



# Washington State Kinship Navigator Training Manual<sup>1</sup>

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partners  
forourchildren

**W** SCHOOL OF SOCIAL WORK  
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 Washington State  
Department of Social  
& Health Services  
*Transforming lives*

<sup>1</sup> 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/ALISA/hcs/documents/KinshipNavigatorReplicationManual.pdf>

Photo retrieved from <https://www.seattletimes.com/seattle-news/when-grandma-becomes-the-parent-should-older-relatives-raising-kids-in-washington-state-get-paid-the-same-as-foster-parents/>

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# Chapter One: Introduction

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 in the state of Washington. This training manual describes implementation steps offering a solid framework for developing a kinship navigator program. The appendix includes tools needed for service delivery, such as a fidelity tool, needs assessment (in English and Spanish), a satisfaction survey (in English and Spanish), and a consent form. This training manual was developed based on the current Kinship Program run by the Aging and Long-Term Support Administration (AL TSA) in Washington State. Some items including information management systems may vary from state to state.

## 1.1 Why we are Here: Our Kinship Caregivers

Over two million children currently reside with non-parental relatives within the United States.<sup>2</sup> These are 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.<sup>3</sup> 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.<sup>4</sup> By contrast, formal kinship care takes place under the supervision of the local child welfare authority in each state.

**“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**

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<sup>2</sup> U.S. Census. (2018). 2009-2018 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Retrieved from [www.census.gov](http://www.census.gov).

<sup>3</sup> Annie 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>

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

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). Whereas formal kinship placements involve the child welfare system and may result in guardianship, adoption, reunification, extended foster care or a youth aging out.



***“... 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 Two: Kinship Navigator Program Overview

## 2.1 Kinship Caregiver Needs

### Statewide Survey Results

The results from a statewide survey conducted in 2019-2020 provided context on the kinship caregiver experience in Washington State.

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.

### *Areas of frequent need*

Focus groups were conducted with kinship caregivers, kinship navigators, and agency stakeholders between October 2018 and February 2019. 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, applying for Temporary Assistance for Needy Families (TANF) or child-only TANF grants, and other kinship caregiver funds
- 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

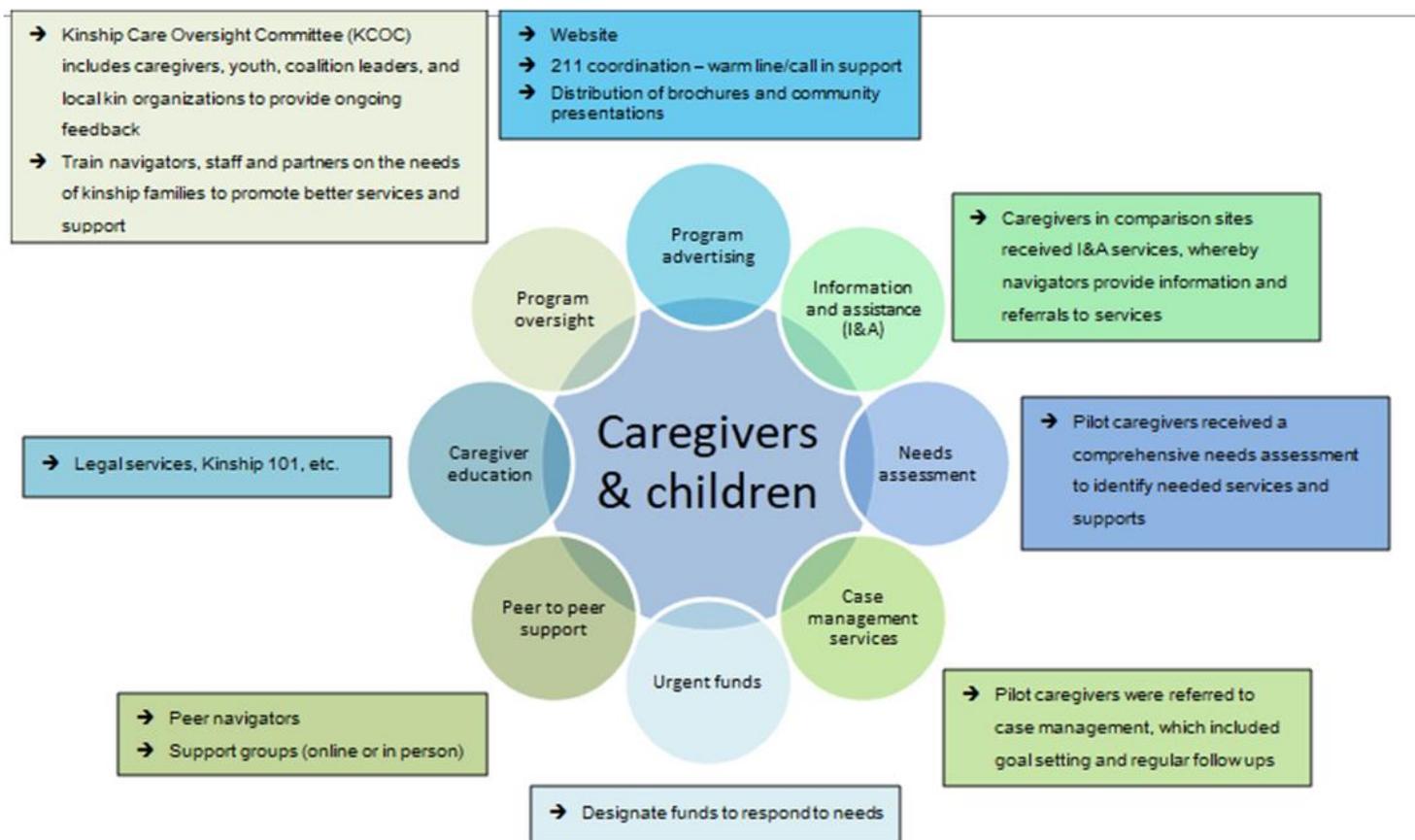
affordable and realistic (i.e., aquarium passes, etc.), and offering childcare during parenting classes and support groups

## 2.2 Essential Components/Program Principles and Philosophy

Researchers analyzed focus groups and interviews with caregivers, navigators, and stakeholders and distilled eight essential components to maintain and enhance the existing kinship navigator program. These essential components of the kinship navigator program included:

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

## Enhanced Model – Essential Components



## ***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,
- Community presentations

## ***2. Information 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 that are available to meet to the caregiver's needs. Navigators provide the information and assistance/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 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 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,
- 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 (a total of six months), at which point the navigator and caregiver follow-up again to assess progress towards goals and complete another needs assessment.

### ***5.Urgent funds***

Kinship caregivers may have an urgent financial need.

- 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.
  - The funding supports the needs of the kinship child not addressed by other state and federal programs.
    - Note the actual per family allocations differ by county. This resource may not be available in some counties for unrelated kin. Additionally, families above 200% of the poverty guidelines cannot access urgent funds. Amounts are based on estimated numbers of families served to ensure some counties do not run out of urgent needs funds too early in the fiscal year.
- 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 or 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

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 training. Available trainings may include National Training and Development Curriculum (NTDC) training, trauma informed training through the DCYF/Child Welfare Training Alliance partnership, and trauma training from annual kinship caregiver/navigator trainings sponsored by ALTSA.
- Training is also offered on minor guardianship for frontline workers at DCYF, DSHS and kinship navigators.

