



Indiana Parenting Institute

Great Parenting Happens Here!

Northwest Indiana | St. Joseph County | Indianapolis

Services Needs Assessment

Date _____ Have you ever visited with an IPI Family Services Coordinator? Yes No

Name _____ Date of Birth _____

Best way to contact you? (phone #, email address) _____

What is your immediate concern today? _____

This assessment is designed to help you identify any concerns you have before you sit down with a Family Services Coordinator. **Please select all the issues below you would like to discuss with him/her.** Needs change over time, so you may be asked to complete this assessment again.

Parenting/Relationships	
<input type="checkbox"/> Reconnect with family/friends	<input type="checkbox"/> Information on enrichment/after-school programs
<input type="checkbox"/> Marriage/couples counseling	<input type="checkbox"/> Information on parenting, parenting classes
<input type="checkbox"/> Need affordable childcare or subsidy	<input type="checkbox"/> Other relationship issues? _____
<input type="checkbox"/> One-on-one Coaching/Counseling	_____
<input type="checkbox"/> Need to improve family communication	_____
Housing	
<input type="checkbox"/> Immediate housing need (homeless)	<input type="checkbox"/> Assistance paying utilities or rent
<input type="checkbox"/> Home repair assistance	<input type="checkbox"/> Other housing issues? _____
<input type="checkbox"/> Information about foreclosure	_____
<input type="checkbox"/> Apartment resources	_____
Family Law & Other Legal Issues	
<input type="checkbox"/> Previously incarcerated	<input type="checkbox"/> Bankruptcy information needed
<input type="checkbox"/> Immigration information needed	<input type="checkbox"/> File for legal separation
<input type="checkbox"/> Family law information/attorney needed	<input type="checkbox"/> Expungement
<input type="checkbox"/> File for divorce	<input type="checkbox"/> Help enforcing existing child support order
<input type="checkbox"/> Information on preparing for court	<input type="checkbox"/> Other legal issues? _____
<input type="checkbox"/> Help enforcing existing custody order	_____
<input type="checkbox"/> On probation	_____
Employment	
<input type="checkbox"/> Re-entering Workforce	<input type="checkbox"/> Job searching resources/skills
<input type="checkbox"/> Want to start own business	<input type="checkbox"/> Create a career plan
<input type="checkbox"/> Need help with interviewing skills	<input type="checkbox"/> Need to create a resume/cover letter
<input type="checkbox"/> Workplace communication skills	<input type="checkbox"/> Other employment issues? _____
<input type="checkbox"/> Interview clothing needed	_____

Transportation	
<input type="checkbox"/> Bus tickets/passes	<input type="checkbox"/> Other transportation issues?
<input type="checkbox"/> Need car seat for child	_____
<input type="checkbox"/> Need reliable transportation	_____
Education	
<input type="checkbox"/> GED programs	<input type="checkbox"/> Support for learning challenges
<input type="checkbox"/> School vouchers	<input type="checkbox"/> Financial aid
<input type="checkbox"/> Continuing Education info. (includes Vocational/Certificate programs)	<input type="checkbox"/> Other education issues?

Self-Esteem Enhancement	
<input type="checkbox"/> I would like to feel better about myself	<input type="checkbox"/> I would like to feel better about how I look
<input type="checkbox"/> I would like to improve my social skills	<input type="checkbox"/> Help creating a social support network
<input type="checkbox"/> Help with organizational skills	<input type="checkbox"/> Help with time management skills
<input type="checkbox"/> Other self-esteem/self-image issues?	

Mental Health	
<input type="checkbox"/> Counseling resources	<input type="checkbox"/> Support group resources
<input type="checkbox"/> Help understanding my mental health	<input type="checkbox"/> Help coping with family mental illness
<input type="checkbox"/> Anxiety and/or depression	<input type="checkbox"/> Help connecting with mental health services
<input type="checkbox"/> Thoughts of harming myself	<input type="checkbox"/> Thoughts of harming others
<input type="checkbox"/> Other mental health issues?	

Has anything out of the ordinary or unusual happened to you that you are still thinking about and that is causing you stress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Addiction & Dependency	
<input type="checkbox"/> Information on addiction/dependency	<input type="checkbox"/> Help coping with family member drug/alcohol use
<input type="checkbox"/> Support coping with addiction/dependency	<input type="checkbox"/> Other substance use/abuse or addiction issues?
<input type="checkbox"/> Addition/dependency treatment	_____
<input type="checkbox"/> Addiction/dependency support group referral	_____
Miscellaneous	
<input type="checkbox"/> Immediate food assistance	<input type="checkbox"/> No health insurance
<input type="checkbox"/> Need doctor/primary care resources	<input type="checkbox"/> Education on managing spending/reducing debt
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Other issues?
<input type="checkbox"/> Sexual assault	_____

Please either fax this form to (219) 886-1113,
email it to resources@indianaparentinginstitute.org,
or mail it to: IPI, 504 Broadway, Suite 444, Gary, IN 46402