



KINSHIP NAVIGATOR Pilot Program PROGRAM MANUAL¹

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partners
for our children.

W SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

 Washington State Department of
CHILDREN, YOUTH & FAMILIES

 Washington State
Department of Social
& Health Services
Transforming lives

¹ This manual is a modified and updated version of the manual originally produced by TriWest in partnership with Casey Family Programs. Retrieved from <https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/KinshipNavigatorReplicationManual.pdf>

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CHAPTER ONE: INTRODUCTION

1.1. Overview

Since its inception, the State of Washington's kinship navigator program has been solidly guided and shaped by Washington's kinship families and the and kinship-serving community. When Washington State set out to evaluate, refine and strengthen the kinship navigator program, the partners maintained this commitment. Beginning in 2018, the Washington State Department of Children, Youth, and Families (DCYF) and Department of Social and Health Services Aging and Long-Term Support Administration (DSHS AL TSA) collaborated with the University of Washington, Partners for Our Children to conduct a rigorous evaluation of an enhanced kinship navigation model in three sites across Washington State. This evaluation has involved eliciting feedback from kinship navigators, kinship caregivers (formal and informal), community stakeholders, youth, and Tribal communities to ensure the program design and implementation were in line with community needs.

Stakeholder feedback informed and shaped the materials developed for the evaluation (including the essential components of the program, a restructured, culturally relevant needs assessment, and program fidelity tool). Evaluators used these materials to assess the state of the current kinship navigator program and provide instruction for future directions to strengthen the kinship navigator program as a well-supported, evidence-based practice.

This training manual will assist providers in implementing the kinship navigator pilot program in their area. The manual's contents were developed from observations, interviews, and discussions with project staff, focus groups, and surveys with kinship caregivers. This manual describes the program's background, philosophy, and implementation steps. The appendix includes tools needed for service delivery, such as a fidelity tool ([see appendix A](#)), needs assessment (in [English see appendix E](#) and [Spanish see appendix G](#)), a satisfaction survey (in [English see appendix K](#) and [Spanish see appendix L](#)), and a consent form.

1.2. Why We Are Here: Our Kinship Caregivers

Over two million children currently reside with non-parental relatives within the United States.² As of 2018, approximately 51,000 children across the State of Washington live with relative caregivers— most often grandparents but also aunts, uncles, siblings, and unrelated kin

sometimes referred to as “suitable others” —who serve as short- or long-term primary caregivers for children whose parents are unable to care for them.³ Kinship care can take several forms including informal and formal kinship care. Informal kinship care is the most common form and occurs without any involvement from an outside entity.⁴ By contrast, formal kinship care takes place under the supervision of the local child welfare authority in each state.

As of 2016, estimates suggest that ten informal placements occur for every one formal child welfare placement.⁵ Informal kinship living arrangements may take many forms such as when the birth family and kinship caregivers establish a verbal agreement or establish a more formal arrangement through the courts (sometimes with the involvement of a governmental entity). Formal kinship placements involve the child welfare system and may result in non- parental custody, guardianship, adoption, reunification, extended foster care or a youth aging out.



“I trust Terry [Kinship Navigator] because she worked with me for the most time and... I feel like she’s a friend, she has still called me sometimes to ask me how I feel and she helped me with my problems that I had with the mother of the children. Yes, she does a good job”

- Kinship navigator program participant

²U.S. Census. (2018). 2009-2018 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Retrieved from www.census.gov.

³Annie E. Casey Foundation. (2018). Children in kinship care in Washington. Retrieved from <https://datacenter.kidscount.org/data/tables/10454-children-in-kinship-care#detailed/2/49/false/1687,1652,1564,1491,1443,1218,1049,995/any/20158,20159>

⁴Wallace, G.W. (2016). A family right to care: Charting the legal obstacles. *Grand Families. The Contemporary Journal of Research, Practice and Policy*, 3(1).

⁵Wallace, G., Gordon, F. & Harrison, W. (2018). Legal basics: Grandparents and other non-parent kinship families. National Center on Law and Elder Rights. Retrieved from <https://ncler.acl.gov/Files/Grandparents-Chapter-Summary.aspx>

CHAPTER TWO: HISTORY

2.1. Kinship Navigator Program Overview

Since its inception in 2004, the kinship navigator program has assisted kinship caregivers on a voluntary basis in finding, learning about, and using programs and services to meet the needs of the children they are raising, as well as themselves. The program promotes effective partnerships among and private agencies to ensure kinship families are served. The professionals that provide the direct service to kinship caregivers in this program are referred to as “navigators.”



Origins of the kinship navigator program

2004	2005-2008	2017	2018
<ul style="list-style-type: none">· The first pilot kinship navigator program funded by Casey was King and Yakima counties· 443 total kinship caregivers and 767 kinship children	<ul style="list-style-type: none">· Kinship navigator pilot projects were funded and expanded by the legislature· From 2007-2008 the kinship navigator program expanded to 30 out of 39 counties	<p>The legislature funded eight Tribal Nations Kinship Navigator positions.</p>	<p>Washington State received funding to evaluate the kinship navigator program through a second pilot program and strengthen the infrastructure to support kinship families.</p>

The TriWest Group, in cooperation with Casey Family Programs, completed an initial evaluation of the project and provided a report in 2005, which found the following:

- Many kinship caregivers described the service system as cumbersome and difficult to navigate

and noted providers' widely varying levels of helpfulness, professionalism, and knowledge.

· Kinship navigators provided help to reduce or eliminate system barriers to family and child-serving resources. Further, kinship navigators provided access to kinship caregivers for services before situations became a crisis, potentially reducing more costly and intensive chronic situations such as foster care or therapeutic placements.

SHB-1233 required the Department of Social and Health Services to develop a kinship search process for children and youth in care or at risk of placement; establish a kinship oversight committee; and seek public/ private partnerships to implement kinship navigator pilot projects.

A special thanks to the pilot site kinship navigators Mary Pleger, Laura Dow, Lynn Urvina, Rosa Venancio, Anatha Atthar, Mariela Valencia, Chris Blosser, and Kim Sturgis and the Kinship Care Oversight Committee subcommittee members for your support during this project.

2.2. Who is a Kinship Navigator?

The Children's Bureau defines kinship navigators as "carefully trained staff" whose role is to "educate kinship families about relevant public assistance programs and to provide hands-on assistance in navigating service program requirements." It is important to note that in other states these individuals may or may not have an "official" title of navigator.

Kinship navigators typically:

- Educate kinship caregivers and service providers about resources and supports
- Directly refer kinship caregivers to appropriate services
- Help establish and maintain relationships between caregivers and public and private service providers
- Help establish a network of kinship services including developing and supporting peer to peer interactions with caregivers (e.g., support groups)
- Provide consultation and education about kinship caregivers to service providers
- Advocate for services and resources for kinship caregivers
- Follow-up with kinship caregivers after referrals are provided
- Collect necessary data to monitor program fidelity, support program evaluation, and program system improvement



“... this is exactly why the kinship program is so important. We bounce ideas off of each other ... a lot of these questions we wouldn’t have answered, and we’d just be stuck swimming and trying to find out things on our own”

- Kinship Navigator Pilot project participant

CHAPTER THREE: KINSHIP NAVIGATOR PILOT PROGRAM

3.1. Target Populations

A. Statewide Survey Results

The results from a statewide survey conducted in 2019/2020 provided context on the kinship caregiver experience in Washington State. Kinship caregivers in this survey were an average age of 58, married (43%), female (90%), and Caucasian (82%). It is possible that the percentage of Caucasian respondents to this survey is greater than the percentage of Caucasian kinship caregivers in Washington State, as a 2002 survey of kinship caregivers conducted by the Washington State Institute of Public Policy found that 76% of kinship caregiver respondents identified as white.¹

The results from this 2020 survey suggested there was some racial disproportionality within the kinship caregiver population, a finding similar to the survey published in 2002. While 2020 data from the U.S. Census Bureau indicate that approximately 4% of the state's population identify as African American, 8% of the kinship caregivers who responded to the survey identified as African American.² This disproportionality also exists for American Indian kinship caregivers (1.9% in the general population and 8% of kinship caregiver respondents to the survey).³ Approximately 37% of the kinship caregivers identified as living within rural areas.

¹Ibid

²U.S. Census Bureau: Quick Facts. Retrieved from <https://www.census.gov/quickfacts/WA>

³Ibid

Kinship Caregiver Needs

The survey asked kinship caregivers to select their top three sources of support as well as their top three challenges and unmet needs. The most common sources of support selected by kinship caregivers were their spouse or partner, relatives, and public social services (35%). When asked to describe the top three challenges they faced, the most frequent challenges selected include finances, the child's emotional needs and the child's behavior. The most frequently selected of these unmet needs included financial support, recreational and social activities for the child, and respite care.

The statewide survey also provided insight into the unique experiences of certain demographic groups, such as those who identify as Black, Latinx (people of Latin American or Hispanic ethnic identity), American Indian/Alaskan Native, and caregivers over the age of 55. These findings can help kinship navigators gain insight into the differential needs and barriers that certain caregivers may be more likely to experience.

Black/African American Caregivers

The analysis compared the responses of those who identified as Black to those who did not identify as Black. Black kinship caregivers were more likely to identify the age of the parent and homelessness as the circumstances motivating their current caregiving arrangement and less likely to identify an incident of child abuse/neglect as a motivating factor. Regarding sources of support, black caregivers were less likely to select their spouse or partner and were more likely to identify support groups. Black caregivers were more likely to select services for children with special health care needs as an unmet need. Black caregivers were also more likely to select housing as a challenge.

Latinx Caregivers

The analysis also revealed several unique factors for Latinx caregivers, in comparison to those who do not identify as Latinx. For Latinx caregivers, the primary motivating circumstances that led to the kinship caregiving arrangements included birth parent substance use, incarceration, and an incident of child abuse or neglect. Latinx caregivers are more likely to report that deportation led to them becoming a

caregiver. Latinx caregivers reported caring for more children than non-Latinx caregivers. Latinx caregiver were also more likely to select medical care for their child as an unmet need.

American Indian / Alaskan Native

When analyzing the results from those who identified as American Indian/Alaska Native in comparison to those who did not, the results revealed various unique factors for American Indian/Alaska Native caregivers. American Indian/Alaska Native caregivers were more likely to identify housing as a challenge. American Indian/Alaska Native caregivers were more likely to identify transportation and working with the child's school/teachers as top unmet needs.

Unique needs of older vs younger caregivers

The findings from older caregivers (those over the age of 55) were also compared to younger caregivers. Older caregivers reported fewer children in their care as well as having had children in their care for a greater number of years. Older caregivers were also less likely to identify as Caucasian. Regarding sources of support, older caregivers were more likely to select community health clinics as source of support. Older caregivers were more likely to select their own physical health, delaying their retirement, and the child's education as challenges they experienced. Older caregivers were more likely to report their inability to access special education services for children in their care was an unmet need.

Rural vs non-rural caregivers

Caregivers who lived in rural areas were younger than non-rural kinship caregivers. Rural kinship caregivers were less likely to identify as single and less likely to report making above \$70,000 a year when compared with non-rural caregivers. Rural kinship caregivers were more likely to have caregiving arrangements through parental consent agreements and less likely to have adoption agreements. Regarding sources of support, rural kinship caregivers were less likely to identify support groups as a source of support. Rural kinship caregivers were also more likely to select legal issues as one of their top three challenges.

Areas of frequent need

Focus groups were conducted with kinship caregivers, kinship navigators, and agency stakeholders

between October 2018 and February 2019 to ensure that the evaluation and corresponding program improvements were informed by kinship families and the broader kinship community.

The findings revealed five main areas of frequent need. These needs included:

- 1 Legal assistance:** Referrals to legal clinics, assistance printing forms, social support during court appearances, and descriptions of the various legal options for custody and the legal processes associated with each of these options
- 2 Financial assistance:** Access to urgent funds (KCSP), and applying for Temporary Assistance for Needy Families (TANF) or Child-Only TANF grants
- 3 Emotional and relational supports:** Access to support groups and other types of peer-to-peer connections
- 4 Education and training for caregivers:** Parenting classes, webinars, and conferences
- 5 Respite:** Breaks from caregiving, access to community resources to make family outings affordable and realistic (i.e. aquarium passes, etc.), and offering childcare during parenting classes and support groups

In addition to identifying needs, kinship navigators described their *primary duties* as the following:

- 1 Responding** to varying needs and resources in their communities
- 2 Maintaining** a strength-based, supportive role
- 3 Providing caregiver outreach** and community education and public awareness
- 4 Spanning the boundaries** between formal and informal systems of care
- 5 Being knowledgeable** and maintaining strong linkages to formal system resources while operating outside the system, with flexibility to respond to diverse needs and advocate for individual caregiver concerns
- 6 Advocating** for kinship caregivers across systems

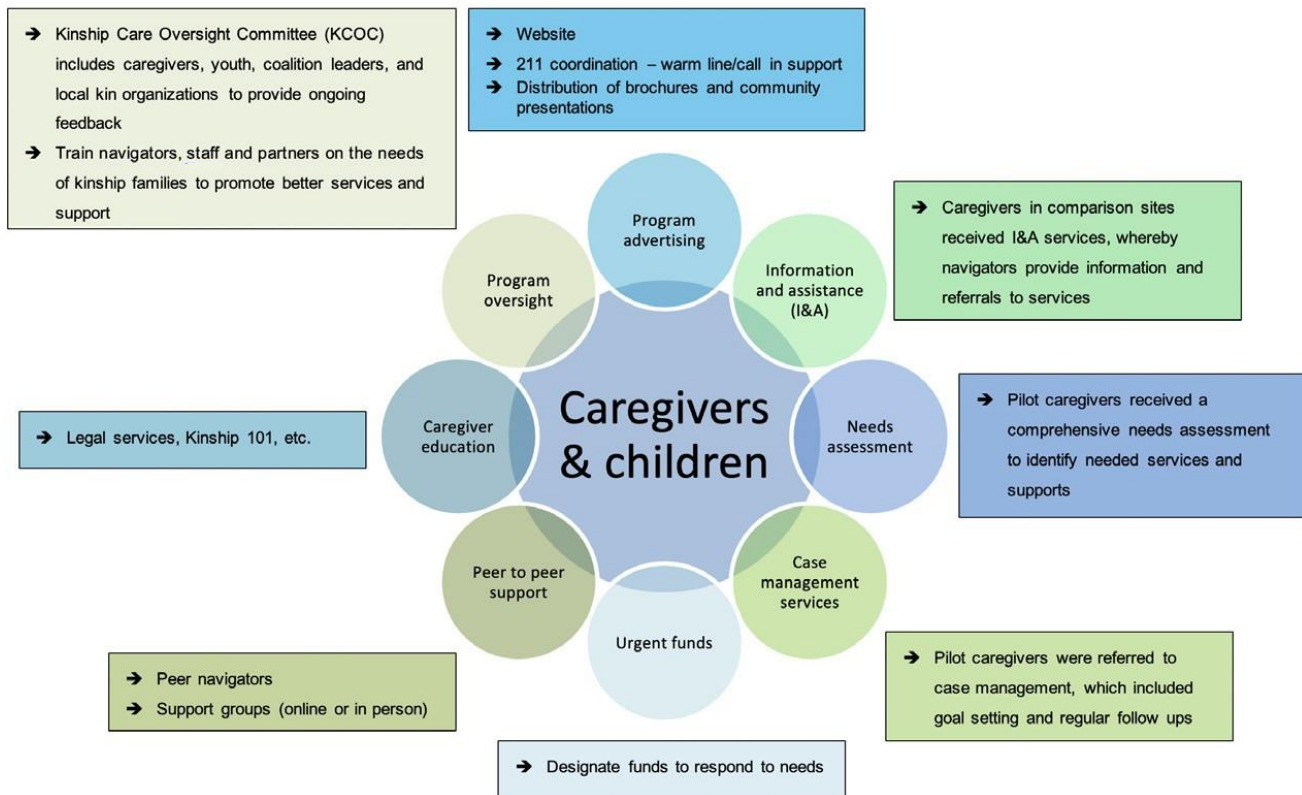
Both the identified needs and the primary duties provided a starting point for developing the essential components of the kinship navigator program, which we will describe below.

3.2. Essential Components / Program Principles and Philosophy

The Researchers analyzed the focus groups and interviews with caregivers, navigators, and stakeholders and distilled eight essential components to maintain and enhance the existing kinship navigator program. The essential components were taken back to the Kinship Care Oversight Committee for review, refinement, and confirmation that the identified elements were as critical as the focus groups and interviews indicated. These essential components of the kinship navigator program included:

- 1 Program advertising
- 2 Information and assistance / referral (I&A / I&R)
- 3 Needs assessment
- 4 Case management services
- 5 Urgent funds (KCSP)
- 6 Peer to peer support
- 7 Caregiver education
- 8 Program oversight

Figure 1. Washington State Enhanced Kinship Navigator Program



1. Program advertising

Program advertising is used by kinship navigator programs to inform and establish connections with formal and informal kinship families. Kinship navigator programs use multiple outreach strategies including distribution of brochures, websites for each service area, and community presentations.

2. Information and assistance / referral (I&A / I&R)

Kinship navigators have knowledge of cross-sector community supports and services for kinship families. This knowledge allows the navigator to provide the kinship caregiver with information and assistance / referral that are available to meet to the caregiver’s needs. Navigators provide the information and referrals in various formats to the kinship caregivers. The navigators will follow- up on referrals provided as needed.

3. Needs assessment

Once a family is connected with the navigator program, an “evidence-informed” needs

assessment tool collects culturally responsive and inclusive family demographic information (for caregivers and each individual kinship child in their care) to assess caregiver needs related to raising kinship children.

4. Case management services

For kinship families that are experiencing more complex needs, kinship navigators offer case management. This includes coordination of access to services, assessing family needs, creating goals, and a follow up three months from intake. Follow-up includes meeting with families to assess attainment of goals outlined in the needs assessment and to uncover any additional needs. At the three month follow up, if the caregiver has completed their goals and the navigator and caregiver agree the caregiver no longer requires case management, the caregiver's case may be closed. If the caregiver needs additional support, the case remains open for an additional three months, at which point the navigator and caregiver follow up again to assess progress towards goals.

5. Urgent funds

Kinship caregivers may have an urgent financial need. The state funded Kinship Caregivers Support Program (KCSP), (for caregivers who are not involved in the child welfare system) is available in every county and provides financial assistance of up to \$1,500 a year per family. The funding supports the needs of the kinship child not addressed by other state and federal programs. In addition, Relative Support Service Funds are available to kinship families in the formal system. These funds are accessed through the DCYF caseworker. Other funds for formal and informal kinship caregivers may exist in local communities, and kinship navigators may access these resources as well.

6. Peer to peer support

In addition to resources, kinship navigators develop or engage with groups who bring kinship families together in the community. This peer-to-peer support may include events or activities through hosting or referring families to group meetings such as support groups that occur face-to-face, through a webinar, and/or use social media (Google groups, Facebook groups, etc.).

7. Caregiver education

Caregiver training is offered on a bi-annual basis. One training is focused on trauma and is available to both navigators and caregivers. The other training is a two-hour training on another topic depending on present caregiver needs.

Training topics developed for caregivers to date include: Curious about minor guardianship? In coordination with the King County Administrative Office of the Courts and the statewide kinship care legal aid coordinator, King County Bar Association, Kinship 101 is offered by the Child Welfare Training Alliance. It targets formal kinship caregivers primarily, but any kin caregivers may participate. A trauma informed parenting training is being developed by DSHS for kinship caregivers parenting informally. Training is also offered on minor guardianship for kinship navigators and frontline workers from various other agencies including DCYF, DSHS, and the Area Agencies on Aging (AAA).

8. Program oversight

Program oversight includes the legislatively mandated [Kinship Care Oversight Committee](#) which meets quarterly and serves as the statewide advisory council to ensure the fidelity of the kinship navigator program, monitor the satisfaction of caregivers, and assess the continued effectiveness of the program. The KCOC submits annual reports to the legislature with recommendations for program improvements. During the pilot, the KCOC formed a KCOC Subcommittee on Evaluation which provided recommendations and feedback on evaluation materials that were used with caregivers. Another component of program oversight is training kinship navigators, see [section 4.1](#) for more details. See [appendix N](#) and [appendix O](#) for more information about the essential components and the implementation of each component in the pilot and control sites in Washington state.

Federal kinship navigator program definition

The Enhanced kinship navigator program model also includes all of the service components as described in Section 471(a) of the Social Security Act.

Section 427(a)(1) of the Social Security Act, defines a kinship navigator program as follows: (1) a kinship navigator program to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served, which program—

(A) shall be coordinated with other State or local agencies that promote service coordination or provide information and referral services, including the entities that provide 2–1–1 or 3–1–1 information systems where available, to avoid duplication or fragmentation of services to kinship care families;

(B) shall be planned and operated in consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant communitybased or faith-based organizations.

(C) shall establish information and referral systems that link (via tollfree access) kinship caregivers, kinship support group facilitators, and kinship service providers to—

- (i) each other;
- (ii) eligibility and enrollment information for Federal, State, and local benefits;
- (iii) relevant training to assist kinship caregivers in caregiving and in obtaining benefits and services;
- and
- (iv) relevant legal assistance and help in obtaining legal services;

(D) shall provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials;

(E) shall promote partnerships between public and private agencies, including schools, community based or faith-based organizations, and relevant government agencies, to increase their knowledge of the needs of kinship care families and other individuals who are willing and able to be foster parents for children in foster care under the responsibility of the State who are themselves parents to promote better services for those families

Publications for Kinship Caregivers

Online educational tools were developed for caregivers to access at any time.

Title	Description and links
Beyond the Walls: A Guide to Services for Families Affected by Incarceration	(DSHS 22-1288x) Provides information to families and social service staff on DSHS services and other agencies services to help meet the needs of families dealing with incarceration. English , Spanish . (PDF)

Consent to Health Care for the Child in Your Care: A Kinship Caregiver's Guide	(DSHS 22-1119x) This brochure explains a law passed by the 2005 WA State Legislature which spells out a relative's rights and responsibilities. English , Cambodian , English , Russian , Somali , Spanish , Vietnamese . (PDF)
Grandparents and Relatives Do you know about the services and supports for you and the children in your care?	(DSHS 22-1120x (Rev. 7-19)) This 11-page pamphlet provides a comprehensive list of various resources, benefits, and support services available to relatives raising children. English , Other Languages (PDF)
A Guide to Child Support Services for Relative Caregivers	(DSHS 22-1143) describes what services the DSHS Division of Child Support (DCS) can provide if you are taking care of a relative's child. English (PDF)
Relatives as Parents: A Resource Guide for Relatives Raising Children in Washington State	(DSHS 22-996x) This 75 page booklet is an extensive resource guide for relative caregivers. English
Kinship Care: Relative and Suitable Other Placement	(DSHS 22-1765) Outlines resources, supports and tasks related to new child welfare placement. English (PDF)
Understanding the Dependency Court Process for Caregivers	(DSHS 22-1741) English , Bosnian , Russian , Spanish (PDF)
Kinship Navigators Can Help!	English (PDF) Helps caregivers find and connect with the Kinship Navigator in their area
Grandparents, relatives, and others: Kinship Care	English (PDF) describes what services are available for kinship families and how to locate a navigator in your area.
Kinship Families Health Resources	English (PDF) describes what services are available for kinship families for finding
Mental and Behavioral Health Resources	English (PDF) describes what services are available for kinship families for finding counseling other mental health services.
Meeting Basic Needs	English (PDF) describes what services are available for kinship families for finding cash supports including Child-Only Temporary Assistance for Needy Families and Kinship Caregiver Support Program.
Kinship Families Education Resources	English (PDF) Education resources including child- care and K-12 support.
Kinship Rack Cards	English (PDF) An overview of services for kinship caregivers. How to locate a navigator in your area.
Options for Grandparents and Other Nonparental Caregivers: A Legal Guide for Washington State	English , Spanish (PDF) Includes information about Temporary Agreements, De Facto Parentage, Guardianship, Adoption, and Relative Placement

CHAPTER FOUR: IMPLEMENTATION

The kinship navigator pilot project is comprised of several steps for implementation, that are identified here and explained in greater detail in the pages that follow.

STEPS FOR IMPLEMENTING THE KINSHIP NAVIGATOR PROGRAM

4.1 **Administrative Tasks**

- A. Infrastructure to support a kinship navigator program**
- B. Principal duties and responsibilities of kinship navigators**
- C. Initial and ongoing training**

4.2 **Service Delivery**

- A. First contact with kinship caregiver**
- B. Screening and service level determination**
 - a. Information and assistance / referral (I&A / I&R)**
 - b. Case Coordination**
 - c. Case Management**

4.3 **Information Management** - Use GetCare to keep track of program activities.

This includes the collection of demographic information for caregivers and kinship children, and tracking goal setting, referrals, and follow-ups. This is vital to assess the program's effectiveness and for continuously improving the program's ability to meet kinship caregivers' needs.

4.4 **Fidelity Tracking** – Fidelity tracking tools ensure consistent implementation of the pilot program. This process will assist the Navigator in tracking their interactions with the kinship caregiver.

4.5 **Client Satisfaction** – Conduct client satisfaction surveys annually at the time of the site's organizational satisfaction survey. During the initial pilot, the navigator sent the client a satisfaction survey at case closure.

4.1. Administrative Tasks

A. Infrastructure to support a kinship navigator program

a. Hiring & supervising kinship navigators

The Washington State kinship navigator program is unique because it is housed outside of the formal child welfare system. ALTSA oversees the statewide kinship navigator program, Kinship Caregiver Support Program (KCSP), and the Tribal kinship navigator programs. ALTSA works in partnership by contracting with the statewide Area Agencies on Aging (AAA) and Tribes to provide the kinship navigator services. Many of the AAA and Tribes provide the navigator services in house while some subcontract with community agencies to provide the navigator services.

The AAAs and Tribes or their subcontractors are responsible for the hiring and supervision of their kinship navigator employees and the day-to-day operation of the programs. This includes monitoring electronic GetCare records, [fidelity tools](#), and maintaining a file of exceptions to policy and approval of any money spent. In addition, supervision staff can use the checklist below to make sure kinship navigators have the knowledge they need to support relative caregivers.

Supervision Checklist

- ☐ Basic understanding of WA's Kinship Navigator Program Overview. ([Chapter 2.1](#))
- ☐ Basic understanding of Kinship Target Populations in WA State. ([Chapter 3.1](#))
- ☐ Basic understanding of the Essential Components of the Program /Program Principles and Philosophy. ([Chapter 3.2](#))
- ☐ Basic understanding of Characteristics & Duties of Navigators. ([Chapter 4.1](#))
- ☐ Basic understanding of Service Delivery. ([Chapter 4.2](#))
- ☐ Basic understanding of Case Management. ([Chapter 4.3](#))
- ☐ Basic understanding of Fidelity Tracking and Client Satisfaction. ([Chapter 4.4-4.5](#))
- ☐ Basic understanding of Service Recording. ([Chapter 5.1](#))
- ☐ Basic understanding of Outreach, Education, and Peer to Peer Tracking. ([Chapter 5.2](#))

b. Characteristics of successful kinship navigators

Through their partnership with the AAAs and the agencies providing the kinship navigator services, ALTSA has developed a list of characteristics successful kinship navigators may possess. AAAs and Tribes can use these characteristics to choose individuals who will be most likely to succeed in the navigator role.

The following are the recommended skills and experiences that will help make a kinship navigator, and therefore kinship navigator program, successful:

- **Lived experience** as a kinship caregiver or experience serving and partnering with kinship caregivers
- **Knowledge** of community resources and community partners
- **Understanding** of state and local service systems
- **Experience collaborating** with a wide range of service providers
- **Relationship building:** Ability to establish and maintain respectful relationships between caregivers and service providers within a variety of service systems
- **Advocacy**, problem-solving, and follow-through skills
- **Able to relate** well to and communicate effectively with individuals from the community across the full spectrum of cultural, ethnic, socio- economic, religious, education, and age groups with a welcoming demeanor
- **Passionate** about helping kinship caregivers

The skills and experience listed above are critical to the execution of the navigator's duties and responsibilities which are explained in detail below, note how each skill and experience fits with the specific duties and responsibilities of the navigator.

