



Family Partnership Profile

Child's Name: _____ Your Name: _____

FSW: _____ Teacher: _____ Phone: _____

WHAT SPECIAL SKILLS DO YOU HAVE?			Are you currently: (Days and Time)	
Working with children	Painting	Auto Mechanic	Working	_____
Sewing	Writing	Typing	In School	_____
Gardening	Carpentry	First Aid		
Playing Musical Instruments	Computer	Other: _____	Where:	_____

HOW WELL ARE YOUR FAMILY'S NEEDS MET ON A CONSISTENT BASIS, MONTH IN AND MONTH OUT?					
	Adequate	Somewhat Adequate	Inadequate	Urgent Need	N/A
Food					
Housing					
Financial Assistance					
Employment					
Education/Training					
Health/Nutrition					
Mental Health					
Family Relationships					
Parenting					

Do you as a family:			What type of housing does your family currently live in?			How long has your family lived at its present address?	
~Own Housing	~Rent Housing		House	Apartment	Hotel/Motel	Less than 6 mths	6-12 months
~Section 8	Yes	No	Homeless/No housing		Mobile Home	1-2 years	More than 2 years
Other	_____		Community Shelter	Transitional Housing			

How many times has your family moved during the last 2 years?			Has your family ever been homeless during the last 12 months? (Including currently homeless)			
Family has not moved	Once	Twice	Yes	No		
Three times	Four or more times		IF YES, indicate the amount of time spent homeless:			
			Less than 1 mo	1-3 Mo	3-6 Mo	More than 6 mo



WHAT TRAINING/INFORMATION WOULD YOU BE MOST INTERESTED IN ATTENDING/RECEIVING?

Stress Management	Budgeting	Legal	Counseling	Job Search	Substance Abuse
Domestic Violence	Parenting	GED/HS Diploma	Discipline	College	Immigration/Citizenship
Child Development	English as a Second Language	Vocational Training			

MANY FAMILIES RECEIVE SERVICES OR FINANCIAL ASSISTANCE FROM ONE OR MORE PROGRAMS OR AGENCIES. DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING TYPES OF SERVICES OR FINANCIAL ASSISTANCE? CIRCLE ALL THAT APPLY

TANF	Food Stamps	Supplemental Security Income (SSI)	Unemployment Insurance
WIC	Energy Assistance	Child Support/Alimony	Public Housing Assistance

PLEASE IDENTIFY FAMILY GOAL	PLEASE IDENTIFY FAMILY GOAL	PLEASE IDENTIFY FAMILY GOAL
TIMETABLE:	TIMETABLE:	TIMETABLE:

OVERALL COMMENTS:

PARENT SIGNATURE: _____ DATE: _____
 FAMILY SERVICE WORKER: _____ DATE: _____