Confidential Family Survey

As mentioned in the letter, a District Social Worker visited you one or more times in the past few months concerning the well-being of a child. Please answer the following questions about the visit(s).

1. How satisfied are you with the way you and your family were treated by the social worker(s) who visited your home?
   - [ ] Very satisfied
   - [ ] Generally satisfied
   - [ ] Generally dissatisfied
   - [ ] Very dissatisfied

2. How satisfied are you with the help you received or were offered?
   - [ ] Very satisfied
   - [ ] Generally satisfied
   - [ ] Generally dissatisfied
   - [ ] Very dissatisfied
   - [ ] No help was offered

3. Overall, is your family better off or worse off because of this experience?
   - [ ] Much better off
   - [ ] Somewhat better off
   - [ ] Somewhat worse off
   - [ ] Much worse off
   - [ ] Made no difference

4. Did the social worker or someone the worker referred you to help you get any of the following help or services?

   - [ ] Housing
   - [ ] Food or clothing for your family
   - [ ] Money for rent or house payments
   - [ ] Appliances or furniture or home repair
   - [ ] Help paying utilities
   - [ ] Car repair or transportation assistance
   - [ ] Medical care
   - [ ] Welfare/public assistance services
   - [ ] Dental care
   - [ ] Any other financial help
   - [ ] Help for a family member with a disability
   - [ ] Legal services
   - [ ] Assistance in your home, such cooking or cleaning
   - [ ] Child care or day care
   - [ ] Help getting mental health services
   - [ ] Respite care for time away from your children
   - [ ] Help getting alcohol or drug treatment
   - [ ] Meetings with other parents about raising children
   - [ ] Parenting classes
   - [ ] Meetings with other support groups
   - [ ] Anger management assistance
   - [ ] Help getting into education classes
   - [ ] Other counseling services
   - [ ] Job training or vocational training
   - [ ] Emergency shelter
   - [ ] Help in looking for employment or in changing jobs
   - [ ] Domestic violence services
   - [ ] Early education services through schools
   - [ ] Recreation services
   - [ ] Out-of-school time services

5. Did you participate in the decisions that were made about your family and child(ren)?
   - [ ] A great deal
   - [ ] Somewhat
   - [ ] A little
   - [ ] Not at all
   - [ ] No decisions were made

6. Did the social worker who met with you listen to what you and other family members had to say?
   - [ ] Very much
   - [ ] Somewhat
   - [ ] A little
   - [ ] Not at all

7. Did the social worker who met with you try to understand your family’s situation and needs?
   - [ ] Very much
   - [ ] Somewhat
   - [ ] A little
   - [ ] Not at all

8. Were there any matters that were important to you that were not discussed?
   - [ ] Yes
   - [ ] No

9. Please check everyone who met with the caseworker the first time he/she came to your home?
   - [ ] You
   - [ ] Your spouse
   - [ ] Any of your children
   - [ ] Other relatives
   - [ ] Friends
   - [ ] A worker from another agency
   - [ ] Law enforcement
   - [ ] Others (write in) ______________

10. Please tell us who lives with you in this household.

    - [ ] My husband
    - [ ] My boyfriend
    - [ ] My mother
    - [ ] My sister/brother (how many?) _______
    - [ ] My wife
    - [ ] My girlfriend
    - [ ] My father
    - [ ] My Children (how many?) _______

11. How would you describe your feelings at the end of that first visit from the social worker to your home?

    (Check ALL of the following that apply)

    - [ ] Angry
    - [ ] Afraid
    - [ ] Stressed
    - [ ] Irritated
    - [ ] Anxious
    - [ ] Dissatisfied
    - [ ] Relieved
    - [ ] Hopeful
    - [ ] Satisfied
    - [ ] Helped
    - [ ] Pleased
    - [ ] Worried
    - [ ] Confused
    - [ ] Tense
    - [ ] Negative
    - [ ] Pessimistic
    - [ ] Comforted
    - [ ] Reassured
    - [ ] Grateful
    - [ ] Positive
    - [ ] Encouraged
    - [ ] Discouraged
    - [ ] Optimistic

12. Did the social worker refer you to a Community Agency so you might receive services?

    (If Yes, did you meet with someone from the agency and accept assistance from them?)
    - [ ] Yes
    - [ ] No

13. Did the social worker refer you to any other source of help – such as a church, shelter, public assistance, school, or something else?