B. Principal duties and responsibilities of kinship navigators

Each family that a kinship navigator works with will present new strengths, struggles, and the opportunity to support. The following section will discuss the three ways you can assist families. Typically, kinship navigators assess whether a kinship caregiver will need a resource referral or case management. The navigator and the kinship caregiver determine which level of service is needed. An assessment is not required if the level of service is 'Information and Assistance / referral.' It is important to note that during the pilot, only two levels of service existed: information and assistance / referral, and case management. *Note:* Case coordination is a new service level that was added after the pilot concluded.

- **Information and assistance / referral (I&A / I&R)**
 - Provide resource referral, assistance, and active listening to all kinship caregivers who are raising kinship children or are planning to do so
 - Gather knowledge on relevant federal and state benefits as well as

local resources

- Maintain up to date and accurate information on community resources and partners in an ever-changing environment.

- **Case coordination**

- Provide minimal assistance with no case management services. Contact started by client looking for minimal help in one category on pre-screening and action plan. This may require providing more than a resource to caregivers but does not require case management level services.

- **Case management**

- When providing case management kinship navigators conduct an intake interview and baseline assessment with the kinship caregiver. The navigator follows up with an interview at three months after intake to assess progress towards goals, and if goals were not completed, they follow up again six months after intake. These visits focus on the SMART goals each family has set, how the family is progressing to meet their goals, and what support the caregivers need to help in the process.

- **Outreach**

- Using a variety of methods, navigators actively reach out and locate local kinship families, identifying those who are not involved in support group networks and/or need additional services; special attention is focused on serving geographically isolated and marginalized communities.

- **Collaboration**

- Navigators develop strong collaborative working relationships with groups and agencies that work with kinship caregivers. This includes educating the community, such as service providers and faith-based organizations, about the needs of kinship care families and available resources and services to them.

- **Liaison**

- Navigators act as a liaison with state agency staff and/or service providers to make sure individual caregivers understand service

eligibility requirements.

- For example, navigators assist in establishing stable, respectful relationships between kinship caregivers and local DSHS staff, DCYF, Community Services Offices, and other agencies such as the Area Agencies on Aging and the Office of Education Ombudsman.

- **Documentation**

- Collect necessary program and service data and ensure that reports are completed in an accurate manner and on a timely basis, including:
 - Services or resources requested, and persons served
 - The needs of kinship caregivers and their satisfaction with the assistance provided
 - Identification of gaps and barriers to services
- The navigator must also be competent in managing the documentation and records of the kinship caregivers. Navigators use an administrative data collection system, known as GetCare, to store and access information on kinship caregiver demographics, needs, goals and follow-ups.

C. Initial and ongoing training

Training for kinship navigators

After selection and hiring of a navigator, the AAA and/or subcontractors must train the navigator on kinship navigator program processes. Such training will ensure fidelity of program implementation and provide the groundwork for continued program evaluation. Initial training must include both discussion and practice of useful assessment strategies for gathering information and determining referral needs. The ALTSA kinship program will provide training on the data entry and enhanced case management program requirements.

In addition to the initial training, ongoing kinship navigator training is conducted by ALTSA staff and their partners. These trainings are provided semiannually and may include additional supplemental trainings. Topics of

the initial and ongoing training include the following:

- GetCare
- Case management
- Setting SMART goals
- Kinship Caregiver Support Program (KCSP)
- Needs assessment and fidelity
- Strategies for outreach
- Effective ways to communicate with caregivers
- Trauma and resiliency

Area Agencies on Aging (AAA's) and Tribes also facilitate trainings for their employees.

Additional navigator training topics may include:

- Person-centered, strengths-based case management¹ (includes information on intake and assessment practice)
- Interviewing techniques
- Writing goals, and follow up
- Current science of alcohol and cannabis
- Compassion fatigue

Supervision support

Check-in meetings are scheduled regularly between navigators and ALTSA kinship program manager and the fidelity analyst to support the navigator with program implementation. Agency supervisors and ALTSA kinship program staff should also be available to assist with any difficult questions or resource needs that might come up while navigators seek to support relative caregivers. Through the course of their work with the caregiver, kinship navigators may identify concerns that should be brought to the attention of their organization. Concerns might include the health and safety of the children in the caregiver's home.

4.2. Service Delivery

In order for navigators to provide services to caregivers, caregivers need to find the program. Kinship caregivers take numerous paths to reach kinship navigators. Kinship navigators may receive referrals from numerous sources including (but not limited to) state agencies, schools, churches and other community-based organizations, and word of mouth. To create referral pathways to the kinship navigator program, navigators are responsible for conducting outreach to increase agency and community awareness of the program, its services and support. Establishing these pathways to services is particularly important in the first six months to a year of operations. However, the kinship caregiver is referred, kinship caregivers enter the kinship navigator program with varying levels of need. Some caregivers seek out the kinship navigators for a quick information-only phone call while others are looking for more extensive assistance. There are three levels of navigator services, 'information and assistance / referral,' 'case coordination,' and 'case management.' Through all of these services, kinship navigators provide information and linkages so that kinship caregivers have the knowledge and support they need to keep children and youth in the community and with their families.

A. First contact with kinship caregiver

The kinship navigator program is open to all informal and formal kinship families; however, families who have an open case with the state child welfare system are not eligible to receive urgent KCSP funds. Navigators engage kinship caregivers and offer to complete an intake to best understand how to serve the family. The navigator may offer to meet in their office, the caregiver's home, an appropriate community location or conduct the interview by phone or virtually. At the intake, the navigator's primary tasks will be to:

- Screen the caregiver for eligibility for case management using the pre-screening tool ([see appendix P](#))
- Establish a relationship and build trust
- Learn about the caregiver's family situation
- Determine the level of service needed
- Explain the evaluation and request the caregiver's consent to participate

- Administer the needs assessment
- Partner with the caregiver to identify their most urgent needs and document on the goal tracking tool

There are three steps to prepare for the first contact with the kinship caregiver (intake): screening and service level determination, service and intake overview, and evaluation overview and consent.

B. Screening and service level determination

The first point of contact with the kinship caregiver may occur over the phone or face to face. During the first point of contact the navigator is responsible for collecting basic demographic information, determining the reason for the contact, and providing details of the three service pathways (information and assistance / referral, case coordination, and case management). The navigator will provide the information the kinship caregiver is asking for and log it into GetCare. If case management is not selected, then that signifies the end of service until the next point of contact initiated by the kinship caregiver.

A. Information and assistance / referral (I&A / I&R)

Information assistance/referral (I&R/I&A) is defined as aiding caregivers in obtaining access to the services and resources that are available within their communities. The navigator provides the kinship caregiver with information that grows the kinship caregiver's awareness of and ability to directly access services and supports. Follow-up may be required if the navigator was not able to provide immediate information to the kinship caregiver at the point of interaction. Therefore, follow-up in I&A / I&R is defined as a return call/email/text to the kinship caregiver after they have requested information. The follow-up for I&A / I&R should occur within two weeks of the kinship caregiver's request for referral.

B. Case coordination

Contact is started by the client who indicates that they are looking for minimal help in one of the categories listed on the kinship needs assessment ([Appendix O](#)). A kinship needs screening or program intake can be completed. Units of time are recorded in GetCare. Case coordination includes clients that are

getting only KSCP with no other services or support.

C. Case management

Once it has been determined that case management is needed, the navigator follows three steps:

1. Description of the intake process. The description of the intake includes what documentation is required from the kinship caregiver and how long the intake process will take.
2. Provide the caregiver with an overview of the needs assessment and goal determination process.
3. Navigators describe their role in supporting the kinship caregiver through case management services as well as the structured timepoints for follow-up.

An intake appointment may last from 1 to 2 hours. In cases where the kinship caregiver does not have the full amount of time available to complete an intake in one appointment Navigators are able to break up the intake into two timepoints. (See TIP sheet [Appendix J](#)).

Case management intake

Following the three steps of intake preparation ensures the kinship caregiver is well prepared for the intake appointment. During the intake appointment, navigators verify and record documentation of the kinship caregiver relationship-child status in the kinship caregiver's file. Verifying the kinship caregiver is the child(ren) primary caregiver is required to engage in case management services and services specific to urgent funds (KCSP). In the event the kinship caregiver does not have documentation of their relationship with the child, the navigator works with the kinship caregiver to obtain the needed documents. Navigators are responsible for obtaining consent from the kinship caregiver in order to contact an appropriate professional, agency, or a home visit to verify the primary kinship care relationship. Examples of verification documents include:

- Legal custody court documents
- Medical provider
- Parental consent agreement
- School documentation
- Tax return
- DSHS award letter for services, e.g., TANF Child Only Grant, Food Assistance
- Lease agreements where a relative child is listed, or Section 8 Housing vouchers which list relative children
- As a last option, a letter from a faith / religious/other community leader

Please Note: Complete information should be gathered prior to any emergent funds being allocated towards client's needs Enter all information gathered into GetCare system at each visit.

Evaluation overview and consent (study period only)

For the pilot study, kinship caregivers receiving case management services were included in the kinship navigator pilot project. A detailed description of the study is available for kinship caregivers in the informed consent form ([appendix M Consent Form](#)). Navigators are not required to obtain signed consents from participating kinship caregivers. Navigators are responsible for explaining the study and its aims. Specifically, navigators explain the study aims to understand what services kinship caregivers need and use and how the kinship navigator program can better meet the caregivers and their family's needs. Navigators inform the kinship caregivers that they will be asked to complete a satisfaction survey at three different timepoints (close of case and six and twelve months after close of case).

Kinship caregivers who did not wish to participate in the study but wanted case management services were still allowed to receive case management services but were not required to complete the surveys.

Needs assessment

During the intake, navigators utilize the kinship caregiver needs assessment, which is

comprised of four sections: demographics, kinship child, caregiver health and needs, and goal setting ([see appendix C-F](#)). The Kinship Caregiver Needs Assessment was adapted from the Washington Family Needs Scale and the work of Don Cohon of the Edgewood Institute for the Study of Community-Base Services. Cohon developed a 31-item family needs scale based on the work of Carl Dunst and colleagues (Dunst, Trivette & Deal, 1988). Adaptations to the scale were necessary to align with the State of Washington stakeholders' priorities, ensure cultural relevancy, and document frequency of identified need(s) with greater specificity.

The Kinship Caregiver Needs Scale information is recorded on a six-point scale with answer options ranging from never to always and asks the frequency of use (used in the past twelve months, currently use, need, or don't need at this time). The needs assessment has been translated into Spanish ([appendix G](#)) and tribally adapted ([Appendix H](#)). There are signature pages present in the kinship caregiver needs assessment. Please note any signatures featured are not mandatory, administrators must guide navigators on the requirements for their agency.

- **[Appendix D](#), Section I: Demographics section**

The demographic section of the kinship caregiver needs assessment collects the following information: ([see appendix D](#)):

- Race
- Ethnicity
- Gender
- Income
- Relationship status
- Education

- **[Appendix D](#), Section II: Kinship caregiver health and needs**

The kinship caregiver needs and health section is comprised of three parts. The first two parts examine the use of services obtained or needed in a multitude of categories such as financial, behavioral or physical health, childcare, parenting classes, and support groups.

- **[Appendix D](#), Section III: Kinship child section**

The child section includes demographics, academics, and health information ([see appendix D](#)):

- Demographics information collected on kinship child include race, ethnicity, gender, and their relationship with the caregiver and any other children in the home
- Academic information collected on the kinship child include attendance, grade, and educational supports, Individual Education Plans (IEP).
- Kinship child health information collected includes behavioral and physical health including current diagnosis
- **[Appendix E, Section IV: Use of services](#)**

The first part of the needs section determines if a caregiver has used the service category prior or currently. The navigator uses the four-point scale to rate if the kinship caregiver has used or needs the service

 - Used in the past twelve months
 - Currently use
 - Don't currently use, but need
 - Don't need at this time([see appendix E](#)).
- **[Appendix E, Section IV: How often a need is identified](#)**

Section IV determines the frequency a caregiver has needed help obtaining the service in the last three months. The frequency of which the kinship caregiver has needed help obtaining the service is rated using a five-point scale.

 - Never: caregiver never needed help getting or keeping the service/support
 - Almost never: means the caregiver has needed help one time in the last three months to get or keep the service/support
 - Sometimes: caregiver needed help two times in the last three months to get or keep the service/support
 - Almost Always: caregiver needed help three times in the last three months to get or keep the service/support (if it is a monthly service and caregiver needed help every month, use this selection)
 - Always: caregiver needed help more than three times in the last three

- months to get or keep the service/support
- **Appendix E: Kinship caregiver's Health**

The last part of the needs assessment asks about the kinship caregiver's health. In addition, this section allows the kinship caregiver to indicate topics of health they are interested in receiving more information on.
- **Appendix F: Goal setting**

The goal setting section provides space for the navigator and kinship caregiver to identify the top three services they would like to learn about / receive. The navigator would then guide the kinship caregiver through the SMART goal setting model to establish concrete goals that are achievable within the six-month timeframe of case management services (see appendix F).

Please Note: Do not put identifiers (names) in the text boxes in GetCare. This information will be provided to the evaluation team to review and if there are identifiers the data will no longer be confidential.

Goal setting

The kinship navigator uses the needs assessment tool to help the kinship caregiver identify their own needs. Once the navigator identifies the caregiver's needs after completing the needs assessment, the next step is to complete the caregiver goal setting tool and provide the information, support, and referrals to meet those needs. When developing goals, the kinship navigators will use the SMART model. Goals should be specific, measurable, attainable, relevant, and time-bound (able to be completed in six months or less) (see figure 2). Navigators should use the needs identified to set the desired objective and then build attainable steps (goals) the kinship caregiver will be able to accomplish within the six-month case management timeline.

Navigators should guide their kinship caregivers to create 1-3 goals.

Example goals that could be written to address caregiver identified needs

Financial needs:

Example goal: I will complete the application for emergent funds within the next three weeks.






Legal assistance:

Example goal: I will contact legal aid to find out about the steps needed in order to gain custody of my grandchild by next Thursday.

Peer-to-peer interaction support:

Example goal: I will attend one peer support group within the next month.

Figure 2 Smart Goal Examples

				
Specific	Measurable	Attainable	Relevant	Time-bound
<ul style="list-style-type: none">· Who? What? Where?· Is the goal clear and specific?· Example: I will print off the application for financial assistance	<ul style="list-style-type: none">· From and to· How will you know that you attained the goal?· Example: The application is printed	<ul style="list-style-type: none">· How· Is the goal resonable?· Example: I have access to a printer this week	<ul style="list-style-type: none">· Worthwhile· Is the goal compatible with your other long-term goals?· Example: It is the first step in obtaining financial assistance	<ul style="list-style-type: none">· When?· When do you want to complete your goal?· Example: I will print off the application by Friday June 3

These goals will be recorded on the Goal Setting form ([see appendix F](#)). Once the goals are created, case management requires tracking caregiver goals and needs throughout the six-month service period. To assist with this tracking, case

management includes designated follow-up protocols to ensure continued contact with the caregiver throughout service implementation. This allows the kinship navigator to help the caregiver move from crisis response to preventative response. Kinship navigators contact caregivers at a minimum of three times a year (intake, three months, and six months) if case management does not close at the three-month time point.

This contact can be face to face, through email, over the phone, or by text. Due to the necessity of follow-up, case managers track all their contact with the caregivers in GetCare. Please note if you speak multiple times in one day with a caregiver, you can wait until the end of the day to complete one entry of contact in GetCare to save time.

Follow-up

Kinship navigators will follow up with caregivers at a minimum of two different time points (three months after intake and six months after intake). Please note that a navigator may only complete one follow-up if the kinship caregiver's case management closes at the three-month time-point. At each follow-up, the navigator will complete the needs assessment. When completing the needs assessment, during follow ups, document any changes to demographics, child and caregiver health, child education, and caregiver needs ([See appendix D-E](#)). Follow-up appointments can take place in person or over the phone. To ensure fidelity, the navigator will complete a fidelity tool after intakes and at each follow-up ([see appendix A](#)). The fidelity form will be used by the navigators and supervisors to monitor adherence to the case management model. The navigator will also complete the Fidelity Form ([see appendix A](#)) which will be uploaded to UW during the research project and should be available for review upon audits. When the research project is complete the Fidelity Forms will be e-mailed directly to ALTSA.

The navigator is responsible for setting up follow-up appointments with their case management kinship caregivers. To ensure timely follow-ups, it is suggested that navigators will begin contacting the kinship caregiver by phone, email, or text two weeks prior to their three-month follow-up. If the first attempt at contact is unsuccessful, the navigator will reach out a second time 1 week prior to the three-month follow-up. If the navigator has still not heard back from the caregiver, the navigator will reach out one more time at the three-month timepoint. All attempts to contact the caregiver should be documented in GetCare.

Example: Two weeks prior to the three-month check-in the kinship navigator calls/ emails/or texts the caregiver to remind them of the three-month check-in and set up a time to complete the assessment. If the kinship navigator receives no reply, they contact the caregiver again at one week prior to the three-month check-in, and if no contact is made, the kinship navigator will contact the caregiver at the time of the three-month check-in. If the caregiver does not complete the three-month time point after the kinship navigator attempts to contact the caregiver a minimum of three times, the caregiver can still complete the next time point should they desire to continue services. This could mean that the caregiver might check-in at four or five or six months instead of at the three-month check in. If the follow-up occurs closer to or at the six-month timepoint, the navigator should complete a six-month follow-up. Even if contact does not occur during the three-month time-point, case management services end at the six-month timepoint.

- ***Three Month Follow-up***

During the three-month follow up the kinship navigator will ask the caregiver if any changes have occurred in the last three months. Navigators will use the

needs assessment completed at intake as a guide. Navigators would also complete the “Kinship Child No Longer in Caregiver Home” if any kinship child(ren) have left the home. Navigators will track the changes in the first three sections of the kinship caregiver needs assessment: ([Appendix D](#) and [F](#) respectively):

- Demographics: any changes in housing, contact information, employment, kinship child status, relationship, or caregiver education
- Kinship child section: any changes in demographics including custodial arrangement or agreements, academics, kinship child physical health (diagnosis, treatment, supports), and kinship child behavioral health (diagnosis, treatment, supports)
- Kinship caregiver needs and health: any changes to your needs or health in the last three months such as any unmet needs or a change in health status (fair, poor, good, very good, excellent)

The last section of the kinship caregiver needs assessment is the goal section. During the three- month follow-up navigators review the goals set during the intake appointment. The review is designed to determine progress towards goals, identify barriers or challenges to completing the goal, and to celebrate successes of goal attainment. To assist with the process of reviewing goals, the following questions are suggested once it is determined if a goal has been attained or not:

- The goal has been met: the navigator would acknowledge this on the goal sheet and in GetCare by selecting the goal completed and entering the date the goal was completed
- The goal has not been met navigators will attempt to determine what may be preventing the kinship caregiver from successfully attaining this goal

If the goal has not been met, the navigator will:

- Identify barriers to goal(s)
- Identify solutions to barriers
- Identify caregiver and navigator responsibilities
- Update changes in GetCare

In reviewing a goal that has not been met, the navigator will want to know if there are any barriers to achieving this goal. The reasons for not accomplishing a goal may range from systemic issues to personal. By identifying barriers, the navigator can strategize with the caregiver on how to overcome or work around those barriers (if possible). The next step would be identifying a plan to address the barriers. The navigator will strategize with the caregiver to develop the steps to addressing barriers.

When developing these steps, the roles, and responsibilities of both the caregiver and the navigator will be clearly defined. Specifically, the caregiver and navigator will detail what they will each do to support achieving the goal and removing barriers. If any goals have changed since the intake, the information will be updated in the most recent version of the assessment in the electronic monitoring system (GetCare).

Lastly, if there are other goals the caregiver would like to set, the navigator would add them to the list of goals in the updated assessment. There should be a maximum of three goals created or being worked on at a time. There are several approaches to creating new goals at three-months:

- Review goals on the needs assessment to determine which need has not been met
- Create a goal to address the preidentified need
- Identify new needs based off a change in circumstances in the last three months

To ensure fidelity of service implementation, navigators would complete the fidelity tool at three months from the date of intake. This form is to be filed in the kinship caregiver case file. For the kinship navigator pilot program, the fidelity forms were uploaded to a UW sharefile folder.

Please note: If all goals are met and no new goals are identified, this would signify “end of service”. If the case closes at three-months, the navigator will send out the satisfaction survey at this time.

- **Six Month Follow-up**

The six-month follow-up includes “end of service” processing and the satisfaction survey. Just as the intake is the beginning of services, the six-month check-in is considered the “end of service.”

End of service occurs at the six-month period unless the family is found to have reached their goals at the three months follow up, at which time the case⁹ would have closed at three months. For evaluation purposes, ALTSA has designated a person to complete the “Follow-up for Closed Cases Only” at six-months after case closed and again twelve-months after case closed as “check-in” to make sure the goals that were developed at case closure have continued to be met. If a caregiver has closed to case management and expresses new needs during the post closed case follow up with ALTSA staff, then they would be referred back to the navigator. The navigator would then conduct an assessment with the caregiver and reopen the case.

The navigator completes the six-month follow-up, which is the same process as intake, and complete the “Child No Longer in Caregiver Home” if any kinship child(ren) has left the home. This includes updates to the demographic and kinship child section.

However, the navigator will complete the kinship caregiver needs and health section sections for the second time rather than updating. Completing the kinship caregiver needs and health at the six-month timepoint will inform navigators of any new emerging needs as well as indicating if the attained goals from intake have changed the needs of the kinship caregiver. To ensure fidelity of service implementation, navigators would complete the fidelity tool. This form is to be filed in the kinship caregiver case files. For the kinship navigator pilot program, the fidelity forms were also uploaded to UW. The fidelity form will be used by the navigators and supervisors to monitor adherence to the case management model and should be available for review upon audits.

In [appendix J](#) of this document is a TIP sheet on how a navigator would enter a case in Getcare, close the case and reopen a new case if the family identifies a new need after case closure. See [appendix M](#) to view the GetCare form.

After case management (pilot study only)

For the kinship navigator pilot project there are two follow-ups that occur after a kinship caregiver closes their case management services. These two follow-ups are specific to the

evaluation of the pilot. Our community partner, AL TSA, has designated a person dedicated to conducting follow-ups at six and twelve months after case management has closed. The AL TSA representative will use the ‘Follow-up for Closed Cases Only’ and the ‘Kinship Child No Longer in Caregiver Home’ forms during each follow-up ([see appendix B](#) and [appendix I](#)).

The ‘Follow-up for Closed Cases Only’ is a shortened version of the Needs Assessment and has a checkbox at the top to distinguish between the six or twelve-month post case closed follow-up. The designated AL TSA person will then upload the “Follow-up for Closed Cases Only” form and if needed the ‘Kinship Child No Longer in Caregiver Home’ form to the UW ([see appendix I](#)).

YOU WILL ENTER THE FOLLOWING INFORMATION IN GETCARE:

- i. Date of intake appointment
- ii. Offered an intake appointment
- iii. Completed demographic section, including caregiver health (caregiver)
- iv. Completed demographic section (child/youth)
- v. Completed needs assessment
- vi. Completed goal setting
- vii. Contacts to schedule three-month follow-up can be entered as units of time into GetCare as part of the Case Coordination
- viii. Conducted three-month follow-up (needs assessment)
- ix. Contacts to schedule six-month follow-up can be entered as units of time into GetCare as part of the Case Coordination
- x. Conducted six-month follow-up (needs assessment)
- xi. In progress notes, any attempts to contact family if unable to locate at 3 or 6 months

4.3. Information Management

The Kinship navigator pilot project uses GetCare as the primary administrative data collection system. GetCare is an electronic data sharing system in which kinship caregiver information and interactions with the kinship caregivers are recorded and stored. Kinship navigators are

responsible for recording all data received into GetCare. This data includes kinship caregiver information as well as details of follow-ups and services provided. Navigators are responsible for tracking data on caregivers served, outreach conducted, and informal contacts. This data provides valuable program management material, while supporting independent assessment of how well the project is meeting its goals and serving caregivers' needs.

Information management included the opening and closing of cases in GetCare. This was indicated through the goal setting section of GetCare. Each goal is reviewed at the follow-ups. Navigators are responsible for entering the 'goal status' into GetCare by utilizing a dropdown menu that includes the following options: goal completed, goal no longer relevant, caregiver no longer has kinship children, caregiver no longer wants services, lost contact with caregiver, and end of service period. When a goal is met, the kinship navigator would enter the date the goal was completed.

The data entry is monitored by administration. AAAs and Tribes will oversee the data as it is collected by their organizations and contractors and make sure the data is entered into the GetCare system maintained by ALTSA. Any GetCare question needs to be entered into issue manager in the GetCare system and ALTSA staff should be contacted.

4.4. Fidelity Tracking - Ongoing Program Management

Fidelity refers to the consistency in which the kinship navigator program is implemented across multiple sites. While there are multiple pilot sites, each site should be following the guidelines and steps detailed above. Fidelity tools are used to determine if the program was implemented as designed ([see appendix A](#)). This includes number of contacts with the caregiver, needs assessment and goal setting, follow-ups, and satisfaction survey.

The day- to- day fidelity maintenance supervision will be the responsibility of the AAA or Tribes. Through regular communication and monitoring, the ALTSA Kinship Program will provide oversight to the local partners.

For the purpose of the pilot, ALTSA supervises the use of the fidelity tools. ALTSA also provides

reports from GetCare that contains the de-identified data to the evaluation team to track fidelity. Additionally, navigators completed fidelity forms and uploaded those forms to a shared file system with UW.

4.5. Client Satisfaction

The Client Satisfaction Survey assesses the caregiver satisfaction with services received through the kinship navigator program ([See appendix K](#)). This includes having their needs met, points of contact, service availability, and whether the program helped them be more successful as a kinship caregiver. Client satisfaction surveys are recommended as a sustainable program evaluation tool.

In the first year of the kinship navigator pilot project, the navigators were responsible for mailing, emailing, or texting a link for an online satisfaction survey three months after the start of the pilot program (ex. August 1, 2019, if services started on May 1, 2019) and again six and twelve months after a case closed. Post research this process was changed to ALTSA taking responsibility for administering the satisfaction survey at the point of case management closer through email, text, or mailing. To assist with facilitation of mailing satisfaction surveys, UW prepared satisfaction survey mailings and delivered them to the navigators to distribute to families that preferred paper surveys as opposed to an online survey.

The survey will identify what worked well or what areas could be improved within the kinship navigator program. The navigators will not see the individual level data for the satisfaction survey to keep responses confidential. The University of Washington evaluators created a report with the aggregated data for the navigators during the pilot, and this responsibility will shift to ALTSA post-research phase. Once the kinship navigator pilot project is complete, it is recommended that satisfaction surveys are disseminated annually to all kinship caregivers that received services. The satisfaction survey is available in both English and Spanish ([see appendix K](#) and [appendix L](#)).

CHAPTER FIVE: ADMINISTRATIVE REQUIREMENTS

5.1 Encounter Tracking for Services to Caregivers

Each kinship program and the agencies that run them track information for the families they serve.

Service Recording is used by the Parent organizations to record services provided to kinship caregivers and the duration of each encounter. Tracking every service ensures accurate representation of the work that kinship navigators do. The following information is recommended for collection and recording for each kinship caregiver encounter:

- Client identifier / GetCare number (this is auto populated in GetCare)
- Enter date of encounter
- Encounter recipient– Adult caregiver
- Type of encounter
- How the encounter was provided: In person, by telephone or other. For “Other”, a brief description should be provided (for example, “by email”) in the notes section
- Time spent providing services
- Any money spent providing services, including KCSP

For more details on entering information into GetCare see [Appendix Q](#) for Statewide Kinship Program: GetCare User Guide

Due to the various options of encounter recipients, it is important to note the type of encounter.

