

## 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.

<input type="checkbox"/> Relieved	<input type="checkbox"/> Respected	<input type="checkbox"/> Encouraged
<input type="checkbox"/> Angry	<input type="checkbox"/> Worried	<input type="checkbox"/> Thankful
<input type="checkbox"/> Hopeful	<input type="checkbox"/> Comforted	<input type="checkbox"/> Stressed
<input type="checkbox"/> Afraid	<input type="checkbox"/> Disrespected	<input type="checkbox"/> 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

11. How easy was it to contact the caseworker?

Very easy  Somewhat easy  Not at all easy

## Services and Needs

12. Did you or your family get any of the following help or services during your experience with [Agency name here]?

Check all that apply.

<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Car repair or transportation assistance
<input type="checkbox"/> Housing assistance	<input type="checkbox"/> Food or clothing for your family
<input type="checkbox"/> Money to pay your rent	<input type="checkbox"/> Appliances, furniture, or home repair
<input type="checkbox"/> Help paying utilities	<input type="checkbox"/> Welfare/public assistance services
<input type="checkbox"/> Medical or dental care for you or your family	<input type="checkbox"/> Any other financial help
<input type="checkbox"/> Help for a family member with a disability	<input type="checkbox"/> Legal services
<input type="checkbox"/> Assistance in your home, such as cooking or cleaning	<input type="checkbox"/> Help with child care or day care
<input type="checkbox"/> Help getting mental health services	<input type="checkbox"/> Respite care for time away from your children
<input type="checkbox"/> Help in getting alcohol or drug treatment	<input type="checkbox"/> Meetings with other parents about raising children
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Help in getting into educational classes
<input type="checkbox"/> Counseling services (individual, family, mental health)	<input type="checkbox"/> Help in looking for employment or in changing jobs
<input type="checkbox"/> Domestic violence services	<input type="checkbox"/> Job training or vocational training
	<input type="checkbox"/> Education services

13. Was there any help that you or your family needed but did not receive?

- Yes  
 No

If yes, what?

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## Family Outcomes

14. 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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

## Socio-Demographic Characteristics

18. What is your highest level of education?

- Less than 8<sup>th</sup> grade  
 8<sup>th</sup> – 11<sup>th</sup> 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

19. 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

20. What is your gender?

Male

Female

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

Yes (please specify) \_\_\_\_\_

No

22. 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) \_\_\_\_\_

23. Were you offered services in your preferred language?

Yes – in English

Yes – in another language

No

**Thank you.**

**Please fill in the following information so that we can send you your CHECK.**

Your Name \_\_\_\_\_

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_