## 8. Program oversight

Program oversight includes the Kinship Care Oversight Committee (KCOC) which meets monthly 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, see section 4.1 for more details.

## 2.3 Online/Print Resources for Kinship Caregivers

Online educational tools were developed for caregivers and Navigators to access at any time. Publications and other resources listed on the following table:

Title	Description and links
<b>Beyond the Walls: A Guide to Services for Families Affected by Incarceration!</b>	(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. <a href="#">English</a> , <a href="#">Spanish</a> . (PDF)

<b>Consent to Health Care for the Child in Your Care: A Kinship Caregiver's Guide</b>	(DSHS 22-1119x) This brochure explains a law passed by the 2005 WA State Legislature which spells out a relative's rights and responsibilities. <a href="#">English</a> , <a href="#">Cambodian</a> , <a href="#">English</a> , <a href="#">Russian</a> , <a href="#">Somali</a> , <a href="#">Spanish</a> , <a href="#">Vietnamese</a> . (PDF)
<b>Grandparents and Relatives Do you know about the services and supports for you and the children in your care?</b>	(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. <a href="#">English</a> , <a href="#">Cambodian</a> , <a href="#">Chinese</a> , <a href="#">Korean</a> , <a href="#">Laotian</a> , <a href="#">Russian</a> , <a href="#">Somali</a> , <a href="#">Spanish</a> , <a href="#">Vietnamese</a> . (PDF)
<b>A Guide to Child Support Services for Relative Caregivers</b>	(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. <a href="#">English</a> (PDF)
<b>Relatives as Parents: A Resource Guide for Relatives Raising Children in Washington State</b>	(DSHS 22-996x) This 75 page booklet is an extensive resource guide for relative caregivers. <a href="#">English</a> (PDF)
<b>Kinship Care: Relative and Suitable Other Placement</b>	(DSHS 22-1765) Outlines resources, supports and tasks related to new child welfare placement. <a href="#">English</a> (PDF)
<b>Understanding the Dependency Court Process for Caregivers</b>	(DSHS 22-1741) Describes the dependency petition, the legal parties involved, the voice of the child, caseworker's role, support to resolve concerns, and a timeline for court process. <a href="#">English</a> , <a href="#">Bosnian</a> , <a href="#">Russian</a> , & <a href="#">Spanish</a> (PDF)
<b>Kinship Navigators Can Help!</b>	(DSHS 22-1862) Helps caregivers find and connect with the kinship navigator in their area <a href="#">English</a> (PDF)
<b>Grandparents, Relatives, and others: Kinship Care</b>	(DSHS 22-1867) Describes what services are available for kinship families and how to locate a navigator in your area. <a href="#">English</a> (PDF)
<b>Kinship Families Health Resources</b>	(DSHS 22-1863) Describes what services are available for kinship families for finding. <a href="#">English</a> (PDF)
<b>Mental and Behavioral Health Resources</b>	(DSHS 22-1864) Describes what services are available for kinship families for finding counseling other mental health services. <a href="#">English</a> (PDF)
<b>Meeting Basic Needs</b>	(DSHS 22-1865) 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 (KCSP). <a href="#">English</a> (PDF)
<b>Kinship Families Education Resources</b>	(DSHS 22-1866) Education resources including childcare, and K-12 support. <a href="#">English</a> (PDF)
<b>Kinship Rack Cards</b>	(DSHS 22-1868) An overview of services for kinship caregivers. How to locate a navigator in your area. <a href="#">English</a> (PDF)
<b>Options for Grandparents and Other Nonparental Caregivers Legal Guide</b>	An overview of legal options in the state. <a href="#">English</a> & <a href="#">Spanish</a> . (PDF)

# Chapter Three: Implementation

## 3.1 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 check lists 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	
<input type="checkbox"/>	Basic understanding of WA's Kinship Navigator Program Overview. ( <a href="#">Chapter 2.1</a> )
<input type="checkbox"/>	Basic understanding of Characteristics & Duties of Navigators. ( <a href="#">Chapter 3.1 b</a> )
<input type="checkbox"/>	Basic understanding of the Essential Components of the Program /Program Principles and Philosophy. ( <a href="#">Chapter 2.2</a> )
<input type="checkbox"/>	Basic understanding of Case Management. ( <a href="#">Chapter 3.2 c</a> )
<input type="checkbox"/>	Basic understanding of Fidelity Tracking and Client Satisfaction. ( <a href="#">Chapter 3.4</a> )
<input type="checkbox"/>	Basic understanding of Service Recording. ( <a href="#">Chapter 4.1</a> )
<input type="checkbox"/>	Basic understanding of Outreach, Education, and Peer to Peer Tracking. ( <a href="#">Chapter 4.2</a> )

## ***b. Characteristics of successful Kinship Navigators***

Through their partnership with the AAAs and the agencies providing the kinship navigator services, AL TSA has developed a list of recommended skills and experiences that will help make a kinship navigator. AAAs and Tribes can use these characteristics to choose individuals who will be most likely to succeed in the navigator role.

- **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. The kinship navigators, with input from the caregiver, will assess which level of service is needed: Information assistance/referral (I&A/I&R), case coordination, or case management.

- **Information Assistance/Referral (I&A/I&R)**
  - Provide resource referral, assistance, and active listening to 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 Management**
  - If a caregiver screens in for case management services, kinship navigators conduct an intake interview, baseline assessment, and set goals with the kinship caregiver.
  - 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, or parent agencies 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. For Washington State, the ALTSA kinship program will provide training on the data entry and enhanced case management program requirements.

In addition to the initial training in Washington, 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

Washington State 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 management (includes information on intake and assessment practice)
- Interviewing techniques
- Writing goals, and follow-up
- Current science of alcohol and cannabis
- Compassion fatigue

### ***Supervision Support***

In Washington State, 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.

## 3.2 Service Delivery

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. Regardless of the referral method, 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 or need while others are looking for more extensive assistance. There are three-levels of navigator services, 'Information assistance/referral (I&A/I&R)' 'case coordination' and 'case management'. Through either one or all services, kinship navigators provide information and linkages so that kinship caregivers have the knowledge and support they need to keep children and youth.

The kinship navigator program is open to all informal and formal kinship families. Navigators engage with kinship caregivers and offer to complete an intake to best understand how to serve the family. The first point of contact with the kinship caregiver may occur over the phone or face to face.

### Screening and service level determination-

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 referral/assistance, case coordination, and case management). ([See Prescreening Tool appendix O](#)) 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. Case management requires an intake to be completed (see [appendix E](#) on following page).

#### **A. Information Assistance /Referral (I&A/I&R)**

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

\*note-An intake appointment may last from 1 to 2 hours. (See TIP sheet [Appendix J](#)).

### **Case Management Intake**

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 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***

## **Needs Assessment**

During the intake, navigators utilize the kinship caregiver needs assessment, which is comprised of four sections:

- ***Demographics***
- ***Kinship child(ren)***
- ***Caregiver health and needs***
- ***Goal setting (see appendix [C,D,E, and F](#))***

Other notes:

- For Spanish translated Needs Assessment see ([appendix G](#)).
- For Tribal adapted Needs Assessment see ([appendix H](#)).
- Signature pages are present in the needs assessment. Please note any signatures featured are not mandatory, administrators must guide navigators on the requirements for their agency.

