | |  |
| Current criminal justice case/ legal issue |  |  | |  | |  | | |  | |  | |  |

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| --- | --- | --- | --- |
| ***Is your family currently…?*** | | | |
| Receiving services through the VA? | □ Yes □ No | Receiving SSI, SSDI or other public assistance to support yourself and/or your family? | □ Yes □ No |
| Receiving child welfare services? | □ Yes □ No |
| Receiving services through a Community Based Vet Center | □ Yes □ No |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Referral and Screening/Assessment Summary** | | | | | | | | | | |
| **First Name** | | **1 Participant** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| **Relationship to Participant** | | |  |  |  |  |  |  |  |  |
|  | ***Receiving or Needing Service or Further Screening: R =*** *Receiving Services* ***N =*** *Need Services* ***NSA =*** *Need Screening or Assessment* | | | | | | | | | |
| ***Family*** | Substance Abuse Services |  |  |  |  |  |  |  |  |  |
| Counseling/Therapy |  |  |  |  |  |  |  |  |  |
| Psychiatric Care |  |  |  |  |  |  |  |  |  |
| Trauma Services |  |  |  |  |  |  |  |  |  |
| ***Medical/ Dental*** | Medical Services |  |  |  |  |  |  |  |  |  |
| Dental Services |  |  |  |  |  |  |  |  |  |
| Immunizations |  |  |  |  |  |  |  |  |  |
| ***Child Development*** | Developmental Assessment |  |  |  |  |  |  |  |  |  |
| Child Behavior and Conduct |  |  |  |  |  |  |  |  |  |
| ***Parenting/ Child* Care** | Parental Skills Training |  |  |  |  |  |  |  |  |  |
| Child Care Services |  |  |  |  |  |  |  |  |  |
| ***Education*** | Adult Educational Services |  |  |  |  |  |  |  |  |  |
| Special Education |  |  |  |  |  |  |  |  |  |
| ***Basic Services/ Employment*** | Employment Svcs |  |  |  |  |  |  |  |  |  |
| Housing Services |  |  |  |  |  |  |  |  |  |
| Food/Nutrition Svcs |  |  |  |  |  |  |  |  |  |
| Income Assistance |  |  |  |  |  |  |  |  |  |
| Legal Services |  |  |  |  |  |  |  |  |  |
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