

**EMAA HEAD START  
GUIDESHEET  
For NEED IDENTIFIED AND SERVICE RECEIVED**

The following are suggested areas to check mark (for PIR purposes) on the back of the “Family Contact/Transaction Form” if a “need has been identified” and “services received” during this program year through Head Start or referral:

**NEED IDENTIFIED****SERVICE RECEIVED**

**Emergency** (addressing **immediate need** for **food, clothing, shelter**)  
circle what applies

Received **food, clothing, shelter**  
to address **immediate need**

**Crisis Intervention** (address **immediate need** for **food, clothing, shelter**)  
circle what applies

Received **food, clothing, shelter**  
to address **immediate need**

**Housing Assistance**

Received assistance with housing subsidy, assistance w/paying utilities, fire wood, house insulated, windows replaced, furnace/air conditioner replaced

**Mental Health Services**

Talked with Head Start’s Healthy Living Counselor, psychiatrist appt., received family counseling, assistance with anger issues

**English as Second Language Training**

Received assistance learning English

**Adult Education**

Enrolled in GED classes, received GED, received assistance with college/class selection, assistance with budgeting, took self protection class

**Job Training**

Received small business information, received job placement/training, enrolled in Vocational Rehab

**Substance Abuse Prevention or Treatment**

Attended parent meeting on subject if identified as an individual need (record on Family Contact/Transaction form), enrolled in rehabilitation program

**Child Abuse & Neglect Services**

Self-Explanatory

**Domestic Violence Services**

Took Anger Management Classes, received legal assistance/protection

**Child Support Assistance**

Received assistance from Child Support Enforcement

**Health Education**

Received prenatal care/info, family dental care (other than enrolled Head Start child), received assistance/info on birth control, family health issues/vision, received assistance with head lice problem, received CPR or First Aide training/certification, received info on breast feeding, assistance/info for weight control, received info on gardening/canning related to a nutritional need, received assistance with autism, applied for/received birth certificate, received private speech therapy for enrolled Head Start child, received required "case management" by Health Department if enrolled child failed Lead or Hemoglobin Screening, received assistance obtaining doctor/dentist who accepts individual's insurance

**Assistance to Families of Incarcerated Individuals**

Received assistance with meeting parole requirements, received assistance in obtaining counseling/services addressing issues associated with incarceration

**Parenting Education**

Received info/assistance about child behavior management/child development/child safety/parenting skills, received info on family safety, received smoke detectors, CO<sub>2</sub> detectors, etc.

**Marriage Education Services**

Received counseling

The following is tracked for the **enrolled** child for PIR purposes via Health Screenings/Treatment Tracking data entry:

**Blood Pressure**

**Dental**

**Developmental**

**Growth Assessments**

**Hearing**

**Hemoglobin** (may also be check marked under “Health Education on PIR Tracking Form due to required “case management” by the Health Department with the child’s parent/guardian if child failed screening.)

**Lead** (may also be check marked under “Health Education on PIR Tracking Form due to required “case management” by the Health Department with the child’s parent/guardian if child failed screening.)

**Physical**

**Speech** (if “private”, check mark “Health Education” on PIR Tracking Form)

**Vision**