The following are the five types of encounters:

- **Information assistance/referral (I&A / I&R):** provide information about a needed resource/support including specific name and contact information for a person to go to for the resource/support. See call outcomes, section I&A / I&R portion of GetCare of this manual for additional guidance on information/referral
- **Linkage:** provide additional help beyond just a referral to link a caregiver with a needed resource or support (helping arrange an appointment time)
- **Advocacy with third party:** contact with third party to advocate for the caregiver to receive a needed resource or support
- **Supportive listening:** encounter with kinship caregiver to primarily to provide emotional support

- **Other:** used for services not listed above and requires brief specification of what was provided

5.2. Outreach, Education, and Peer to Peer Tracking

In addition to tracking encounters specific to the kinship caregivers needs, navigators are responsible for tracking community or agency level outreach. Navigators provide community-level outreach, education to agencies, and opportunities for peer-to-peer interaction. You can find more information about how to enter these activities into GetCare in [Appendix Q](#), Statewide Kinship Program: GetCare User Guide in the Service Recording Options section. It is useful to track those services to ensure the building of relationships with those who provide services and referrals as well as those who may refer kinship caregivers to the kinship navigator program. As stated above, closely tracking these outreach efforts by kinship navigators will provide an accurate representation of the navigators' work. In addition, it provides the data to determine what areas of outreach are saturated or lacking and require more attention. In the kinship navigator pilot project, navigators can track this in the event management section in the operations portion of GetCare. The following is the information to be documented for outreach efforts:

- Name & region of your program
- Date of event
- Event/ Group name
- Purpose of event (for example support groups, conference, workshops). We are most interested in tracking the events that promote peer to peer interactions
- Number of people attending the event (Was the event advertised? Targeted mailings, newspaper, newsletter, and website etc.)

GLOSSARY

Direct Referral – The navigator provides the referral to supports and services, assists the family in making the call to receive services, not waiting for the family to initiate the call themselves.

GetCare - A computer program that enables kinship navigators to track demographic information, clients' needs and goals, and contacts with client.

Kinship Caregiver - A relative caregiver most often grandparents but also aunts, uncles, siblings and can even include non-blood related “fictive kin”—who serve as short-term or long-term primary caregivers for children whose own parents are unable to care for them.

Kinship Navigator - An individual who assists kinship caregivers with understanding, navigating, and accessing the system of out-of-home care supports and services for kinship children.

Indirect Referral - The navigator provides the kinship caregiver with the contact information for the referral to supports and services. The kinship caregiver is responsible for contacting the referral on their own.

Initiation of Service - Service initiation occurs when the kinship navigator meets with the kinship caregiver to complete the intake.

Information and assistance / referral (I&A / I&R) - Provide information about a needed resource/support including specific name and contact information for a person to go to for the resource/support. See call outcomes, section I&A / I&R portion of GetCare of this manual for additional guidance.

End of Service - End of service occurs six months after the intake is completed or if at the three- month follow up if the family is found to have reached their goals.

New Case - The process of determining new goals or reaffirming unmet goals after end of service occurs.

Program Advertising - Used by kinship navigator programs to establish connections with families. Kinship navigator programs use a multi-method outreach strategies including distribution of brochures, development of websites for each service area, community presentations, and community partnerships.

Success - Success is defined as the completion of one or more client identified goals that were developed during the intake process.

APPENDICES

Appendix A. Fidelity Tool

For this form the “Full Needs Assessment” includes the following sections: demographics, child/youth section, caregiver health, needs assessment, and goal setting. Please note, I&A / I&R services include support groups.

GetCare number:		County identity:			
<input type="checkbox"/> New case management caregiver		<input type="checkbox"/> Caregiver received case management previously			
Date baseline assessment was completed: _____					
	Yes	No		Yes	No
Provided overview of kinship navigator program			Offered an intake appointment		
Baseline assessment					
a. Full ‘Needs Assessment’ completed			Date it was completed:		
b. Enter baseline assessment into GetCare			Date it was completed:		
c. Kin Family received KCSP services			Date it was completed:		
d. Kin Family received other tangible services with non-federal funds			Date it was completed:		
Three-month					
a. Three-month Follow-up form			Follow-up attempted 3 times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. *Kin Child Left Caregiver’s Home form			Date 3 month was completed/attempted:		
c. Emailed Fidelity form and/or Kin Child Left Caregiver’s Home form to ALTSA			Date 3 month was completed:		
If client reached or continues with goals by the three-month appointment, client chose:					
<input type="checkbox"/> I & A/I &R services (service as usual and case management closed)		<input type="checkbox"/> Set new goals OR continue with previous goals (case management cont.)		<input type="checkbox"/> Terminate all navigator services	
If Case Management Closed at 3 Months: Satisfaction survey sent once a year					
Six-month					
a. Full ‘Needs Assessment’ completed			Follow-up attempted 3 times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. *Kin Child Left Caregiver’s Home form			Date 6 month was completed/attempted:		
c. Satisfaction survey sent to caregiver (only required once a year)			Date it was sent/arranged:		
d. Emailed Fidelity form and/or Kin Child Left Caregiver’s Home form to ALTSA					
At six-month appointment client chose:					
<input type="checkbox"/> I & A/I &R services (service as usual and case management closed)		<input type="checkbox"/> New case management services		<input type="checkbox"/> Terminate all navigator services	
Additional notes: (add anything that is not captured in the full assessment or notes on the case, including any attempt dates or how attempts to contact were made by e-mail, letter, phone call, or the status of the case)					

Appendix B. Follow-up for Closed Cases Only

Follow up for Closed Cases Only

Client identification number: _____		Timepoint: <input type="checkbox"/> six-month <input type="checkbox"/> twelve-month	
Follow up date: _____ Case close date: _____ Date satisfaction survey sent: _____			
1. How many kinship children are currently living in your home?		_____	
2. Did you have any kinship child(ren) leave your home? (if no, skip to caregiver health, if yes go to question 3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date kinship child left the home. (if more than one child left the home, please complete questions 3-7 for each child)		_____	
4. Gender	5. Birthdate	6. Race/Ethnicity (Check all that apply)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ (MM / DD / YYYY)	<input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) <input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) <input type="checkbox"/> Unknown (no races indicated)	
7. Where did the child move to?		<input type="checkbox"/> returned to birth parent <input type="checkbox"/> entered foster care <input type="checkbox"/> moved to another kin caregiver <input type="checkbox"/> aged out <input type="checkbox"/> Other: _____	

Caregiver Health (SF-12)		
These questions ask your views about your health.		
8. In thinking your own health, which resources are you interested in learning about? (Check all that apply)		
P	S	
<input type="checkbox"/> Fall prevention <input type="checkbox"/> Heart health <input type="checkbox"/> Memory <input type="checkbox"/> Diabetes Management	<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Aging <input type="checkbox"/> Self-Care <input type="checkbox"/> Managing stress	<input type="checkbox"/> Nutrition <input type="checkbox"/> Chronic disease (living well) <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____
9. In general, would you say your overall health is: (Select one)	P	S
	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
10. Do you have any unmet healthcare needs?	P	S
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____

Kinship Child Health (If more than one child, please complete one for each child)		
11. In general, how would you rate your kinship child's <u>physical health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
12. In general, how would you rate your kinship child's <u>behavioral health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
13. Does your kinship child have access to primary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does your kinship child have a diagnosed physical health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	
15. Does your kinship child have a diagnosed behavioral health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	
16. Are your kinship child's physical health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	
17. Are your kinship child's behavioral health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	
18. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	
19. Is the child in your care a pregnant or parenting youth in informal kinship relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know	

20. Has your kinship child attended their well-child visits since they came to live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know
21. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)? (Check all that apply)		
<input type="checkbox"/> Upper respiratory infections <input type="checkbox"/> Otitis media and related conditions <input type="checkbox"/> Fever of unknown origin <input type="checkbox"/> Open wounds of head, neck and trunk <input type="checkbox"/> Fracture of upper limb		
<input type="checkbox"/> Headache, including migraine <input type="checkbox"/> Skin and subcutaneous tissue infections <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Acute bronchitis		
<input type="checkbox"/> Allergic reactions <input type="checkbox"/> Sprains and strains <input type="checkbox"/> Viral infections <input type="checkbox"/> Nausea and vomiting		
22. In the last 6 months, how many ER visits has your kinship child had? _____ visit(s) <input type="checkbox"/> I don't know		
23. What type of health insurance does your kinship child have? (Select all that apply)		
<input type="checkbox"/> Medicaid / Apple Health <input type="checkbox"/> Employer-based Health Insurance <input type="checkbox"/> Tribally Supported Insurance Plan		
<input type="checkbox"/> No insurance <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other, please explain: _____		

Kinship Child Education (If more than one child, please complete one for each child)		
1. Does your kinship child attend an early childhood program or school?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next)	If yes, what is your kinship child's _____ Grade grade?
2. Has your kinship child repeated any grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

3. Does your kinship child receive special education services or other support programs?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next) <input type="checkbox"/> I don't know	Does your kinship child have a current IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
5. Is your kinship child failing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
6. Do you need assistance addressing your kinship child's social or behavioral needs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you need assistance requesting academic support for your kinship child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Has your kinship child been suspended or expelled? (Check all that apply)	<input type="checkbox"/> Yes, suspended <input type="checkbox"/> Yes, expelled <input type="checkbox"/> No <input type="checkbox"/> I don't know	
9. How many absences has your kinship child had in the last year?	Number _____ <input type="checkbox"/> I don't know	

Appendix C. Cover sheet

The cover sheet is designed to get quick information from the caregiver. This information includes how the caregiver heard about the program and a quick guide for Federal Income Guidelines.

Primary Caregiver	Name:				
Second Caregiver	Name:				
	Physical address:	Street Address/Apt #	City	State	Zip Code
	Mailing address:	Street Address/Apt #/ PO Box #	City	State	Zip Code
Primary Caregiver	Email:				
Second Caregiver	Email:				
Primary Caregiver	Phone:				
Second Caregiver	Phone:				
Number of people (adults) in your household:					
How did you hear about the program?					
How long do you anticipate caring for your kinship child?					
If you are no longer able to care for you child, is there another family member that could provide care?					
2020 Federal Income Guidelines					
Household Size	Average Annual Income		Average Monthly Income		
2	\$ 34,480		\$ 2,873		
3	\$ 43,440		\$ 3,620		
4	\$ 52,400		\$ 4,367		
5	\$ 61,360		\$ 5,113		
6	\$ 70,320		\$ 5,860		
7	\$ 79,280		\$ 6,607		
8	\$ 88,240		\$ 7,353		
For each additional person add	\$ 4,480		\$ 373.00		

Appendix D. Demographics form for three and six month follow up

This form includes demographic information regarding the caregiver and the child in their care.

SECTION I: DEMOGRAPHICS (for GetCare)

This greyed box is for use at the three month follow-up only:

Caregiver Demographics: Were there any changes to any of the questions in the Demographic section. (questions 14 and 15 are the most likely to have changes) If so, please not the changes below:		<input type="checkbox"/> No changes in this section	
1. What is the time point of the survey?		<input type="checkbox"/> Baseline <input type="checkbox"/> Post-test (90 days) <input type="checkbox"/> Post-test (6 months)	
2. Primary Caregiver name: _____		Caregiver date of birth: ____/____/____ (MM / DD / YYYY)	
3. Second caregiver name: _____		S Caregiver date of birth: ____/____/____ (MM / DD / YYYY)	
4. Client identification number: _____			
5. Date survey completed: ____/____/____ (MM / DD / YYYY)			
6. How was the survey completed? <i>P and S</i> <input type="checkbox"/> Completed in a face-to-face interview with participant <input type="checkbox"/> Completed over the phone with participant			
7. In which county do you live? _____			
8. Date Kinship Navigator services started? (Select one option)		<input type="checkbox"/> Less than a 1 year ago <input type="checkbox"/> 1 to 2 years ago <input type="checkbox"/> 2 to 5 years ago	
		<input type="checkbox"/> 5 to 10 years ago <input type="checkbox"/> over 10 years ago	
9. Which gender do you identify with?		<i>P</i>	<i>S</i>
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
10. What race do you identify with?		<i>P</i>	<i>S</i>
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined <input type="checkbox"/> Unknown
11. What ethnicity do you identify with? (Check all that apply)			
<i>P</i>		<i>S</i>	
<input type="checkbox"/> American Indian or Alaskan Native; Tribal affiliation: _____		<input type="checkbox"/> American Indian or Alaskan Native; Tribal affiliation: _____	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino/Latinx		<input type="checkbox"/> Hispanic or Latino/Latinx	
<input type="checkbox"/> Asian		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> White (Non-Hispanic)		<input type="checkbox"/> White (Non-Hispanic)	
<input type="checkbox"/> Other, please specify: _____		<input type="checkbox"/> Other, please specify: _____	
12. What is your relationship status? (Select one option)			
<i>P</i>		<i>S</i>	
<input type="checkbox"/> Single		<input type="checkbox"/> Single	
<input type="checkbox"/> Married		<input type="checkbox"/> Married	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed		<input type="checkbox"/> Widowed	
<input type="checkbox"/> Separated		<input type="checkbox"/> Separated	
<input type="checkbox"/> Cohabiting, not married		<input type="checkbox"/> Cohabiting, not married	

13. What is the <u>primary language</u> spoken in the home? _____	
14. Family housing: Please select the option that best identifies your housing situation (Select one option)	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with relatives/friends	<input type="checkbox"/> Temporary (shelter, temporary with friends/relatives) <input type="checkbox"/> Homeless <input type="checkbox"/> Other, please specify: _____
15. Select the highest level of education you have completed: (Select one option)	
P <input type="checkbox"/> 8 th grade or Less <input type="checkbox"/> 9 th -11 th grade <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or associate/technical degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other, please specify: _____	S <input type="checkbox"/> 8 th grade or Less <input type="checkbox"/> 9 th -11 th grade <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or associate/technical degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other, please specify: _____

SECTION II: PART 2 DEMOGRAPHICS

This greyed box is for use at the three-month follow-up only

Caregiver Part 2 Demographics: Were there any changes to the Part 2 Demographics section in the last three months? If so, please note the changes below:		<input type="checkbox"/> No changes in this section
1. What is your current employment status?		
	Primary caregiver	Secondary caregiver
	Other household member	
Employed full-time	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Not employed (by choice)	<input type="checkbox"/>	<input type="checkbox"/>
Not employed	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Industry (workers' compensation)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you or your spouse/partner/other household member needed to cut back on job hours worked due to kinship children needs?		<div style="display: flex; justify-content: space-between;"> <i>P</i> <i>S</i> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
3. If you or your spouse/partner/other household member are employed: is your ability to provide kinship care impacted by your employment status?		<div style="display: flex; justify-content: space-between;"> <i>P</i> <i>S</i> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
4. Select the monthly household income range that best reflects your total monthly household income: (Select one option)		
<input type="checkbox"/> \$0-\$999 <input type="checkbox"/> \$1000-\$1999 <input type="checkbox"/> \$2000-\$2999 <input type="checkbox"/> \$4000-\$4999		<input type="checkbox"/> \$5000-\$5999 <input type="checkbox"/> \$6000 and above <input type="checkbox"/> Did not disclose
Number of persons contributing to household income _____		
5. Please select any of the additional sources of income or income assistance that your household is currently receiving: (Check all that apply)		

NOTE: The grey sections (\$_____) are not required to be completed for this question. Use as desired to track the monetary amount of the additional source of income reported.

<i>P and S; entire household</i>			
<input type="checkbox"/> Pension <input type="checkbox"/> Child support <input type="checkbox"/> TANF <input type="checkbox"/> TANF child only <input type="checkbox"/> Social Security Benefits (SSI) <input type="checkbox"/> Social Security Benefits (SSD) <input type="checkbox"/> Veteran benefits <input type="checkbox"/> Salary/Wages	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Unemployment income <input type="checkbox"/> Survivor benefits for the child <input type="checkbox"/> Monthly foster care reimbursement <input type="checkbox"/> Monthly adoption support subsidy <input type="checkbox"/> Monthly relative guardianship assistance program (RGAP) subsidy <input type="checkbox"/> Per Cap <input type="checkbox"/> Other, please explain: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
6. What is your total annual income? _____			

SECTION III: Kinship Child

This greyed box is for use at the three-month follow-up only		
Kinship Child Demographics: Were there any changes in the kinship child's demographics or custody arrangements in the last three months? If so, please note the changes below:		<input type="checkbox"/> No changes in kinship child's demographics/custody arrangements
Please provide additional information on the kinship child(ren) (under 18) currently living in your home		
1. Kinship child's name: first/middle/last _____ (Add kinship child)		
2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Birthdate ____/____/_____ (MM / DD / YYYY)	4. Race/Ethnicity (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) <input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) <input type="checkbox"/> Unknown (no races indicated) </div> </div>
5. Time kinship child has been in your care:		Year(s): _____ Month(s): _____
6. Have you been caring for your kinship child continuously?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intermittent (on and off)

7. What is your relationship to the kinship child? (Select all that apply) <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Non-relative <input type="checkbox"/> Other, please explain: _____	8. Relationship of kinship child with other children in the home <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Family friend <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> No other child in the home
--	---

9. Please indicate the reason(s) your kinship child came to be in your care: (Select all that apply)	
<input type="checkbox"/> Age of parent <input type="checkbox"/> Parental incarceration <input type="checkbox"/> Death of parent <input type="checkbox"/> Parental financial circumstance <input type="checkbox"/> Incident of child abuse/neglect <input type="checkbox"/> Child's injury <input type="checkbox"/> Parental substance use	<input type="checkbox"/> Parental behavioral health <input type="checkbox"/> Deportation <input type="checkbox"/> Parent left community for work/school <input type="checkbox"/> Parental physical health <input type="checkbox"/> Military service <input type="checkbox"/> Other, please explain: _____

10. Please select the option that best reflects your role:	<input type="checkbox"/> Informal *Defined as kinship care provided without involvement with CPS or formal child welfare system. *If selected, proceed to question 17. Do not answer questions 18 & 19.	<input type="checkbox"/> Formal *To be a formal kinship provider, your kinship child had to be placed in your home because of a CPS investigation or involvement with the child welfare system. If selected, answer questions 18 & 19.
---	---	---

11. If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation. (Check all that apply)	<input type="checkbox"/> Parental Consent Agreement <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Informal arrangement (no paperwork) <input type="checkbox"/> Family decision <input type="checkbox"/> Health Care Consent Waiver <input type="checkbox"/> Non-parental custody (sometimes referred to as third-party custody) <input type="checkbox"/> Other, please specify: _____
12. If your kinship child was placed in your home with the involvement of DCYF and the court, did you choose to be licensed? (Please answer yes if you were a licensed foster parent prior to the child's placement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Please identify if you have completed one of these permanent plans for your kinship child.	<input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Non-parental custody (sometimes referred to as third-party custody) <input type="checkbox"/> Other, please specify: _____
14. Since the date of your first assessment, has your child entered foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did they enter?	____/____/____ (MM / DD / YYYY)
Date of first Kinship Needs Assessment:	____/____/____ (MM / DD / YYYY)
Number of Days (between date of first Needs Assessment and date child entered foster care)	

This greyed box is for use at the three-month follow-up only	
Kinship Child Health: Were there any changes in the kinship child's physical or behavioral health or insurance coverage in the last three months? If so, please note the changes below:	<input type="checkbox"/> No changes in child health
Kinship Child Health	
15. In general, how would you rate your kinship child's <u>physical health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
16. In general, how would you rate your kinship child's <u>behavioral health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
17. Does your kinship child have access to primary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does your kinship child have a diagnosed physical health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
19. Does your kinship child have a diagnosed behavioral health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
20. Are your kinship child's physical health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
21. Are your kinship child's behavioral health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
22. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
23. Is the child in your care a pregnant or parenting youth in informal kinship relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know

24. Has your kinship child attended their well-child visits since they came to live with you?		<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
		<input type="checkbox"/> No	<input type="checkbox"/> I don't know
25. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)? (Check all that apply)			
<input type="checkbox"/> Upper respiratory infections	<input type="checkbox"/> Headache, including migraine	<input type="checkbox"/> Allergic reactions	
<input type="checkbox"/> Otitis media and related conditions	<input type="checkbox"/> Skin and subcutaneous tissue infections	<input type="checkbox"/> Sprains and strains	
<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Viral infections	
<input type="checkbox"/> Open wounds of head, neck and trunk	<input type="checkbox"/> Acute bronchitis	<input type="checkbox"/> Nausea and vomiting	
<input type="checkbox"/> Fracture of upper limb			
26. In the last 6 months, how many ER visits has your kinship child had? _____ visit(s)			
<input type="checkbox"/> I don't know			
27. What type of health insurance does your kinship child have? (Select all that apply)			
<input type="checkbox"/> Medicaid / Apple Health	<input type="checkbox"/> No insurance		
<input type="checkbox"/> Employer-based Health Insurance	<input type="checkbox"/> Not Applicable		
<input type="checkbox"/> Tribally Supported Insurance Plan	<input type="checkbox"/> Other, please explain: _____		
This greyed box is for use at the three-month follow-up only			
Kinship Child Education: Were there any changes in the kinship child's education status in the last three months? If so, please note the changes below		<input type="checkbox"/> No changes in child education	
Kinship Child Education			
28. Does your kinship child attend an early childhood program or school?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next) <input type="checkbox"/> I don't know	If yes, what is your kinship child's grade? _____ Grade	
29. Has your kinship child repeated any grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		

30. Does your kinship child receive special education services or other support programs?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next) <input type="checkbox"/> I don't know	Does your kinship child have a current IEP or 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
31. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
32. Is your kinship child failing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
33. Do you need assistance addressing your kinship child's social or behavioral needs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Do you need assistance requesting academic support for your kinship child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. Has your kinship child been suspended or expelled? (Check all that apply)	<input type="checkbox"/> Yes, suspended <input type="checkbox"/> Yes, expelled <input type="checkbox"/> No <input type="checkbox"/> I don't know		
36. How many absences has your kinship child had in the last year?	Number _____ <input type="checkbox"/> I don't know		

Appendix E. Kinship Caregiver Needs Assessment

The needs assessment helps the kinship navigator understand the areas of greatest need for the kinship caregiver.

SECTION IV: Kinship Caregiver Needs Assessment

Complete this section only at baseline and six-month follow-up

Client identification number:										
1. Date survey completed: <u> </u> / <u> </u> / <u> </u> (MM/DD/YYYY)										
2. How was the survey completed? <input type="checkbox"/> Completed in a face-to-face interview with participant <input type="checkbox"/> Completed over the phone with participant										
Please check which services you have received in the <u>last 12 months</u> , services you <u>currently receive</u> , and services you <u>need in the future</u> for yourself and/or your kinship child.										
For services used within the <u>last 3 months</u> , please check how frequently you need help to get or keep this support? Never = 0, Almost Never = 1 time, Sometimes = 2 times, Almost Always = 3 times, Always = more than 3 times in the last three months.										
Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Sometimes	Almost Always	Always	
1. Financial support for necessities (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
Rent	<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"/>
Utilities	<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"/>
Phone	<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"/>
Other bills	<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"/>
Car insurance	<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"/>
Car repairs	<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"/>
Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Sometimes	Almost Always	Always	
2. Financial education support (i.e. taxes, retirement, budgeting) (Select all that apply)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Help finding/maintaining housing (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
Section 8	<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"/>	
Tribal housing	<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"/>	
Shelter and transitional housing	<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"/>	
Subsidies, vouchers, affordable housing	<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"/>	
Eviction prevention	<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"/>	
Housing with services	<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"/>	
Shared housing	<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"/>	
Housing repair/maintenance	<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"/>	
Searching for housing (i.e. additional space, lower cost)	<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"/>	
4. Support obtaining durable goods (i.e. bedding, furniture, clothing) (Select all that apply)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Help getting enough food daily for your family (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
Food Bank	<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"/>	
WIC	<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"/>	
School lunch program	<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"/>	
Food Stamps, EBT, SNAP, etc.	<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"/>	

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Some-times	Almost Always	Always	
6. Getting and keeping public assistance (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
Medicaid	<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"/>
Medicare	<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"/>
Social Security (SSI)	<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"/>
TANF	<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"/>
Aged, Blind or Disabled (ABD)	<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. Help with transportation (Select all that apply)										
Bus/taxi pass	<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"/>
Gas card	<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"/>
Rides to/from appointments	<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"/>
8. School related supports (Select all that apply)										
Preschool enrollment	<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"/>
K-12 enrollment	<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"/>
Special education services	<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"/>
IEP/504 plan	<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"/>
Educational advocate	<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"/>
Tutoring	<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"/>
Equipment (i.e. internet, computers, etc.)	<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"/>
School transportations	<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"/>
Post-secondary supports (i.e. scholarships, college applications, etc.)	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Some-times	Almost Always	Always	
9. Help accessing primary care, other medical care or resources (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
For self	<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"/>
For kinship child(ren)	<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"/>
For other children/adults in the home	<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"/>
10. Help accessing dental care services (Select all that apply)										
For self	<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"/>
For kinship child(ren)	<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"/>
For other children/adults in the home	<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"/>
11. Child care support (i.e. Working Connections, after school care, informal child care etc.)	<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"/>
12. Respite: temporary, time-limited break for caregivers (Select all that apply)										
Respite for caregivers (DCYF)	<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"/>
Respite programs (DD Administration)	<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"/>
Other respite vouchers programs (e.g. Lifespan Respite)	<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"/>
Camp/retreats	<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"/>
Child/youth activities (e.g. extra-curricular activities, scouts, sports)	<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"/>
Family recreation activities	<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"/>
13. Referral to aging and disability resource center/I & A (Select all that apply)	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Some-times	Almost Always	Always
					(0)	(1)	(2)	(3)	(4+)
14. Personal and emotional support about your circumstance, someone to talk to. (i.e. family, friend, neighbor, or community-based groups, etc.) (Select all that apply)	<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"/>
15. Someone to talk to regarding your kinship child(ren) (i.e. family, friend, neighbor, community-based groups, etc.)	<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"/>
16. Behavioral health/ counseling (Select all that apply)									
For kinship child(ren)	<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"/>
Culturally relevant/holistic healing	<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"/>
Therapy/counseling	<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"/>
Substance use/recovery support	<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"/>
17. Behavioral health/counseling (Select all that apply)									
For self	<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"/>
Culturally relevant/holistic healing	<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"/>
Therapy/counseling	<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"/>
Substance use/recovery support	<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"/>
18. Kinship care support groups/networking (Select all that apply)									
For self	<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"/>
For kinship child(ren)/youth	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Some-times	Almost Always	Always
					(0)	(1)	(2)	(3)	(4+)
19. Training for kinship caregivers (such as parenting classes and trainings) (Select all that apply)	<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"/>
20. Language services (Select all that apply)									
Language classes (i.e. ESL classes)	<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"/>
Interpreter	<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"/>
Translation services	<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"/>
21. Access to legal services and advice (i.e. legal representation, custody, estate planning/end of life, child support, etc.) (Select all that apply)	<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"/>
22. In-home family services (Select all that apply)									
Rides to/from appointments	<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"/>
Home-visiting programs	<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"/>
Family preservation	<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"/>
In-home services	<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"/>
Birth to 3/early intervention	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Some-times	Almost Always	Always
					(0)	(1)	(2)	(3)	(4+)
23. Other services (Select all that apply)					<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The table below lists all services from the Kinship Needs Assessment. Please rank your top three to five needs from the options below. (1 = the most important need)		
___ Financial support for necessities ___ Financial education support ___ Help finding/maintaining housing ___ Support obtaining durable goods ___ Help getting enough food daily for your family ___ Getting and keeping public assistance ___ School related supports ___ Respite	___ Help with transportation ___ Help accessing primary care, other medical care or resources ___ Help accessing dental care services ___ Personal and emotional support about <u>your</u> circumstance, someone to talk to ___ Someone to talk to regarding your <u>kinship</u> child(ren) ___ Child-care support ___ Referral to aging and disability resource center	___ Behavioral health / counseling ___ Kinship Care Support groups / networking ___ Training for kinship caregivers ___ Language services ___ Access to legal services and advice ___ In-home family services ___ Other: _____ ___ Other: _____

Appendix F. Goal Setting Sheet for Intake, Three, and Six Month Follow Ups

This form helps the Navigator track the goals established by the client as well as their progress towards their goals.

