

Environmental Screening Questionnaire

RESEARCH EDITION



Caregiver's name: Jane Smith Date: July 22, 2020

Child's/children's name(s): John Smith

INSTRUCTIONS: Check **YES** or **NO** in the box that best fits your current situation. Check **CONCERN** if this is a problem for you or your family.

A. Education and Employment	YES	NO	CONCERN	
1. Are you a high school or GED graduate?	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> X	<input type="checkbox"/> V	<u>0</u>
2. Do language problems get in the way of your finding or keeping a job?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
3. Do you have problems with reading or writing?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Are you employed or enrolled in classes or job training?	<input type="checkbox"/> Z	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> V	<u>15</u>
5. Are you employed at the level you would like to be?	<input type="checkbox"/> Z	<input checked="" type="checkbox"/> X	<input type="checkbox"/> V	<u>10</u>
If you checked CONCERN, what kind of help do you need? <i>I could use help finding job classes or training</i>				<u>25</u> T
B. Housing	YES	NO	CONCERN	
1. Do you consider yourself homeless? (Examples include living in a shelter or car, or camping because you don't have a home or apartment.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
2. Do you need to live with friends or family not by choice? (For example, you moved in with family because you can't afford housing.)	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Z	<input type="checkbox"/> V	<u>10</u>
3. Have you moved three or more times in the past year?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Is your housing in below-average condition? (For example, you have no hot or cold running water, a leaky roof, or an outdoor toilet.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
5. Have you or your child/children witnessed violence in your home or neighborhood?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>10</u> T
C. Child and Family Health	YES	NO	CONCERN	
1. Do you or does anyone in your home have major health problems? (Major means the problem is chronic and affects everyday life.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
2. Do you and your family members have health insurance or access to regular medical and dental care?	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> X	<input type="checkbox"/> V	<u>0</u>
3. Does anyone in your home have alcohol or drug problems?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Does anyone in your home have problems with depression, anger, or anxiety?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
5. Do you have a child with a learning or behavior problem?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>0</u> T

INSTRUCTIONS: Check **YES** or **NO** in the box that best fits your current situation. Check **CONCERN** if this is a problem for you or your family.

D. Economics and Finances	YES	NO	CONCERN	
1. Do you worry about having enough food for your family?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> z	<input type="checkbox"/> v	<u>10</u>
2. Does your income cover your monthly expenses?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
3. Do you currently use support programs such as WIC, food stamps (SNAP), or Medicaid?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> z	<input type="checkbox"/> v	<u>10</u>
4. Do you have credit problems?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<u>0</u>
5. Do you have access to a phone when you need to make calls?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>20</u> _T
E. Family Life	YES	NO	CONCERN	
1. Do you have a spouse/partner who lives with you most of the time?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
2. Do you have frequent spouse/partner conflicts?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<u>0</u>
3. Are you in a relationship in which you have been physically hurt, felt threatened, or been controlled by someone else?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<u>0</u>
4. Do you have child care that meets your family's needs?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
5. Are you able to read, play, or sing with your child/children several times per week?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>0</u> _T
F. Community	YES	NO	CONCERN	
1. Does your family join in community activities? (Examples include going to the library, playing sports, going to church, or attending other community events.)	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
2. Do you have people to talk to about your problems?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
3. Does your child/do your children get along well with other children?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
4. Do you have friends or family who can help when you need it?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
5. Do you have regular transportation? (Examples include access to a car, bus, train, or subway.)	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>0</u> _T

55 OT

ESQ Referral Summary

Child's/children's name(s): John Smith Caregiver's name: Jane Smith Date: July 22, 2020

Person completing the form: Danielle Whitfield Title: Family Services Specialist Rescreen Date: November 1, 2020

Use this form to summarize ESQ results and decision-making regarding referrals and follow-up action based upon ESQ results. See **ESQ™ Guide** for further information.

- **Score:** Record area scores from ESQ. Add areas scores for the overall total. *Follow up is recommended for any parent concern and for scores of 30 or higher in any area.*
- **Resource Need:** Review suggestions for resources in each ESQ area. Describe family requests and severity of need (significant or moderate). Indicate relevant resources and appropriate local agencies to assist with family needs.
- **Action Taken:** Describe action taken (contact information for referral agency, application, brochure, etc.). Indicate "No action taken" if family does not indicate a need for help.

ESQ AREA	SCORE	RESOURCE NEED			ACTION TAKEN
A. Education and Employment	25	GED classes Financial aid Other:	ESL classes Job training	College entrance Credit counseling	<i>Provided a list of job training classes in the area and will help coordinate attendance</i>
B. Housing	10	Public housing Other:	Homeless shelter		
C. Child and Family Health	0	Physical health Dental Other:	Mental health Insurance	Addiction Child behavior	
D. Economics and Finances	20	Food pantry TANF Other:	SNAP (food stamps) Credit counseling	WIC program	
E. Family Life	0	Couples counseling Child care Other:	Domestic violence Books for child	Respite care	
F. Community	0	<i>Specify available resources (faith-based, sports, camp, arts, community garden, library, parenting group, play group, public transportation):</i>			
Overall	Total 55				