

# Single-Parent Household Needs Assessment Form

Parent/Guardian Name

Contact Information (Phone or Email)

Home Address

Number of Children

Age(s) of Child(ren)

Employment Status

Primary Needs (Select all that apply)

☐ Housing ☐ Food Assistance ☐ Childcare ☐ Transportation ☐ Education/Training ☐  
Employment Assistance ☐ Healthcare ☐ Other

Do you have access to family/friend support?

Main Challenges You Are Facing

Goals for You and Your Children

Services or Support You Would Find Most Helpful

Additional Comments