

Supporting Newcomer Families

"CHECK-IN" LIST

TO DETERMINE THE IMMEDIATE NEEDS OF FAMILIES COMING TO A NEW COUNTRY.

HOUSING	<input type="checkbox"/> Address: <input type="checkbox"/> Expenses: <input type="checkbox"/> Landlord Contact Information: <input type="checkbox"/> Beds, Bedding, Towels <input type="checkbox"/> Cookware, Utensils <input type="checkbox"/> Furniture
FOOD	<input type="checkbox"/> Familiar Foods: <input type="checkbox"/> Dietary Needs:
COMMUNICATION	<input type="checkbox"/> Phone Number: <input type="checkbox"/> Alternate Phone Number: <input type="checkbox"/> Translation Service: <input type="checkbox"/> Emergency Contact:
TRANSPORTATION	<input type="checkbox"/> Housing close to transportation <input type="checkbox"/> Training to use public transportation <input type="checkbox"/> School bus for children <input type="checkbox"/> Driver's License inquiry

INCOME	
	<input type="checkbox"/> Receiving Government Funding <input type="checkbox"/> Length of Funding: <input type="checkbox"/> Employment:
COMMUNITY CONNECTIONS	
	<input type="checkbox"/> Where to buy preferred foods: <input type="checkbox"/> Place for Worship: <input type="checkbox"/> Complete address and phone numbers written on cards for each family member
SPONSOR	
	<input type="checkbox"/> Name: <input type="checkbox"/> Contact Information:
SKILLS FOR EMPLOYMENT	
	<input type="checkbox"/> Education: <input type="checkbox"/> Experience: <input type="checkbox"/> Potential Employment Opportunities:
HEALTH CONSIDERATIONS	
	<input type="checkbox"/> Health: <input type="checkbox"/> Dental: <input type="checkbox"/> Medications: <input type="checkbox"/> Health concerns/conditions:
EDUCATION	
	<input type="checkbox"/> Name of School: <input type="checkbox"/> Contact information: <input type="checkbox"/> Adult Education: <input type="checkbox"/> Course Instructor: