

**East Missouri Action Agency, Inc
Head Start**

PIR TRACKING

Child's Name

Parent/Guardian Name

FAMILY SERVICES

Needs Services Assessment Completed: Y N **Date:** ____/____/____

Family Partnership Agreement (*aka Parent/Family/Community Engagement Self-Assessment*)

In family goal setting process? Y N **Family Partnership Agreement** Y N **Date:** _____

Needs Assessment Results

Needs Services	Y	N
Received Agency Social Services	Y	N
Additional Community Services Needed	Y	N
Referred to Another Agency	Y	N

Has this family experienced homelessness during the program year? Y N

If yes, did the family acquire housing during the program year? Y N

Was this child referred to our program by a child welfare agency? Y N

Was this child in foster care at any point during the program year? Y N

	<u>At Enrollment</u>	<u>End of Enrollment</u>
Receiving TANF	Y N	Y N
Receiving SSI	Y N	Y N
Receiving WIC	Y N	Y N
Receiving SNAP (Food Stamps)	Y N	Y N

At least on parent/guardian is a member of the **US military on active duty?** Y N

At least one parent/guardian is a **veteran of the US military?** Y N

At least one parent/guardian **completed the following during the program year?**

<i>An advanced degree or baccalaureate degree</i>	Y N
<i>An associate degree, vocational school, or some college</i>	Y N
<i>A high school diploma or GED</i>	Y N
<i>Less than high school graduate</i>	Y N

Father or father figure(s) engaged in the following activities for this child?

Family Assessment	Y N
Family Goal Setting	Y N
Involvement in child's development experiences (e.g. home visits, parent/teacher conferences, volunteering)	Y N
Policy Council or Parent Committees	Y N
Parenting Education Workshops	Y N

<i>Needs Services</i>	<i>Received Services</i>	<i>Family Services to Promote Family Outcomes</i>
Y N	Y N	Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)
Y N	Y N	Housing assistance (e.g. subsidies, utilities, repairs)
Y N	Y N	Mental health services
Y N	Y N	Assistance in enrolling into an education or job training program
Y N	Y N	Asset building services (e.g. financial education, debt counseling)
Y N	Y N	English as a Second Language (ESL) training
Y N	Y N	Substance misuse prevention
Y N	Y N	Substance misuse treatment
Y N	Y N	Education on preventative medical and oral health
Y N	Y N	Assistance to families of incarcerated individuals
Y N	Y N	Research-based parenting curriculum
Y N	Y N	Involvement in discussing their child's screenings and assessment results and their child's progress
Y N	Y N	Supporting transitions between programs (HS to Kindergarten)
Y N	Y N	Education on preventative medical and oral health
Y N	Y N	Education on health and developmental consequences of tobacco product use
Y N	Y N	Education on nutrition
Y N	Y N	Education on postpartum care (e.g. breastfeeding support)
Y N	Y N	Education on relationship/marriage

HEALTH

Primary Health Coverage

Medicaid and/or CHIP

Private Insurance or Other

No Health Insurance

At Enrollment

At End of Enrollment

Child has **continuous, accessible dental care**

Child has **continuous, accessible medical care (not ER)**

Has Access to a **Federally Qualified Health Center**

Does the child have any of the following chronic health conditions?

_____ Autism Spectrum Disorder (ASD)

_____ Attention Deficit Hyperactivity Disorder (ADHD)

_____ Asthma

_____ Seizures

_____ Life-threatening allergies (e.g. food, bee, medicine that may result in systemic anaphylaxis)

_____ Hearing Problems

_____ Vision Problems

_____ Blood Lead Level Test with Elevated Lead Levels >5 ug/dL

_____ Diabetes