Supplemental Information

APPENDIX WE CARE Survey

We want to make sure that you know all the community resources that are available to you for problems. Many of these resources are free of charge. Please answer each question with an "X" and hand it in to your child’s doctor at the beginning of the visit. Thank you!

1. Do you have a high school degree?
   - YES □
   - NO □
     If NO, would you like help to get a GED? □ □

2. Do you have a job?
   - YES □
   - NO □
     If NO, would you like help with finding employment? □ □

3. Do you need daycare for your child?
   - YES □
     If YES, would you like help finding it? □ □
   - NO □

4. Do you think you are at risk of becoming homeless?
   - YES □
     If YES, would you like help with this? □ □
   - NO □

5. Do you always have enough food for your family?
   - YES □
   - NO □
     If NO, would you like help with this? □ □

6. Do you have trouble paying your heating bill for the winter?
   - YES □
     If YES, would you like help with this? □ □
   - NO □

**PROVIDER INSTRUCTIONS:** If a parent has needs and wants help, please: 1) give a WE CARE information sheet for EACH indicated need, AND 2) have the family meet with the study RA. S/he will provide follow-up with the family and you. Also, please feel free to directly refer to your clinical staff support (e.g. case worker, social worker).