

Family Needs Scale**Kinship Cares**

Last Name: _____ First Name: _____

Family ID#: _____ Date Completed: _____ Time1 / Time 2
(Circle one)

Worker: _____ County: Mercer Ocean (Circle one)

Please read each statement and circle the one number in each row that best describes how you feel about needing help in that area. Number 5 means you “Almost Always” need help. Number 1 means “Almost Never.” Circle NA if that need does not apply to you.

Do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Some-times	Often	Almost Always
1. Having money to buy necessities and pay bills	NA	1	2	3	4	5
2. Help budgeting money	NA	1	2	3	4	5
3. Paying for the special needs of my child	NA	1	2	3	4	5
4. Applying for welfare for my child	NA	1	2	3	4	5
5. Having food for at least two meals for my family	NA	1	2	3	4	5
6. Applying for Food Stamps	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Getting a place to live	NA	1	2	3	4	5
9. Having working plumbing, lighting, heat	NA	1	2	3	4	5
10. Getting furniture, clothing, toys	NA	1	2	3	4	5
11. Completing chores, repairs, home improvement	NA	1	2	3	4	5
12. Adapting my house to meet my child’s needs	NA	1	2	3	4	5

Do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Some-times	Often	Almost Always
13. Getting a job	NA	1	2	3	4	5
14. Getting Places I need to go myself	NA	1	2	3	4	5
15. Getting in touch with people I need to talk to	NA	1	2	3	4	5
16. Transporting my child to appointments	NA	1	2	3	4	5
17. Having special travel equipment for my child (car seats, etc)	NA	1	2	3	4	5
18. Finding someone to talk to about my child	NA	1	2	3	4	5
19. Having medical and dental insurance for family members	NA	1	2	3	4	5
20. Having emergency health care	NA	1	2	3	4	5
21. Finding special dental and medical care for my child	NA	1	2	3	4	5
22. Taking care of my own medical or dental needs	NA	1	2	3	4	5
23. Having others to talk to about raising my child	NA	1	2	3	4	5
24. Managing the daily needs of my child at home	NA	1	2	3	4	5
25. Caring for my child during work hours	NA	1	2	3	4	5
26. Having emergency child care	NA	1	2	3	4	5
27. Getting respite care for my child	NA	1	2	3	4	5
28. Finding care for my child in the future	NA	1	2	3	4	5
29. Finding the right school placement for my child	NA	1	2	3	4	5
30. Getting help from the school system	NA	1	2	3	4	5

Do you feel the need for any of the following types of help or assistance?	Not Applicable	Almost Never	Seldom	Some-times	Often	Almost Always
31. Exploring future educational options for my child	NA	1	2	3	4	5
32. Getting counseling for my child	NA	1	2	3	4	5
33. Getting help with the behavior of my child	NA	1	2	3	4	5
34. Getting help to prevent drug problems with my child	NA	1	2	3	4	5
35. Getting a mentor (big brother/sister) for my child	NA	1	2	3	4	5
36. Getting equipment or therapy for my child	NA	1	2	3	4	5
37. Having time to take my child to appointments	NA	1	2	3	4	5
38. Expanding my education, skills and interests	NA	1	2	3	4	5
39. Doing things that I enjoy	NA	1	2	3	4	5
40. Doing fun things with my family	NA	1	2	3	4	5
41. Participation in parent groups or clubs	NA	1	2	3	4	5
42. Dealing with the parents of my child	NA	1	2	3	4	5
43. Traveling/vacationing with my child	NA	1	2	3	4	5
44. Information about where to get help	NA	1	2	3	4	5

Adapted 11/2009 by L. Feldman, Children's Home Society of NJ. From: C.J. Dunst, C.M. Trivette, and A.G. Deal, (1988). *Enabling and Empowering Families: Principles and Guidelines for Practice*, Cambridge, MA: Brookline Books.

Family Needs Scale – Staff use

Worker _____

Enter the item number and details about family needs that “Almost Always” or “Often” need help.

Item#	Item Detail