### ***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

### ***Kinship child section***

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

- **Demographics** 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 diagnoses

### ***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.

#### **Identifying needs & 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

#### **How often a need is identified**

Part of the needs section 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

### **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](#))

Once the navigator identifies the caregiver's needs 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 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

S	M	A	R	T
Specific	Measurable	Attainable	Relevant	Time-bound
<ul style="list-style-type: none"> <li>• <i>Who? What? Where?</i></li> <li>• Is the goal clear and specific?</li> <li>• Example: I will print off the application for financial assistance</li> </ul>	<ul style="list-style-type: none"> <li>• <i>From and to</i></li> <li>• How will you know that you attained the goal?</li> <li>• Example: The application is printed</li> </ul>	<ul style="list-style-type: none"> <li>• <i>How</i></li> <li>• Is the goal resonable?</li> <li>• Example: I have access to a printer this week</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Worthwhile</i></li> <li>• Is the goal compatible with your other long-term goals?</li> <li>• Example: It is the first step in obtaining financial assistance</li> </ul>	<ul style="list-style-type: none"> <li>• <i>When?</i></li> <li>• When do you want to complete your goal?</li> <li>• Example: I will print off the application by Friday June 3, 2020</li> </ul>

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. Kinship navigators contact caregivers at a minimum three times per 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.

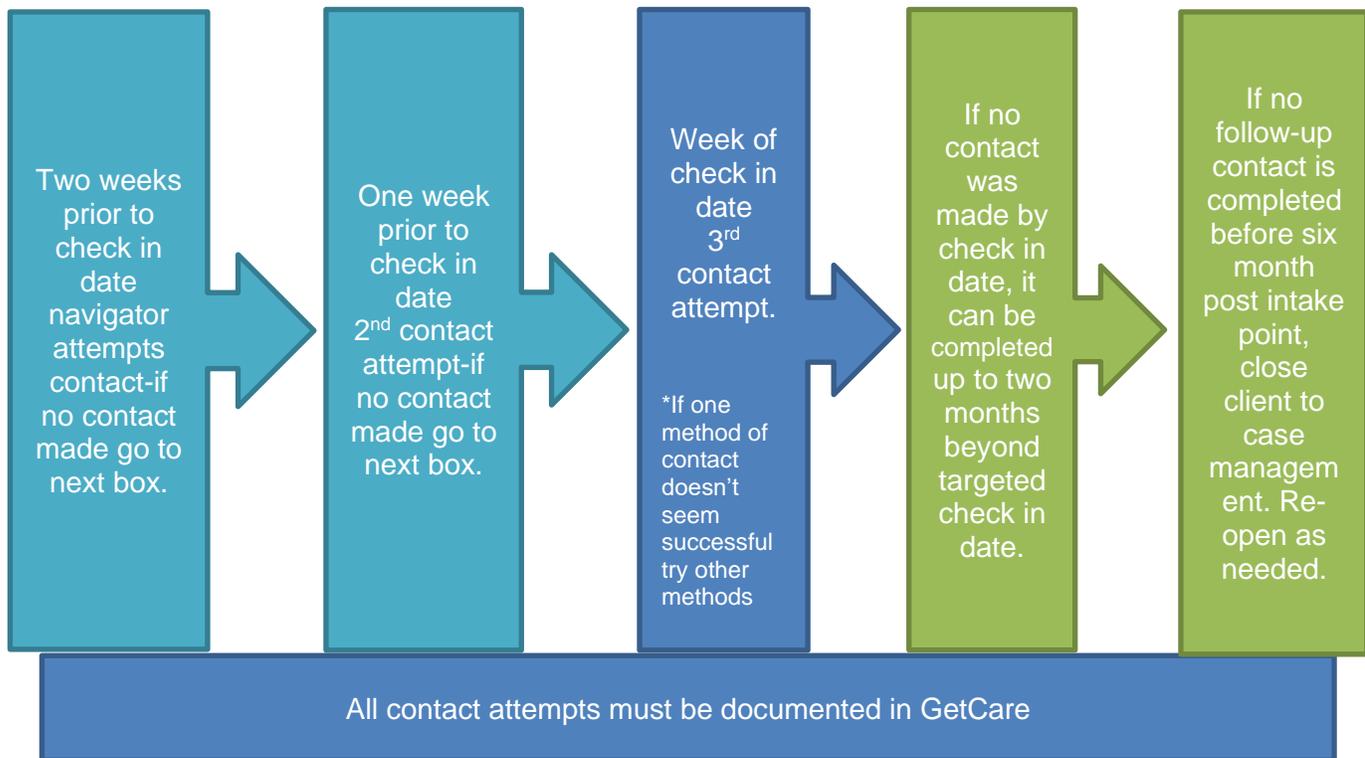
**Follow-up**

Kinship navigators will follow-up with caregivers at 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 six month follow-up, copy to review three month assessment in GetCare and update including goals. If goals are not completed, copy to review the six month assessment to new baseline.

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. In Washington State, the navigator will e-mail it to ALTSA kinship Program Staff. Copies of the Fidelity Forms should be available for review upon audits.

If goals are completed client returns to I & A/I&R status and case management is closed. When completing the follow-ups, document any changes to demographics, child and caregiver health, child education, and caregiver needs (See appendix [D](#) and [E](#)). Follow-up appointments can take place in person or over the phone.

The navigator is responsible for arranging follow-up appointments with kinship caregivers receiving case management. 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 one 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. In Washington state, all attempts to contact the caregiver should be documented in GetCare.



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

During the three month 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 (see [Appendix I](#)). Navigators will track the changes in the first three sections of the kinship caregiver needs assessment: (Appendix [E](#) and [I](#) 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 caregiver 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)

**Goals:** 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. The following steps 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 the navigator will:
  - Identify barriers to goal(s)
  - Identify solutions to barriers
  - Identify caregiver and navigator responsibilities
  - Update changes in GetCare

By identifying barriers, the navigator can strategize with the caregiver on how to overcome or work around those barriers (if possible). 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. 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).

**New Goals:** If the caregiver would like to set new goals 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. Steps to create 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 complete the 'fidelity checklist' form at three months from the date of intake. The navigator will also e-mail it to AL TSA kinship program staff. Copies of the fidelity forms should be available for review upon audits.

***Please note: If all goals are met at the three Month Follow-Up and no***

***new goals are identified, this would signify “end of service”. In GetCare select “Goal Complete” as well as “End of Service Period” for each goal.***

If case management was closed but a caregiver expresses new needs at a later time, the navigator would conduct another assessment with the caregiver and reopen the case.

### ***Six month follow-up***

The six month follow-up includes “end of service” processing. 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 case<sup>5</sup> would have closed at three months.

The six month follow-up is the same process as intake. 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 checklist’ form.

In Washington state, the navigator will e-mail it to AL TSA kinship program staff. Copies of the fidelity forms should be available for review upon audits.

See [appendix J](#) for TIP sheet see [appendix M](#) to view the GetCare form.

## **After a case management case closes**

### **YOU WILL ENTER THE FOLLOWING INFORMATION IN GETCARE:**

---

<sup>5</sup> an open case is defined as a caregiver who is currently receiving services. A closed case would keep their electronic file and identification number in GetCare. A new “case” can be opened with the client if they identify new goals to work on that were not part of the previous case that was closed.

