

**Voyage Family Profile Survey**

**Contact Information:**

Parent or Guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many people live within your house hold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Please list ages of all individuals that live within the house hold**
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current marital status? (Circle one)**

 Single/ Never Married Married Partnered Divorced Widowed Separated

**What race or races apply to your family make-up? (circle all that apply)**

Pacific Islander African-American White/non-Hispanic Biracial Asian Hispanic Other

 If biracial, what is the racial make-up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the first primary caregiver in your house hold currently…. (Circle one)**

Employed Unemployed Part Time Student Full Time Student Disability Job Training

**(if applicable) Is the second primary caregiver in your house hold currently…. (Circle one)**

Employed Unemployed Part Time Student Full Time Student Disability Job Training

**What is your annual household income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the highest level of education each primary caregiver has completed? (Circle one)**

Primary caregiver 1:

Less than High School Some High School High School Graduate

GED Vocational Training Some College College Graduate

Primary caregiver 2:

Less than High School Some High School High School Graduate

GED Vocational Training Some College College Graduate

**Do you need information on job training/ vocational school or higher education classes available to you (i.e. college, online courses, non-credit classes)? (Circle one)**  Yes No

**If higher education courses were readily available, how likely would you be to enroll? (Circle one)**

Neutral Not likely Somewhat likely Likely Very likely

**If job training were readily available, how likely would you be to enroll? (Circle one)**

Neutral Not likely Somewhat likely Likely Very likely

**On a scale from 1-10 (10 being knowing the most) how knowledgeable do you feel you are about healthy living (i.e. nutritional diets, exercise, and happiness)?**

1 2 3 4 5 6 7 8 9 10 **(Circle one)**

**Do you feel you could benefit from increased knowledge about the following topics? (Circle Yes or No for each)**

Relaxation techniques Yes No Domestic/Emotional Abuse Yes No

Depression Yes No Anxiety /Stress indicators Yes No

Healthy Food Yes No Exercise/ Recreation Yes No

Hygiene Yes No Sleep/Bed-Time Routines Yes No

Substance Abuse Yes No

Attention Deficit / Hyper-activity Disorder (ADD/ADHD) Yes No

Discipline Yes No

Social development Yes No

**How many times has your family moved in the past year? (Since March 2011)**

 0 1 2 3 4 5 or more **(Circle one)**

**Does your family currently have a stable and sustainable place to live?** Yes No

**Are any of these issues currently a concern for you? (Circle yes or no for each)**

Lack of child support Yes No

Lack of legal support (i.e. lawyer) for family court process Yes No

Custody conflict between primary caregivers Yes No

**Do you think people in your community commonly feel unsafe or threatened in their homes or neighborhood? (Circle one)** Yes No

**Is anyone in your immediate family incarcerated? (Circle one)** Yes No

 **\*If yes, Circle how the incarceration has affected your family (Circle all that apply):**

Primary Care Giver with multiple incarcerations Have received services for incarceration

Child care has changed Family income has changed

Housing/residency has changed Daily routine has changed

There has been an increase in stress Family relationships have changed

**Does your child have a mental or physical disability or receive any services at home or at school?**

**(Circle one)** Yes No

 **If yes, please list all disabilities** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is reliable transportation accessible to you? (Circle one)** Yes No

**Are you concerned about the following? (Circle Yes or No for each)**

Getting to and from work Yes No

Picking up/drop off child at school/daycare Yes No

Transportation to resource services (i.e. counseling services, health services) Yes No

Transport to and from food services (i.e. food banks, grocery stores) Yes No

**Are any children living in your house hold involved in any of the following programs? (check all that apply)**

* **Kids Making It**
* **DREAMS of Wilmington**
* **Communities in Schools**

**If your children are not currently involved, would you be interested in learning more about any of the following programs? (check all that apply)**

* **Kids Making It**
* **DREAMS of Wilmington**
* **Communities in Schools**

**Do you currently have health insurance? Yes no**

 **If so, what agency is your insurance with?**

**Do you currently have dental insurance? Yes no**

 **If so, what agency is your insurance with?**

**Do you currently have vision insurance? Yes no**

 **If so, what agency is your insurance with?**

**Do you currently have a primary care doctor? Yes no**

 **If so, what agency is your care with?**

For child:

What is your current greatest concern about your child’s health?

In regards to your child’s health, what would you like to work on to feel better?

When was your child’s last doctor appointment?

When was your child’s last dental appointment?

Is your child exposed to second hand smoke?

Does your child take any medications? Yes no

If yes, do you have difficulty getting the medications? Yes no

 If yes, what is the barrier?

Do you have any questions about the medications? Yes no

For Adult:

What is your current greatest concern about your health?

In regards to your or your health, what would you like to work on to feel better?

When was your last doctor appointment?

When was your last dental appointment?

Do you smoke or are you exposed to second hand smoke?

Do you take any medications? Yes no

If yes, do you have difficulty getting your medications? Yes no

 If yes, what is the barrier?

Do you have any questions about your medications? Yes no