



Family Support Plan

Caregiver Self Evaluation

This self-evaluation is for the Professionals in your life to help determine how best to support you based on what you are currently experiencing as a caregiver. It will help determine the best resources and supports to help equip you with during this time to continue to provide the best quality care for yourself and in turn the children you are caring for.

1 Please rate the location of your residential address as it relates to your ability to get to and from necessary appointments and/or accessing needed community resources?

- | | | |
|---|---|---------------|
| 0 | no need/
barrier | Explanations: |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | needs assistance/
barriers are present | |

2 Please rate your need as it relates to technology; do you view technology as a necessity that you are not able to access at this time?

- | | | |
|---|---|---------------|
| 0 | no need/
barrier | Explanations: |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | needs assistance/
barriers are present | |

3 Please rate your physical health needs as it relates to your ability to be a full-time caregiver.

- | | | |
|------------------|---|---------------|
| Caregiver
one | Caregiver
two | Explanations: |
| 0 | no need/barrier | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | needs assistance/
barriers are present | |



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4 Please rate your mental health needs as it relates to your ability to be a full-time caregiver.

Caregiver one	Caregiver two	Explanations:
0	no need/barrier	
1		
2		
3		
4		
5	needs assistance/ barriers are present	

5 Please rate your emotional needs as it relates to your ability to be a full-time caregiver.

Caregiver one	Caregiver two	Explanations:
0	no need/barrier	
1		
2		
3		
4		
5	needs assistance/ barriers are present	

6 Please rate financial needs as a full-time caregiver.

Caregiver one	Caregiver two	Explanations:
0	no need/barrier	
1		
2		
3		
4		
5	needs assistance/ barriers are present	



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7 Please rate your need for basic need items for the children you are caring for.

- | | |
|---|----------------------|
| <p>0 no need/
barrier</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5 needs assistance/
barriers are present</p> | <p>Explanations:</p> |
|---|----------------------|

8 Initial Needs: Please check the topics that you need more information on:

- | | | |
|--|---|--------------------------------------|
| <p>Clothing</p> <p>Food</p> <p>Bedding</p> <p>Rent/Utility Assist</p> <p>Car Repair</p> <p>Home Repair</p> <p>Other baby items</p> | <p>Transportation</p> <p>Childcare</p> <p>Diapers</p> <p>Wipes</p> <p>Car seat(s)</p> <p>Car seat training</p> <p>Hygiene Products/Hygiene product information specific to the children I am caring for</p> | <p>Additional Comments on Needs:</p> |
|--|---|--------------------------------------|

9 Ongoing Needs: Training/Support: Please check the topics that you need more information on:

- | | | |
|---|--|--------------------------------------|
| <p>Nutrition</p> <p>Family Communication</p> <p>Child Development</p> <p>Parenting/ Discipline/ Rules/ Boundaries</p> <p>Home Safety/ Childproofing/ Pool Fence</p> <p>General Kinship family support groups</p> <p>Financial Resources (TANF, Child Support, SSI, SNAP, Nutrition, WIC, DCS billing)</p> | <p>Trauma Informed Care</p> <p>Advocating for child/self</p> <p>Grievance Process</p> <p>DCS process; help on how to navigate DCS</p> <p>Medical information for the children I am caring for</p> <p>Respite- definition: temporary care and supervision of a child in foster care to relieve the primary caregiver of their duties.</p> | <p>Additional Comments on Needs:</p> |
|---|--|--------------------------------------|



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10 Ongoing Needs: Mental Health Services: Please check the topics that you need more information on:

- | | |
|---------------------|---|
| ADHD/ ADD | Employment Resources |
| Stress Relief | Child and Family Team Information |
| Self-Care | Family Counseling/ Individual Counseling |
| Grief and Loss | Support Groups (Child/ Self) |
| Anger Management | Activities (Child/ Self/ Summer Programs) |
| Conflict Resolution | Respite; definition: covered service through behavioral health to prevent a crisis and provide a period of rest for a caregiver |
| Legal Issues | |

Additional Comments on Needs:

11 Other Needs: Please Specify:

12 Identified Social Supports such as Immediate or Extended Family Members, Neighbors and Friends:



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moving forward:

13 What is the greatest strength you bring as a kinship/community caregiver?

14 What is your greatest worry in being a kinship/community caregiver?



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Signatures

Caregiver Signature

Date

Caregiver Signature

Date

Agency Specialist

Date