



Volunteer Emergency Families for Children (VEFC)

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VEFC Needs Assessment for _____ (agency name)

Name _____ Phone Number (____) _____

Based on caseload statistics for the past 12 months, please complete the following:

1. Dates of reporting: From: _____ to _____
2. Total number of children/youth in care: _____
3. Number of children/youth requiring foster or shelter care: _____
4. How many of these children/youth were:

Age Range	Total No.	Male	Female	Emergency Removal	Abandoned	Runaway	Respite	Other*
Infants (0-2 yrs)								
Children (3-5 yrs)								
Children (6-11)								
Children (12-17)								

* Other (please specify reasons): _____

5. Based on criteria for placement of children with VEFC families (see attached brochure, Placement Procedures for Agency Personnel), how many children/youth would have been appropriate for placement with a VEFC family?

Infants: _____
 Pre-school children: _____
 School age children: _____
 Teenagers: _____

6. What do you see as a major service needs for children/youth served by your agency, which the VEFC program should consider?

7. Estimate the number of VEFC placements your agency may need within a 12-month period.

Neighboring localities in your planning district _____

Today's Date: _____