- i. Date of intake appointment
- ii. Kinship Needs Assessment
  1. Completed demographic section, including caregiver health (caregiver)
  2. Completed demographic section (child/youth)
  3. Completed goal setting
- iii. Three months
  1. Contacts to schedule three month follow-up can be entered as units of time into GetCare as part of the Case Coordination.
  2. Conducted three month follow-up (needs assessment)
- iv. Six months
  1. Contacts to schedule six month follow-up can be entered as units of time into GetCare as part of the Case Coordination.
  2. Conducted six month follow-up (needs assessment)
- v. In Progress Notes any attempts to contact the family if unable to locate for either the three or six month follow-ups

### **3.3. Information management**

In Washington state, 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 kinship caregiver information as well as details of follow-ups and services provided into GetCare.

Information management also includes recording the opening and closing of cases and goals. 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
- End of service period

When a goal is met, the kinship navigator would enter the date ([see appendix F](#))

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.

## 3.4 Ongoing Program Management

### Fidelity tracking

Fidelity refers to the consistency in which the kinship navigator program is implemented across multiple sites. Fidelity tools are used to determine if the program was implemented as designed (see [appendix A](#)). This includes needs assessment and goal setting, follow-ups, attempts to contact the caregiver if not able to contact, and satisfaction survey. To learn more about fidelity and the how to complete the fidelity tool see the [DSHS/ALTSA website](#).

In Washington state, 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.

### Client Satisfaction

The client satisfaction survey assesses the caregiver satisfaction with services received through the kinship navigator program (See [appendix K&L](#)). This includes having their needs met, points of contact, service availability, and whether the program helped them be more successful as a kinship caregiver.

The survey will identify what worked well or what areas could be improved within the kinship navigator program. It is recommended that satisfaction surveys are disseminated annually to all kinship caregivers that received services. The satisfaction survey is available in both English (see [appendix K](#)) and Spanish (see [appendix L](#)).

# Chapter Four: Administrative Requirements

## 4.1 Service Recording Options

In Washington state, each kinship program and the agencies that run them track information in GetCare for the families they serve. 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 P](#) for statewide kinship program: GetCare User Guide

## 4.2 Outreach, Education, and Peer to Peer Tracking

Navigators provide community-level outreach, education to agencies, and opportunities for peer-to-peer interaction and are responsible for tracking these interactions. Tracking these interactions helps to provide the data to determine what areas of outreach are saturated or lacking and require more attention. 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.)

You can find more information about how to enter these activities into GetCare in [Appendix P](#), statewide kinship program: GetCare User Guide in the Service Recording Options section.



# 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 contact information for the referral. 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 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 portion of GetCare of this manual for additional guidance on information/referral.

**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** - A new case refers to the process of determining new goals or reaffirming previous unmet goals after end of service occurs.

**Program Advertising** - used by kinship navigator programs to inform and establish connections with formal and informal kinship families. Kinship navigator programs use a multi-method outreach strategies including distribution of brochures, the 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

Fidelity refers to the consistency in which the kinship navigator program is implemented across multiple sites. You can watch a video for how to fill out this document on the [DHS/kinship webpage](#).

<b>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&amp;A / I&amp;R services include support groups.</b>					
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			
<b>Baseline assessment</b>					
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:			
<b>Three-month</b>					
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 <a href="#">AL TSA</a>		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					
<b>Six-month</b>					
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 <a href="#">AL TSA</a>					
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"/> three-month <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"/> 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)			
<i>P</i>		<i>S</i>	
<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: _____	<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)	<i>P</i>		<i>S</i>
	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor	<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?	<i>P</i>		<i>S</i>
	<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"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
12. 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
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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> Not applicable <input type="checkbox"/> No <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"/> 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
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"/> 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: _____

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)
2. Has your kinship child repeated any grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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

## Appendix C. Needs assessment 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

## SECTION I: DEMOGRAPHICS (for GetCare)

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

<b>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:</b>		<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> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>S</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
10. What race do you identify with?		<i>P</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined <input type="checkbox"/> Unknown	<i>S</i> <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> <input type="checkbox"/> American Indian or Alaskan Native; Tribal affiliation: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latinx <input type="checkbox"/> Asian		<i>S</i> <input type="checkbox"/> American Indian or Alaskan Native; Tribal affiliation: _____ <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: _____		<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>P</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		<i>S</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		<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting, not married	

13. What is the **primary language** spoken in the home? \_\_\_\_\_

14. **Family housing: Please select the option that best identifies your housing situation**  
(Select one option)

Own  Temporary (shelter, temporary with friends/relatives)  
 Rent  Homeless  
 Shared housing with relatives/friends  Other, please specify: \_\_\_\_\_

15. **Select the highest level of education you have completed:** (Select one option)

P		S	
<input type="checkbox"/> 8 <sup>th</sup> grade or Less	<input type="checkbox"/> Some college or associate/technical degree	<input type="checkbox"/> 8 <sup>th</sup> grade or Less	<input type="checkbox"/> Some college or associate/technical degree
<input type="checkbox"/> 9 <sup>th</sup> -11 <sup>th</sup> grade	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> 9 <sup>th</sup> -11 <sup>th</sup> grade	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Graduate degree
	<input type="checkbox"/> Other, please specify: _____		<input type="checkbox"/> Other, please specify: _____

**SECTION II: PART 2 DEMOGRAPHICS**

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

<b>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:</b>		<input type="checkbox"/> No changes in this section	
<b>1. What is your current employment status?</b>			
	Primary caregiver	Secondary caregiver	<u>Other</u> 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"/>
Not employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Industry (workers' compensation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Have you or your spouse/partner/other household member needed to cut back on job hours worked due to kinship children needs?</b>	P	S	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. If you or your spouse/partner/other household member are employed: is your ability to provide kinship care impacted by your employment status?</b>	P	S	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4. Select the monthly household income range that best reflects your total monthly household income:</b> (Select one option)			
<input type="checkbox"/> \$0-\$999	<input type="checkbox"/> \$5000-\$5999		
<input type="checkbox"/> \$1000-\$1999	<input type="checkbox"/> \$6000 and above		
<input type="checkbox"/> \$2000-\$2999	<input type="checkbox"/> Did not disclose		
<input type="checkbox"/> \$4000-\$4999			
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.