GOAL SETTING

Please enter the date goal set for each goal. Identify the category of each goal using the table above. The Essential Tasks section is available to give more detailed description of the goal. When a goal is completed, be sure to check the box in the goal status field and enter the date completed.										
For three-month follow-up: Review goals set at baseline. If goals have been completed indicate this in goal status. If goals are still in progress, provide notes on next steps. If new goals are created, enter new goals.										
Date Goal 1 Set: ____/____/____				Category:						
Task 1:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										
Date Goal Completed				____/____/____						
Goal Status:				<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children				<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period		
Client Signature							Options Counselor Signature			

Date Goal 2 Set: ____/____/____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____/____/____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children <input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	
Client Signature		Options Counselor Signature	

Date Goal 3 Set: ____/____/____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____/____/____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children <input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	
Client Signature		Options Counselor Signature	

Goal review form for follow ups

Review Goal Setting		
Goal 1: Has the goal been met? (If yes, skip to next goal) Date goal completed: _____	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caregiver no longer has children <input type="checkbox"/> Caregiver no longer wants service	<input type="checkbox"/> Services not available <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period
What you'll (client) do? Record actions the caregiver will take to achieve this goal.		
What others will do? Record actions the navigator or vendor will take to support caregiver in achieving this goal.		
Next steps/follow-up:		
Goal 2: Has the goal been met? (If yes, skip to next goal) Date goal completed: _____	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caregiver no longer has children <input type="checkbox"/> Caregiver no longer wants service	<input type="checkbox"/> Services not available <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period
What you'll (client) do? Record actions the caregiver will take to achieve this goal.		
What others will do? Record actions the navigator or vendor will take to support caregiver in achieving this goal.		
Next steps/follow-up:		
Goal 3: Has the goal been met? (If yes, skip to next goal) Date goal completed: _____	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caregiver no longer has children <input type="checkbox"/> Caregiver no longer wants service	<input type="checkbox"/> Services not available <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period
What you'll (client) do? Record actions the caregiver will take to achieve this goal.		
What others will do? Record actions the navigator or vendor will take to support caregiver in achieving this goal.		
Next steps/follow-up:		
Were new goals identified? <input type="checkbox"/> Yes <input type="checkbox"/> No If new goals identified, complete next section.		

New Goals

New Goal Set: ____/____/____		Category:								
Task 1:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										
New Goal Set: ____/____/____		Category:								
Task 2:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										

Appendix G. Needs Assessment [Spanish]

Cuidador Principal	Nombre completo:				
Cuidador Secundario	Nombre completo:				
	Dirección física:	Calle y número / Depto.	Ciudad	Estado	Código postal
		Calle y número / Depto. / Apartado postal	Ciudad	Estado	Código postal
	Dirección postal:				
Cuidador Principal	Correo electrónico:				
Cuidador Secundario	Correo electrónico:				
Cuidador Principal	Teléfono:				
Cuidador Secundario	Teléfono:				
Cantidad de personas (adultos) en el hogar:					
¿Cómo se enteró del programa?					
¿Cuánto tiempo anticipa usted cuidar del niño familiar?					
Si va no podrá cuidar del niño. ¿hay algún otro miembro de la familia quien lo pueda cuidar?					

Los Lineamientos Federales de Ingresos para 2020		
Cantidad de Personas en el Hogar	Ingresos anuales por promedio	Ingresos mensuales por promedio
2	\$ 34,480	\$ 2,873
3	\$ 43,440	\$ 3,620
4	\$ 52,400	\$ 4,367
5	\$ 61,360	\$ 5,113
6	\$ 70,320	\$ 5,860
7	\$ 79,280	\$ 6,607
8	\$ 88,240	\$ 7,353
Por cada persona adicional, sume otro:	\$ 4,480	\$ 373.00

SECCIÓN I: DATOS DEMOGRÁFICOS (para GetCare)

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:

Datos Demográficos del Cuidador: ¿Hubo algún cambio a cualquiera de las respuestas de la sección de Datos Demográficos (las respuestas a preguntas 14 y 15 son las más probables haber cambiado)? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios en esta sección
1. ¿En qué etapa está llenando usted esta encuesta?	<input type="checkbox"/> Base <input type="checkbox"/> Prueba posterior (de 90 días) <input type="checkbox"/> Prueba posterior (de seis meses)	
2. Nombre completo del cuidador primario:	Fecha de nacimiento del cuidador: <u> </u> / <u> </u> / <u> </u> / <u> </u> (MM / DD / AAAA)	
3. Nombre completo del cuidador secundario:	Fecha de nacimiento del cuidador: <u> </u> / <u> </u> / <u> </u> / <u> </u> (MM / DD / AAAA)	
4. Número de identificación del cliente:		
5. Fecha en la que se completó la encuesta:	<u> </u> / <u> </u> / <u> </u> / <u> </u> (MM / DD / AAAA)	
6. ¿Cómo se completó la encuesta? <i>Primario y Secundario</i>	<input type="checkbox"/> Se completó durante una entrevista presencial con el participante <input type="checkbox"/> Se completó con el participante por el teléfono	
7. ¿En cuál condado vive usted? _____		
8. ¿Hace cuánto iniciaron los servicios del orientador familiar? (Seleccione una opción)		
<input type="checkbox"/> Hace menos de 1 año <input type="checkbox"/> Hace 2 a 5 años <input type="checkbox"/> Hace más de 10 años		
<input type="checkbox"/> Hace 1 a 2 años <input type="checkbox"/> Hace 5 a 10 años		

9. ¿Con qué género se identifica usted?	<i>Cuidador Primario</i>	<i>Cuidador Secundario</i>
	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
10. ¿Con qué raza se identifica usted?	<i>Cuidador Primario</i>	<i>Cuidador Secundario</i>
	<input type="checkbox"/> Hispano <input type="checkbox"/> No hispano <input type="checkbox"/> Declinó contestar <input type="checkbox"/> Desconocido	<input type="checkbox"/> Hispano <input type="checkbox"/> No hispano <input type="checkbox"/> Declinó contestar <input type="checkbox"/> Desconocido
11. ¿Con qué grupo étnico se identifica? (Marque todos los que correspondan)		
<i>Cuidador Primario</i>		<i>Cuidador Secundario</i>
<input type="checkbox"/> Indígena de EEUU o Nativo de Alaska; afiliación tribal: _____ <input type="checkbox"/> Nativo de Hawái o Isleño del Pacífico <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Blanco (no hispano) <input type="checkbox"/> Hispano o latino/latinx <input type="checkbox"/> Otro, por favor, especifique: _____ <input type="checkbox"/> Asiático		<input type="checkbox"/> Indígena de EEUU o Nativo de Alaska; afiliación tribal: _____ <input type="checkbox"/> Nativo de Hawái o Isleño del Pacífico <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Blanco (no hispano) <input type="checkbox"/> Hispano o latino/latinx <input type="checkbox"/> Otro, por favor, especifique: _____ <input type="checkbox"/> Asiático
12. ¿Cuál es su estado civil? (Seleccione una opción)		
<i>Cuidador Primario</i>		<i>Cuidador Secundario</i>
<input type="checkbox"/> Soltero(a) <input type="checkbox"/> Casado(a) <input type="checkbox"/> Divorciado(a) <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> En cohabitación, no casado(a)		<input type="checkbox"/> Soltero(a) <input type="checkbox"/> Casado(a) <input type="checkbox"/> Divorciado(a) <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> En cohabitación, no casado(a)

13. ¿Cuál es el idioma principal que se habla en el hogar? _____	
14. Vivienda familiar: Seleccione la opción que mejor describa su situación de vivienda (Seleccione una opción)	
<input type="checkbox"/> Propia <input type="checkbox"/> Alquilar <input type="checkbox"/> Vivienda compartida con familiares o amigos	<input type="checkbox"/> Temporal (refugio, temporal con amigos o familiares) <input type="checkbox"/> Sin hogar <input type="checkbox"/> Otra; por favor, especifique: _____
15. Seleccione el máximo nivel educativo que haya completado: (Seleccione una opción)	
<i>Cuidador Primario</i>	<i>Cuidador Secundario</i>
<input type="checkbox"/> 8° grado o menos <input type="checkbox"/> 9°-11° grado <input type="checkbox"/> Preparatoria o GED <input type="checkbox"/> Cierta educación universitaria o grado de asociado/técnico <input type="checkbox"/> Licenciatura <input type="checkbox"/> Posgrado <input type="checkbox"/> Otro, por favor especifique: _____	<input type="checkbox"/> 8° grado o menos <input type="checkbox"/> 9°-11° grado <input type="checkbox"/> Preparatoria o GED <input type="checkbox"/> Cierta educación universitaria o grado de asociado/técnico <input type="checkbox"/> Licenciatura <input type="checkbox"/> Posgrado <input type="checkbox"/> Otro, por favor especifique: _____

SECCIÓN II: DATOS DEMOGRÁFICOS, PARTE 2

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:

Datos Demográficos del Cuidador, Parte 2: ¿Hubo algún cambio a cualquiera de las respuestas de la sección de datos demográficos, parte 2? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios en esta sección	
1. ¿Cuál es su situación laboral actual?			
	Cuidador principal	Cuidador secundario	Otro miembro del hogar
Empleado a tiempo completo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empleado a tiempo parcial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empleo independiente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jubilado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sin empleo (por decisión propia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sin empleo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trabajo e Industrias (incapacidad laboral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Ha tenido que reducir las horas de trabajar usted o su cónyuge/pareja/otro miembro del hogar debido a las necesidades del niño familiar?		<i>Cuidador Primario</i> <input type="checkbox"/> Sí <input type="checkbox"/> No	<i>Cuidador Secundario</i> <input type="checkbox"/> Sí <input type="checkbox"/> No
3. Si usted o su cónyuge/pareja/otro miembro del hogar tiene empleo, ¿estará afectada su capacidad para brindar cuidado a su niño familiar por su situación laboral?		<i>Cuidador Primario</i> <input type="checkbox"/> Sí <input type="checkbox"/> No	<i>Cuidador Secundario</i> <input type="checkbox"/> Sí <input type="checkbox"/> No
4. Seleccione el rango de ingresos mensuales que mejor refleje los ingresos mensuales totales del hogar: <i>(Seleccione una opción)</i>			
<input type="checkbox"/> \$0-\$999		<input type="checkbox"/> \$5000-\$5999	
<input type="checkbox"/> \$1000-\$1999		<input type="checkbox"/> \$6000 o más	
<input type="checkbox"/> \$2000-\$2999		<input type="checkbox"/> No informó	
<input type="checkbox"/> \$4000-\$4999			
Número de personas que contribuyen a los ingresos totales del hogar _____			
5. Seleccione las fuentes adicionales de ingresos o asistencia que reciban en el hogar actualmente: (Marque todas las que correspondan)			
NOTA: No se requiere llenar las secciones grises (\$) para contestar esta pregunta. Úselas si lo desea para calcular el importe monetario de las fuentes adicionales de ingresos reportadas.			
<i>Cuidador Primario y Secundario; todo el hogar</i>			
<input type="checkbox"/> Pensión <input type="checkbox"/> Manutención para niños <input type="checkbox"/> TANF <input type="checkbox"/> TANF sólo para el niño <input type="checkbox"/> Beneficios del Seguro Social (SSI) <input type="checkbox"/> Beneficios del Seguro Social (SSD) <input type="checkbox"/> Beneficios para veteranos <input type="checkbox"/> Salarios/Sueldos	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Ingresos por desempleo <input type="checkbox"/> Beneficios de supervivencia para el niño <input type="checkbox"/> Reembolso mensual de cuidado de acogida <input type="checkbox"/> Subsidio mensual de soporte para adopción <input type="checkbox"/> Subsidio mensual del Programa de Asistencia a la Tutela Familiar (RGAP) <input type="checkbox"/> Per Cap <input type="checkbox"/> Otro, por favor, explique: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
6. ¿A cuánto ascienden sus ingresos totales por año? _____			

SECTION III: NIÑO FAMILIAR

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:			
Datos Demográficos del Niño Familiar: ¿Hubo algún cambio a los datos demográficos o al arreglo de custodia dentro de los últimos tres meses? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios a los datos demográficos del niño familiar ni al arreglo de custodia	
Por favor proporcione información adicional sobre el (los) niño(s) en cuidado de familiares (menores de 18 años) que viven actualmente en su hogar.			
1. Nombre completo del niño familiar (nombre/segundo nombre/apellidos) _____ (Agregar niño en cuidado de familiares)			
2. Género <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	3. Fecha de nacimiento <div style="text-align: center;"> / / (MM / DD / AAAA) </div>	4. Raza/Grupo étnico (marque todas las que correspondan) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Indígena de EEUU / Nativo de Alaska; Afiliación tribal: _____ <input type="checkbox"/> Negro o Afroamericano <input type="checkbox"/> Hispano o Latino/Latinx <input type="checkbox"/> Asiático/Isleño del Pacífico <input type="checkbox"/> Blanco (no Hispano) <input type="checkbox"/> Otro: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Multirracial: Indígena de EEUU/Nativo de Alaska (cualquier tribu indicada además de otra raza) <input type="checkbox"/> Multirracial: Negro (cualquier persona negra/afroamericana además de otra raza, con excepción a Indígena de EEUU/Nativo de Alaska) <input type="checkbox"/> Multirracial (cualquier otra combinación, sin indicación de indígena de EEUU/nativo de Alaska o negro/afroamericano) <input type="checkbox"/> Desconocido (ninguna raza indicada) </div> </div>	
5. Cantidad de tiempo que el niño familiar ha estado bajo su cuidado:		Años: _____	Meses: _____
6. ¿Ha estado brindando cuidados al niño familiar continuamente?		<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Intermitente (en ocasiones)	
7. ¿Cuál es su relación con el niño familiar? (Seleccione todas las que correspondan) <input type="checkbox"/> Abuelo(a) <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Tío(a) <input type="checkbox"/> Padre sustituto <input type="checkbox"/> Padres adoptivos <input type="checkbox"/> No familiar <input type="checkbox"/> Otro, por favor explique: _____		8. Relación del niño familiar con los otros niños en el hogar <input type="checkbox"/> Hermano(a) <input type="checkbox"/> Primo(a) <input type="checkbox"/> Amigo(a) de la familia <input type="checkbox"/> Sobrino(a) <input type="checkbox"/> Otra, por favor explique: _____ <input type="checkbox"/> No hay otros niños en el hogar	
9. Indique los motivos por los que el niño familiar llegó a estar bajo su cuidado: (Seleccione todas las que correspondan)			
<input type="checkbox"/> Edad del padre o la madre <input type="checkbox"/> Encarcelamiento del padre/la madre <input type="checkbox"/> Muerte del padre o la madre <input type="checkbox"/> Circunstancias financieras de los padres <input type="checkbox"/> Incidente de maltrato o abandono del niño <input type="checkbox"/> Lesión del niño <input type="checkbox"/> Consumo de sustancias de los padres		<input type="checkbox"/> Salud del comportamiento del padre/la madre <input type="checkbox"/> Deportación <input type="checkbox"/> El padre/la madre dejó la comunidad por trabajo/escuela <input type="checkbox"/> Salud física del padre/la madre <input type="checkbox"/> Servicio militar <input type="checkbox"/> Otro, por favor explique: _____	
10. Seleccione la opción que mejor describa su rol:		<input type="checkbox"/> Informal *Definido como cuidado de familiares prestado sin participación de CPS ni del sistema formal de bienestar infantil. *Si lo seleccionó, continúe a la pregunta 17. No conteste la pregunta 18 ni 19.	<input type="checkbox"/> Formal *Para ser un proveedor de cuidado de familiar formal, su niño familiar debe haber sido colocado en su casa debido a una investigación de CPS o su participación con el sistema de bienestar infantil. Si lo seleccionó, conteste las preguntas 18 y 19.

11. Si está cuidando del niño familiar mediante un arreglo informal, indique si alguno de estos arreglos se aplica a su situación. (Marque todas las que correspondan)	<input type="checkbox"/> Acuerdo de consentimiento parental <input type="checkbox"/> Poder notarial duradero <input type="checkbox"/> Acuerdo informal (sin documentación) <input type="checkbox"/> Decisión de la familia <input type="checkbox"/> Consentimiento para cuidado de salud <input type="checkbox"/> Custodia no parental (a veces llamada custodia de terceros) <input type="checkbox"/> Otro, por favor especifique: _____
12. Si su niño familiar fue colocado en su hogar con la participación del DCYF y el tribunal, ¿usted decidió obtener su licencia? (Conteste sí si ya era un padre o madre sustituto(a) con licencia antes de la colocación del niño)	<input type="checkbox"/> Sí <input type="checkbox"/> No
13. Indique si usted ha completado uno de estos planes permanentes para su niño familiar:	<input type="checkbox"/> Adopción <input type="checkbox"/> Tutela <input type="checkbox"/> Custodia no parental (a veces llamada custodia de terceros) <input type="checkbox"/> Otro, por favor especifique: _____
14. Desde la fecha de su primera evaluación de necesidades, ¿ha entrado su niño/a al cuidado sustituto?	<input type="checkbox"/> Sí <input type="checkbox"/> No
Si es que sí, ¿cuándo entró?	_____/_____/_____ (MM / DD / AAAA)
Fecha en que se completó la primera evaluación de necesidades	_____/_____/_____ (MM / DD / AAAA)
Numero de días (entre la fecha de la primera evaluación de necesidades y la fecha en que el niño entró al cuidado sustituto)	

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:		
Salud del niño familiar: ¿Hubo algún cambio a la salud física o salud del comportamiento o a la cobertura del seguro médico dentro de los últimos tres meses? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios a la salud del niño familiar
Salud del niño familiar		
15. En general, ¿cómo calificaría la <u>salud física</u> de su niño familiar?	<input type="checkbox"/> Excelente <input type="checkbox"/> Buena <input type="checkbox"/> Mala <input type="checkbox"/> Muy buena <input type="checkbox"/> Regular	
16. En general, ¿cómo calificaría la <u>salud de comportamiento</u> de su niño familiar?	<input type="checkbox"/> Excelente <input type="checkbox"/> Buena <input type="checkbox"/> Mala <input type="checkbox"/> Muy buena <input type="checkbox"/> Regular	
17. ¿Tiene acceso a atención primaria su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No	
18. ¿Tiene algún problema diagnosticado de su salud física el niño familiar? Especifique el diagnóstico _____	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	
19. ¿Tiene algún problema diagnosticado de su salud del comportamiento el niño familiar? Especifique el diagnóstico _____	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	
20. ¿Se están satisfaciendo las necesidades de salud física de su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	
21. ¿Se están satisfaciendo las necesidades de salud del comportamiento de su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	
22. ¿Está embarazada la joven bajo su cuidado o está cuidando de su propio niño tal como se describe en la sección 471e(2) B de la Ley?	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	
23. ¿Está embarazada la joven bajo su cuidado o está cuidando de su propio niño y se pertenece a un arreglo informal?	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé	

24. ¿Ha asistido su niño familiar a todas sus visitas médicas rutinarias desde que llegó a vivir con usted?	<input type="checkbox"/> Sí	<input type="checkbox"/> No aplica
	<input type="checkbox"/> No	<input type="checkbox"/> No sé

25. Si el niño familiar necesitó visitar la sala de emergencias dentro de los últimos 6 meses, ¿cuáles fueron los motivos? <i>(Marque todas las que correspondan)</i>		
<input type="checkbox"/> Infecciones de las vías respiratorias superiores <input type="checkbox"/> Otitis media y trastornos relacionados <input type="checkbox"/> Fiebre de origen desconocido <input type="checkbox"/> Heridas abiertas en cabeza, cuello y torso <input type="checkbox"/> Fractura de extremidad superior	<input type="checkbox"/> Dolor de cabeza, inclusive migrañas <input type="checkbox"/> Infecciones de la piel y el tejido subcutáneo <input type="checkbox"/> Dolor abdominal <input type="checkbox"/> Bronquitis aguda	<input type="checkbox"/> Reacciones alérgicas <input type="checkbox"/> Torceduras y esguinces <input type="checkbox"/> Infecciones virales <input type="checkbox"/> Náuseas y vómitos.
26. En los últimos 6 meses, ¿cuántas visitas a la sala de emergencias ha hecho su niño familiar? _____ visita(s) <input type="checkbox"/> No sé		
27. ¿Qué tipo de seguro médico tiene su niño familiar? <i>(Seleccione todas las que correspondan)</i>		
<input type="checkbox"/> Medicaid / Apple Health <input type="checkbox"/> Seguro de salud del empleador <input type="checkbox"/> Plan de seguro tribal	<input type="checkbox"/> No tiene seguro <input type="checkbox"/> No aplica <input type="checkbox"/> Otro, por favor explique: _____	

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:		
La Educación del Niño Familiar: ¿Hubo algún cambio a la situación educativa dentro de los últimos tres meses? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios a la situación educativa
Educación del niño familiar		
28. ¿Asiste a algún programa preescolar su niño familiar o a la escuela?	<input type="checkbox"/> Sí → <input type="checkbox"/> No (continúe a la siguiente pregunta) <input type="checkbox"/> No sé	Si contestó que sí, ¿en qué grado va? _____ Grado
29. ¿Ha repetido algún grado su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé	

30. ¿Recibe su niño familiar servicios de educación especial o de otros programas de apoyo?	<input type="checkbox"/> Sí → <input type="checkbox"/> No (continúe a la siguiente pregunta) <input type="checkbox"/> No sé	¿Tiene actualmente un Plan Educativo (IEP) o plan 504 su niño familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé
31. ¿Recibe su niño familiar todos los servicios descritos en el Plan Educativo (IEP) o el plan 504?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé	
32. ¿Está reprobando alguna clase su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No	
33. ¿Necesita ayuda para satisfacer las necesidades sociales o conductuales de su niño familiar en la escuela?	<input type="checkbox"/> Sí <input type="checkbox"/> No	
34. ¿Necesita ayuda para solicitar apoyo académico para su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé	
35. ¿Ha sido suspendido o expulsado su niño familiar? <i>(Marque todas las que correspondan)</i>	<input type="checkbox"/> Sí, suspendido <input type="checkbox"/> Sí, expulsado <input type="checkbox"/> No <input type="checkbox"/> No sé	
36. ¿Cuántas veces ha faltado a la escuela su niño familiar en el último año?	Cantidad _____ <input type="checkbox"/> No sé	

Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:		
La Salud del Cuidador: ¿Hubo algún cambio a la salud del cuidador dentro de los últimos tres meses? Si hubo cambios, por favor anótelos abajo:		<input type="checkbox"/> No hubo cambios a la salud del cuidador
Salud del cuidador (SF-12)		
37. Al pensar en su propia salud, ¿sobre qué recursos le interesa aprender más? <i>(Marque todas las que correspondan)</i>		
Cuidador Primario	Cuidador Secundario	
<input type="checkbox"/> Prevención de caídas <input type="checkbox"/> Salud cardíaca <input type="checkbox"/> Memoria <input type="checkbox"/> Control de la diabetes	<input type="checkbox"/> Dejar de fumar <input type="checkbox"/> Envejecimiento <input type="checkbox"/> Cuidado personal <input type="checkbox"/> Control del estrés <input type="checkbox"/> Otro: _____	<input type="checkbox"/> Prevención de caídas <input type="checkbox"/> Salud cardíaca <input type="checkbox"/> Memoria <input type="checkbox"/> Control de la diabetes <input type="checkbox"/> Dejar de fumar <input type="checkbox"/> Envejecimiento <input type="checkbox"/> Cuidado personal <input type="checkbox"/> Control del estrés <input type="checkbox"/> Otro: _____
38. En general, diría que su estado de salud es: <i>(Seleccione uno)</i>	P <input type="checkbox"/> Excelente <input type="checkbox"/> Muy buena <input type="checkbox"/> Buena <input type="checkbox"/> Regular <input type="checkbox"/> Mala	S <input type="checkbox"/> Excelente <input type="checkbox"/> Muy buena <input type="checkbox"/> Buena <input type="checkbox"/> Regular <input type="checkbox"/> Mala
39. ¿Tiene alguna necesidad de salud insatisfecha?	P <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Si contestó que sí, especifique: _____	S <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Si contestó que sí, especifique: _____

Declaración del cliente: Confirmando que toda la información proporcionada es verdadera y correcta en la medida de mi conocimiento. También declaro bajo pena de perjurio que los ingresos incluidos en esta declaración son verdaderos, correctos y completos en la medida de mi conocimiento, y comprendo que falsificar voluntariamente esta información me hace sujeto de penas dispuestas por las Leyes Estatales de Washington, RCW 74.08.055.

Firma del cliente/representante: _____

Fecha: _____

Firma del orientador familiar: _____

Fecha: _____

SECCIÓN IV: EVALUACIÓN DE NECESIDADES PARA EL CUIDADOR FAMILIAR

Complete esta sección solamente durante la cita del base y del seguimiento de seis meses

Número de identificación del cliente:										
1. Fecha en la que se completó la encuesta:	(MM / DD / AAAA)									
2. ¿Cómo se completó la encuesta?	<input type="checkbox"/> Se completó durante una entrevista presencial con el participante <input type="checkbox"/> Se completó con el participante por el teléfono									
Marque los servicios que ha recibido durante <u>los últimos 12 meses</u> , los servicios que <u>recibe actualmente</u> , y los servicios que <u>necesitará en el futuro</u> para usted o para su niño familiar.										
Para los servicios utilizados dentro de los <u>últimos 3 meses</u> , marque con cuánta frecuencia necesitará ayuda para recibir o mantener este apoyo. Nunca = 0, Casi nunca = 1 vez, A veces = 2 veces, Casi siempre = 3 veces, Siempre = más de 3 veces en los últimos tres meses.										
Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora	En los últimos 3 meses					
					Nunca	Casi nunca	A veces	Casi siempre	Siempre	
1. Apoyo financiero para necesidades básicas										
Alquiler	<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"/>
Servicios básicos (luz, gas, etc...)	<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"/>
Teléfono	<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"/>
Otras facturas	<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"/>
Seguro de automóvil	<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"/>
Reparación de automóvil	<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"/>

Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora	En los últimos 3 meses					
					Nunca	Casi nunca	A veces	Casi siempre	Siempre	
2. Apoyo para educación financiera (impuestos, jubilación, presupuestos, etc.) (Marque todas las que correspondan)										
	<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"/>
3. Ayuda para encontrar o mantener vivienda										
Sección 8	<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"/>
Vivienda tribal	<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"/>
Albergues y vivienda de transición	<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"/>
Subsidios, cupones, vivienda asequible	<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"/>
Prevención de desalojos	<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"/>
Vivienda con servicios	<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"/>
Vivienda compartida	<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"/>
Reparación y mantenimiento de vivienda	<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"/>
Búsqueda de vivienda (espacio adicional, menor costo)	<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"/>
4. Apoyo para obtener bienes duraderos (camas, mobiliario, ropa, etc...)										
	<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"/>
5. Ayuda para conseguir la comida suficiente cada día para su familia										
Banco de alimentos	<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"/>
WIC	<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"/>
Programa de almuerzos escolares	<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"/>
Estampillas para alimentos, EBT, SNAP, etc.	<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"/>

Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora		En los últimos 3 meses				
						Nunca	Casi nunca	A veces	Casi siempre	Siempre
6. Obtener y conservar asistencia pública (Marque todas las que correspondan)										
Medicaid	<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"/>
Medicare	<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"/>
Seguro Social (SSI)	<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"/>
TANF	<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"/>
Programa para ancianos, ciegos o discapacitados (ABD)	<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. Ayuda con el transporte (Marque todas las que correspondan)										
Pase de autobús/taxi	<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"/>
Tarjeta de gasolina	<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"/>
Traslados hacia y desde citas	<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"/>
8. Apoyos relacionados con la escuela (Marque todas las que correspondan)										
Inscripción a preescolar	<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"/>
Inscripción a K-12	<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"/>
Servicios de educación especial	<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"/>
Plan Educativo (IEP)/Plan 504	<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"/>
Promotor educativo	<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"/>
Tutoría	<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"/>
Equipos (como internet, computadoras, etc.)	<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"/>
Transporte escolar	<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"/>
Apoyos para educación superior (como becas, solicitudes a la universidad, etc.)	<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"/>

Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora		En los últimos 3 meses ^{1s7}				
						Nunca	Casi nunca	A veces	Casi siempre	Siempre
9. Ayuda para recibir atención primaria, otros servicios o recursos médicos (Marque todas las que correspondan)										
Para sí mismo	<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"/>
Para el niño familiar	<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"/>
Para otros niños y adultos en el hogar	<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"/>
10. Ayuda en recibir servicios de atención dental (Marque todas las que correspondan)										
Para sí mismo	<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"/>
Para el niño familiar	<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"/>
Para otros niños y adultos en el hogar	<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"/>
11. Apoyo con cuidado de niños (como Working Connections, cuidado después de la escuela, cuidado de niños informal, etc.)	<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"/>
12. Relevo: descanso temporal limitado para cuidadores (Marque todas las que correspondan)										
Relevo para cuidadores (DCYF)	<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"/>
Programas de relevo (Administración de DD)	<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"/>
Otros programas de cupones para relevo (por ejemplo, Lifespan Respite)	<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"/>
Campamentos/Retiros	<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"/>
Actividades para niños y jóvenes (ej. actividades extraescolares, scouts, deportes)	<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"/>
Actividades recreativas familiares	<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"/>
13. Derivación a centro de recursos para personas de la tercera edad y/o con discapacidades I & A	<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"/>

Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora	En los últimos 3 meses				
					Nunca	Casi nunca	A veces	Casi siempre	Siempre
14. Apoyo personal y emocional referente a <u>sus</u> circunstancias, alguien con quien hablar. (como familiares, amigos, vecinos o grupos de la comunidad, etc.)	<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"/>
15. Alguien con quien hablar acerca de sus <u>niños familiares</u> . (como familiares, amigos, vecinos o grupos de la comunidad, etc.)	<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"/>
16. Salud de Comportamiento / Terapia (Marque todas las que correspondan)									
<input type="checkbox"/> Para el niño familiar	<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"/>
Curación culturalmente relevante/holística	<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"/>
Terapia/asesoría	<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"/>
Apoyo para el consumo de sustancias/recuperación	<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"/>
17. Salud de Comportamiento / Terapia (Marque todas las que correspondan)									
<input type="checkbox"/> Para sí mismo	<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"/>
Curación culturalmente relevante/holística	<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"/>
Terapia/asesoría	<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"/>
Apoyo para el consumo de sustancias/recuperación	<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"/>
18. Grupos de apoyo para cuidado de familiares/redes de apoyo									
Para sí mismo	<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"/>
Para el niño familiar	<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"/>

Servicios	Usó en los últimos 12 meses	Usa actualmente	No usa actualmente, pero necesita	No necesita por ahora	En los últimos 3 meses				
					Nunca	Casi nunca	A veces	Casi siempre	Siempre
19. Capacitación para cuidadores familiares (como escuela para padres y clases)	<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"/>
20. Servicios de lenguaje (Marque todas las que correspondan)									
Clases de idiomas (como clases de inglés como segundo idioma)	<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"/>
Intérprete	<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"/>
Servicios de traducción	<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"/>
21. Acceso a servicios y asesoría legal (como representación legal, custodia, planificación de patrimonio/testamento, manutención para niños, etc.)	<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"/>
22. Servicios familiares en el hogar (Marque todas las que correspondan)									
Transporte hacia y desde citas	<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"/>
Programas de visita al hogar	<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"/>
Conservación familiar	<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"/>
Servicios dentro del hogar	<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"/>
Intervención temprana/Del nacimiento a los 3 años	<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"/>
23. Otros servicios									
_____	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

La siguiente tabla incluye todos los servicios de la Evaluación de Necesidades del Familiar. Por favor, escoja las 3 a 5 necesidades que más necesita usted. Clasifíquelas de 1 a 5 (1 siendo la necesidad más importante para usted).		
___ Apoyo financiero para necesidades básicas ___ Apoyo en educación financiera ___ Ayuda para encontrar o mantener vivienda ___ Apoyo para obtener bienes duraderos ___ Ayuda para conseguir la comida suficiente cada día para su familia ___ Obtener y conservar asistencia pública ___ Apoyos relacionados con la escuela ___ Relevos	___ Ayuda con el transporte ___ Ayuda para recibir atención primaria, u otros servicios o recursos médicos ___ Ayuda en recibir servicios de atención dental ___ Apoyo personal y emocional: sobre <u>sus</u> circunstancias, alguien con quien hablar ___ Alguien con quien hablar sobre sus <u>niños familiares</u> ___ Manutención para niños ___ Derivación a centro de recursos para personas de la tercera edad y/o con discapacidades	___ Salud de Comportamiento / Terapia ___ Cuidado de soporte para cuidado de familiares / redes ___ Capacitación para cuidadores familiares ___ Servicios de lenguaje ___ Acceso a servicios y asesoría legal ___ Servicios familiares dentro del hogar ___ Otro: _____ ___ Otro: _____

ESTABLECIMIENTO DE OBJETIVOS

<p>Por favor, indique la fecha de establecer cada objetivo. Identifique la categoría de cada objetivo usando la tabla de arriba. La sección de "tareas esenciales" está disponible para proporcionar una descripción más detallada del objetivo. Cuando se logra un objetivo, asegúrese de marcar la casilla apropiada en el campo de "estado del objetivo" y anote la fecha de lograrlo.</p> <p>Para la cita de seguimiento de 3 meses: Revisen los objetivos creados en la cita de base. Si los objetivos se lograron, indíquelo en el campo de "estado de objetivo." Si los objetivos siguen pendientes, provea apuntes de los siguientes pasos. Si establece nuevos objetivos, anótelos por favor.</p>			
Cuidador Primario			
Fecha de establecer objetivo 1: / /		Categoría (consulte la tabla de la página anterior):	
Objetivo 1:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____ / ____ / ____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> Fin del periodo de servicio	
Firma del cliente		Firma del asesor de opciones	

Fecha de establecer objetivo 2: / /		Categoría (consulte la tabla de arriba):	
Objetivo 2:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____ / ____ / ____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> Fin del periodo de servicio	
Firma del cliente		Firma del asesor de opciones	

Fecha de establecer objetivo 3: ____/____/____		Categoría (consulte la tabla de arriba):	
Objetivo 3:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____/____/____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> Fin del periodo de servicio	

Cuidador Secundario			
Fecha de establecer objetivo 1: ____/____/____		Categoría (consulta la tabla de arriba):	
Objetivo 1:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____/____/____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> Fin del periodo de servicio	
Firma del cliente		Firma del asesor de opciones	

Fecha de establecer objetivo 2: ____/____/____		Categoría (consulta la tabla de arriba):	
Objetivo 2:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____/____/____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> Fin del periodo de servicio	
Firma del cliente		Firma del asesor de opciones	

Fecha de establecer objetivo 3: ____/____/____		Categoría (consulta la tabla de arriba):	
Objetivo 3:			
Describa las tareas esenciales:			
Lo que usted hará:			
Lo que harán otras personas:			
¿Qué tan importante es para usted trabajar para lograr el objetivo identificado arriba?			
No es importante <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Es muy importante			
¿Qué tanta confianza tiene de que logrará el objetivo que identificó arriba?			
No confío <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Tengo mucha confianza			
Sigüientes pasos/Seguimiento			
Fecha en que se logró el objetivo		____/____/____	
Estado del objetivo:		<input type="checkbox"/> Objetivo logrado <input type="checkbox"/> Objetivo ya no está relevante <input type="checkbox"/> El cuidador ya no tiene hijos <input type="checkbox"/> El cuidador ya no desea servicios <input type="checkbox"/> Contacto perdido con el cuidador <input type="checkbox"/> Fin del periodo de servicio	
Firma del cliente		Firma del asesor de opciones	

Appendix H. Tribal Specific Needs Assessment

Primary Caregiver	Name:				
Second Caregiver	Name:				
	Physical address:	Street Address/Apt #	City	State	Zip Code
	Mailing address:	Street Address/Apt #/ PO Box #	City	State	Zip Code
Primary Caregiver	Email:				
Second Caregiver	Email:				
Primary Caregiver	Phone:				
Second Caregiver	Phone:				
Number of people (adults) in your household:					
How did you hear about the program?					
How long do you anticipate caring for your kinship child?					
If you are no longer able to care for you child, is there another family member that could provide care?					
2020 Federal Income Guidelines					
Household Size	Average Annual Income		Average Monthly Income		
2	\$ 34,480		\$ 2,873		
3	\$ 43,440		\$ 3,620		
4	\$ 52,400		\$ 4,367		
5	\$ 61,360		\$ 5,113		
6	\$ 70,320		\$ 5,860		
7	\$ 79,280		\$ 6,607		
8	\$ 88,240		\$ 7,353		
For each additional person add	\$ 4,480		\$ 373.00		

SECTION I: DEMOGRAPHICS (for GetCare)

1. What is the time point of the survey? <input type="checkbox"/> Baseline <input type="checkbox"/> Post-test (90 days) <input type="checkbox"/> Post-test (6 months) <input type="checkbox"/> Post-test (12 months)	
2. Primary Caregiver name: _____	Caregiver date of birth: <u> / / </u> (MM / DD / YYYY)
3. Second caregiver name: _____	S Caregiver date of birth: <u> / / </u> (MM / DD / YYYY)
4. Client identification number: _____	
5. Date survey completed: _____ (MM / DD / YYYY)	
6. How was the survey completed? <i>Primary and Secondary</i> <input type="checkbox"/> Completed in a face-to-face interview with participant <input type="checkbox"/> Completed over the phone with participant	
7. In which county do you live? _____	
8. Date Kinship Navigator services started? (Select one option) <input type="checkbox"/> Less than a 1 year ago <input type="checkbox"/> 5 to 10 years ago <input type="checkbox"/> 1 to 2 years ago <input type="checkbox"/> over 10 years ago <input type="checkbox"/> 2 to 5 years ago	

9. Which gender do you identify with?	<i>Primary</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Other: _____	<i>Secondary</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Other: _____
10. Tribal Enrollment Status:	<input type="checkbox"/> Enrolled _____ <input type="checkbox"/> Eligible for Enrollment <input type="checkbox"/> Community Member (is a descendant, but not eligible for enrollment). <input type="checkbox"/> Non-Native Family Member	
11. If you identify with another race other than American Indian Alaskan Native, what ethnicity do you identify with? (Check all that apply)		
<i>Primary</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other, please specify: _____		<i>Secondary</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other, please specify: _____
12. What is your relationship status? (Select one option)		
<i>Primary</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting, not married		<i>Secondary</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting, not married
13. What is the <u>primary</u> language spoken in the home? _____		
14. Do you live:		<input type="checkbox"/> On-the-reservation <input type="checkbox"/> Off-the-reservation
15. Do you live in a Tribal community that is different than your Tribal affiliation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. If yes, what community do you live in?		
17. Family housing: Please select the option that best identifies your housing situation (Select one option)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with relatives/friends		<input type="checkbox"/> Temporary (shelter, temporary with friends/relatives) <input type="checkbox"/> Homeless <input type="checkbox"/> Other, please specify: _____
18. Select the highest level of education you have completed: (Select one option)		
<i>Primary</i> <input type="checkbox"/> 8 th grade or Less <input type="checkbox"/> 9 th -11 th grade <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or associate/technical degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other, please specify: _____		<i>Secondary</i> <input type="checkbox"/> 8 th grade or Less <input type="checkbox"/> 9 th -11 th grade <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or associate/technical degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other, please specify: _____

SECTION II: PART 1 DEMOGRAPHICS

1. What is your current employment status?			
	Primary caregiver	Secondary caregiver	Other household member
Employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not employed (by choice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid caregiver/homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Industry (workers' compensation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you or your spouse/partner/other household member needed to cut back on job hours worked due to kinship children needs?		<i>Primary</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Secondary</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you or your spouse/partner/other household member are employed: is your ability to provide kinship care impacted by your employment status?		<i>Primary</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Secondary</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Select the monthly household income range that best reflects your total monthly household income (this would include Per Capita income): (Select one option)			
<input type="checkbox"/> \$0-\$999 <input type="checkbox"/> \$1000-\$1999 <input type="checkbox"/> \$2000-\$2999 <input type="checkbox"/> \$4000-\$4999		<input type="checkbox"/> \$5000-\$5999 <input type="checkbox"/> \$6000 and above <input type="checkbox"/> Did not disclose	
Number of persons contributing to household income _____			

5. Please select any of the additional sources of income or income assistance that your household is currently receiving:
(Check all that apply)

NOTE: The grey sections (\$_____) are not required to be completed for this question. Use as desired to track the monetary amount of the additional source of income reported.

Primary and Secondary; entire household

<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Unemployment income	\$ _____
<input type="checkbox"/> Child support	\$ _____	<input type="checkbox"/> Survivor benefits for the child	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Monthly foster care reimbursement	\$ _____
<input type="checkbox"/> TANF child only	\$ _____	<input type="checkbox"/> Monthly adoption support subsidy	\$ _____
<input type="checkbox"/> Social Security Benefits (SSI)	\$ _____	<input type="checkbox"/> Monthly relative guardianship	\$ _____
<input type="checkbox"/> Social Security Benefits (SSD)	\$ _____	<input type="checkbox"/> assistance program (RGAP) subsidy	\$ _____
<input type="checkbox"/> Veteran benefits	\$ _____	<input type="checkbox"/> Per Capita/Treaty Income	\$ _____
<input type="checkbox"/> Salary/Wages	\$ _____	<input type="checkbox"/> Other, please explain: _____	\$ _____

6. What is your total annual income? _____

This section is asking about your kinship child.

Please complete questions 1-31 of this section for ONE kinship child in your care/home. If you have more than one (1) kinship child in your care, please complete additional 'kinship child form' for EACH.

Please provide additional information on the kinship child(ren) (under 18) currently living in your home

1. Kinship child's name: first/middle/last _____ (Add kinship child)

2. Gender	3. Birthdate	4. Race/Ethnicity (Check all that apply)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ (MM / DD / YYYY)	<input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) <input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) <input type="checkbox"/> Unknown (no races indicated)	
5. Time kinship child has been in your care:		Year(s)	Month(s)
		_____	_____
6. Have you been the primary caregiver for your kinship child continuously?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intermittent (on and off)			

7. What is your relationship to the kinship child? <i>(Select all that apply)</i>		8. Relationship of kinship child with other children in the home	
<input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Non-relative <input type="checkbox"/> Other, please explain: _____		<input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Family friend <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> No other child in the home	
9. Please indicate the reason(s) your kinship child came to be in your care: <i>(Select all that apply)</i>			
<input type="checkbox"/> Age of parent <input type="checkbox"/> Parental incarceration <input type="checkbox"/> Death of parent <input type="checkbox"/> Parental financial circumstance <input type="checkbox"/> Incident of child abuse/neglect <input type="checkbox"/> Child's injury <input type="checkbox"/> Parental substance use		<input type="checkbox"/> Parental behavioral health <input type="checkbox"/> Deportation <input type="checkbox"/> Parent left community for work/school <input type="checkbox"/> Parental physical health <input type="checkbox"/> Military service <input type="checkbox"/> Other, please explain: _____	
10. Please select the option that best reflects your role:		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Informal *Defined as kinship care provided without involvement with CPS or formal child welfare system. *If selected, proceed to question 11. Do not answer questions 12 & 13. </div> <div style="width: 45%;"> <input type="checkbox"/> Formal *To be a formal kinship provider, your kinship child had to be placed in your home because of a CPS investigation or involvement with the child welfare system. If selected, answer questions 12 & 13. </div> </div>	
11. If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation. <i>(Check all that apply)</i>		<input type="checkbox"/> Parental Consent Agreement <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Informal arrangement (no paperwork) <input type="checkbox"/> Family decision <input type="checkbox"/> Health Care Consent Waiver <input type="checkbox"/> Non-parental custody (sometimes referred to as third-party custody) <input type="checkbox"/> Other, please specify: _____	
12. If your kinship child was placed in your home with the involvement of Tribal Child Welfare Agency/DCYF and the court, did you choose to be licensed? <i>(Please answer yes if you were a licensed foster parent prior to the child's placement)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Please identify if you have completed one of these permanent plans for your kinship child.		<input type="checkbox"/> Adoption (this includes customary adoption) <input type="checkbox"/> Guardianship <input type="checkbox"/> Non-parental custody (sometimes referred to as third-party custody) <input type="checkbox"/> Other, please specify: _____	
14. Did you have any kinship child(ren) leave your home? (if yes go to question 3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Date kinship child left the home (if more than one child left the home, please complete questions separate forms).		Date child left home: _____	
16. Where did the child move to?		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> returned to birth parent <input type="checkbox"/> entered foster care </div> <div style="width: 45%;"> <input type="checkbox"/> moved to another kin caregiver <input type="checkbox"/> aged out <input type="checkbox"/> Other: _____ </div> </div>	

17. Approximate date the kinship child left the home?	<u> </u> / <u> </u> / <u> </u> (MM / DD / YYYY)	
18. Date of first Kinship Needs Assessment (if this is not the first time you completed this form with this family):	<u> </u> / <u> </u> / <u> </u> (MM / DD / YYYY)	
Kinship Child Health		
19. In general, how would you rate your kinship child's <u>physical health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair	
20. In general, how would you rate your kinship child's <u>behavioral health</u> ?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair	
21. Does your kinship child have access to primary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Does your kinship child have a diagnosed physical health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
23. Does your kinship child have a diagnosed behavioral health issue? Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
24. Are your kinship child's physical health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
25. Are your kinship child's behavioral health needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
26. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
27. Is the child in your care a pregnant or parenting youth in informal kinship relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
28. Has your kinship child attended their well-child (annual physical/immunizations) visits since they came to live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know	
29. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)? (Check all that apply)		
<input type="checkbox"/> Upper respiratory infections <input type="checkbox"/> Headache, including migraine <input type="checkbox"/> Allergic reactions <input type="checkbox"/> Ear infection and related conditions <input type="checkbox"/> Skin and tissue infections <input type="checkbox"/> Sprains and strains <input type="checkbox"/> Fever of unknown origin <input type="checkbox"/> Stomach pain <input type="checkbox"/> Viral infections <input type="checkbox"/> Open wounds of head, neck and body <input type="checkbox"/> Asthma <input type="checkbox"/> Nausea and vomiting <input type="checkbox"/> Fracture of upper leg or arm		
30. In the last 6 months, how many ER visits has your kinship child had? _____ visit(s) <input type="checkbox"/> I don't know		
31. What type of health insurance does your kinship child have? (Select all that apply)		
<input type="checkbox"/> Medicaid / Apple Health <input type="checkbox"/> No insurance <input type="checkbox"/> Employer-based Health Insurance <input type="checkbox"/> Not Applicable <input type="checkbox"/> Tribally Supported Insurance Plan <input type="checkbox"/> Other, please explain: _____		
32. Do you have access to Indian Health Direct Care or Indian Health Purchased Referred Care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
Kinship Child Education		
33. Does your kinship child attend an early childhood program or school?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next)	If yes, what is your kinship child's grade? _____ Grade

34. Has your kinship child repeated any grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
35. Does your kinship child receive special education services or other support programs?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next) <input type="checkbox"/> I don't know	Does your kinship child have a current IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
36. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
37. Is your kinship child failing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
38. Do you need assistance addressing your kinship child's social or behavioral needs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Do you need assistance requesting academic support for your kinship child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Has your kinship child been suspended or expelled? (Check all that apply)	<input type="checkbox"/> Yes, suspended <input type="checkbox"/> Yes, expelled	<input type="checkbox"/> No <input type="checkbox"/> I don't know
41. How many absences has your kinship child had in the last year?	Number _____ <input type="checkbox"/> I don't know	
42. If your kinship child has been absent, what were the reasons for those absences?	<input type="checkbox"/> Sick/physical health issues <input type="checkbox"/> Mental health issues	<input type="checkbox"/> Substance use issues <input type="checkbox"/> Child moved short-term <input type="checkbox"/> Other: _____

Caregiver Health (SF-12) These questions ask your views about your health.		
43. In thinking your own health, which resources are you interested in learning about? (Check all that apply)		
Primary <input type="checkbox"/> Fall prevention <input type="checkbox"/> Heart health <input type="checkbox"/> Memory <input type="checkbox"/> Diabetes Management	<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Aging <input type="checkbox"/> Self-Care <input type="checkbox"/> Managing stress <input type="checkbox"/> Chronic disease (living well) <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	Secondary <input type="checkbox"/> Fall prevention <input type="checkbox"/> Heart health <input type="checkbox"/> Memory <input type="checkbox"/> Diabetes Management
<input type="checkbox"/> Nutrition <input type="checkbox"/> Aging <input type="checkbox"/> Self-Care <input type="checkbox"/> Managing stress <input type="checkbox"/> Chronic disease (living well) <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____		
44. In general, would you say your overall health is: (Select one)	Primary <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Secondary <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
45. Do you have any unmet healthcare needs?	Primary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____	Secondary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____

SECTION II: PART 2 Kinship Caregiver Needs Assessment

Client identification number:									
1. Date survey completed:									
(MM / DD / YYYY)									
2. How was the survey completed?									
<input type="checkbox"/> Completed in a face-to-face interview with participant <input type="checkbox"/> Completed over the phone with participant									
Please check which services you have received in the <u>last 12 months</u> , services you <u>currently receive</u> , and services you <u>need in the future</u> for yourself and/or your kinship child.									
For services used within the <u>last 3 months</u> , please check how frequently you need help to get or keep this support? Never = 0, Almost Never = 1 time, Sometimes = 2 times, Almost Always = 3 times, Always = more than 3 times in the last three months.									
Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Sometimes	Almost Always	Always
1. Financial support for necessities (Select all that apply)									
Rent	<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"/>
Utilities	<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"/>
Phone	<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"/>
Other bills	<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"/>
Car insurance	<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"/>
Car repairs	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Sometimes	Almost Always	Always
2. Financial education support (i.e. taxes, retirement, budgeting) (Select all that apply)									
	<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"/>
3. Help finding/maintaining housing (Select all that apply)									
Section 8	<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"/>
Tribal housing	<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"/>
Shelter and transitional housing	<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"/>
Subsidies, vouchers, affordable housing	<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"/>
Eviction prevention	<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"/>
Housing with services	<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"/>
Shared housing	<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"/>
Housing repair/maintenance	<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"/>
Searching for housing (i.e. additional space, lower cost)	<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"/>
4. Support obtaining durable goods (i.e. bedding, furniture, clothing) (Select all that apply)									
	<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"/>
5. Help getting enough food daily for your family (Select all that apply)									
Food Bank	<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"/>
WIC	<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"/>
School lunch program	<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"/>
Food Stamps, EBT, SNAP, etc.	<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"/>
Other: Tribally run food program	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Sometimes	Almost Always	Always	
6. Getting and keeping public assistance (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
Medicaid	<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"/>
Medicare	<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"/>
Social Security (SSI)	<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"/>
TANF	<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"/>
Aged, Blind or Disabled (ABD)	<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. Help with transportation (Select all that apply)										
Bus/taxi pass	<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"/>
Gas card	<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"/>
Rides to/from appointments	<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"/>
8. School related supports (Select all that apply)										
Preschool enrollment	<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"/>
K-12 enrollment	<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"/>
Special education services	<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"/>
IEP/504 plan	<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"/>
Educational advocate	<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"/>
Tutoring	<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"/>
Equipment (i.e. internet, computers, etc.)	<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"/>
School transportations	<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"/>
Post-secondary supports (i.e. scholarships, college applications, etc.)	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months					
					Never	Almost Never	Sometimes	Almost Always	Always	
9. Help accessing primary care, other medical care or resources (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
For self	<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"/>
For kinship child(ren)	<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"/>
For other children/adults in the home	<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"/>
10. Help accessing dental care services (Select all that apply)										
For self	<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"/>
For kinship child(ren)	<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"/>
For other children/adults in the home	<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"/>
11. Child care support (i.e. Working Connections, after school care, informal child care etc.)	<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"/>
12. Respite: temporary, time-limited break for caregivers (Select all that apply)										
Respite for caregivers (DCYF)	<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"/>
Respite programs (DD Administration)	<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"/>
Other respite vouchers programs (e.g. Lifespan Respite)	<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"/>
Camp/retreats	<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"/>
Child/youth activities (e.g. extra-curricular activities, scouts, sports)	<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"/>
Family recreation activities	<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"/>
Tribal-specific Respite Program	<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"/>
13. Referral to aging and disability resource center/I & A (Select all that apply)	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Some-times	Almost Always	Always
					(0)	(1)	(2)	(3)	(4+)
14. Personal and emotional support about <u>your</u> circumstance, someone to talk to. (i.e. family, friend, neighbor, or community-based groups, etc.) (Select all that apply)	<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"/>
15. Someone to talk to regarding your <u>kinship child(ren)</u> (i.e. family, friend, neighbor, community-based groups, etc.)	<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"/>
16. Behavioral health/ counseling (Select all that apply)									
<input type="checkbox"/> For kinship child(ren)	<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"/>
Culturally relevant/holistic healing	<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"/>
Therapy/counseling	<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"/>
Substance use/recovery support	<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"/>
17. Behavioral health/counseling (Select all that apply)									
<input type="checkbox"/> For self	<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"/>
Culturally relevant/holistic healing	<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"/>
Therapy/counseling	<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"/>
Substance use/recovery support	<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"/>
18. Kinship care support groups/networking (Select all that apply)									
For self	<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"/>
For kinship child(ren)/youth	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time	In the last 3 months				
					Never	Almost Never	Some-times	Almost Always	Always
					(0)	(1)	(2)	(3)	(4+)
19. Training for kinship caregivers (such as parenting classes and trainings) (Select all that apply)	<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"/>
20. Language services (Select all that apply)									
Language classes (i.e. ESL classes)	<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"/>
Interpreter	<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"/>
Translation services	<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"/>
21. Access to legal services and advice (i.e. legal representation, custody, estate planning/end of life, child support, etc.) (Select all that apply)	<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"/>
22. In-home family services (Select all that apply)									
Home-visiting programs	<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"/>
Family preservation	<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"/>
In-home services	<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"/>
Birth to 3/early intervention	<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"/>

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
23. Other services (Select all that apply)						(0)	(1)	(2)	(3)	(4+)
_____	<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"/>	<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"/>	<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"/>

The table below lists all services from the Kinship Needs Assessment. Please rank your <u>top three to five</u> needs from the options below. (1 = the most important need)		
<input type="checkbox"/> Financial support for necessities <input type="checkbox"/> Financial education support <input type="checkbox"/> Help finding/maintaining housing <input type="checkbox"/> Support obtaining durable goods <input type="checkbox"/> Help getting enough food daily for your family <input type="checkbox"/> Getting and keeping public assistance <input type="checkbox"/> School related supports	<input type="checkbox"/> Respite <input type="checkbox"/> Help with transportation <input type="checkbox"/> Help accessing primary care, other medical care or resources <input type="checkbox"/> Help accessing dental care services <input type="checkbox"/> Personal and emotional support about <u>your</u> circumstance, someone to talk to <input type="checkbox"/> Someone to talk to regarding your <u>kinship</u> child(ren) <input type="checkbox"/> Child-care support <input type="checkbox"/> Referral to aging and disability resource center	<input type="checkbox"/> Behavioral health / counseling <input type="checkbox"/> Kinship Care Support groups / networking <input type="checkbox"/> Training for kinship caregivers <input type="checkbox"/> Language services <input type="checkbox"/> Access to legal services and advice <input type="checkbox"/> In-home family services <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

GOAL SETTING

Please enter the date goal set for each goal. Identify the category of each goal using the table above. The Essential Tasks section is available to give more detailed description of the goal. When a goal is completed, be sure to check the box in the goal status field and enter the date completed.

Date Goal 1 Set: ____ / ____ / ____		Category: _____	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	<input type="checkbox"/> 10	Very Important	
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	<input type="checkbox"/> 10	Very Important	
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	

Date Goal 2 Set: ____ / ____ / ____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children <input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	

Date Goal 3 Set: ____ / ____ / ____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children <input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	

Second Caregiver

Date Goal 1 Set: ____ / ____ / ____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children <input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period	

Date Goal 2 Set: ____ / ____ / ____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period

Date Goal 3 Set: ____ / ____ / ____		Category:	
Task 1:			
Describe Essential Tasks:			
What you'll do:			
What others will do:			
How important is it for you to work on the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
How confident are you that you will be successful in reaching the goal you identified above?			
Not Important <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Important			
Next Steps/Follow up			
Date Goal Completed		____ / ____ / ____	
Goal Status:		<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period

Appendix I. Child No Longer in Caregiver Home

Child No Longer in Caregiver Home (Complete a separate form for each child that has left the home)

Caregiver GetCare Identification Number: _____		Timepoint: <input type="checkbox"/> three-month <input type="checkbox"/> six-month	
Child GetCare Identification Number: _____			
1. How many kinship children are currently living in your home?		_____	
2. Did you have any kinship child(ren) leave your home? (if yes go to question 3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date kinship child left the home. (if more than one child left the home, please complete questions separate forms)		Date child left home: _____	
4. Gender	5. Birthdate	6. Race/Ethnicity (Check all that apply)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ (MM/DD/YYYY)	<input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) <input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) <input type="checkbox"/> Unknown (no races indicated)	
7. Where did the child move to?		<input type="checkbox"/> returned to birth parent <input type="checkbox"/> entered foster care <input type="checkbox"/> moved to another kin caregiver <input type="checkbox"/> aged out <input type="checkbox"/> Other: _____	

Appendix J. Intake TIPS from Navigators

Getting Contact Information: Navigators expressed that it is easier to get contact information after providing some information about services and the navigators ability to help the caregiver and listening to what the caregiver is calling/walking in for.

Providing immediate referral to build relationship: Navigators expressed that providing the caregiver with a referral that meets their immediate need increases their likelihood of further engaging in services with the kinship navigator program. Some examples of immediate service offers from the kinship navigators may include a referral phone number, support group information, and explaining what events / supports are in the newsletter / social network sites / and/or email marketing (inviting caregivers to sign up for the newsletters are a great reason for the caregiver to provide their contact information to the kinship navigator, which will allow follow up to occur).

Saving time at intake: Navigators expressed the potential to begin the GetCare caregiver file by obtaining and inputting the caregiver's demographics information over the phone. This will help reduce the amount of questions that will have to be addressed during the face-to-face intake meeting.

Break up intake appointment: There is opportunity to break up the appointment into two sessions if needed. Please note navigators pointed out concerns with breaking up the intake into two sessions, specifically the caregiver may not come back to complete.

Offer tangible items to encourage return visits: In order to encourage a return visit, the kinship navigator may offer tangible items such as clothing or support groups as incentive to come back.

Gathering caregiver contact information: If you have a kinship caregiver who is uncertain of providing contact information, ask them if they would like to be added to the mail / email list to keep them updated on upcoming events and services.

Appendix K. Satisfaction Survey

In order to maintain confidentiality and keep the survey anonymous, please do not type/write any names, including the names of your kinship child(ren) in your responses. **Taking this survey is voluntary and you can choose not to take the survey.** You can skip any questions you don't want to answer. If you choose not to take the survey, or don't answer all the questions, **there will not be any penalties.** Choosing not to take the survey or not answering all the questions will not affect any services you may be receiving or affect access to any services in the future.

Participant ID: <i>(first name initial, last name initial, city, month and year of birth)</i>	Ex: AM-SEATTLE-04-1991							
Date survey was completed:	____/____/____ (MM / DD / YYYY)							
In what county do you receive kinship navigator services?	<input type="checkbox"/> Thurston <input type="checkbox"/> Pierce <input type="checkbox"/> Cowlitz <input type="checkbox"/> Snohomish <input type="checkbox"/> Skagit <input type="checkbox"/> Spokane <input type="checkbox"/> Yakima <input type="checkbox"/> Clark <input type="checkbox"/> Wahkiakum <input type="checkbox"/> Whatcom <input type="checkbox"/> San Juan <input type="checkbox"/> Other: _____							
Below is a list of services and resources. Please tell us whether you used any of these services or resources within the last 90 days (3 months) and, if so, please indicate whether you were satisfied with the services you received and if the kinship navigator was helpful in gaining access to or using this service.								
	Did you use this service? (in the last 3 months)				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
1. Financial support for necessities (i.e. rent, utilities, phone, car insurance/repairs, etc.)								
2. Financial education support (i.e. taxes, budgeting, retirement, etc.)								

	Did you use this service? (in the last 3 months)				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
3. Support in finding/maintaining housing (i.e. section 8, tribal housing, eviction prevention, etc.)								
4. Support obtaining durable goods (i.e. bedding, furniture, clothing, etc.)								
5. Help getting enough food daily for your family (i.e. food bank, WIC, Basic Food ("food stamps") SNAP, etc.)								
6. Getting and keeping public assistance (i.e. Medicaid, Medicare, SSI, TANF, ABD, etc.)								
7. Help with transportation (i.e. bus/taxi fare, gas, rides, etc.)								
8. School related supports (i.e. enrollment, IEP/504, special education services, etc.)								
9. Help accessing primary or other medical care (for self)								
10. Help accessing primary or other medical care (for kinship child)								
11. Help accessing dental care services (for self)								
12. Help accessing dental care services (for kinship child)								
13. Child care support (i.e. Working Connections, after school care, informal child care, etc.)								

	Did you use this service? (in the last 3 months)				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
14. Respite: temporary, time-limited break for caregivers (i.e. camps, retreat, youth activities, temporary help, etc.)								
15. Referral to Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA) or Information or Assistance.								
16. Personal and emotional support for yourself : someone to talk to (i.e. family, friend, neighbor, community-based groups, etc.).								
17. Someone to talk to regarding your kinship child (i.e. family, friend, neighbor, community-based groups, etc.)								
18. Professional behavioral health/counseling for kinship child (i.e. therapy, holistic healing, substance recovery, etc.)								
19. Professional behavioral health/counseling for self (i.e. therapy, psychiatry, holistic healing, substance recovery, etc.)								
20. Kinship care support groups								
21. Training for kinship caregivers (i.e. parenting classes, trainings, etc.)								
22. Language services (i.e. language classes (ESL), interpreter, translation services.)								

	Did you use this service? (in the last 3 months)				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
23. Access to legal services and information (legal representation, custody, estate planning/end of life, child support, etc.)								
24. In-home family services (i.e. visiting nurses, family preservation, home health aide, etc.)								
25. Other services (please specify): _____								
26. Other services (please specify): _____								

As a result of participating in kinship care programs or services, please tell us whether you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
27. I now feel that I am better able to cope with caring for the child I am raising than before I became involved in kinship care services and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I do not feel as stressed out as I was before participating in kinship care services and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am enjoying life more now since participating in kinship care services and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree											
31. I plan to continue to participate in kinship care activities/services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
32. My Kinship Navigator was very supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
33. My Kinship Navigator listened to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
34. My Kinship Navigator was very knowledgeable of available resources and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
35. My Kinship Navigator linked me to the services that I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
36. I would recommend the kinship navigator program to others kinship caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
37. Where do you think your kinship child will be living one year (12 months) from now?	<input type="checkbox"/> With me			<input type="checkbox"/> Parent/guardian														
	<input type="checkbox"/> Foster parent			<input type="checkbox"/> Another relative														
	<input type="checkbox"/> Other, please specify: _____																	
38. If you had any difficulty accessing any service, or were not satisfied with the service, please tell us about your experience:																		

39. What resources and/or services have been the most helpful to you as a kinship caregiver raising a child?

40. What were the helpful things that the kinship navigator did for you?

41. What could the kinship navigator have done differently that would have been more helpful?

42. Are there any service or services that you have or currently need but have not been able to get?

☐ Yes

☐ No

→ If yes, please describe what service(s): _____

Appendix L. Satisfaction Survey [Spanish]

Encuesta de satisfacción del programa de orientadores familiares Kinship Navigator Program Satisfaction Survey

Para mantener la confidencialidad y mantener el anonimato de la encuesta, no escriba ni escriba ningún nombre, como los nombres de su(s) hijo(s) familiar(es), en sus respuestas. **Tomar esta encuesta es voluntario y puede elegir no tomar la encuesta.** Puede omitir cualquier pregunta que no desee responder. Si elige no completar la encuesta o no responde a todas las preguntas, no habrá sanciones. Elegir no responder la encuesta o no responder todas las preguntas no afectará ningún servicio que pueda estar recibiendo, ni afectará el acceso a ningún servicio en el futuro.

Número de participante:	(iniciales de nombre y apellido, ciudad, mes y año de nacimiento) Ej: AM-SEATTLE-04-1991							
Fecha en que se completó la encuesta.	/ / (MM / DD / AAAA)							
¿En qué condado recibe servicios de orientador familiar?	<input type="checkbox"/> Thurston <input type="checkbox"/> Yakima	<input type="checkbox"/> Pierce <input type="checkbox"/> Clark	<input type="checkbox"/> Cowlitz <input type="checkbox"/> Wahkiakum	<input type="checkbox"/> Snohomish <input type="checkbox"/> Whatcom	<input type="checkbox"/> Skagit <input type="checkbox"/> San Juan	<input type="checkbox"/> Spokane <input type="checkbox"/> Otro: _____		
A continuación hay una lista de servicios y recursos. Díganos si usó alguno de estos servicios o recursos en los últimos 90 días (3 meses) y, si fue así, indique si quedó satisfecho con los servicios que recibió y si el orientador familiar le fue de utilidad para obtener acceso a este servicio o para utilizarlo.								
	¿Utilizó este servicio? (en los últimos 3 meses)				Si es así, ¿quedó satisfecho con los servicios?		¿El orientador familiar fue de utilidad para obtener acceso a este servicio o para utilizarlo?	
	Sí	No	Servicio no disponible	No aplicable	Sí	No	Sí	No
1. Apoyo financiero para necesidades básicas (como alquiler, servicios básicos, teléfono, seguro o reparaciones de automóvil, etc.)								
2. Apoyo para educación financiera (impuestos, presupuestos, jubilación, etc.)								

Actualizado 12/19/19

	¿Utilizó este servicio? (en los últimos 3 meses)				Si es así, ¿quedó satisfecho con los servicios?		¿El orientador familiar fue de utilidad para obtener acceso a este servicio o para utilizarlo?	
	Sí	No	Servicio no disponible	No aplicable	Sí	No	Sí	No
3. Apoyo para encontrar o mantener vivienda (es decir, sección 8, vivienda tribal, prevención del desalojo, etc.)								
4. Apoyo para obtener bienes duraderos (camas, mobiliario, ropa, etc.)								
5. Ayuda para conseguir suficiente comida diaria para su familia (banco de alimentos, WIC, Alimentos Básicos ("estampillas para alimentos"), SNAP, etc.)								
6. Obtener y conservar asistencia pública (Medicaid, Medicare, SSI, TANF, ABD, etc.)								
7. Ayuda con el transporte (tarifa de autobús/taxi, gasolina, traslados, etc.)								
8. Apoyos relacionados con la escuela (inscripción, IEP/504, servicios de educación especial, etc.)								
9. Ayuda para conseguir atención primaria u otros servicios médicos (para sí mismo)								
10. Ayuda para conseguir atención primaria u otros servicios médicos (para el niño familiar)								
11. Ayuda para obtener servicios de atención dental (para sí mismo)								

	¿Utilizó este servicio? (en los últimos 3 meses)				Si es así, ¿quedó satisfecho con los servicios?		¿El orientador familiar fue de utilidad para obtener acceso a este servicio o para utilizarlo?	
	Sí	No	Servicio no disponible	No aplicable (N/A)	Sí	No	Sí	No
12. Ayuda para obtener servicios de atención dental (para el niño familiar)								
13. Apoyo con cuidado de niños (como Working Connections, cuidado después de la escuela, cuidado de niños informal, etc.)								
14. Relevo: descanso temporal limitado para cuidadores (como campamentos, retiros, actividades para jóvenes, ayuda temporal, etc.)								
15. Derivación a centro de recursos para la tercera edad y discapacidades (ADRC) o a la Agencia Local para la Vejez (AAA) o información o asistencia.								
16. Apoyo personal y emocional para usted , alguien con quien hablar. (como familiares, amigos, vecinos, grupos de la comunidad, etc.)								
17. Alguien con quien hablar sobre su niño familiar (como familiares, amigos, vecinos o grupos de la comunidad, etc.)								
18. Salud conductual o terapia profesional para el niño familiar (como terapia, sanación holística, recuperación de consumo de sustancias, etc.)								

	¿Utilizó este servicio? (en los últimos 3 meses)				Si es así, ¿quedó satisfecho con los servicios?		¿El orientador familiar fue de utilidad para obtener acceso a este servicio o para utilizarlo?	
	Sí	No	Servicio no disponible	No aplicable (N/A)	Sí	No	Sí	No
19. Salud conductual o terapia profesional para el niño familiar (como terapia, sanación holística, recuperación de consumo de sustancias, etc.)								
20. Grupos de soporte para cuidado de familiares								
21. Capacitación para cuidadores familiares (escuela para padres, capacitación, etc.)								
22. Servicios de lenguaje (como clases de idiomas (inglés como segundo idioma), intérprete, servicios de traducción).								
23. Acceso a servicios e información legal (como representación legal, custodia, planificación de patrimonio/testamento, manutención para niños, etc.)								
24. Servicios familiares en el hogar (como visitas de enfermeros, conservación de la familia, asistente de salud en el hogar, etc.)								
25. Otros servicios (especifique) _____								
26. Otros servicios (especifique) _____								

Como resultado de su participación en programas o servicios de cuidado de familiares, díganos si está de acuerdo o en desacuerdo con cada una de las siguientes afirmaciones:							
	Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	No está de acuerdo ni en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
27. Siento que ahora estoy más capacitado para afrontar el cuidado del niño que estoy criando que antes de que participara en servicios y actividades de cuidado de familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. No me siento tan estresado como antes de participar en servicios y actividades de cuidado de familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Siento que mi estado de salud y sensación de bienestar general han mejorado desde que participo en servicios y actividades de cuidado de familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Disfruto más la vida desde que participo en servicios y actividades de cuidado de familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Planeo seguir participando en actividades y servicios de cuidado de familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Mi orientador familiar me ofreció mucho apoyo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Mi orientador familiar escuchó mis necesidades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Mi orientador familiar tenía mucho conocimiento de los recursos y servicios disponibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Mi orientador familiar me conectó con los servicios que necesito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Recomendaría el programa de orientadores familiares a otros cuidadores familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. ¿En dónde cree que vivirá su niño familiar dentro de un año (12 meses)?	<input type="checkbox"/> Conmigo	<input type="checkbox"/> Padre/madre/tutor
	<input type="checkbox"/> Padres sustitutos	<input type="checkbox"/> Otro pariente
	<input type="checkbox"/> Otro, por favor especifique: _____	
38. Si ha tenido alguna dificultad para obtener acceso a algún servicio, o no se sintió satisfecho con el servicio, háblenos de su experiencia:		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
39. ¿Qué recursos y servicios le han sido de más utilidad como cuidador familiar que cría a un niño?		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

40. ¿Qué cosas útiles hizo el orientador por usted?

41. ¿Qué podría haber hecho el orientador de una manera diferente que hubiera sido más útil?

42. ¿Hay algún servicio o servicios que necesita actualmente pero que no ha podido conseguir?

☐ Sí
☐ No

→ Si contestó que sí, por favor describa qué servicio(s):

Appendix M. Consent Form

This form provides the caregivers with information about the study conducted on the kinship navigator program.

Washington State Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA)

CAREGIVER CONSENT FORM

The Aging and Long-Term Support Administration (AL TSA) would like to ask your permission to collect and share some confidential information about you and your kinship child(ren) with the Department of Children, Youth, and Families (DCYF) for the purpose of evaluating Washington State Kinship Navigator programs. This form will give you all the information you need to help you decide whether or not to participate in sharing your and kinship child's information. Please read this form carefully. You may ask any questions about this form and the Washington State Kinship Navigator project. Then you can decide whether or not to participate.

PURPOSE:

The goal the Washington State Kinship Navigator project is to understand the current services your local/Tribal Kinship Navigator program provides, the necessity of the offered services, and how these services assist caregivers in being successful kinship caregivers. You are being asked to share your and kinship child's information because you are a kinship caregiver in the State of Washington. Your answers combined with the answers of other kinship caregivers in the study will help us understand and better meet the needs of kinship families in the State of Washington.

WHAT I AM BEING ASKED TO DO:

Your participation is completely voluntary. If you agree to share your information, you will be asked to provide the name of the kinship child/youth under your care, their date of birth, gender, and race. This information will be shared from our agency Aging and Long-Term Support Administration (AL TSA) to the Department of Children, Youth, and Families (DCYF) in order to get already collected data which will be used to evaluate the Kinship Navigator Program's ability to impact placement stability, child wellbeing, and safety. The goal the Washington State Kinship Navigator project is to build program infrastructure and consistency in order to develop a promising practice program with sustainable funding in the State. You can refuse to provide any and all of these data elements. Your refusal would not affect any benefits that you may be receiving.

BENEFITS:

The goal of this project is to build program infrastructure and consistency in order to develop a promising practice program with sustainable funding in the State. We hope the information from Washington State Kinship Navigator project may be used to revise and improve the Washington State Kinship Navigator programs to benefit current and future kinship families.

CONFIDENTIALITY:

The information you give us will be used internally. Any information that is shared between agencies in this project will be used for research purposes of the WA Kinship Navigator project only. Immigration status will not be shared with any entities. The WA Kinship Navigator project research team will not have access to your name or your child's name and will not be reported with any information you provide. Information you provide will be combined with answers from other navigators and reported in summary form.

Appendix N. Essential Components

Table 1: Essential Components included and measured in the kinship navigator program

Component	Definition	Does this component end with end of service?
1. Program advertising	Multi-method outreach and marketing campaigns to reach kinship families using formal and informal service systems.	No
2. Information & Assistance/ Referral (I&A / I&R)	Navigator has knowledge of cross-sector community supports and services for kinship family and understand the systems' processes for accessing successfully. The Navigator provides the information (in various format; electronically, printed) needed for caregiver to access services. Intentionally coordinating the integration of kinship services in multiple sectors, school, child welfare, law, health, etc.	No
3. Needs assessment	Enhanced service clients only. Collect culturally competent and inclusive family demographic information (for each individual child) and using an evidence-informed or based needs assessment to assess caregiver needs related to raising children.	Yes
4. Case management services	Enhanced service clients only. Offer a kinship navigator case management model to build a more in-depth service delivery process when engaging with those kinship caregivers who have more complex needs.	Yes
5. Urgent funds	The state funded Kinship Caregivers Support Program (KCSP), for caregivers not involved in the child welfare system, is available in every county and provides financial assistance to support the kinship caregivers who access kinship navigator providers. There may be other urgent need funds for both formal and informal kinship caregivers available in the community that kinship navigators can also access for all caregivers.	No
6. Peer to peer interaction support	The development of community collaboratives, or a group intentionally meeting to work together to support kinship families in the community. Also includes support groups and navigators with lived expertise as caregivers.	No
7. Caregiver education	Training topics developed for caregivers to date include: <i>Curious about minor guardianship?</i> In coordination with the King County Administrative Office of the Courts and the statewide kinship care legal aid coordinator, (King County Bar Association), <i>Kinship 101</i> is offered by the Child Welfare Training Alliance. A trauma informed parenting training is being developed by DSHS. Training is also offered on minor guardianship for frontline workers at DCYF, DSHS and kinship navigators.	No
8. Program oversight	The legislatively authorized, ongoing Kinship Care Oversight Committee (and/or subcommittee) will serve as the statewide advisory council. to ensure the fidelity of the Kinship Navigator Program as well as monitor the satisfaction of caregivers and the continued effectiveness of the program.	No

Appendix O. Implementation of the Essential Components in Sites

Program component	Definition of component	Implementation in intervention counties	Implementation in service-as-usual sites
Program advertising	<p>Program advertising is used by kinship navigator programs to inform and establish connections with formal and informal kinship families. Kinship navigator programs use multiple outreach strategies including:</p> <ul style="list-style-type: none"> • Distribution of brochures, • Websites for each service area, • Community presentations 	<ul style="list-style-type: none"> • Examples of program advertising done in the intervention counties includes: • Outreach meetings with Washington 211 staff, TANF staff, and other service providers • Newsletters sent out to kinship families, • Social media - each organization keeps their own page including like Facebook • All organizations also update their own website 	<p>No set standard for how this is done and varies by community opportunities.</p> <ul style="list-style-type: none"> • All organizations update their own website.
Information and assistance / referral (I&A / I&R)	<p>This knowledge allows the navigator to provide the kinship caregiver with Information and assistance / referral that are available to meet to the caregiver's needs. Navigators provide the information and referrals in various formats to the kinship caregivers.</p>	<p>Currently part of the service as usual at each intervention kinship navigator site.</p> <ul style="list-style-type: none"> • Kin caregivers call navigator program to ask for assistance. 	<p>Currently part of the service as usual at each site with a kinship navigator.</p> <ul style="list-style-type: none"> • No targeted outreach to kin caregivers. • Kin caregivers call navigator program to ask for assistance.
Needs assessment	<p>Once a family is connected with the navigator program, an "evidence-informed" needs assessment tool is used to collect culturally responsive and inclusive family demographic information (for caregivers and each individual kinship child in their care) and to assess caregiver needs</p>	<p>Offered to caregivers at all intervention counties who screen into the case management level of service with a baseline assessment.</p>	<p>Not offered at the comparison counties.</p> <ul style="list-style-type: none"> • No formal needs assessment of caregivers needs.

	related to raising kinship children.		
Case management services	<p>For kinship families that are experiencing more complex needs, kinship navigators offer case management.</p> <ul style="list-style-type: none"> • This includes: • Coordination of access to services, • Assessing family needs, • Creating goals, • Follow up three months from intake. 	Offered to caregivers at all intervention counties who screen into the case management level of service.	Not offered at the comparison counties.
Urgent funds	<ul style="list-style-type: none"> • For caregivers who are not involved in the child welfare system the state funded Kinship Caregivers Support Program (KCSP), is available in every county and provides financial assistance of up to \$1,500 a year per family. • Relative Support Service Funds are available to kinship families in the formal system. 	<ul style="list-style-type: none"> • Kinship Care Support Program (KSCP) offered at all of the sites. • Relative Support Service Funds are available to kinship families in the formal system. • Other funds for formal and informal kinship caregivers may exist in local communities, and kinship navigators may access these resources as well. 	<ul style="list-style-type: none"> • Kinship Care Support Program (KSCP) offered at all of the sites. • Relative Support Service Funds are available to kinship families in the formal system. • Other funds for formal and informal kinship caregivers may exist in local communities, and kinship navigators may access these resources as well.
Peer to peer support	<ul style="list-style-type: none"> • Kinship navigators develop or engage with groups who bring kinship families together in the community. • Navigators with lived experience as caregivers. 	<ul style="list-style-type: none"> • Minimum standards include providing information about support groups available at all sites. • There are navigators with lived experience as caregivers at two of the three sites. • Two navigators have over two decades of navigation experience each. 	<ul style="list-style-type: none"> • Support groups offered vary by site. Online or in person. • One of the navigators in the control site has lived expertise but this wasn't a criteria used to select the sites.
Caregiver education	Training topics developed for caregivers and their navigators	Trainings held at FESS and are available to caregivers throughout the state. Trainings are offered twice per year, one on trauma-informed caregiving, and the other	Trainings held at FESS and are available to caregivers throughout the state.

		<p>on whichever topic is most needed by caregivers at the time.</p> <p>https://familyess.org/theparentalcompass/</p> <p>Example topics include:</p> <ul style="list-style-type: none"> • Keeping your Child Out of Court • Positive Sibling Relationships • ADHD • Raising a Child With Autism • Preventing Suicide • Early Childhood Development • Foster Parenting • When a Family Member Struggles with Addiction • Trauma informed caregiving. 2-hour training for Navigators and Kinship caregivers 	<p>https://familyess.org/theparentalcompass/</p> <p>Topics include:</p> <ul style="list-style-type: none"> • Keeping your Child Out of Court • Positive Sibling Relationships • ADHD • Raising a Child With Autism • Preventing Suicide • Early Childhood Development • Foster Parenting • When a Family Member Struggles with Addiction • Trauma informed caregiving. 2-hour training for Navigators and Kinship caregivers
Program oversight	<ul style="list-style-type: none"> • Kinship Care Oversight Committee which meets quarterly and serves as the statewide advisory council to ensure the fidelity of the kinship navigator program, monitor the satisfaction of caregivers, and assess the continued effectiveness of the program. • Another component of program oversight is training kinship navigators. 	<ul style="list-style-type: none"> • Representatives from all agencies participate in the Kinship Care oversight Committee. ALTSA offers one 3-hour virtual training for Washington State Kinship Navigators. • ALTSA staff conducted once monthly meetings for intervention counties to go over new policies and check in on case management services. <p><u>Intervention County Navigator Trainings</u></p> <p>Yr. 1 Pilot Site Navigator Training (April 23, 2021)</p> <p>What does fidelity mean? Description of decision tree/triage/screening process, demographics, assessment, client satisfaction survey, practice intake, goal setting & follow up assessments,</p>	<ul style="list-style-type: none"> • Representatives from all agencies participate in the Kinship Care oversight Committee. • ALTSA offers one 3-hour virtual training for Washington State Kinship Navigators.

introduction to GetCare data base

Yr. 2 Pilot Site Navigator Training
(Dec 4 & 5, 2019)

Program overview,
reflections on yr. 1,
family scenario for practice,
Review of pilot training manual,
fidelity tool,
case management 101 (intake &
assessment practice & interviewing
techniques & writing goals),
GetCare data -base training & End
of service period, client satisfaction
survey.

Yr. 3 Pilot Site Navigator Training
(7/28/2020)

Process decision tree,
Process: intake –end of service –
closed case follow up.

