Family Needs Assessment Checklist

Name: ___________________ DOB: ___________________

Check box if need identified:

PHYSICAL: MEDICAL/BEHAVIORAL

☐ Does your child/family need a PCP or Specialists?
☐ Does your child need diagnostic evaluations?
☐ Has there been a recent and significant change in condition?
☐ Are you dissatisfied with the medical/behavioral services your child/family receive now?
☐ Are there equipment/assistive technology needs?
☐ Do you need assistance to provide the physical care/ADLs for your child?
☐ Do other family members have unmet health care needs?

KNOWLEDGE/ SKILLS

☐ Do you require information about your child’s diagnosis, prognosis, and treatment plan?
☐ Are there medical care procedures for your child that you need to learn?
☐ Would you like us to facilitate communication or arrange a care plan mtg. with your providers?
☐ Do you need behavioral modification techniques/parenting skills to address your child’s unique needs?
☐ Would you like to participate in our home safety assessment?

RESOURCES

☐ Do you need Health insurance for your child/family?
☐ Do you need MA waiver, SSI, help with co-pays, help with uncovered services, equipment?
☐ Do you need assistance with housing, heat electric, gas, food, transportation, phone, educational needs?
☐ Does your home, neighborhood, school, clinic, hospital not accommodate your child/family needs?
☐ Do you need a referral to WIC, Camps, Peer groups, Parent groups, or advocacy?
☐ Do you need Interpreting services?
☐ Do you need Educational/vocational assistance and services?
☐ Do you currently receive HBTS, PASS, Respite, Kids Connect, and/or EIP?
☐ Do you have problems keeping appointments? Due to _____________________________?

SUPPORT / COPING

☐ Do you need family, friends to assist you with your child’s care?
☐ Would you like to meet other parents who understand what you are going through?
☐ Do you need recreational opportunities the whole family can enjoy together?
☐ Do you or your family need more time to relax, to play together?
☐ Does your child’s needs adversely affect family functioning?
☐ Are there sibling support needs.
☐ Do you spend a lot of time worrying about your child with special needs? If so, what worries you?
☐ Does your child’s special needs impact his/her/relationship with other family members/friends?
☐ Do you need help in dealing with crisis, conflict, domestic abuse, substance abuse?

Signature: ___________________ Date: ___________________
The Children’s Neurodevelopment Center at Hasbro Children’s Hospital

Care Coordination Activities

Physical:
Assessment of child’s physical condition
  Physical assessment related to concern
Assessment of physical environment
  Home surroundings, hazards, convenience
Assessment of equipment and supplies
  Rehab equipment, furniture, soft supplies
Family member’s health status
  Assist with issues, appointments

Outcome:
Stabilize physical condition
ED visit
MD visit
MD communication
Environment safe and/or adapted to child needs
Medical equipment/supplies in place
Recommendation for treatment (Specialists, Rehab, equipment)

Knowledge/Skills:
Review family grief response stages
Ensure teaching is complete re: disease process and technical skills
Encourage effective parenting skills
Ensure family has teaching materials, checklists in home
Prepare, with family, a child profile
Ensure emergency travel bag is in place
Coordinate with agencies providing care, i.e. update and/or receive updates
Inform PCP, clinics, specialists re: child’s progress
Arrange case conferences
Home safety assessment and supplies given to family.

Outcome:
Family aware of their response stage, able to verbalize and modify
Family comfortable and capable with care
Family aware of developmental status of child
Care plan is up dated PRN
Travel bag and child profile are by bedside
PCP is active member of care team
Case conference as needed are completed
Coordination between care sites/providers attained
Home safety measures in place
Resources:
Basic Needs: food, housing, money, health insurance, transportation, telephone, medical supplies, PCP, WIC, MA waiver, Interpreter, SSI.
Educational (child or family)
Peer group or parent connection made
Access to resources provided
Compliance with resource services encouraged and facilitated

Outcome:
Safe and adequate housing
Application for entitlement programs complete
Referral to resources and follow up complete
Involvement with community, school, church
Issues re access and compliance with services addressed and resolved

Support/Coping

External Support: Encourage family members/friends to participate in care
Encourage shared interests and activities (work and recreation) within family
Consult with provider agencies to ensure all providers aware of child profile
Advocate for child/family, streamline health care system
Resource search
Facilitate parents’ involvement in community based support groups/ networks

Coping (Internal support): Assist parent in organizing household routines
Prepare for handling crisis
Grief counseling
Sibling issues
Promote parent self-esteem, identify family strengths and cohesion
Promote flexibility, constructive communication skills and conflict resolution

Outcome:
Extended family/friends participate in care of child
Family access peer counselor or group for support
Family enjoy some social activity together
All agencies involved with child are aware of current status, profile
Advocacy role assumed by family
Parents become involved in their community
Family demonstrate an organized life style, routines, stress management behaviors
Family can plan ahead for needs and handle crisis situations
Family members verbalize/demonstrate positive feelings/behavior with each other