*P and S: 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)	\$ _____	assistance program (RGAP) subsidy	\$ _____
<input type="checkbox"/> Veteran benefits	\$ _____	<input type="checkbox"/> Per Cap	\$ _____
<input type="checkbox"/> Salary/Wages	\$ _____	<input type="checkbox"/> Other, please explain: _____	\$ _____

6. **What is your total annual income?** \_\_\_\_\_

### SECTION III: Kinship Child

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

<b>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:</b>		<input type="checkbox"/> <b>No changes in kinship child's demographics/custody arrangements</b>
<b>Please provide additional information on the kinship child(ren) (under 18) currently living in your home</b>		
7. <b>Kinship child's name: first/middle/last</b> _____ <b>(Add kinship child)</b>		
8. <b>Gender</b>	9. <b>Birthdate</b>	10. <b>Race/Ethnicity</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____/_____/_____ <i>(MM / DD / YYYY)</i>	<input type="checkbox"/> American Indian/ Alaskan <u>Native:</u> 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)
11. <b>Time kinship child has been in your care:</b>	Year(s): _____	Month(s): _____
12. <b>Have you been caring for your kinship child continuously?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intermittent (on and off)	

<b>13. What is your relationship to the kinship child?</b> <i>(Select all that apply)</i>		<b>14. Relationship of kinship child with other children in the home</b>	
<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	
<b>15. Please indicate the reason(s) your kinship child came to be in your care:</b> <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: _____	
<b>16. Please select the option that best reflects your role:</b>		<input type="checkbox"/> Informal *Defined as kinship care provided without involvement with CPS or formal child welfare system. <b>*If selected, proceed to question 17. Do not answer questions 18 &amp; 19.</b>	<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. <b>If selected, answer questions 18 &amp; 19.</b>

<b>17. If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation.</b> <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: _____
<b>18. If your kinship child was placed in your home with the involvement of DCYF and the court, did you choose to be licensed?</b> <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
<b>19. Please identify if you have completed one of these permanent plans for your kinship child.</b>	<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: _____
<b>20. Since the date of your first assessment, has your child entered foster care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, when did they enter?</b>	_____ <i>(MM / DD / YYYY)</i>
<b>Date of first Kinship Needs Assessment:</b>	_____ <i>(MM / DD / YYYY)</i>
<b>Number of Days</b> <i>(between date of first Needs Assessment and date child entered foster care)</i>	

This grey 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	
21. 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
22. 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
23. Does your kinship child have access to primary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. 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
26. 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
27. 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
28. 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

29. 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
30. 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
31. 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
32. In the last 6 months, how many ER visits has your kinship child had? _____visit(s) <input type="checkbox"/> I don't know	
33. 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 grey 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 not the changes below	<input type="checkbox"/> No changes in child education
Kinship Child Education	
34. 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
35. Has your kinship child repeated any grades?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No <input type="checkbox"/> I don't know	
36. 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
37. 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	
38. Is your kinship child failing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
39. Do you need assistance addressing your kinship child's social or behavioral needs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Do you need assistance requesting academic support for your kinship child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. 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	
42. How many absences has your kinship child had in the last year?	Number _____ <input type="checkbox"/> I don't know	

This grey box is for use at the three-month follow-up only		
Caregiver Health: Were there any changes in the caregiver's health in the last three months? If so, please note the changes below:	<input type="checkbox"/> No changes in caregiver health	
<b>Caregiver Health (SF-12)</b>		
43. In thinking your own health, which resources are you interested in learning about? (Check all that apply)		
<i>P</i>	<i>S</i>	
<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"/> None of the above <input type="checkbox"/> Other: _____	<input type="checkbox"/> Nutrition <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)	<i>P</i>	<i>S</i>
	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<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?	<i>P</i>	<i>S</i>
	<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: _____

**Client Declaration:** I verify that all information provided is true and accurate to the best of my knowledge. I also declare under penalty of perjury that the income reported by me in this declaration is true, correct, and complete to the best of my knowledge and I realize that willful falsification of this information may subject me to penalties as provided in Washington State Law, RCW 74.08.055.

Client/Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kinship Navigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 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:		____/____/____ (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? <b>Never = 0, Almost Never = 1 time, Sometimes = 2 times, Almost Always = 3 times, Always = more than 3 times in the last three months.</b>										
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	
<b>1. Financial support for necessities (Select all that apply)</b>						(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	
<b>2. Financial education support (i.e. taxes, retirement, budgeting) (Select all that apply)</b>						(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"/>
<b>3. Help finding/maintaining housing (Select all that apply)</b>						(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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>4. Support obtaining durable goods (i.e. bedding, furniture, clothing) (Select all that apply)</b>						(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"/>
<b>5. Help getting enough food daily for your family (Select all that apply)</b>						(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"/>	<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"/>
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"/>	<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"/>	<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
<b>6. Getting and keeping public assistance (Select all that apply)</b>					(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"/>
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"/>
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"/>
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"/>
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"/>
<b>7. Help with transportation (Select all that apply)</b>									
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"/>
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"/>
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"/>
<b>8. School related supports (Select all that apply)</b>									
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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
<b>9. Help accessing primary care, other medical care or resources (Select all that apply)</b>					(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"/>
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"/>
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"/>
<b>10. Help accessing dental care services (Select all that apply)</b>									
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)	<input type="checkbox"/>	<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"/>
11. <b>Child care support</b> (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"/>
<b>12. Respite: temporary, time-limited break for caregivers (Select all that apply)</b>									
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
13. <b>Referral to aging and disability resource center/I &amp; A (Select all that apply)</b>	<input type="checkbox"/>	<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. <b>Personal and emotional support about <u>your</u> circumstance, someone to talk to.</b> (i.e. family, friend, neighbor, or community-based groups, etc.) <b>(Select all that apply)</b>	<input type="checkbox"/>	<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. <b>Someone to talk to regarding your <u>kinship child(ren)</u></b> (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"/>
<b>16. Behavioral health/ counseling (Select all that apply)</b>									
<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"/>
<b>17. Behavioral health/counseling (Select all that apply)</b>									
<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"/>
<b>18. Kinship care support groups/networking (Select all that apply)</b>									
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. <b>Training for kinship caregivers</b> (such as parenting classes and trainings) <b>(Select all that apply)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Language services (Select all that apply)</b>									
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. <b>Access to legal services and advice</b> (i.e. legal representation, custody, estate planning/end of life, child support, etc.) <b>(Select all that apply)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. In-home family services (Select all that apply)</b>									
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	Sometimes	Almost Always	Always
<b>23. Other services (Select all that apply)</b>					<b>(0)</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4+)</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<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)**

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

## Appendix F. Goal Setting Sheet

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

### 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"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> End of service period
Client Signature		Options Counselor Signature	

**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"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<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"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> End of service period
Client Signature		Options Counselor Signature	

Date Goal 3 Set: ___/___/___		Goal 1 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 Set		___/___/___	
Date Goal Completed		___/___/___	
Goal Status:		<input type="checkbox"/> Goal completed	<input type="checkbox"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<input type="checkbox"/> End of service period
Client Signature		Options Counselor Signature	

## Appendix G. Needs Assessment [Spanish]

Cuidador Principal	Nombre completo:				
Cuidador Secundario	Nombre completo:				
	Dirección física:	Calle y número / Depto.	Ciudad	Estado	Código postal
	Dirección postal:	Calle y número / Depto. / Apartado postal	Ciudad	Estado	Código 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 ya 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:**