<u>Site</u>	Participated in intervention?	Counties served	Caregiver education offerings	Peer to peer support offerings
Family Education and Support Services	Intervention site	<ul style="list-style-type: none"> Lewis, Mason, Thurston 	Navigators and Caregivers Training <ul style="list-style-type: none"> TANF/Navigating Child Support Enforcement/Problem solvers QPR suicide prevention evidence-based practices. Trauma Informed Strategies Cultural Humility Diversity and honoring Culture/Sensitivity Caregivers Training 10/26/2020 Parental Stress and Remote Learning 12/2/2020 Antiracism- Parenting Tools 12/9/2020 Self Care Methods for Kinship Caregivers 1/27/2021 Difficult Conversations about Race 3/24/2021 Parental Compass- Expressing love to your child 4/21/2021 Unconditional Positive Regard 4/21/2021 Parental Compass "ADHD" 7/14/2021 Appropriate Discipline 8/11/2021 Parenting Styles 9/29/2021 When Your Child Struggles 10/27/2021 Domestic Violence and It's Impact on Children Offered Multiple times - QPR Training Suicide Prevention 1/19/2021 - Racial Diversity (from NTDC Training) 2/9/2021 - The latest information on Marijuana Use in WA 	Kinship Support Groups in Lewis County, Kinship Support Groups in Mason County, Kinship Support Groups in Thurston County. During the time of the research evaluation project one navigator with lived experience and one navigator who is fluent in Spanish. An e-mail with informational resources is sent out regularly.
Catholic Charities Serving Central Washington	Intervention site	Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin	Training for Navigators <ul style="list-style-type: none"> 4/6/2021 Changing from NAPIS reports to OOAPS Minor Guardianship change training- by Yakima Court Commissioner Shane Sivlerthorn 	Kinship Support Groups in Yakima County. One navigator with lived experiences. Two bilingual Spanish speaking

		<p>Trainings and Resources for Caregivers May 2019-February 2022</p> <ul style="list-style-type: none"> • “My Strength” -Resource offered in our Summer 2020 Kinship Newsletter. Resources to help with stress, anxiety, depression, and insomnia • Classes offered through the Alliance for Child Welfare in our Nov/Dec 2020 Kinship Newsletter. “Raising Your Relative”. • Classes offered through the Alliance for Child Welfare in our Jan/Feb 2021 Kinship Newsletter. “Raising Your Relative”, “Understanding and Maintaining Caregiver’s Own Emotions and Self Care”, “Kinship 101”, “Supporting the Child in Your Care”. • Legal Clinic offered from Northwest Justice Project in our March/April 2021 Kinship Newsletter. “Advice about your child’s rights to an education. • Classes offered through the Alliance for Child Welfare in our May/June 2021 Kinship Newsletter. “Raising Your Relative”, “Kinship 101”, “Understanding and Maintaining Caregiver’s Own Emotions and Self Care”, “Knowledge & Skills to Help Kids Heal”. • Trainings/Support Groups offered by Casey Family and The Henry Beauchamp Community Center in our July/Aug 2021 Kinship Newsletter. “Wednesday Wellness”-Caregivers learn better ways to care for themselves. “What’s Up Wednesdays”-Learn how to help kids navigate through school during the pandemic. Offered every Wednesday • “Life After High School”-Online training offered through PAVE.WA is in our Nov/Dec 2021 Kinship Newsletter. Part 1-Student 	navigators.
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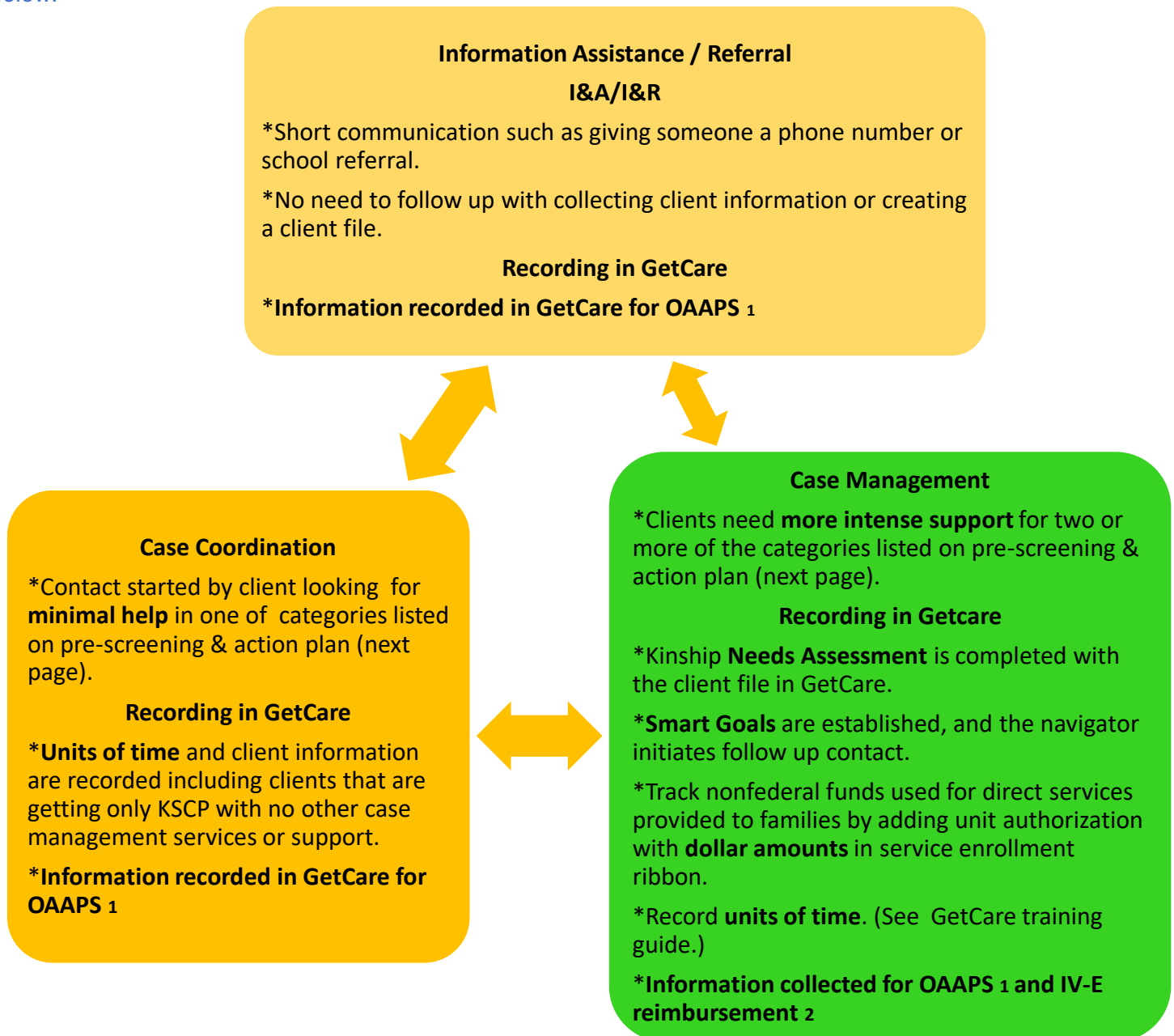
			<p>Disability Rights. Part 2-Tools for Transition/Graduation and Beyond.</p> <ul style="list-style-type: none"> • “Behavior Management-Trauma Informed Discipline”. Six-hour online training presented by Scott Hanauer. February 10, 2022. Sponsored by KINdred Spirits Collaboration. • “Sound It Out Together”. Resource in our March/April 2022 Kinship Newsletter. National campaign that uses the power of music to help parents/caregivers/kids tackle the hard middle school years. 	
HopeSparks	Intervention site	Pierce	<p><u>Trainings and Resources for Caregivers</u></p> <ul style="list-style-type: none"> • First aid training • Blood born pathogens • HopeSparks cont. • Empath Training • Leadership Institute • Uniform Guardianship Laws • Hazard Communication • PPE Awareness • Fire Extinguisher Training • Slip, Trip and Fall Prevention • HIV Aids 	Kinship Support Groups in Pierce County
Homage Senior Services	Service as usual site	Snohomish	<ul style="list-style-type: none"> • N/A 	Kinship Support Groups in Snohomish County
Aging and Adult Care of Central WA	Service as usual site	Adams, Douglas, Grant, Lincoln, Okanogan	E-mails are sent on a regular basis about events as they come up in. Including the Sage Hills church and Catholic Charities both offer Kinship/Adoption/Foster caregiver support groups.	Kinship Support Groups in Grant County
Area Agency on Aging and Disabilities of Southwest Washington	Service as usual site	Wahkiakum, Cowlitz, Clark, Skamania, Klickitat	<p><u>2021 Kinship Education Schedule</u></p> <ul style="list-style-type: none"> • NAMI Program Training • Where We Live • Guardianship of a Minor Law Training • Powerful Tools • FYSPRT Program Training • Farmer's Market and Programs Overview • PAVE / IEP Training • Powerful Tools • Vancouver Parks and Recreation • FVRL Programs and Clubs 	Kinship Support Groups in Clark County conducted over Zoom monthly. E-mailed resources are sent regularly.

			<u>2022 Kinship Education Schedule</u> <ul style="list-style-type: none">• Guardianship of a Minor• Powerful Tools for Caregivers of Children with Special Needs• PTC continued• DDA Presentation• Molina / Amerigroup / CHP• Legal Options Training• Farmer's Market• Alternate Care Plans• Powerful Tools for Caregivers (PTC) of Children with Special Needs• PTC continued• Impacts of Vaping	
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Appendix P. Prescreening Tool

**Note-the term Case Coordination in GetCare is the term used to capture all time spent with clients receiving both paths Case Coordination and Case Management pathways.*

**Needs assessments will be offered to potential clients. Based on client's response see three options for support below.*



1) The Older Americans Act Performance System (OAAPS) reporting tool the Administration for Community Living (ACL)/Administration on Aging (AoA) uses to monitor performance and collect information on Older Americans Act (OAA) Title III, VI, and VII programs. States and Area Agencies on Aging (AAA) submit their annual performance report data on OAA program participants, services, and expenditures.

2) Our partners at DCYF will act as the passthrough for IV-E reimbursement through an SLA with ALTSA. Reimbursement is only allowable for families receiving case management level services. Allowable items for reimbursement include administrative expenses, time spent working with/for client, nonfederal funds used to support client such as clothing vouchers, or other tangible goods.

Date: _____

County: _____

☐ Text okay

Date of Birth: _____

*This tool will be used with needs assessment and goal setting follow up form at 3 and 6 month follow ups.

The table below lists all services from the Kinship Needs Assessment. Please check off your top three to five needs from the options below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Financial support for necessities
<input type="checkbox"/> Financial education support
<input type="checkbox"/> Help finding/maintaining housing
<input type="checkbox"/> Support obtaining durable goods
<input type="checkbox"/> Help getting enough food daily for your family
<input type="checkbox"/> Getting and keeping public assistance
<input type="checkbox"/> Help with transportation
<input type="checkbox"/> School related supports | <input type="checkbox"/> Help accessing primary care, other medical care or resources
<input type="checkbox"/> Help accessing dental care services
<input type="checkbox"/> Childcare support
<input type="checkbox"/> Respite
<input type="checkbox"/> Referral to aging and disability resource center
<input type="checkbox"/> Personal and emotional support about your circumstance, someone to talk to
<input type="checkbox"/> Someone to talk to regarding your <u>kinship</u> child(ren) | <input type="checkbox"/> Behavioral health / counseling
<input type="checkbox"/> Kinship care support groups / networking
<input type="checkbox"/> Training for kinship caregivers
<input type="checkbox"/> Language service
<input type="checkbox"/> Access to legal services and advice
<input type="checkbox"/> In-home family services
<input type="checkbox"/> Other:
<hr/> <input type="checkbox"/> Other:
<hr/> |
|---|---|--|

Notes:

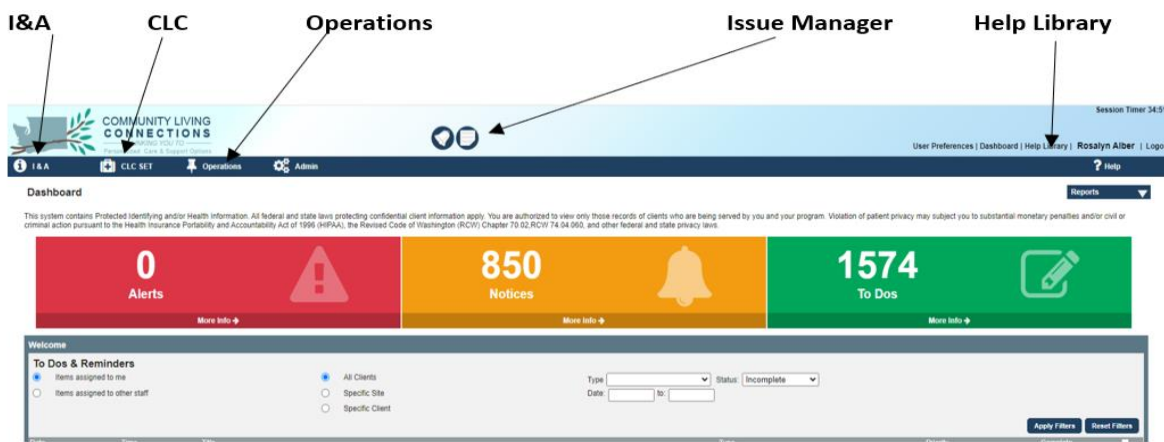
This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appendix Q. Statewide Kinship Program GetCare Guide

Introduction/Your Dashboard in GetCare

This Guide is intended to assist you in working within the GetCare system. Upon each successful log-in to GetCare, your Dashboard will display. The dashboard page is where you will have information about alerts, reports or assignments.

From here you will see the key sections, or modules, used to enter information, apply units or pull reports from GetCare. The modules are identified below, including I&A / I&R, CLC Set, and Operations. Additionally, from the top banner, you will see links to open **User Preferences** and the **Help Library**. The note icon, identified by the piece of paper in the blue circle above the solid navy banner at the top center the screen opens issue manager. This is used to report system trouble or bugs for GetCare or ALTSA staff to review and respond. More information about using issue manager is available from the Help Library, look under category Issue Manager & System Troubleshooting for helpful guidance.



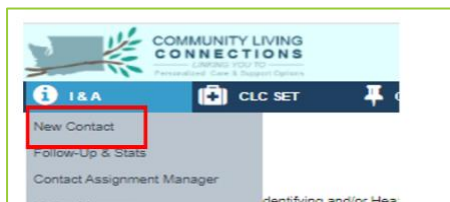
Please Note: Throughout this Guide you will see references to the **GetCare Help Library** where additional documents and guides are available with more details about related actions. We encourage you to review materials within this resource section.

Search for Existing Record:

To avoid creating duplicate records in GetCare, use the following search options to search for existing records:

I&A / I&R Search

From the I&A / I&R Module click on New Contact to see if a record is present in the system. Also use this option for initial contact with new client or one-time quick referrals. Additional details about searching and adding new contacts within the I&A / I&R section of GetCare is available from the Help Library, refer to Category: I&A / I&R - New Contact and Follow-Up/Stats and look for the "*I&A / I&R User Manual*".



Once you have selected either **Calling for Self** or **Calling for Someone Else**, you may choose to search for an existing consumer, or add a new consumer (caregiver). When adding a caller, you first need to see whether they have an existing record in the system. Enter the caller's name and/or Agency in the appropriate fields. Sometimes just typing in the first few letters of a name brings back more results, this is referred to as an 'Ajax search'.

When a caller's name doesn't appear in the Ajax menu, ensure they are not in the system by clicking the Search button at the far right. Another option for ensuring they are not in the system, especially if unsure of the spelling, is to enter the phone number and click the Search button. Search results will appear in a list below the search fields.

If the individual doesn't have a record listed, click Add New Record and a blank overlay will appear. This is where you can enter the caller's contact information.

CLC Set - Full Client Search

From the **CLC Set Module** select **Full Client Search** option and enter name or other identifying options associated to the individual you are searching for or adding to the system. Select 'Search'.

The top screenshot shows the 'CLC SET' menu with 'Full Client Search' highlighted. The bottom screenshot shows the 'Full Client Search' form with fields for Name, Gender, Region, Internal ID, Nickname, Last Four SSN, City, DOB, DOB Range, GetCare ID, and Phone number. A red box highlights the 'Search' button.

TIP: When searching, less is more. Searching using fewer parameters and fewer letters means you will get more potential record matches (and avoid missing a duplicate record with a typo).

After selecting 'Search' a list of records may display. Review list to see if the record you are searching for is already entered into GetCare.

Click on the correct client's name to pull up their information. *If existing client, make sure all demographic information is current.*

If there is not an existing record, click **Add New Record** to create a new record. Fill in client phone and address, including county. *The system will assign a GetCare number if the person is not already in the system.*

The screenshot shows the 'Full Client Search' form with search results. The form includes fields for Name, Gender, Region, Internal ID, Nickname, Last Four SSN, City, DOB, DOB Range, GetCare ID, and Phone number. Below the form is a table of search results with columns: Enrolled ID, GetCare ID, Name (Last, First MI), Nickname, SSN, DOB, Gender, City, Region, Reassign, and Form. A red box highlights the first row of results.

Enrolled ID	GetCare ID	Name (Last, First MI)	Nickname	SSN	DOB	Gender	City	Region	Reassign	Form
X	786744	Kinship_Ned		XXX-XX-	04/09/1965	Male	None	PSA 6 - Lewis/Mason/Thurston Area Agency on Aging	Reassign	Form
	877352	Kinship_Nick		XXX-XX-	01/26/2005	Male		PSA 4 - Aging and Disability Services	Reassign	Form

I&A / I&R – Contacts

Entering Demographic Information

The GetCare **New Contact** page allows you to capture a broad set of demographic information NAPIS required demographic fields are indicated with a red asterisk (*).

Call Outcomes

Once you have added or verified demographics then **skip to bottom of page to Call Outcome** and select drop down option “Kinship Navigator”.

- Select one or more items from drop down options in “Please Select” box. *You can multi select by holding down the control key.*
- Click on save and complete and go to client file.

The screenshot displays the 'General Note' and 'Assign Call to Staff' sections at the top. Below these, there are input fields for 'Staff' and 'Note to Assignee'. The 'Call Outcome' section features a dropdown menu with the text 'Please Select' and a list of options: 'Please Select', 'Information and Assistance', 'Information and Assistance - Caregiver Programs', and 'Information and Assistance - Kinship Programs'. A red box highlights the dropdown menu. To the right of the dropdown menu, there are three buttons: 'Incomplete Call', 'Save', and 'Save &'. A red box highlights the 'Save' button, and a red arrow points to it with the text 'Select Save'.

CLC SET (Client file)

This section holds the client (caregiver) file and captures client demographics and information for KCSP units and Case Coordination hours and contains annual assessment. *Client name, GetCare ID, birthdate, region, address, and phone will copy over from I&A / I&R section.*

Identification

- Name
- Date of birth
- Gender
- Region
- Address including county-*Make updates as they occur*
- Phone-*Make updates as they occur*

Demographics

Fill in the following:

- Ethnicity
- Race
- Spoken Language
- Number in Household
- Household Composition
- Sex/Gender
- Veteran Status
- Military Branch
- At or below 100% FPL
- Income Range

- Benefits- *may be required at the local level*

• NOTE: Urban/Rural status will auto-fill based on the caregivers Home Address.

Demographics

Disability Type

☐ Declined to state
☐ Physical Disability
☐ Intellectual/Developmental disability (ID/DD)
☐ Mental illness
☐ Traumatic brain injury
☐ Dementia
☐ Memory Loss
☐ Other,specify
☐ No Disability

Ethnicity *

Alaskan

Race *

Black/African American

Tribal Enrollment

Relationship Status

Spoken Language

If other, specify

Written Language

If Other, Specify:

English fluency

Education

Residence type

If other, specify

Resident Status

Number in household

Household Composition (Lives Alone) *

With Other Relative(s)

If other, specify

Length of time at present address

Years

Months

Means of Transportation

Owens Car
Friend
Public Transport
Senior Transport
Family

Urban/rural *

Sex/gender *

Male

Transgender

Sexual orientation

Veteran Status

Veteran #

Veteran

Military Branch

Legal status

If other, specify

At or below 100% FPL *

Income Range

Number contributing to household income

Contacts

Contacts

Here you will include various contact information for your caregiver.

→ Use the Caregiver Relationship section to enter all Kinship children associated with the Caregiver.

In this diagram, one child is already entered into system. To **add** a child in the Caregiver Relationship section, enter their name into the *Search Client* field using the ajax search method mentioned earlier.

Caregiver Relationship

Name *

Kinship Junior

Role *

Care Receiver

Relationship *

Grandchild

Role Responsibility(s) * (MTO Only)

Backup Caregiver

Active

☒

Edit

Edit

Search Client

Backup Caregiver
DPOA Financial

Add

Add New Kinship Child If the ajax search does not list the child, then you will add a new child by clicking on “add new client” box that will be directly under the new child name. Follow same (ajax) search process described in the I&A / I&R Search section to verify the child/care receiver is not already in the system.

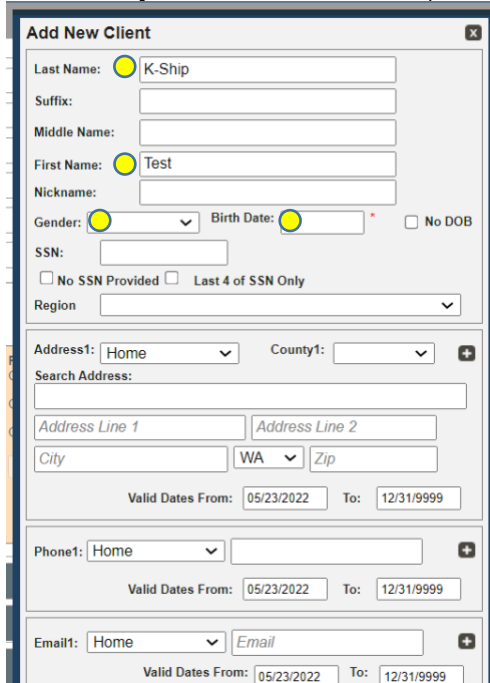
Caregiver Relationship

Add New Client

No Contact Manager Matching

This overlay screen will pop up and you will fill out the new child information.

→ Before you enter a new child (client) verify first/last name and all demographic data is accurate.

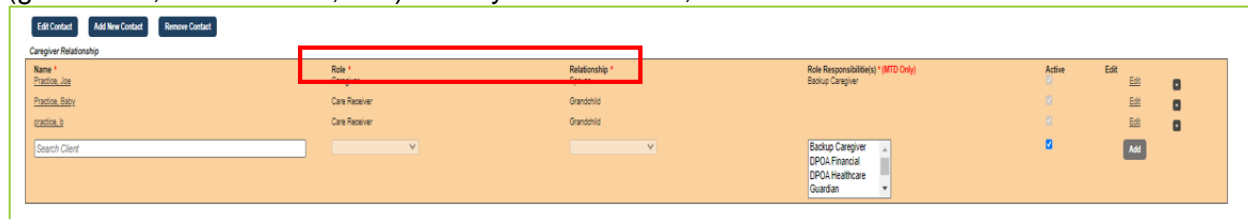


The 'Add New Client' overlay form contains the following fields and sections:

- Personal Information:** Last Name (with a yellow circle icon), Suffix, Middle Name, First Name (with a yellow circle icon), Nickname, Gender (dropdown), Birth Date (with a yellow circle icon), and a 'No DOB' checkbox.
- Identification:** SSN field, with checkboxes for 'No SSN Provided' and 'Last 4 of SSN Only'.
- Location:** Region (dropdown), Address1 (dropdown), and County1 (dropdown).
- Search Address:** A section with 'Address Line 1', 'Address Line 2', 'City', 'State' (dropdown, currently showing 'WA'), and 'Zip'.
- Dates:** 'Valid Dates From' and 'To' fields, both showing '05/23/2022' and '12/31/9999' respectively.
- Contact Information:** Phone1 (dropdown), Email1 (dropdown), and an 'Email' text field.

Once the information is completed on the overlay, click **Save**.

You will then be able to fill in the **Role** (the child/youth is always care receiver) and the **Relationship** (grandchild, relative child, etc.) Once you fill these in, click on the Add button to save.



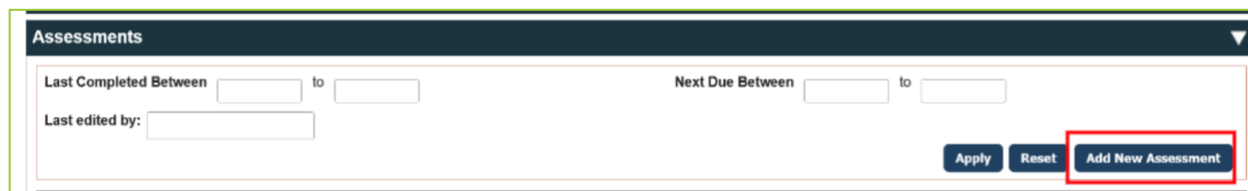
The 'Caregiver Relationship' table has columns for Name, Role, Relationship, Role Responsibilities, Active, and Edit. The 'Role' and 'Relationship' columns are highlighted with a red box. The 'Role' column has a dropdown menu with options: Care Receiver, Grandchild, and Grandchild. The 'Relationship' column has a dropdown menu with options: Grandchild, Grandchild, and Grandchild. The 'Role Responsibilities' column has a dropdown menu with options: Backup Caregiver, DPOA Financial, DPOA Healthcare, and Guardian. The 'Active' column has a checkbox. The 'Edit' column has an 'Add' button.

When creating a new record through the relationship 'Add New Record' process, the GetCare system will automatically generate a GetCare ID number for the care receiver.

Assessments

You will find Kinship Program Intake Assessment here. If an assessment has been completed and you are updating, find the most recent assessment and select Copy to Review to open a new, editable Kinship intake Assessment that includes entries from previous version. If this is the first assessment for the caregiver:

- Click on Add New Assessment



The 'Assessments' overlay form includes the following elements:

- Filters:** 'Last Completed Between' and 'Next Due Between' date range selectors, and a 'Last edited by:' text field.
- Buttons:** 'Apply', 'Reset', and 'Add New Assessment' (highlighted with a red box).

When you click on Add New Assessment, this overlay screen will appear. Click on the drop-down button in the Select Form Box and select **Kinship Needs Assessment**. You will need to click on the save button to have the assessment overlay pop up.

Add New Assessment

Select Form: **Kinship Needs Asses**

Frequency: **Annual**

Date Locked:

Start Date: 11/23/2022

Assessment Date: 11/23/2022

Status:

Last edited by:

Next Due: 11/23/2023

Save **Cancel**

- Complete all information and lock assessment. Once the assessment is locked, it cannot be changed. You can save in draft temporarily, but the draft form does not get pulled over when running reports. See required elements indicated with yellow dots below.

KNP / KCSP Intake

Kinship Caregiver Intake For ☐ KNP ☐ KCSP ☐ GPRG

Reason(s) for kinship child(ren) coming to be raised by kinship caregiver(s). ☐ Parent incarcerated (one or both) ☐ Parent alcohol/drug addiction (one or both) ☐ Parent deceased (one or both) ☐ Parent health issues (one or both) ☐ Financial hardship (one or both) ☐ Other

If child(ren) was referred by DSHS Children's Administration to live with kinship caregiver(s), which program/service(s) was involved? ☐ CPS Investigations ☐ CPS Family Assessment Response (FAR) ☐ Child and Family Welfare Services (CFWS)/Family Voluntary Services ☐ Foster Care ☐ Other

Number of unduplicated kinship children age 18 and younger being raised by kinship caregiver(s) in household

Kinship Caregiver receives a TANF Need or Child Only Grant (KCS)

Kinship Care family receives Basic Food Assistance

Length of Time Kinship Caregiver(s) has raised Kinship Child

Average Household income - Based on Federal Poverty Level (FPL)

The child(ren) receives Apple Health benefits

Number of Children currently involved with the formal child welfare system (foster care or living with unlicensed relative)

Need(s) requested that could not be met by KCSP or KNP. ☐ Medical procedures ☐ Dental procedures, e.g., orthodontia ☐ Electronic items, e.g., computers, tablets ☐ Respite services ☐ Repairs, e.g., house or car ☐ Transportation, e.g., driver's ed., airline tickets ☐ Legal costs ☐ Legal custody clinic ☐ Employment ☐ Housework help ☐ Other

Service Enrollments

Add new enrollment/s for clients receiving KCSP units or Case Coordination Services hours that are not currently enrolled.

This client is currently enrolled and authorized for one unit of basic needs, food clothing or supplies.

Service Enrollments

Service: Provider: Fiscal Year: Enrollment Status: From: Thru:

☐ Display S.O. #

Scope of Work	Program	Service Detail	Provider	Enrollment Dates	Select	Authorization Dates	Authorized Quantity	Status	Cost Share Pledge
Supplemental Services/KCSP	OAA TIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	Family Education and Support Services	07/04/2019 - 12/31/9999	<input checked="" type="checkbox"/>	07/04/2019 - 12/31/9999	1	Enrolled	0
Supplemental Services/KCSP	OAA TIE GPRG/KCSP/LOC	Basic Needs: Housing (Rent, Deposit, Etc.)	HOPE SPARKS (AKA CHILD & FAMILY GUIDANCE) (00156)	07/07/2020 - 12/31/9999	<input type="checkbox"/>	07/07/2020 - 12/31/9999	Enrolled	0	

Add New Enrollment

To add a new enrollment for someone that is not enrolled or to enroll for a different type of unit/hours, click on

Add New Enrollment. A new overlay screen will appear.

