

**Confidential Questionnaire
AR/DR Case Specific Instrument**

Family Name: _____ Case ID: _____

Your Name: _____ County: _____

*If you are not a member of the county Child Protection staff,
please write in the name of your organization or agency: _____*

Part One

1. Did you: *(check all that apply)*

- conduct the initial assessment at the beginning of this case?
- conduct an interim or follow-up assessment while the case was open?
- conduct a final assessment at case closure?
- provide case management, support, and/or referral services to this family?
- provide any other direct services to this family?

2. Please Identify anyone else who may know more things about this case than you know.

(Write in their address if different from yours. If there is no one, proceed to question 3.)

Name _____ Organization _____

Address _____ Email address _____

Is this: a county staff person a community agency staff person

3. Was this: an Alternative Response case a Traditional Response case

If this was an **Alternative Response** (AR) case answer the next three questions (a,b,c):

- a. If the initial report on this family had been investigated in the traditional manner would it have been substantiated, in your judgment?
 certainly yes probably yes probably no certainly no unsure
- b. Did this family refuse all efforts to provide assistance or services? yes no
- c. Did this family receive any services under AR that they would not have received, in your judgment, under a Traditional Response?
 certainly yes probably yes probably no certainly no unsure

If this was a **Traditional Response** case answer the next two questions (d & e):

- d. Would an Alternative Response been appropriate in this case, in your opinion?
 certainly yes probably yes probably no certainly no unsure
- e. Are you aware of any services this family did not receive but might have with Alternative Response?
 certainly yes probably yes probably no certainly no unsure

Comments:

8. On the following scale please rate the cooperation or attitude of family members the first time you met with them. On the scale, -5 indicates “very uncooperative” and +5 indicates “very cooperative.”

<i>very uncooperative</i>	<i>very cooperative</i>									
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

9. If you met with this family or members of the family more than one time, on the following scale rate their cooperation the last time you met with them. does not apply

<i>very uncooperative</i>	<i>very cooperative</i>									
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

If you did not have to complete SIDE B on the INSERTED PAGE, you may stop here, you are finished. If you completed SIDE B, please continue with Part Two.

Part Two

10. Did you or another worker or community agency help members of this family in obtaining services or assistance 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

Comments:

11. On the following scale (from 1 to 5, where 1=not at all, 5=completely), indicate whether the level of service response in this case was sufficient to:

	(circle)	
	<i>not at all</i>	<i>completely</i>
a. meet the immediate threats to a child in this family	1--2--3--4--5--6--7--8--9--10	
b. reduce threats of possible future child abuse or neglect	1--2--3--4--5--6--7--8--9--10	
c. meet other family needs affecting child well-being	1--2--3--4--5--6--7--8--9--10	

12. Overall, how well were the services that were actually provided matched to the service needs of the family? (circle)

very poorly matched

very well matched

1-- 2-- 3-- 4-- 5-- 6-- 7-- 8-- 9-- 10

13. In your judgment, how effective were the services provided to the family in solving their problems or in producing needed changes? (circle)

very ineffective

very effective

1-- 2-- 3-- 4-- 5-- 6-- 7-- 8-- 9-- 10

14. If there were any services this family needed or needed more of that it did not get for any reason, please list them here.

1. _____
2. _____
3. _____

15. 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 vendor services
- other _____

16. Overall, how involved was the extended family (relatives outside the household) in providing needed support and/or assistance to this family?

- not at all
- very little
- moderately
- extensively

17. Overall, how involved were unfunded community resources (i.e. churches) in assisting this family?

- not at all
- very little
- moderately
- extensively

18. Family Functioning. Check the boxes next to any area (if uncertain leave blank)

- 1) That was addressed (instruction/counseling, direct services, referrals, etc.) during the case, and/or
 2) That showed marked improvement over the course of the case, whether addressed or not
 (Check boxes under 1 or 2 or both. Leave blank if uncertain.)

	1) Need or Risk Condition found (check if yes)	2) Condition addressed while in contact with family	3) Improvement (check one)		
			Little	Moderate	Much
Structural condition/safety of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness/order of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent/Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting skills of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach to child discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity of parent/caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor or harmful Interaction in family	<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"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate family income / poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underemployment or unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning/money handling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress of children in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health of parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health of parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality/stability of adult relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child relationship/communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability/integrity of family as a unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental level of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support system of friends and neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to access needed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INSERT, SIDE B:
SERVICES TO FAMILY**

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 - service 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. info/referral provided – services information was given or referrals were made,
3. service in place before case - service was 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 <u>all</u> that apply	(1)	(2)	(3)	Level of participation or use by family (circle)				
	Service provided	Info/referral provided	Service in place at start	Very little < ----- > Very much				
Childcare/daycare services	<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
Respite care/crisis nursery	<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
Medical or dental care	<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
Marital/family/group counseling	<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
Individual counseling	<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
Mental health/psychiatric services	<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
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
Alcohol 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
Domestic violence services	<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
Emergency shelter	<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
Help with rent or house payments	<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
Housing services	<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
Help with household needs (utilities, repair, 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
Emergency food	<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
TANF, SSI or food stamps	<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
Assistance with transportation	<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
Assistance with employment	<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
Vocational/skill training	<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
Educational services	<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
Legal services	<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
Parenting classes	<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
Homemaker/home management assistance	<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
Assistance from support groups	<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
Disability services	<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
Recreational services	<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
Family preservation services	<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
Independent living services	<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
Other:	<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