<b>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:</b>		<input type="checkbox"/> No hubo cambios en esta sección
<b>1. ¿En qué etapa está llenando usted esta encuesta?</b>	<input type="checkbox"/> Base <input type="checkbox"/> Prueba posterior (de 90 días) <input type="checkbox"/> Prueba posterior (de seis meses)	
<b>2. Nombre completo del cuidador primario:</b> _____	<b>Fecha de nacimiento del cuidador:</b> ____/____/____ ( MM / DD / AAAA )	
<b>3. Nombre completo del cuidador secundario:</b> _____	<b>Fecha de nacimiento del cuidador:</b> ____/____/____ ( MM / DD / AAAA )	
<b>4. Número de identificación del cliente:</b> _____		
<b>5. Fecha en la que se completó la encuesta:</b> ____/____/____ ( MM / DD / AAAA )		
<b>6. ¿Cómo se completó la encuesta?</b> <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	
<b>7. ¿En cuál condado vive usted?</b> _____		
<b>8. ¿Hace cuánto iniciaron los servicios del orientador familiar? (Seleccione una opción)</b>		
<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		
<b>9. ¿Con qué género se identifica usted?</b>	<i>Cuidador Primario</i> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<i>Cuidador Secundario</i> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
<b>10. ¿Con qué raza se identifica usted?</b>	<i>Cuidador Primario</i> <input type="checkbox"/> Hispano <input type="checkbox"/> No hispano <input type="checkbox"/> Declinó contestar <input type="checkbox"/> Desconocido	<i>Cuidador Secundario</i> <input type="checkbox"/> Hispano <input type="checkbox"/> No hispano <input type="checkbox"/> Declinó contestar <input type="checkbox"/> Desconocido
<b>11. ¿Con qué grupo étnico se identifica? (Marque todos los que correspondan)</b>		
<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"/> Indígena de EEUU o Nativo de Alaska; afiliación tribal: _____
<input type="checkbox"/> Negro o afroamericano	<input type="checkbox"/> Blanco (no hispano)	<input type="checkbox"/> Negro o afroamericano
<input type="checkbox"/> Hispano o latino/latinx	<input type="checkbox"/> Otro, por favor, especifique: _____	<input type="checkbox"/> Hispano o latino/latinx
<input type="checkbox"/> Asiático	_____	<input type="checkbox"/> Asiático
<b>12. ¿Cuál es su estado civil? (Seleccione una opción)</b>		
<i>Cuidador Primario</i>		<i>Cuidador Secundario</i>
<input type="checkbox"/> Soltero(a)	<input type="checkbox"/> Viudo(a)	<input type="checkbox"/> Soltero(a)
<input type="checkbox"/> Casado(a)	<input type="checkbox"/> Separado(a)	<input type="checkbox"/> Casado(a)
<input type="checkbox"/> Divorciado(a)	<input type="checkbox"/> En cohabitación, no casado(a)	<input type="checkbox"/> Divorciado(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*)

Propia  Temporal (refugio, temporal con amigos o familiares)

Alquiler  Sin hogar

Vivienda compartida con familiares o amigos  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"/> Cierta educación universitaria o grado de asociado/técnico	<input type="checkbox"/> 8° grado o menos	<input type="checkbox"/> Cierta educación universitaria o grado de asociado/técnico
<input type="checkbox"/> 9°-11° grado	<input type="checkbox"/> Licenciatura	<input type="checkbox"/> 9°-11° grado	<input type="checkbox"/> Licenciatura
<input type="checkbox"/> Preparatoria o GED	<input type="checkbox"/> Posgrado	<input type="checkbox"/> Preparatoria o GED	<input type="checkbox"/> Posgrado
	<input type="checkbox"/> Otro, por favor especifique: _____		<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:**

<b>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:</b>		<input type="checkbox"/> <b>No hubo cambios en esta sección</b>	
<b>1. ¿Cuál es su situación laboral actual?</b>			
	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"/>
<b>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?</b>	<i>Cuidador Primario</i>		<i>Cuidador Secundario</i>
	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
<b>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?</b>	<i>Cuidador Primario</i>		<i>Cuidador Secundario</i>
	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
<b>4. Seleccione el rango de ingresos mensuales que mejor refleje los ingresos mensuales totales del hogar:</b> ( <i>Seleccione una opción</i> )			
<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 o más	<input type="checkbox"/> No informó	
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.

Cuidador Primario y Secundario; todo el hogar

<input type="checkbox"/> Pensión	\$ _____	<input type="checkbox"/> Ingresos por desempleo	\$ _____
<input type="checkbox"/> Manutención para niños	\$ _____	<input type="checkbox"/> Beneficios de supervivencia para el niño	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Reembolso mensual de cuidado de acogida	\$ _____
<input type="checkbox"/> TANF sólo para el niño	\$ _____	<input type="checkbox"/> Subsidio mensual de soporte para adopción	\$ _____
<input type="checkbox"/> Beneficios del Seguro Social (SSI)	\$ _____	<input type="checkbox"/> Subsidio mensual del Programa de Asistencia a la Tutela Familiar (RGAP)	\$ _____
<input type="checkbox"/> Beneficios del Seguro Social (SSD)	\$ _____	<input type="checkbox"/> Per Cap	\$ _____
<input type="checkbox"/> Beneficios para veteranos	\$ _____	<input type="checkbox"/> Otro, por favor, explique: _____	\$ _____
<input type="checkbox"/> Salarios/Sueldos	\$ _____		

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.

7. Nombre completo del niño familiar (nombre/segundo nombre/apellidos) _____ (Agregar niño en cuidado de familiares)		
8. Género	9. Fecha de nacimiento	10. Raza/Grupo étnico (marque todas las que correspondan)
<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	____/____/____ (MM/DD/AAAA)	<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: _____ <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)
11. Cantidad de tiempo que el niño familiar ha estado bajo su cuidado:	Años: _____	Meses: _____
12. ¿Ha estado brindando cuidados al niño familiar continuamente?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Intermitente (en ocasiones)	

<b>13. ¿Cuál es su relación con el niño familiar?</b> <i>(Seleccione todas las que correspondan)</i>		<b>14. Relación del niño familiar con los otros niños en el hogar</b>	
<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: _____		<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	
<b>15. Indique los motivos por los que el niño familiar llegó a estar bajo su cuidado:</b> <i>(Seleccione todas las que correspondan)</i>			
<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: _____	
<b>16. Seleccione la opción que mejor describa su rol:</b>		<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.
<b>17. Si está cuidando del niño familiar mediante un arreglo informal, indique si alguno de estos arreglos se aplica a su situación.</b> <i>(Marque todas las que correspondan)</i>		<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: _____	
<b>18. Si su niño familiar fue colocado en su hogar con la participación del DCYF y el tribunal, ¿usted decidió obtener su licencia?</b> <i>(Conteste sí si ya era un padre o madre sustituto(a) con licencia antes de la colocación del niño)</i>		<input type="checkbox"/> Sí <input type="checkbox"/> No	
<b>19. Indique si usted ha completado uno de estos planes permanentes para su niño familiar:</b>		<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: _____	
<b>20. Desde la fecha de su primera evaluación de necesidades, ¿ha entrado su niño/a al cuidado sustituto?</b>		<input type="checkbox"/> Sí <input type="checkbox"/> No	
<b>Si es que sí, ¿cuándo entró?</b>		____/____/_____ (MM / DD / AAAA)	
<b>Fecha en que se completó la primera evaluación de necesidades</b>		____/____/_____ (MM / DD / AAAA)	

