

## Confidential Case Specific Questionnaire

Family/Case Name: \_\_\_\_\_ Trails Referral ID: \_\_\_\_\_

County: \_\_\_\_\_ Response Track: FAR IR

### Part One

1. Was this:  an Alternative Response case  an Investigation Response case

2. Are you the original caseworker assigned to this family?

- yes  
 no

3. How well did the primary caregiver speak English?



- very well  
 well  
 not well  
 not at all

4. Number of contacts with family (*estimate if necessary*):

# of contacts

- a. Face-to-face meetings with members of the family? \_\_\_\_\_  
 b. Telephone contacts with members of the family? \_\_\_\_\_  
 c. Other contacts with family members (court visits, etc.)? \_\_\_\_\_  
 d. Contacts with others on behalf of this family? \_\_\_\_\_  
 e. Face-to-face contacts between other agency providers and family? \_\_\_\_\_

### 5. Family Functioning

Check all family needs present at case opening 	Then for every need checked, complete (2) and (3) 	Condition addressed while the case was open?		Improvement (check one)			
		No	Yes	None	Little	Moderate	Much
<input type="checkbox"/> Material Needs (e.g., housing, food/clothing, income, employment, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Abuse (e.g., alcohol, prescription drugs, illicit drugs, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Health (e.g., adult or child disability, developmental delay, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parenting Skills/Discipline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Domestic Violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education (e.g., school attendance, progress, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Supports (e.g., extended family, friends, neighbors, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Threats to Child Safety:**

<p>Check all safety threats present in this case first.   ↓</p>	<p>Then for every threat checked, complete (2) and (3)   →</p>	(2) Indicate whether level of safety threat was mild, moderate or severe.		(3) Was the safety threat addressed?										
		<p><b>At first contact</b> <i>(circle)</i></p>	<p><b>At Closure</b> <i>(circle)</i></p>	Yes, by:					No, because:				<p>Don't know/not sure</p>	
				County staff	Private agency provider	Unpaid community resource	Family/kin	Other	Funds unavailable	Provider unavailable	Uncooperative family	Other		
<input type="checkbox"/> <b>Neglect or abandonment</b> (e.g., child lacked basic needs, the home was unsafe or unclean, medical or educational neglect, etc.)		mild mod sev	mild mod sev none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Physical, sexual, emotional abuse</b> (e.g., excessive discipline, violence in the home, sexual or emotional maltreatment, etc.)		mild mod sev	mild mod sev none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Lack of supervision or proper care</b> (e.g., child left unsupervised, burns, fractures, etc.)		mild mod sev	mild mod sev none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Damaging adult-child relationship</b> (e.g., verbal or physical fights, rejection, etc.)		mild mod sev	mild mod sev none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Other threat (specify)</b>		mild mod sev	mild mod sev none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Was information about or referral to services given to the family?**

- yes     no     uncertain

**8a. Were any services (traditional or non-traditional) or supports provided to this family (caregivers or children)?**

- yes     no     uncertain whether family actually received services

**8b. If yes, how soon after the initial report date did the family receive services?**

- within one week     within two weeks     within three weeks  
 within four or more weeks     family was not offered services     uncertain

***If you answered yes to either 8a or 8b, complete the chart on SERVICES TO FAMILY INSERT.  
 If you answered no or uncertain to both of these questions, do not complete the chart.***

**9. Since the case opened, were relatives and friends outside the household involved in providing needed support and/or assistance to this family?**

- not at all  
 very little  
 moderately  
 extensively

**10. Were no-cost neighborhood/community resources (i.e. churches) used to assist this family?**

- not at all  
 very little  
 moderately  
 extensively

**11. Check any of the following reasons why the family may not have been fully served:**

- size of worker caseload  
 limited staff time to work with family  
 other pressing cases on caseload  
 problems beyond scope of CPS to remedy  
 limited funds for needed services                       other \_\_\_\_\_

**12. Family Characteristics during the First Meeting:**

Rate the characteristics of the family members at the <u>first time</u> you met with them:	Very	Moderately	A Little	Not At All
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Family Characteristics during the Last Meeting:**

If you met with members of the family more than one time, rate these characteristics the <u>last time you met with them.</u> <input type="checkbox"/> does not apply	Very	Moderately	A Little	Not At All
	Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***If you did not have to complete SERVICES TO FAMILY INSERT, STOP HERE. Otherwise, please continue with Part Two.***

**Part Two**

**14. Did you help members of this family in obtaining services from any of the following? (check all that apply)**

- school
- neighborhood organization
- mental health provider
- alcohol/drug rehab agency/program
- MR/DD provider
- youth organization
- health care provider
- job service/employment security
- employment & training agency (JTPA etc.)
- legal services provider
- support group
- childcare/preschool provider/Head Start
- community action agency
- domestic violence shelter
- emergency food provider
- church or religious organization
- recreational facility (e.g. YMCA)
- neighbors/friends/extended family
- other

**15. Overall, how well were the services that were actually provided matched to the service needs of the family?**

- very well matched
- somewhat matched
- not very well matched
- not at all matched

**16. Overall, how effective were the services provided to the family in solving their problems or in producing needed changes?**

- very effective
- somewhat effective
- not very effective
- not at all effective

### SERVICES TO FAMILY INSERT

The following is a list of services that are sometimes provided to families.

**1) Place a check after any service to indicate:**

- (1) *service provided during the case* - services were provided to a family member(s) while the case was open and had not been in place at the time of the first visit.
- (2) *information/referral provided* – service information was given or referrals were made.
- (3) *service in place at start* - services were in place at the time of first visit.

**2) For any service received by the family, give us some idea of the level of services received or used from very little (1) to very much (5).**

For each service check <b>all</b> that apply	(1)	(2)	(3)	Level of participation or use by family (check)					
	<i>Service provided</i>	<i>Info/referral provided</i>	<i>Service in place at start</i>	Very little < ----- > Very much					
<b>Services to address Material Needs</b> (e.g., help with housing payments, emergency shelter or food, TANF, employment assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Substance Abuse Services</b> (e.g., alcohol or drug abuse treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Health Services</b> (e.g., medical or dental care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Mental Health Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Parenting Classes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Educational Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Social Support Services</b> (e.g., marital/family counseling, support groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain
<b>Other</b> (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> uncertain