

## P.I.R. INFORMATION

CATEGORY OF SERVICES RECEIVED 2009-2010	FAMILY NAME	FAMILY NAME	FAMILY NAME
<b>Emergency Food</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" &amp; "Food" if response to identified need</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Emergency Food</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" &amp; "Food" if response to identified need</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Emergency Housing/Shelter</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" and "Housing" or only "Housing"</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Emergency Housing/Shelter</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" and "Housing" or only "Housing"</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Emergency Clothing</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" &amp; "Clothing" or only "Clothing"</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Emergency Clothing</b> <i>(provided by WV or others)</i> <small>PIR Categories "Emergency" &amp; "Clothing" or only "Clothing"</small>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Crisis Assistance</b> <i>(other than above categories)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Housing Assistance</b> <i>(Utilities, Repairs: Section 8, Subsidized Apartment, Weatherization, LIHEAP, Etc.)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Housing Assistance</b> <i>(Utilities, Repairs: Section 8, Subsidized Apartment, Weatherization, LIHEAP, Etc.)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Transportation Assistance</b> <i>(WV provided)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
Transportation Assistance	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Mental Health Services</b> <i>(anyone in family)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>ESL Classes</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
ESL Classes	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Adult Education</b> <i>(GED, Tech. Ctr., College)</i>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
Adult Education	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Job Training</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Child Support Assistance</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Child Abuse/ Neglect Services</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Domestic Violence Services</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>Substance Abuse Treatment</b>	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received	<input type="checkbox"/> Need <input type="checkbox"/> Service Received
<b>INCARCERATED FAMILY MEMBERS</b> <i>(List children who have)</i>	<input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____	<input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____	<input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____ <input type="checkbox"/> # Children in Fam. Name: _____
<b>HOMELESS</b> <i>(List family name)</i>	<input type="checkbox"/> Now <input type="checkbox"/> Acquired Housing	<input type="checkbox"/> Now <input type="checkbox"/> Acquired Housing	<input type="checkbox"/> Now <input type="checkbox"/> Acquired Housing

Advocates: Keep each month's report so you can check to see if family has already been listed in category. Send copy to FSM monthly. List family only once in each category. (Can be listed in multiple categories) This information was entered into ChildPlus on (date) \_\_\_\_\_.