Scope of Work selections will usually be: **Supplemental Services/KCSP** or **Case Coordination** or **Support Group/KCSP** or **Respite/Youth Activities**.

Program: select-OAA TIIIE GPRG/KCSP/LOC

This is what New Enrollment looks like when filled out-required fields are marked. Once it is filled out, click on Save. See guidance on adding service units to enrollments later in this guide in 'Service Recording'.

Add New Enrollment
SO#:0
Created from PO#

Kinship, Ned
GetCare ID:786744

General

Region/Contractor: PSA 6 - Lewis/Mason/Thurston Area Agency on Aging
Provider: Family Education and Support Services
☒ Current Fiscal Year ☐ All Fiscal Years
Scope of Work: Supplemental Services/KCSP
Program: OAA TIIIE GPRG/KCSP/LOC
Service Detail: Basic Needs: Housing (Rent, Deposit, Etc.)
Service Code: 7802 - - [Reset Enrollment Details](#)
Site: No Site Assigned
Assigned Staff: From: Thru:
Note:

Enrollment

Current Status:Disenrolled
Add:

Status History	From	Thru	Reason	Needed Qty	Unmet Need	
Enrolled	07/08/2020	12/31/9999		1.0 Unit(s) / Year	0.0	<input type="button" value="Save"/> <input type="button" value="Delete"/>

Authorization

Authorization Period: From: 07/08/2020 Thru: 12/31/9999
Authorized Qty: 1 Unit(s) Period: Year Rate
First Month Quantity .00Unit(s) Full Monthly Quantity .08Unit(s) First Monthly Amount .00
Cost Share Option Cost Share Total 0.00

[Add Additional Authorization](#)

Schedule

[Add Additional Schedule](#)

Troubleshooting: If this client has received navigation services in the past, first confirm that an enrollment does not already exist for the service detail you are currently trying to enroll. If you get an error message "This enrollment date range is overlapping with an existing enrollment," click okay and cancel the current add new enrollment. Look under the Service enrollment noting the scope of work and service detail.

Assigned Staff: From: Thru:
Note:

Enrollment

Current Status:Enrolled

Status History	From	Thru	Reason	Needed Qty	Unmet Need	
Enrolled	05/16/2022	12/31/9999			0.0	<input type="button" value="Save"/> <input type="button" value="Delete"/>

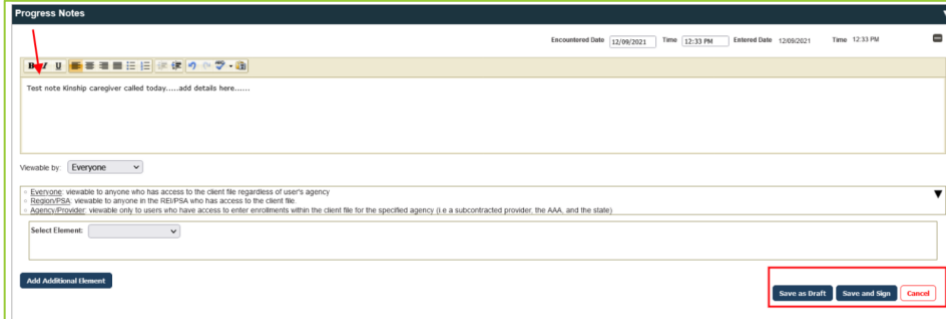
Progress Notes

Click on Add New Note

The screenshot shows the top section of the 'Progress Notes' interface. It has a dark blue header with the text 'Progress Notes'. Below the header is a white area with a red box highlighting a button labeled 'Add New Note'. At the bottom of this section, there are two tabs: 'All Clients' and 'Enrollment', with 'Enrollment' being the active tab.

In the notes field, write in your progress (case note) here. This should include enough information for someone unfamiliar with the case to know what is happening by reading the note.

When this is complete, save and sign here. (You will need to use your Signature Password)

This screenshot shows the main text entry area of the 'Progress Notes' interface. At the top, there's a toolbar with various icons. Below it is a large text area with the placeholder text 'Text note kinship caregiver called today....add details here.....'. Under the text area is a 'Viewable by' dropdown menu set to 'Everyone'. Below that is a list of permissions for different user roles. At the bottom right, there are three buttons: 'Save as Draft', 'Save and Sign', and 'Cancel'. The 'Save and Sign' button is highlighted with a red box.

Operations

Service Recording Overview

This section is where you can enter the units or hours of service provided. Click on month you wish to view

- Click on Region/Contractor-select your region from drop-down
- Click on Provider-select drop down
- Click on Site (if there is more than one site providing services in your region)
- Click on Scope of Work
- Click on Program
- Click on Service Detail
- Click on Apply (bottom right corner)

The screenshot shows the 'Filter for Clients' section of the 'Service Recording' interface. It includes a 'Recording View' dropdown set to 'Monthly Quantity Recording'. Below this are dropdowns for 'Month' (set to 'June') and 'Year' (set to '2020'). There are checkboxes for 'All clients', 'Specific Client', and 'Service Status'. On the right, there are several dropdown menus for 'Region/Contractor', 'Provider', 'Site', 'Scope of Work', 'Program', 'Service Detail', and 'Assigned Staff'. At the bottom right, there are three buttons: 'Save current filter', 'Apply', and 'Reset'. An arrow points from the 'Apply' button in the list above to the 'Apply' button in this screenshot.

You will now be able to view the list of clients. If clients have units and/or hours assigned, they should appear in the units and/or hours section. If units/hours have been authorized for usage, they should appear in the box labeled Monthly Quantity. Once you see the client's name, you will need to fill in the box with the number of units provided for KCSP or the number of hours provided for case coordination.

Scope of Work Examples:

Filter for Clients
 Recording View: * Monthly Quantity Recording
 Month: November Year: 2021
☒ All clients
☐ Specific Client
 Service Status:
☐ Clients who exceed the authorized amount of units.
☐ Exclude clients who have not received units in the last 3 months.
 Add New Record

Use saved filters
 Region/Contractor: PSA 6 - Lewis/Mason/Thurston Area Agency on Aging
 Provider: Family Education and Support Services
 Site: No Site Assigned
☐ Display/Highlight Units from All Sites
 Scope of Work: All
 Program: All
 Service Detail: Access Assistance
 Assigned Staff: Case Coordination
 Information Services
 Respite/Youth Activities
 Supplemental Services/KCSP
 Support Group
 Training/Consultation

Recording Census: Grand Total 0.0
 Unique Clients Served 0

Provider: All
 Transaction Logs

Program/Service Detail/ Site	GC ID	DOB	Client Name
Subservice	Code	Date	
Program/Service Detail/ Site	GC ID	DOB	Client Name

Service Set Examples:

Filter for Clients
 Recording View: * Monthly Quantity Recording
 Month: November Year: 2021
☒ All clients
☐ Specific Client
 Service Status:
☐ Clients who exceed the authorized amount of units.
☐ Exclude clients who have not received units in the last 3 months.
 Add New Record

Use saved filters
 Region/Contractor: PSA 6 - Lewis/Mason/Thurston Area Agency on Aging
 Provider: Family Education and Support Services
 Site: No Site Assigned
☐ Display/Highlight Units from All Sites
 Scope of Work: All
 Program: All
 Service Detail: All

Recording Census: Grand Total 0.0
 Unique Clients Served 0

Provider: All
 Transaction Logs

Program/Service Detail/ Site	GC ID	DOB	Client Name
Subservice	Code	Date	
Program/Service Detail/ Site	GC ID	DOB	Client Name

1 Activity
 1 Contact
 1 Hour
 1 Session
 1 Youth Activity
 Assistive Technology (Devices/CME/Medications) - 1 Item
 Assistive Technology (Devices/CME/Medications) - 1 Unit
 Basic Needs: Food, Clothing, Supplies
 Basic Needs: Housing (Rent, Deposit, Etc.)
 Caregiver Training - 1 Session
 Consultation - 1 Session
 Dissemination Of Publications - 1 Activity
 Grandparent Raising Grandchild - 1 Session
 Group Presentation - 1 Activity
 Interpreter Services
 Legal Services
 Publicity/Media Campaigns - 1 Activity
 School and Youth Activities - 1 Activity
 Transportation: Voucher/Gas/Bus Pass/Car Repair

Service Recording Options

Registered Services

For Kinship services requiring enrollments and other client level details you will enter units either via service recording or using Progress Notes/Units. Please refer to CLC Help Library materials for more guidance on adding service enrollments and recording units. From the CLC Set section we recommend reviewing: *CLC Set - Adding a Client Record + Client File Overview + Reports.*

Recording Case Coordination

Case Coordination requires a service enrollment (Scope of Work: Case Coordination Service Detail: 1 Hour). In this case, once the KCSP recipient is enrolled there are two options for recording service units. **Note:** Both options will fill in the required information for data needs.

1. Through the **progress notes** inside the client's file (this may be the best option for monthly or less frequent work with the client). This may be the best option when working throughout the month with the client.
2. Through **service recording** in the Operations Module. Step by step directions for service recording are in the Help Library under the Service Enrollment section and the document is attached here. This may be the best option for monthly or less frequent work with the client.

Case Coordination is set up with 1 hour as the service detail. You can use quarter hour (.25) increments to indicate time spent in case coordination activities.

Service

Provider

Enrollment Status

☐ Display S.O. #

Enrollment Period

Fiscal Year

From

Thru

Authorization Period

Fiscal Year

From

Thru

Apply

Reset

Scope of Work	Program	Service Detail	Provider	Enrollment Dates	Select	Authorization Dates	Authorized Quantity	Status	Cost Share Pledge
Case Coordination	OAA TIIIE GPRG/KCSP/KNAV/LOC	1 Hour	Catholic Charities of the Diocese of Yakima (00569)	10/13/2021 -10/31/2022	<input type="checkbox"/>	10/13/2021 -10/31/2022		Enrolled	0
Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	Catholic Charities of the Diocese of Yakima (00569)	09/23/2021 -12/23/2021	<input type="checkbox"/>	09/23/2021 -12/23/2021		Enrolled	0
Access Assistance	OAA TIIIE GPRG/KNAV/LOC	1 Contact	PSA 3 - Snohomish County LTC and Aging Division (00548)	08/25/2021 -11/30/2021	<input type="checkbox"/>	08/25/2021 -11/30/2021		Enrolled	0
Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	PSA 3 - Snohomish County LTC and Aging Division (00548)	08/25/2021 -08/31/2022	<input type="checkbox"/>	08/25/2021 -08/31/2022		Enrolled	0

Add New Enrollment

Adding Case Coordination Units through Progress Notes

To service record in a progress note, go to the progress notes ribbon and click on it to open up the Progress Notes page. The client will have to already be enrolled in the service you are trying to apply unit toward.

APS/RCS

Progress Notes

Electronic File Cabinet

Once the Progress Notes page opens, click on the Add New Note button.

Progress Notes

Add New Note

☐ All Clients
 ☒ Specific Client
☐ Linked Records

Include Non-Consumers:

Date Range: From To

Time Range: From To

Contact Type:

Event:

Mode:

Enrollment Region:

Provider:

Scope of Work:

Program:

Service Detail:

Site:

Note Contains:

Signature Status:

Signer:

Drafter:

Client has 1 or more Call:

Client has 1 or more Enrollment:

Export Results

Apply

Reset

Once the Progress Note narrative box opens, put documentation in the open field and then go to the

Select Element Drop down and select the 'Units' from the drop-down list. Click on the word units.

The following fields will display. Make sure that the unit date is correct—this field is editable. Select the Enrollment reflecting access assistance—case coordination from the Service Enrollment drop-down and then type in the number of units (hours can be entered in quarter hour units as needed). Once the progress note and the service unit is completed, click on the save and sign button and place your electronic signature in to complete the process.

Adding Case Coordination through Service Recording

Service Recording in the Operation Module. Hover cursor on the word Operations—this displays the drop-down options. Move cursor to Service Recording and click on this option.

See example of the Service Recording screen below. To service record in the Operations Module, enter the fields exactly how they were entered in the enrollment. When the time frame to service record has been entered along with the fields that match the service enrollment (service set), then click on the Apply button.

Reports ▼

Filter for Clients

Recording View: * Monthly Quantity Recording

Month: October Year: 2021

☒ All clients
☐ Specific Client

Service Status:

☐ Clients who exceed the authorized amount of units.
☐ Exclude clients who have not received units in the last 3 months.

☐ Use saved filters

Region/Contractor: PSA 9 - Southeast WA Aging and Long Term Care

Provider: Catholic Charities of the Diocese of Yakima (00569)

Site: No Site Assigned
 Display/Highlight Units from All Sites

☐ Scope of Work: Case Coordination

Program: OAA TIIIE GPRG/KCSP/KNAV/LOC

Service Detail: 1 Hour

Assigned Staff:

The following service recording options will display for clients enrolled in Case Coordination for October 2021 set and you can now enter the data in the field beside the client's name. Once the data has been entered, click on the Save button.

Recording

Census: Grand Total 0.0 Client(s) Units Total 0.0 Non-Registered Total Units 0.0 Units Delivered over Authorization 0.00
 Unique Clients Served 0 New Enrollments 1 Non-Registered Enrollments 0 Non-Registered Monthly Served 0

Provider: Catholic Charities of the Diocese of Yakima Service: Case Coordination Program: OAA TIIIE GPRG/KCSP/KNAV/LOC Service Detail: 1 Hour 10/01/21-10/31/21

Transaction Log

Program/Service Detail Site	GC ID	DOB	Client Name	Monthly Quantity	Recording Quantity	Authorized Qty	Enrollment Date
OAA TIIIE GPRG/KCSP/KNAV/LOC 1 Hour	792702	08/08/1958	Practice_Suite	1.25	.00	0.00	10/01/2021 - 10/31/2022

Select Enrolled Client to Add

tal (Page) : .00
 tal (Grand) : .00

Non-Registered Services

This requires only the number of clients served and Service Recording of units of service, an enrollment is not required if the caregiver has a client file. Enter aggregate data in Operations/Service Recording.

I&A / I&R Aggregate data

For Access Assistance enter the number of caregivers contacted and total number contacts (number of contacts-can be done at the end of each month).

Filter for Clients

Recording View: * Monthly Quantity Recording

Month: November Year: 2021

☒ All clients
☐ Specific Client

Service Status:

☐ Clients who exceed the authorized amount of units.
☐ Exclude clients who have not received units in the last 3 months.

☐ Use saved filters

Region/Contractor: PSA 6 - Lewis/Mason/Thurston Area Agency on Aging

Provider: Family Education and Support Services

Site: No Site Assigned
 Display/Highlight Units from All Sites

☐ Scope of Work: Access Assistance

Program: OAA TIIIE GPRG/KNAV/LOC

Service Detail: 1 Contact

Assigned Staff:

Fill in:

- Correct month
- Region/Contractor
- Provider
- Site
- Scope of Work
- Program

- Service Detail

Then click on Apply and then Click on Non-Registered link

An overlay will populate:

Fill in number of persons contacted in the New in FY column.

When you have filled in all the relevant boxes, click on save.

Next back on the service recording screen, enter the total number of calls/contacts for the service recording time frame.

Note: It is important to enter both number of persons served, using the non-registered overlay and the number of contacts back on the service recording screen.

Additional Resources on How Enter Service Units in GetCare

The GetCare Help Library includes a wealth of resources and guides describing processes for working in the CLC Set/Client File, I&A / I&R Module and Reporting. Documents are categorized by service or feature to help you find needed information.

Service Recording

[Master Service List + How to add Services and Providers + Template.xls](#) (XLS Format)

[How to Record Services in GetCare](#) (PDF Format)

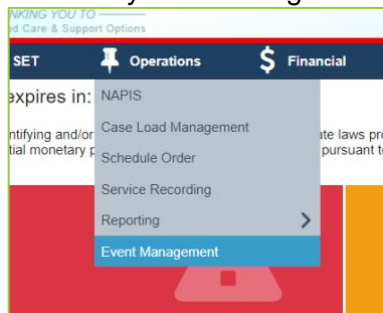
[Non-Registered Units Quick Guide](#) (PDF Format)

[I&A Non Registered](#) (PDF Format)

Event Management

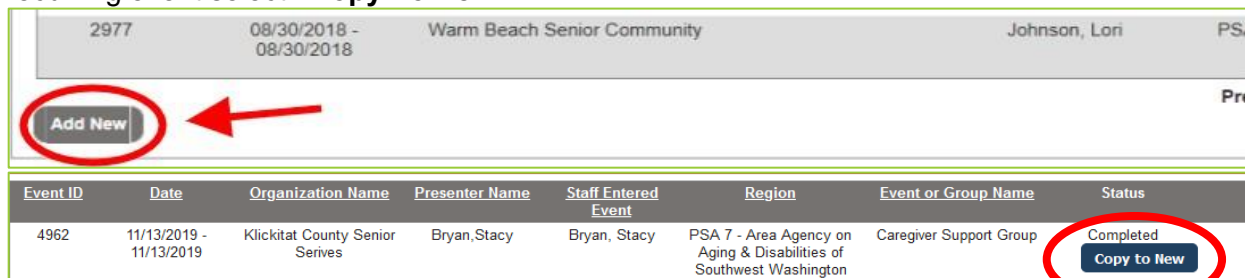
Used to enter aggregate number of attendees for events, support groups, newsletters, outreach, classes, etc. For detailed steps on using Event Manager, refer to the **CLC Event Management and Service Recording** guidance in the Help Library/Operations.

To get to the Event Management page where you will be able to track presentations, events, trainings, and plan activities you will first go to the Operations Tab, then find Event Management.



Adding a Kinship Related Event

To create a new event in the **Event Management** tool you must first click the “Add New” button or for a recurring event select “Copy To New”.



Fields to Complete:

- Enter date at top left
- Enter staff name
- Enter Region
- Enter Status
- **Skip:** Event ID
- Is this event a MIPPA event? -enter “No”
- Click on Apply and Add New

Event Management

The purpose of this section is to provide organizations the means to track presentations, outreach and assistance events, trainings, planning activities, support groups, media campaigns and other small or large group activities designed to meet agency and programmatic goals.

Event List

From To Staff Entering Event: Reset Region:

Status: Event ID: Is this event a MIPPA event?

Apply Reset

Event Information

- Enter Date
- Event or Group Name
- Enter Event Purpose
- Enter Event Type
- Enter Event Topic
- **Skip:** MIPPA Event Topic

Organization Information

- Enter Organization Name
- Enter Organizer name

Presenter Information

- Presenter name
- Total hours spent on activity
- Number of presenters
- Number of presenters who are volunteers

Target Information

- Target Audiences
- Target Audience - Race/Ethnicity
- Age Target

Event Location Information

- Event Location Name
- Event Location Category
- Event Location Contact *Last* Name
- Event Location Contact *First* Name
- Event Location Type, Address, Phone

Event Outcome

- Fill in numbers 1,2,4,5,6,7- *skip #3*
- Age of attendees estimate

Once all Event information is entered save and complete.

Service Recording Events

Use saved Event information to populate service recording for Information Services. To pull a summary of events use Event Management Summary Report. This tool is available from the Operations Module/Reports, select Event Management. Enter date range and use other filters to get to select results.

The screenshot displays the 'Reports' section of the Kinship Navigator Pilot Program. The left sidebar lists various report categories, with 'Event Management' expanded to show the 'Event Management Summary Report'. The main content area features a 'Report Number' input field, a 'From' date of 10/01/2020, and a 'To' date of 12/31/2020. A 'Region' dropdown menu is open, showing options like 'Community Living Connections', 'PSA 1 - Olympic Area Agency on Aging', 'PSA 2 - Northwest Regional Council', 'PSA 3 - Snohomish County LTC and A', 'PSA 4 - Aging and Disability Services', and 'PSA 5 - Pierce County Aging and Disa'. Below the date and region fields, there is a checkbox for 'Is this a MIPPA Event?' and a 'Staff Entering Event' input field. At the bottom, the 'Report Export Type' is set to 'Pdf', and a 'Save current filter' button is visible.

Once your Event Summary results are generated you can use this to populate service recording for Information Services for:

Group Presentations

Enter the total **number of Group Presentations** on the service recording screen and then select the unregistered link to bring up the overlay to enter **audience size**.

Publications and Publicity/Media Campaigns

Enter the number of unique publications or campaigns and audience size is the estimated persons reached for either of these activity types.

Resources & Reporting System Related Trouble

Issue Manager

Issue Manager

The screenshot shows the Community Living Connections Issue Manager interface. At the top, there's a banner with the logo and navigation links. Below the banner, there's a dashboard with three main sections: Alerts (0), Notices (850), and To Dos (1574). Each section has a 'More Info' link. Below the dashboard, there's a 'Welcome' section with filters for 'To Dos & Reminders'. The main section is the 'Issue Manager', which includes a search bar, filters for Reporting Agency, By Status, Module, Priority, Type, Keyword, Tracking #, and Issue ID. There are buttons for 'Add Issue', 'Export', 'Apply', and 'Reset'. Below the filters, there's a summary bar showing counts for various issue statuses: Total: 58, Assigned: 11, Ready: 0, On Hold: 3, New: 1, Escalated: 0, In Progress: 21, Feedback: 21, Resolved: 0, Reopened: 1, Closed: 0. At the bottom, there's a table with columns for Issue ID, Status, Reported Date, Priority, Reporting Agency / Submitted By, Last Updated, Last Updated By, Type, and Summary.

This is where you go to enter any problems you may be encountering with data entry, etc. Screen shots are helpful. When adding an issue report as many details as possible to help the Vendor and system technicians with solving the problem in a timely manner.

- ➔ Be sure to notify your supervisor or your AAA/GetCare primary contact when you post an issue so they are aware of your reported issue and can offer assistance if it is resolvable at the local level. If needed, they will escalate the issue for the vendor. Issue not escalated stay in 'New' status and are not readily reviewed.

Help Library

A variety of tutorials and source documents and reference guides are available for reference. Find the link to the Help Library located at the top right of the screen, in the banner section. We encourage you to review materials within the CLC Set, I&A / I&R - New Contact and Follow-Up/Stats and Service Recording categories to help you with further understanding around working with GetCare and data entry related to Kinship programs.

User Preferences/Signature Password

Your signature password is how you digitally sign assessments & progress notes. To add or update your Signature Password go to **User Preferences** located at the top of the screen, in the banner section.

The screenshot shows the top banner of the Community Living Connections system. It includes the logo on the left, navigation links (I & A, CLC SET, Operations, Admin) in the center, and user information (User Preferences, Dashboard, Help Library, Lisa) on the right. The 'User Preferences' and 'Help Library' links are highlighted with red boxes.

An overlay will pop up. Click on “*I would like to change my signature password*”. Create password and save. You can add or update your signature password while working on a record, this action does not require you to log out and back in again.



User Preferences

☐ I would like to change my Password
SAML Name ID: DP3FZ8PF5FQ3L-1QT1MW4LL8-D1LW4VZ0FD-DD9DQ4ZP8L
Link SAML ID to my account:

☒ I would like to change my Signature Password
Signature: ●●●
Re-type Signature: ●●●

☐ I would like to change my phone number
☐ I would like to change my email address
☐ I would like to update my address
☐ I would like to change my Pagination
(Pagination is the number of results you wish to see on a page before you navigate to the next page of results)

The User Preferences overlay offers several other options to update your information.

Applying a Unit Rate to Enrolled Services (only for case management model)

All Service Enrollments include an Authorization subsection. For tracking nonfederal funds utilized as part of case management you can add unit authorization with dollar amounts in service enrollment ribbon.

In the example below, the caregiver is enrolled in Supplemental Services/KCSP, Basic Needs - Food, Clothing, Supplies. For the current Fiscal Year, they are enrolled from 1/1/2022 thru 12/31/22. Scrolling down to the Authorization Section you will the Navigator was able add multiple authorizations with varying rates for each date a service and cost was provided to the caregiver.

One in Feb for \$200 and two in March - one for \$50 allocated for first part of March and another \$30 for second half of the month.

If the cost is expected to be the same each month, then the authorization timeframe can span the expected dates the service will be provided and does not need to be updated authorization for each occurrence.

IMPORTANT: Adding authorization details to the Enrollment does not take the place of service recording units. Please follow guidance above for adding units via Progress Notes or through Service Recording.

Scope of Work:

Supplemental Services/KCSP

Program

OAA TIIIIE GPRG/KCSP/LOC

Service Detail:

Basic Needs: Food, Clothing, Supplies

Service Code:

7802 - -

Reset Enrollment Details

Site:

No Site Assigned

Assigned Staff:

From:

Thru:

Note:

Enrollment

Current Status:Enrolled

Add:

Referral

Waitlist

Enrollment

Status History	From	Thru	Reason	Needed Qty		Unmet Need	
Enrolled	07/04/2019	12/31/2021		0.0 Unit(s) /	Year	0.0	Edit On Hold
Enrolled	01/01/2022	12/31/2022		0.0 Unit(s) /		0.0	Edit On Hold

Remove Authorization

Authorization

Authorization Period:

From:02/01/2022

Thru:02/28/2022

Authorized Qty:

1

Unit(s)

Period:

Month

Rate

200

First Month Quantity

1.00Unit(s)

Full Monthly Quantity

1.00Unit(s)

First Monthly Amount

200.00

Cost Share Option

Cost Share Total

0.00

Add Additional Authorization

Schedule

Add Additional Schedule

Remove Authorization

Authorization

Authorization Period:

From:03/01/2022

Thru:03/19/2022

Authorized Qty:

1

Unit(s)

Period:

Month

Rate

50

First Month Quantity

.61Unit(s)

Full Monthly Quantity

1.00Unit(s)

First Monthly Amount

30.65

Cost Share Option

Cost Share Total

0.00

Add Additional Authorization

Schedule

Add Additional Schedule

Remove Authorization

Authorization

Authorization Period:

From:03/20/2022

Thru:03/31/2022

Authorized Qty:

1

Unit(s)

Period:

Month

Rate

30

How to pull report with Unit Rate totals

You can generate a report to see authorization details, including rates, as entered into the service enrollment/authorization section described above using Custom Export reporting. For more information about using Custom Export reports, go to the **Help Library** in GetCare look under the **Operations/Reporting** section for *Custom Export Reports – Overview and Report Use Examples*.

In Operations, go to Reporting and select Custom Export. From here select Custom Type 'Client'. Once the fields display,

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you will see an option near top of screen “Use a saved filter”. Open the menu and scroll down to select ‘Kinship Service by Auth – Rate’. Once the selected report fields populate, scroll to the bottom of the page, and select from the Filters.

Custom Export Reporting
[Reports](#) | [Saved Reports](#) Custom Export Report

Custom Type:

Client

Use a saved filter

Kinship Service by Auth - Rate

In the Filter box you will enter a date span for months you want to see enrollments/authorizations and rates and then select the service set details where authorizations and rates are applied.

Once you have selected the date and service set filters, select Run Report. When the report is available you will receive a dashboard notification, or you can select from the Alert Bell at the top of the GetCare screen.

For the enrollment/caregiver record example described above, Supplemental Services/KCSP for Basic Needs: Food Clothing and Supplied, the report results include rates for months of February and March, see highlighted.

GC ID	Provider	Scope of Work	Program	Service Detail	Authorization From	Authorization Thru	Rate
786744	Family Education and Support Services	Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	03-20-2022	03-31-2022	30
786744	Family Education and Support Services	Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Housing (Rent, Deposit, Etc.)	03-01-2022	03-31-2022	600
786744	Family Education and Support Services	Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	03-01-2022	03-19-2022	50
786744	Family Education and Support Services	Supplemental Services/KCSP	OAA TIIIE GPRG/KCSP/LOC	Basic Needs: Food, Clothing, Supplies	02-01-2022	02-28-2022	200

Any amount that is not currently matched federally. Double tracking as they are already tracking from AAA. Covid Federal funding wouldn’t be tracked. In-Kind donations we are unsure if they want dollar amount attached to that. If you have a specific dollar amount that has been shared, please add that as units. It must be trackable and be able to provide proof in the event of an audit. This would include the amount.

This document is available online at:
<https://www.dshs.wa.gov/altsa/home-and-community-services-kinship-care/kinship-care>