

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. Overall, were you treated in a manner that you would say was:

- Very respectful Respectful Disrespectful Very disrespectful

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

If Yes, please describe these matters:

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)

<input type="checkbox"/> Angry	<input type="checkbox"/> Relieved	<input type="checkbox"/> Worried	<input type="checkbox"/> Comforted
<input type="checkbox"/> Afraid	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Confused	<input type="checkbox"/> Reassured
<input type="checkbox"/> Stressed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Tense	<input type="checkbox"/> Grateful
<input type="checkbox"/> Irritated	<input type="checkbox"/> Helped	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
<input type="checkbox"/> Anxious	<input type="checkbox"/> Pleased	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Encouraged
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Thankful	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Optimistic

12. Did the social worker refer you to a Community Agency so you might receive services? Yes No

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? Yes No

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)

<input type="checkbox"/> Housing	<input type="checkbox"/> Food or clothing for your family
<input type="checkbox"/> Money for rent or house payments	<input type="checkbox"/> Appliances or furniture or home repair
<input type="checkbox"/> Help paying utilities	<input type="checkbox"/> Car repair or transportation assistance
<input type="checkbox"/> Medical care	<input type="checkbox"/> Welfare/public assistance services
<input type="checkbox"/> Dental care	<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 cooking or cleaning	<input type="checkbox"/> 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 getting alcohol or drug treatment	<input type="checkbox"/> Meetings with other parents about raising children
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Meetings with other support groups
<input type="checkbox"/> Anger management assistance	<input type="checkbox"/> Help getting into education classes
<input type="checkbox"/> Other counseling services	<input type="checkbox"/> Job training or vocational training
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Help in looking for employment or in changing jobs
<input type="checkbox"/> Domestic violence services	<input type="checkbox"/> Early education services through schools
<input type="checkbox"/> Recreation services	<input type="checkbox"/> 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 \$15,000 to \$19,999 \$30,000 to \$34,999 \$45,000 to \$49,999
 - \$5,000 to \$9,999 \$20,000 to \$24,999 \$35,000 to \$39,999 \$50,000 to \$59,999
 - \$10,000 to \$14,999 \$25,000 to \$29,999 \$40,000 to \$44,999 \$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 _____