

ASSESSMENT OF FAMILY NEEDS AND WANTS

1. Number and general ages of family members (.....)
2. Are additional children (or grandchildren) expected? (.....)
3. Do family members have physical limitations? (.....)
4. Frequency of outdoor activities Everyday Weekends Some weekends Seldom (tick)
5. Outdoor activities enjoyed by family (.....)
 - Cooking and dining: type of cooking (.....)
 - Entertaining: number of people (.....)
 - Type of entertaining (.....)
 - Swimming (Y/N)
 - Field games (Y/N)
 - Children's play: list specific requirements (.....)
 - Private relaxation: number of people
 - Gardening: type
6. What maintenance jobs are you willing to do or pay others to do? Mow Grass, Prune plants, Fertilize and water lawn, Rake leaves, Mix and spray pesticides Prepare planting areas (tick)
Others: List (.....)
7. What are your favorite shrubs? (.....)
8. What are your favorite flowers? (.....)
9. What are your favorite trees? (.....)
10. Are family members allergic to specific plants? (.....)
11. Are there special family service or utility needs? Clothesline, Trash can storage and protection
Firewood storage, Delivery access, Shelter and containment for pets: List Enclosed work area (.....)
Additional parking or vehicle storage: List (.....)
12. Are additions to the home planned? (.....)

Thank you for your prompt attention, If there are any further queries please do not hesitate to contact the author.

Client Name / ERF #

With our best regards,

John Mhlongo (Operational Manager)

