



NH Partners in Health Needs Assessment Checklist

Parent's Name _____

Child's Name: _____

Date: _____

There are many ways that the NH Partners in Health Program may be able to assist you. We want you to be in charge of deciding what kind of support you use. To help you think about how you might want to use family support, we have listed below different goals which may be helpful as you prioritize your family's needs.

Please review the list and put a check next to any item which matches the goals that are important to you. You may have needs which are not included on the list; please write them down in the spaces provided at the bottom of this form. After completing the checklist, please circle two to three items which are your top priorities right now. Together we will develop a plan to help you meet your goals.

- | | |
|---|---|
| 1. __ Having enough food for my family | 26. __ Traveling/vacationing with my child |
| 2. __ Paying household bills | 27. __ Promoting my child's independence |
| 3. __ Having heat and electricity | 28. __ Helping my child handle problems associated with having a chronic health condition |
| 4. __ Finding a place to live | 29. __ Helping my child make friends |
| 5. __ Getting furniture, clothes, toys etc. for my family | 30. __ Introducing my child to another child or an adult with a similar challenge |
| 6. __ Completing household repairs | 31. __ Meeting other parents with similar challenges |
| 7. __ Getting medical insurance for my child or family | 32. __ Finding out what services my child is entitled to and how to access them. |
| 8. __ Paying medical bills | 33. __ Finding programs or organizations in my community that may be helpful to my child or family. |
| 9. __ Getting medical care for my child or family | 34. __ Explaining my needs to other people or organizations |
| 10. __ Getting information about my child's condition or treatment | 35. __ Taking care of myself |
| 11. __ Getting dental care for my child or family | 36. __ Finding a satisfying job |
| 12. __ Finding equipment, supplies or therapy for my child | 37. __ Expanding my education and interests |
| 13. __ Adapting our home for my child | 38. __ Spending time with friends |
| 14. __ Educating my child about his or her condition and treatment | 39. __ Doing things I enjoy |
| 15. __ Arranging occasional child care | 40. __ Managing stress |
| 16. __ Getting regular day care or child care | 41. __ Having time with my spouse / significant other |
| 17. __ Getting my child involved in recreational activities in the community. | 42. __ Meeting the needs of my other children |
| 18. __ Getting summer activities (job, camp) for my child | 43. __ Managing concerns about marital strain or relationships in our family |
| 19. __ Planning and obtaining medical or physical support for my child at school | 44. __ Finding a counselor for my child or family |
| 20. __ Getting the appropriate educational plan for my child at school | |
| 21. __ Educating school staff about my child's needs | Other goals or needs I have for my child, myself or my family: |
| 22. __ Preparing for my child's future (in a new school, health care setting, independent living, employment, college, etc. | _____ |
| 23. __ Managing the daily needs of my child at home | _____ |
| 24. __ Managing my child's behavior | _____ |
| 25. __ Transporting my child | |