

## EMERGENCY AND CRISIS NEEDS

Family:..... Child(ren): ..... Date: .....

Emergency/Crisis Need: .....

Actions Taken or To Be Taken (Include any referrals made or agencies that will be contacted)	Who is Responsible	Follow-up Date

Parent(s) Signature

.....  
Staff Signature

### Follow up:

Date	What has been done (Was it successful? What still needs to be done to resolve the situation?):

### Resolution:

Date	How Resolved

- Emergency/Crisis Need:
- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Food             | <input type="checkbox"/> Clothing            | <input type="checkbox"/> Utilities     |
| <input type="checkbox"/> Financial      | <input type="checkbox"/> Medical          | <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child's Behavior | <input type="checkbox"/> Drug or Alcohol Use |  |
| <input type="checkbox"/> Other _____    |   |  |  |