Case ID_______________  Confidential Family Survey

As mentioned in the letter, [Agency name here] has contacted you in the past several months concerning one or more children in your home. Please answer the following questions about your experience with [Agency name here] and the caseworker who contacted you. If more than one caseworker visited your home, please answer the questions about the person you saw the most.

Satisfaction
1. How satisfied are you with the way you and your family were treated by the caseworker who visited your home?
   - [ ] Very satisfied
   - [ ] Somewhat satisfied
   - [ ] Not at all satisfied

2. How satisfied are you with the help you and your family received from the caseworker?
   - [ ] Very satisfied
   - [ ] Somewhat satisfied
   - [ ] Not at all satisfied

3. How likely would you be to call the caseworker or [Agency name] if you or your family needed help in the future?
   - [ ] Very likely
   - [ ] Somewhat likely
   - [ ] Not at all likely

Relationship with Caseworker
4. How did you feel after the first time a [Agency name] caseworker came to your home? Check all that apply.
   - [ ] Relieved
   - [ ] Respected
   - [ ] Encouraged
   - [ ] Angry
   - [ ] Worried
   - [ ] Thankful
   - [ ] Hopeful
   - [ ] Comforted
   - [ ] Stressed
   - [ ] Afraid
   - [ ] Disrespected
   - [ ] Discouraged

5. About how many times did you or other members of your family meet with the caseworker?
   - [ ] 1
   - [ ] 2-5
   - [ ] 6-10
   - [ ] More than 10

6. Overall, how carefully did the caseworker listen to what you and other members of your family had to say?
   - [ ] Very carefully
   - [ ] Somewhat carefully
   - [ ] Not at all carefully
7. Overall, how well do you feel the caseworker understood your and your family’s needs?

☐ Very well ☐ Somewhat well ☐ Not at all well

8. Were there things that were important to you or your family that did not get talked about with the caseworker?

☐ Yes ☐ No

9. How often did the caseworker consider your opinions before making decisions that concerned you and your family?

☐ Always ☐ Sometimes ☐ Never

10. Did the caseworker recognize the things that you and your family do well?

☐ Yes ☐ No

How easy was it to contact the caseworker?

☐ Very easy ☐ Somewhat easy ☐ Not at all easy

Services and Needs
Did you or your family get any of the following help or services during your experience with [Agency name here]? Check all that apply.

- Emergency shelter
- Car repair or transportation assistance
- Housing assistance
- Food or clothing for your family
- Money to pay your rent
- Appliances, furniture, or home repair
- Help paying utilities
- Welfare/public assistance services
- Medical or dental care for you or your family
- Any other financial help
- Help for a family member with a disability
- Legal services
- Assistance in your home, such as cooking or cleaning
- Help with child care or day care
- Help getting mental health services
- Respite care for time away from your children
- Help in getting alcohol or drug treatment
- Meetings with other parents about raising children
- Parenting classes
- Help in getting into educational classes
- Counseling services (individual, family, mental health)
- Help in looking for employment or in changing jobs
- Domestic violence services
- Job training or vocational training
- Education services
11. Was there any help that you or your family needed but did not receive?

☐ Yes  ☐ No

If yes, what?

__________________________________________________________________________
__________________________________________________________________________

Family Outcomes

12. Overall, are you and your family better off or worse off because of your experience with [Agency name here]?

☐ We are better off  ☐ We are the same  ☐ We are worse off

13. Are you a better parent because of your experience with [Agency name here]?

☐ Yes  ☐ No

14. Are your children safer because of your experience with [Agency name here]?

☐ Yes  ☐ No

15. Are you better able to provide necessities like food, clothing, shelter, or medical services because of your experience with [Agency name here]?

☐ Yes  ☐ No

Family Perspectives.

Please check the degree to which you agree or disagree with the next 4 sentences.

16. I really made use of the services my caseworker gave me.

Strongly agree  Agree  Not Sure  Disagree  Strongly Disagree

17. Working with my caseworker has given me more hope about how my life is going to be in the future.

Strongly agree  Agree  Not Sure  Disagree  Strongly Disagree

18. I wasn’t just going through the motions, I was really involved in working with my caseworker.

Strongly agree  Agree  Not Sure  Disagree  Strongly Disagree
19. What the agency wanted me to do was the same as what I wanted

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Socio-Demographic Characteristics**

20. What is your highest level of education?

- [ ] Less than 8th grade
- [ ] 8th – 11th grade
- [ ] High school diploma or GED
- [ ] Some college or trade school
- [ ] Two-year college degree
- [ ] Four-year college degree
- [ ] Some graduate school or graduate degree

21. What was your total household income last year?

- [ ] $0 – $9,999
- [ ] $10,000 – $19,999
- [ ] $20,000 – $29,999
- [ ] $30,000 – $39,999
- [ ] $40,000 – $49,999
- [ ] $50,000 – $59,999
- [ ] $60,000 or more

22. What is your gender?

- [ ] Male
- [ ] Female

23. Are you of Hispanic, Latino, or Spanish Origin?

- [ ] Yes (please specify) _____________
- [ ] No

24. What is your race? Check all that apply.

- [ ] Black or African American
- [ ] White
- [ ] Alaska Native
- [ ] American Indian
- [ ] Asian
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Other (please specify) ______________

25. Were you offered services in your preferred language?

- [ ] Yes – in English
- [ ] Yes – in another language
- [ ] No

**Thank you.**
Please fill in the following information if you would like to be entered into our monthly $100 drawing.

Your Name ____________________________________________________________

Street or PO Box ______________________________________________________

City ___________________________ State _______ _____ Zip ________________