



Family Partnership Profile

Child's Name: _____

Your Name: _____

Do you as a family: ~Own Housing ~Rent Housing ~Section 8 Yes No Other _____		What type of housing does your family currently live in? House Apartment Hotel/Motel Homeless/No housing Mobile Home Community Shelter Transitional Housing			How long has your family lived at its present address? Less than 6 mths 6-12 months 1-2 years More than 2 years	
How many times has your family moved during the last 2 years? Family has not moved Once Twice Three times Four or more times				Has your family ever been homeless during the last 12 months? (Including currently homeless) Yes No 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						
PLEASE IDENTIFY FAMILY GOAL		PLEASE IDENTIFY FAMILY GOAL		PLEASE IDENTIFY FAMILY GOAL		
TIMETABLE:		TIMETABLE:		TIMETABLE:		

PARENT SIGNATURE: _____ DATE: _____

FAMILY SERVICE WORKER: _____ DATE: _____

Revised: 2/13/18