

# 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?

YES

NO

MAYBE  
LATER

**2. Do you have a job?**

YES

NO

If NO, would you like help with finding employment?

YES

NO

MAYBE  
LATER

**3. Do you need daycare for your child?**

YES

If YES, would you like help finding it?

YES

NO

MAYBE  
LATER

NO

**4. Do you think you are at risk of becoming homeless?**

YES

If YES, would you like help with this?

YES

NO

MAYBE  
LATER

NO

**5. Do you always have enough food for your family?**

YES

NO

If NO, would you like help with this?

YES

NO

MAYBE  
LATER

**6. Do you have trouble paying your heating bill for the winter?**

YES

If YES, would you like help with this?

YES

NO

MAYBE  
LATER

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).