

Your name on the form is optional. If you would like to request more information on something that has been mentioned on this needs assessment please leave your name, a contact number and your address and we will be glad to get information to you as soon as possible.

Total number in household _____ Number of children in household _____

What is your current marital status? _____ Single _____ Married _____ Divorced _____ Widowed _____

Primary Caregiver in your home is? _____ Father _____ Mother _____ Both _____ Grandparent _____ Other _____

Parent/Guardian Name _____ Phone _____

Address _____

Names of children enrolled in the Christian County School District:

If you answered yes to any of the questions on the front of this form please explain your answers in the following blanks or if you have any other questions or comments please list below:

If you have additional questions or concerns OR you need assistance completing this or other forms please contact your school's Youth Service Center at one of the following numbers.

William Owen or Rosemary Lewis

434 Koffman Dr. Hopkinsville, KY 42240

270-887-7130