

Needs Assessment at Initial Intake

Please check the services that you would like assistance with during your stay at New Beginnings.

Name: _____

Date: _____

Budgets, Banking, & Finance

Cleanliness/Hygiene

Clinics/Doctors/Medical Care

Computer Skills

County Assistance

Cultural Awareness & Diversity, Gender Equality

Day Care Needs

Childcare assistance

Finding daycare

Adoption Services

Interpersonal skills

Effective communication

Anger management

Conflict Resolution

Stress Management

Employment & Careers

Father of Baby Involvement

Father's rights

Co-parenting

Goal Planning

Health and Wellness

Exercise

Mental health care & counseling

Self-Esteem

Healthy Relationships

Safety and security

Domestic Violence

Hobbies

Housing

Finding housing

Housekeeping skills

Nutrition;

Meal Planning/Preparation/
Food orientation, Food safety

Parenting Skills:

Baby Care

Baby bonding

Baby safety

Baby needs

Prenatal Needs

Child birth education

PHN/EHS

School Options/Education

Spirituality

Time Management

Making and keeping appointments

Organization

Transportation

Other _____