<b>Numero de días</b> (entre la fecha de la primera evaluación de necesidades y la fecha en que el niño entró al cuidado sustituto)	
<b>Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:</b>	
<b>Salud del niño familiar:</b> ¿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
<b>Salud del niño familiar</b>	
21. 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
22. 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
23. ¿Tiene acceso a atención primaria su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No
24. ¿Tiene algún problema diagnosticado de su salud física el niño familiar?  <b>Especifique el diagnóstico</b>	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé
25. ¿Tiene algún problema diagnosticado de su salud del comportamiento el niño familiar?  <b>Especifique el diagnóstico</b>	<input type="checkbox"/> Sí <input type="checkbox"/> No aplica <input type="checkbox"/> No <input type="checkbox"/> No sé
26. ¿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
27. ¿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
28. ¿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
29. ¿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
30. ¿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
31. Si el niño familiar necesitó visitar la sala de emergencias dentro de los últimos 6 meses, ¿cuáles fueron los motivos? (Marque todas las que correspondan)	
<input type="checkbox"/> Infecciones de las vías respiratorias superiores <input type="checkbox"/> Dolor de cabeza, inclusive migrañas <input type="checkbox"/> Reacciones alérgicas <input type="checkbox"/> Otitis media y trastornos relacionados <input type="checkbox"/> Infecciones de la piel y el tejido subcutáneo <input type="checkbox"/> Torceduras y esguinces <input type="checkbox"/> Fiebre de origen desconocido <input type="checkbox"/> Dolor abdominal <input type="checkbox"/> Infecciones virales <input type="checkbox"/> Heridas abiertas en cabeza, cuello y torso <input type="checkbox"/> Bronquitis aguda <input type="checkbox"/> Náuseas y vómitos. <input type="checkbox"/> Fractura de extremidad superior	
32. En los últimos 6 meses, ¿cuántas visitas a la sala de emergencias ha hecho su niño familiar? _____ visita(s) <input type="checkbox"/> No sé	
33. ¿Qué tipo de seguro médico tiene su niño familiar? (Seleccione todas las que correspondan)	
<input type="checkbox"/> Medicaid / Apple Health <input type="checkbox"/> No tiene seguro <input type="checkbox"/> Seguro de salud del empleador <input type="checkbox"/> No aplica <input type="checkbox"/> Plan de seguro tribal <input type="checkbox"/> Otro, por favor explique: _____	
<b>Esta cajita gris es para llenar solamente durante la cita de seguimiento de tres meses:</b>	
<b>La Educación del Niño Familiar:</b> ¿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		
34. ¿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)	Si contestó que sí, ¿en qué grado va? _____ Grado
35. ¿Ha repetido algún grado su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé	
36. ¿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
37. ¿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	
38. ¿Está reprobando alguna clase su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No	
39. ¿Necesita ayuda para satisfacer las necesidades sociales o conductuales de su niño familiar en la escuela?	<input type="checkbox"/> Sí <input type="checkbox"/> No	
40. ¿Necesita ayuda para solicitar apoyo académico para su niño familiar?	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé	
41. ¿Ha sido suspendido o expulsado su niño familiar? (Marque todas las que correspondan)	<input type="checkbox"/> Sí, suspendido <input type="checkbox"/> Sí, expulsado <input type="checkbox"/> No <input type="checkbox"/> No sé	
42. ¿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:

No hubo cambios a la salud del cuidador

**Salud del cuidador (SF-12)**

43. Al pensar en su propia salud, ¿sobre qué recursos le interesa aprender más? (Marque todas las que correspondan)

*Cuidador Primario*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Prevención de caídas   | <input type="checkbox"/> Dejar de fumar     | <input type="checkbox"/> Nutrición                          |
| <input type="checkbox"/> Salud cardíaca         | <input type="checkbox"/> Envejecimiento     | <input type="checkbox"/> Enfermedades crónicas (vivir bien) |
| <input type="checkbox"/> Memoria                | <input type="checkbox"/> Cuidado personal   | <input type="checkbox"/> Ninguno de los anteriores          |
| <input type="checkbox"/> Control de la diabetes | <input type="checkbox"/> Control del estrés | <input type="checkbox"/> Otro: _____                        |

*Cuidador Secundario*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Prevención de caídas   | <input type="checkbox"/> Dejar de fumar     | <input type="checkbox"/> Nutrición                          |
| <input type="checkbox"/> Salud cardíaca         | <input type="checkbox"/> Envejecimiento     | <input type="checkbox"/> Enfermedades crónicas (vivir bien) |
| <input type="checkbox"/> Memoria                | <input type="checkbox"/> Cuidado personal   | <input type="checkbox"/> Ninguno de los anteriores          |
| <input type="checkbox"/> Control de la diabetes | <input type="checkbox"/> Control del estrés | <input type="checkbox"/> Otro: _____                        |

44. En general, diría que su estado de salud es:  
(Seleccione uno)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <i>P</i>                           | <i>S</i>                           |
| <input type="checkbox"/> Excelente | <input type="checkbox"/> Excelente |
| <input type="checkbox"/> Muy buena | <input type="checkbox"/> Muy buena |
| <input type="checkbox"/> Buena     | <input type="checkbox"/> Buena     |
| <input type="checkbox"/> Regular   | <input type="checkbox"/> Regular   |
| <input type="checkbox"/> Mala      | <input type="checkbox"/> Mala      |

45. ¿Tiene alguna necesidad de salud insatisfecha?

- |  |  |
|--|--|
| <i>P</i>   | <i>S</i>   |
| <input type="checkbox"/> Sí  | <input type="checkbox"/> Sí  |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  |
| <input type="checkbox"/> Si contestó que sí, especifique:<br>_____ | <input type="checkbox"/> Si contestó que sí, especifique:<br>_____ |

**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 los últimos 12 meses, los servicios que recibe actualmente, y los servicios que necesitará en el futuro para usted o para su niño familiar.										
Para los servicios utilizados dentro de los últimos 3 meses, marque con cuánta frecuencia necesitará ayuda para recibir o mantener este apoyo. <span style="color: red;">Nunca = 0, Casi nunca = 1 vez, A veces = 2 veces, Casi siempre = 3 veces, Siempre = más de 3 veces en los últimos tres meses.</span>										
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	
<b>1. Apoyo financiero para necesidades básicas</b>										
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	
<b>2. Apoyo para educación financiera</b> (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"/>
<b>3. Ayuda para encontrar o mantener vivienda</b>										
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"/>
<b>4. Apoyo para obtener bienes duraderos</b> (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"/>
<b>5. Ayuda para conseguir la comida suficiente cada día para su familia</b>										
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	
<b>6. Obtener y conservar asistencia pública (Marque todas las que correspondan)</b>										
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"/>
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"/>	<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"/>
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"/>	<input type="checkbox"/>
<b>7. Ayuda con el transporte (Marque todas las que correspondan)</b>										
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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>8. Apoyos relacionados con la escuela (Marque todas las que correspondan)</b>										
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>Servicios</b>										
	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	
<b>9. Ayuda para recibir atención primaria, otros servicios o recursos médicos (Marque todas las que correspondan)</b>										
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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>10. Ayuda en recibir servicios de atención dental (Marque todas las que correspondan)</b>										
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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>11. Apoyo con cuidado de niños (como Working Connections, cuidado después de la escuela, cuidado de niños informal, etc.)</b>						<input type="checkbox"/>				
<b>12. Relevo: descanso temporal limitado para cuidadores (Marque todas las que correspondan)</b>										
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>13. Derivación a centro de recursos para personas de la tercera edad y/o con discapacidades I &amp; A</b>						<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. <b>Apoyo personal y emocional referente a sus circunstancias, alguien con quien hablar.</b> (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. <b>Alguien con quien hablar acerca de sus niños familiares.</b> (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"/>	
<b>16. Salud de Comportamiento / Terapia (Marque todas las que correspondan)</b>										
<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"/>	
<b>17. Salud de Comportamiento / Terapia (Marque todas las que correspondan)</b>										
<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"/>	
<b>18. Grupos de apoyo para cuidado de familiares/redes de apoyo</b>										
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. <b>Capacitación para cuidadores familiares</b> (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"/>	
<b>20. Servicios de lenguaje (Marque todas las que correspondan)</b>										
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. <b>Acceso a servicios y asesoría legal</b> (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"/>	
<b>22. Servicios familiares en el hogar (Marque todas las que correspondan)</b>										
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"/>	
<b>23. Otros servicios</b>										
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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"/> 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 (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									
Firma del cliente		Firma del asesor de opciones									

<b>Cuidador Secundario</b>			
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"/> 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	

## 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
Contact	Email:				
Contact	Phone:				
Number of people (adults) in your household:					
How did you hear about the program?					

