

Hancock County Family First Council
Wraparound
Parent/Caregiver Strength Assessment Form

Date of visit:	
Date of referral:	

IDENTIFYING DATA

Family Name:	Phone:
Cell Phone Number:	Accepts Text Message?
Address:	City:
State:	Zip Code:
Name of child:	DOB:
School:	Grade/Program:
Father's occupation:	Mother's occupation:
Father's education level:	Mother's education level:
Number of moves last 5 years:	Birth order of child:

Name of respondent:	DOB:	Relationship
Name of other Participants/Relationship to child:		

The things I like most about my child(ren) are:
My life would really be better six months from now if:
My family's life would really be better six months from now if:
The most important thing I have ever done is:

I am happiest when:
The best times we have has as a family are:
Name some special rules that your family has:
Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? You do you feel you can trust to be there when you need them?

What activities do you and your family enjoy together? What do you enjoy most about yourself?
What are your family traditions? In which cultural events does your family participate?
Are there any special values or beliefs taught to you by your parents or other people who are important to you?
Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additional comments. Is there anything else you would like me to know about you and your family?

Interviewer's signature	Date
Parent/Caregiver signature	Date