



Check one:
<input type="checkbox"/> HS/State Full Day
<input type="checkbox"/> HS/State Wrap
<input type="checkbox"/> HS Part Day <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> State Part Day <input type="checkbox"/> AM <input type="checkbox"/> PM

FAMILY PARTNERSHIP WORKSHEET

Child: _____ Parent: _____ Site: _____ Room: _____

Phone number(s): _____ Email: _____

English speaker: Yes No Language spoken at home: _____ Language for written materials: _____

Information requested:

Basic Needs:

- Food
- Clothing
- Housing/Shelter
- Utilities
- Transportation
- Other:

Parenting:

- Parenting Education
- Child Abuse Prevention
- Child Discipline
- Transitioning to Kindergarten
- Other:

Behavioral/Mental Health:

- Counseling
- Domestic Violence
- Relationship Counseling/Advice
- Substance Misuse Prevention
- Substance Misuse Treatment
- Assistance to Families of Incarcerated Individuals
- Other:

None:

Health:

- Preventative Health/Dental Care
- Health/Dental Insurance
- Nutrition
- Effects of Tobacco Use
- Postpartum Care
- Other:

Adult Education:

- High School Diploma/GED
- College Education
- English/ESL
- Literacy
- Job Training
- Other:

Finances:

- Asset Building
- Child Support
- Other:

Other:

- Other
- Other

Please check other agencies you use:

- | | |
|---|---|
| <input type="checkbox"/> Alta Regional Center | <input type="checkbox"/> Public Housing Assistance |
| <input type="checkbox"/> CalFresh | <input type="checkbox"/> Sacramento County Office of Education (SCOE) |
| <input type="checkbox"/> CARES (PG&E) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Child Support Services | <input type="checkbox"/> TANF/CalWorks |
| <input type="checkbox"/> Family Preservation | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> HEAP (SMUD) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Probation | <input type="checkbox"/> None |

Please list your Strengths/Interests:

REVIEW DURING ORIENTATION

I have reviewed this Worksheet with my child's Teacher.

By typing my full name, I confirm that the above information is true and correct: _____
Parent Name

Date: _____ Male Female

Teacher's Name: _____ Date: _____

I have received the Community Resources handout. Parent / Guardian Initials: _____ Date: _____ Male Female

For Clerk: Date entered into Child Plus: _____ Clerk Initials: _____