

## Questionnaire

*Please fill out this questionnaire. (print)*

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \*(year optional) Month: \_\_\_\_\_ Day \_\_\_\_\_ Year: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Are you working? \_\_\_\_\_

If so, what do you do? \_\_\_\_\_

How many children are in your home? *(Please list name(s), on the table below- \*M-male \*F-female)*

Name	Gender	Age	Relationship
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		

Is there a father actively involved with your child/children?  Yes     No

SINGLES HOME EMPOWERMENT  
NETWORK  
**S.H.E NETWORK** *(Single Home Empowerment)*  
3356 Seymour Avenue Bronx NY 10469 718-652-3288

Do you have any family members who help you with your children?  Yes  No

Do you:  Own a house  Rent  Live with family/friends?

Are you interested in finding a rental?  Yes  No

Are you interested in home ownership?  Yes  No

Do you own a car?  Yes  No

I am interested in the following: *(Check all that apply)*

- Mentoring young women
- Babysitting
- Tutoring
- Donating clothes your children have outgrown
- Drive a single mother and her children to church
- Joining a support group
- Meeting with an advisor for spiritual guidance
- Attending an Encounter Weekend
- Attending monthly prayer meetings
- Attending monthly single mother entertainment nights

Other Explain \_\_\_\_\_

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Are you a member of a church?  Yes  No

If yes, what is the name of the church? \_\_\_\_\_

List three short term and long term goals:

Short Term Goals ( <i>Within the Next Year</i> )	Long Term Goals ( <i>Within the Next 10 Years</i> )
1)	1)
2)	2)
3)	3)

What are your immediate needs?

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What size clothing do you wear? (Circle your sizes)

	XS	S	M	L	XL
<b>Tops</b>	1X	2X	3X	4X	5X

***(Sizing Chart Cont'd)***

	0	2	4	6	8
<b>Bottom</b>	12	10	16	18	20
	14	22	24	26	28

	5	5 ½	6	6 ½	7
<b>Shoes</b>	7 ½	8	8 ½	9	9 ½
	10	10 ½	11	11 ½	12

What's your favorite color? \_\_\_\_\_

Do you like jewelry in silver tone, gold tone or both? \_\_\_\_\_

Thank you for completing the questionnaire. In conjunction with our pastors all disclosed information will be used for the sole purpose of assisting you in finding the best resource(s) to care for your needs. Allow 2 weeks after submitting this form for a S.H.E team member to contact you.

