



Community Assessment

Delegate: _____ Date: _____

Complete one of these forms for each group of migrant families in your service area, whether or not you currently serve them.

Location (town, rural area): _____

How far from Migrant Seasonal Head Start center: _____

What are the families' housing arrangements: _____

Number of families this year: _____

Number of families projected for next year: _____

Number of age-eligible children this year: _____

Number of age-eligible children projected for next year: _____

List all work in which families engage while they are in Illinois (below):

Employer: _____ Crop: _____ Type of Work: _____

Begin Date: _____ End Date: _____ Days & Hours: _____

Employer: _____ Crop: _____ Type of Work: _____

Begin Date: _____ End Date: _____ Days & Hours: _____

Employer: _____ Crop: _____ Type of Work: _____

Begin Date: _____ End Date: _____ Days & Hours: _____

Where do families obtain other services?

SERVICE	PROVIDER AND LOCATION	DISTANCE FROM FAMILY
W.I.C.		
Medical		
Dental		
Food Stamps		
Public Aid		
Legal Aid		
Emergency Food		
Adult Education		

Where did the families come from? _____

Where will they go when they leave Illinois? (If Illinois is their home base, explain how that works): _____