

Child and Youth Services Assessment

Assessment Date: _____

Is client caring for a foster child(ren)?

Yes Don't know
 No Refused

Prior to the disaster, was the client's child in a Head Start Program? Yes _____ No _____

Prior to the disaster, was the client's child in a childcare? Yes _____ No _____

If yes, were the services disrupted because of the disaster?

Yes Don't know
 No

Does client currently have a need for childcare?

Yes Don't know
 No Refused

Prior to the disaster, did client get voucher assistance for childcare?

Yes Don't know
 No Refused

If childcare is needed but child is not getting it, what are the barriers?

Childcare provider closed due to disaster
 Client relocated to new area
 Client now unable to afford childcare due
 To unemployment losses
 Client unable to find childcare for infant
 Increased childcare costs
 Other

Client unable to afford childcare due
 Client unable to find childcare for child with disability
 Client unable to access site due transportation
 Community barriers because of disaster
 Family care provider can no longer post disaster

Was client receiving child support payments before the disaster?

Yes Refused
 No

Are client's children currently in school?

Yes Refused
 No

Has your child missed any scheduled checkups or immunizations since the disaster?

Yes Don't know
 No Refused

Does client have concerns about how his/her child is coping post-disaster?

Yes Don't know
 No Refused

Child and Youth Services Assessment

Referral Status	Referral	Provider Name	Telephone	Street	City	State	Zip Code
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	School District	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Childcare	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Head Start/ Early Head Start	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Social Services or Family Court for child support payment	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to Child Care and referral Agency	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to Disaster Distress Helpline	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to social services for TANF/ CCDF application	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to VOAD/ community group for school supplies	_____					