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

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.

| ☐ 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 |

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

☐ Yes  
☐ No

If yes, what?

___________________________________________________________________________
___________________________________________________________________________
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 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

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 __________