

AHOY YOUTH SERVICE CENTER PARENT SURVEY

2015-2016

AHOY Youth Service Centers serve students from 6th through 8th. We offer a unique blend of programs and services to serve the special needs of students and their families. The goal of our centers is to meet the needs of all students and their families that our center serves to enhance students' academic success.

To help us plan for this school year we would appreciate it if you would please fill out this survey and return to school.
Parents/guardians only need to fill out one survey per household.

| BASIC FAMILY NEEDS | | Yes | No |
|--|--|-----|----|
| 1. Have you ever had difficulty providing adequate food for your family? | | | |
| 2. Have you ever had difficulty finding adequate housing for your family? | | | |
| 3. Have you ever needed assistance with paying your rent or mortgage? | | | |
| 4. Have you ever had difficulty supplying your child with necessary school supplies? | | | |
| 5. Have you ever had difficulty supplying your child with adequate clothing? | | | |
| 6. Does your child receive free or reduced lunch? | | | |
| 7. Have you ever received assistance for the holidays such as gifts or food? | | | |
| 8. Have you ever needed assistance with transportation to an appointment? | | | |
| 9. Have you ever needed assistance with paying your utilities bills? | | | |
| HEALTH SERVICES | | | |
| 1. Have you or your child ever needed assistance for Medical Care? | | | |
| 2. Do you and/or your child have medical insurance? | | | |
| 3. Have you or your child ever needed assistance with Dental Care? | | | |
| 4. Do you and/or your child have any type of dental insurance? | | | |
| 5. Have you or your child ever needed assistance with Vision / Hearing Care? | | | |
| 6. Do you and/or your child have any type of vision or hearing insurance? | | | |
| 7. Do you have insurance that will cover private mental health counseling? | | | |
| 8. Does your child have a Medicaid card? | | | |
| 9. Do you currently receive K-Tap | | | |
| 10. Do you or someone in your family receive SSI and/or Disability? | | | |
| 11. Does your child have private insurance through you or your spouse? | | | |
| 12. Does your child have K-Chip (KY Children's Health Insurance Program)? | | | |
| 13. Have you ever needed assistance with head lice? | | | |
| MENTAL HEALTH SERVICES | | | |
| 1. Do you have insurance that will cover professional mental health counseling? | | | |
| 2. Has your child ever needed counseling for issues such as grief, anger, divorce, peer pressure, stress, nutrition. (If yes please explain on the backside of this page) | | | |
| 3. Has your child ever needed counseling for issues such as gangs, drug or alcohol abuse or prevention, self esteem, teen pregnancy or prevention, self mutilation? (If yes please explain on the backside of this page) | | | |
| 4. Do you have a teen mom currently living in your home? | | | |
| 5. Do you need information on support groups for teen moms and dads? | | | |
| EDUCATIONAL SUPPORT | | | |
| 1. Do you feel you need assistance with parenting skills in raising teenagers? | | | |
| 2. Do you need information on obtaining your GED? | | | |
| 3. Do you need assistance or information with drop out prevention for your teen? | | | |
| 4. Do you need assistance or information on job training skills for your child? | | | |
| 5. Do you need assistance or information on helping your child with homework skills? | | | |
| 6. Do you have a computer in your home? | | | |
| 7. Would you as a parent like to learn more about computer skills? | | | |
| 8. Would you as a parent like to learn more information about the social networks that are available for your students to use on the computer? | | | |

Please fill in the following information.