

Ohio Department of Children and Youth  
**FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)**

<b><i>We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL</i></b> Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.		
Child's/Children's Name(s):	Caretaker's Name:	Date Completed:
<b>TOPICS</b>		<b>Briefly List CONCERN</b>
<b>Child Development and Education-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y   N	Information on child growth and development.	
Y   N	Guiding and supporting a child's behavior.	
Y   N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y   N	Obtaining toys or activities to use to help any child in your home.	
Y   N	Preparing your child for kindergarten.	
<b>Child and Family Health-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y   N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y   N	Medical or health supplies or supports that anyone in your family needs.	
Y   N	Accessing immunizations.	
Y   N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y   N	Concerns with depression, anger, anxiety, or mental health needs.	
Y   N	Concerns with alcohol, drug, or addiction problems.	
<b>Financial and Household Supports-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y   N	Help paying for child care.	
Y   N	Help finding housing or safe housing.	
Y   N	Help paying your mortgage or rent.	
Y   N	Help with food expenses.	
Y   N	Finding household items such as furniture, clothing, or school supplies.	
Y   N	Access to transportation or transportation expenses.	
Y   N	Attending school (such as a GED, Certifications, or college degrees)	
Y   N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:	
Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date: