



## FAMILY IMPACT QUESTIONNAIRE

Name:

Telephone Number:

Email Address:

Childcare Resources Contact:

Number and Ages of Your Children:

First year of contact with Childcare Resources:

How many years have you utilized Childcare Resources' services?

Which Childcare Resources' service have you utilized? (Check all that apply.)

Resource & Referral    Parent Education @ Work    Supplemental Child Care Program (SCCP)

Describe a specific situation in which something you learned from Childcare Resources caused you to change your parenting style.

Describe something new that you are doing as a parent based on your experience with Childcare Resources.

If you are a recipient of financial assistance for child care (SCCP), please describe the difference being enrolled in the program has had on your family, you and/or your child(ren).

Please describe the impact Childcare Resources had on your family.

Please provide additional comments.

May we quote you on the agency's website, social media platforms and/or printed publications?

Yes    No    Yes, but anonymously    If you answered "yes," please print the completed form, sign and date.

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