    (If Yes, did you meet with someone there and accept assistance from them?)
    - [ ] Yes
    - [ ] No

14. Did the social worker or someone the worker referred you to help you get any of the following help or services?

    (Check ALL of the following you received)

    - [ ] Housing
    - [ ] Food or clothing for your family
    - [ ] Money for rent or house payments
    - [ ] Appliances or furniture or home repair
    - [ ] Help paying utilities
    - [ ] Car repair or transportation assistance
    - [ ] Medical care
    - [ ] Welfare/public assistance services
    - [ ] Dental care
    - [ ] Any other financial help
    - [ ] Help for a family member with a disability
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    - [ ] Anger management assistance
    - [ ] Help getting into education classes
    - [ ] Other counseling services
    - [ ] Job training or vocational training
    - [ ] Emergency shelter
    - [ ] Help in looking for employment or in changing jobs
    - [ ] Domestic violence services
    - [ ] Early education services through schools
    - [ ] Recreation services
    - [ ] Out-of-school time services
15. Did the worker or the Community Agency help you obtain other help or services? □ Yes □ No

If Yes, what?

16. If you received some help or services, were they…

- the kind you needed? □ generally yes □ generally no □ We did not receive any services
- enough to really help you? □ generally yes □ generally no □ We did not receive any services

17. Was there any help that your family needed that you did not receive? □ Yes □ No

If Yes, what?

18. Were you offered any services or assistance that you turned down? □ Yes □ No

If Yes, what did you turn down?

19. Did the worker provide any direct assistance or help to your family (such as, transportation, clothing, financial help, etc.)? □ Yes □ No

If Yes, what?

20. Do you feel more or less able to care for your child(ren) now than you did a year ago? □ Much more □ Somewhat more □ About the same □ Somewhat less □ Much less

21. Compared to last year at this time, how confident do you feel about your ability to deal with issues in your life? □ Much more □ Somewhat more □ About the same □ Somewhat less □ Much less

22. How long have you lived at your present address? ______ years (or _______ months)

23. Please tell us the following about your current housing situation. (check ALL that apply)

- It is a house or apartment that I own or have a lease
- It is the home/apartment/house of a relative
- It is public housing
- It is a shelter
- It is temporary
- I am actively seeking another residence
- I need a different residence for the wellbeing of my children because

24. What is your marital status?

□ Married □ Separated □ Divorced □ Widowed □ Never married

25. Are you currently employed? □ Yes, full time □ Yes, part time □ Not currently employed

26. If you are living with a partner (married or unmarried) or another relative is he or she employed?

□ Yes, full time □ Yes, part time □ Not currently employed □ does not apply

27. What is your level of education?

□ Grade school □ High school diploma or GED □ A four-year college degree or more

□ Some high school □ Some college or a two year degree

28. Has anyone in your household received any of the following during the past 12 months? (check ALL that apply)

□ SNAP/Food stamps □ TANF (welfare check) □ WIC □ Child Support

□ Retirement check □ Unemployment benefits □ Utilities assistance □ Housing assistance □ School breakfast or lunch □ Social Security disability check

29. What was your total household income during the past 12 months?

---Add up everything—wages, salaries, welfare, gifts—all the money coming into the household---

□ Less than $4,999 □ $5,000 to $9,999 □ $10,000 to $14,999

□ $15,000 to $19,999 □ $20,000 to $24,999 □ $25,000 to $29,999

□ $30,000 to $34,999 □ $35,000 to $39,999 □ $40,000 to $44,999

□ $45,000 to $49,999 □ $50,000 to $59,999 □ $60,000 +

We are interested in anything else you might want to say about your experience.

Do you want the $20 VISA gift card: □ yes □ no. IF YES, where should we mail it?

Your Name __________________________ Street or PO Box: __________________

City __________________________ State _________ Zip __________

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