



# Community Action of Greater Indianapolis Family Assessment Survey

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with State funding mandates and to better serve you - tell us how you are doing in the following areas. Circle the number 1 if your family is really struggling with this category or circle 5 if your family is having no problems with in this category. If your family is somewhere in the middle, please circle 2, 3 or 4. If a category does not apply to your family circle not applicable.

Copy and Fax survey to: 317-396-1526 or send to: CAGI - 3266 N. Meridian Street, Suite 200, Indianapolis IN 46208.

## Income



1      2      3      4      5      not applicable

## Adult Education



1      2      3      4      5      not applicable

## Employment



1      2      3      4      5      not applicable

## Housing



1      2      3      4      5      not applicable

## Food



1      2      3      4      5      not applicable

## Child Care



1      2      3      4      5      not applicable

## Health Care



1      2      3      4      5      not applicable

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### Transportation



1      2      3      4      5      not applicable

### Utilities/Energy Assistance



1      2      3      4      5      not applicable

### Family Interactions



1      2      3      4      5      not applicable

### Support System



1      2      3      4      5      not applicable

### Addictions

(Takes money and time away from what is important or puts yourself or others in danger)



1      2      3      4      5      not applicable

CAGI and its partners have many programs that help families become self-sufficient. Please check any of the programs that you might be interested in or would like to receive more information about.

- Weatherization
- Home Repair ( available in Marion and Hendricks Counties)
- Section 8 Housing
- Family Development/Case management
- Homebuyer's Education
- Financial Literacy
- Student Loan Debt Counseling
- Foster Grandparent Program
- Insurance: Health, Life or Pre-Need

May we contact you by telephone, email or social media?    \_\_\_Yes    \_\_\_No (please print clearly)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Media: \_\_\_\_\_