### Income Assistance

**1. Please select any of the following sources of income or income assistance that your household is currently receiving to assist support the kin child(ren):** (Check all that apply)

*NOTE: This information is being collected to assist your navigator in understanding what income sources you may be eligible for that you may not be currently receiving.*

<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 maintenance payment <input type="checkbox"/> Monthly adoption support subsidy <input type="checkbox"/> Monthly relative guardianship assistance program (RGAP) subsidy <input type="checkbox"/> Per Capita/Treaty Income <input type="checkbox"/> Other, please explain: _____
---	---

**This section is asking about your kinship child.**

**Please complete questions 1-25 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)**

<b>2. Gender</b>	<b>3. Birthdate</b>	<b>4. Race/Ethnicity</b> (Check all that apply)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two Spirit <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary	_____ (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: _____	
<b>5. Time kinship child has been in your care:</b>		Year(s)	Month(s)
		_____	_____

**6. Have you been the primary caregiver for your kinship child continuously?**

- Yes
- No
- Intermittent (on and off)

7. <b>What is your relationship to the kinship child?</b> (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. <b>Please indicate the reason(s) your kinship child came to be in your care:</b> (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: _____	
9. <b>Did you have any kinship child(ren) leave your home?</b> (if yes go to question 11, if no skip to question 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. <b>Date kinship child left the home (if more than one child left the home, please complete questions using separate forms).</b>	Date child left home: _____
11. <b>Where did the child move to?</b>	<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: _____
12. <b>Date of first Kinship Needs Assessment (if this is not the first time you completed this form with this family):</b>	_____/_____/_____ (MM/DD/YYYY)
<b>Kinship Child Health</b>	
13. <b>In general, how would you rate your kinship child's physical health?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
14. <b>In general, how would you rate your kinship child's behavioral health?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
15. <b>Does your kinship child have access to primary care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. <b>Are your kinship child's physical health needs being met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
17. <b>Are your kinship child's behavioral health needs being met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
18. <b>the child a pregnant or parenting youth in foster care as described in section xxx of the Port Gamble S'Klallam Tribal Code and tribal policies?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
19. <b>Has your kinship child attended their well-child (annual physical/immunizations) visits since they came to live with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
20. <b>What type of health insurance does your kinship child have?</b> (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		
21. Does your kinship child attend school (includes pre-school if applicable)?	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next)	If yes, what is your kinship child's grade? _____ Grade
22. Does your kinship child receive or need any 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
23. Is your kinship child receiving <u>all</u> of the services outlined in the IEP or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know
24. Do you need assistance addressing your kinship child's social or behavioral needs at school?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Please explain what you need help with.		
25. Do you need assistance requesting academic support for your kinship child?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Please explain what you need help with.		
Caregiver Health (SF-12)		
These questions ask your views about your own health.		
26. In general, would you say your overall health is: (Select one)	<i>Primary</i>	<i>Secondary</i>
	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
27. Do you have any unmet healthcare needs?	<i>Primary</i>	<i>Secondary</i>
	<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: _____

## SECTION II: PART 2 Kinship Caregiver Needs Assessment

<b>Client identification number:</b>				
<b>1. Date survey completed:</b>	<div style="display: flex; justify-content: center; gap: 10px;"> <span>___/___/___</span>   <span>(MM/DD/YYYY)</span> </div>			
Please check which services you have received in the last 12 months, services you currently receive, and services you <u>need</u> for yourself and/or your kinship child.				
Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time
<b>1. Financial support for necessities (Select all that apply)</b>				
Rent	<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"/>
Phone	<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"/>
Car insurance	<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"/>
<b>2. Financial education support</b> (i.e. taxes, retirement, budgeting)	<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
<b>3. Current housing needs (Select all that apply)</b>				
Section 8	<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"/>
Shelter and transitional housing	<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"/>
Eviction prevention	<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"/>
Shared housing	<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"/>
Searching for housing (i.e. additional space, lower cost)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Support obtaining concrete goods</b> (i.e. bedding, furniture, clothing, cultural activities) <b>(Select all that apply)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Help getting additional food for your family (Select all that apply)</b>				
Food Bank	<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"/>
School lunch program	<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"/>
Other: Tribally run food program	<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
<b>6. Help accessing public assistance (Select all that apply)</b>				
Medicaid	<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"/>
Social Security (SSI)	<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"/>
Aged, Blind or Disabled (ABD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Help with transportation (Select all that apply)</b>				
Bus/taxi pass	<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"/>
Rides to/from appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Help with School related supports (Select all that apply)</b>				
Preschool enrollment	<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"/>
Special education services	<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"/>
Educational advocate	<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"/>
Equipment (i.e. internet, computers, etc.)	<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"/>
Post-secondary supports (i.e. scholarships, college applications, etc.)	<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
<b>9. Help accessing primary care, other medical care or resources (Select all that apply)</b>				
For self	<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"/>
For other children/adults in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For self	<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"/>
For other children/adults in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Child care support (i.e. Working Connections, after school care, informal child care etc.)</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Respite: temporary, time-limited break for caregivers (Select all that apply)</b>				
Respite for caregivers (DCYF)	<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"/>
Other respite vouchers programs (e.g. Lifespan Respite)	<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"/>
Child/youth activities (e.g. extra-curricular activities, scouts, sports)	<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"/>
Tribal-specific Respite Program	<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
<b>12. Behavioral health/ counseling (Select all that apply)</b>				
For kinship child(ren)	<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"/>
Therapy/counseling	<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"/>
<b>13. Behavioral health/counseling (Select all that apply)</b>				
For your family members	<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"/>
Therapy/counseling	<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"/>
<b>14. Kinship care support groups/networking (Select all that apply)</b>				
For self	<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"/>
Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time
<b>15. Training for kinship caregivers (such as parenting classes and trainings) (Select all that apply)</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Language services</b>				
Traditional Language classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Access to legal services and advice (i.e. legal representation, custody, estate planning/end of life, child support, etc.) (Select all that apply)</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. In-home family services (Select all that apply)</b>				
Home-visiting programs	<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"/>
In-home services	<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"/>

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"/> Respite	<input type="checkbox"/> Behavioral health / counseling
<input type="checkbox"/> Financial education support	<input type="checkbox"/> Help with transportation	<input type="checkbox"/> Kinship Care Support groups / networking
<input type="checkbox"/> Help finding/maintaining housing	<input type="checkbox"/> Help accessing primary care, other medical care or resources	<input type="checkbox"/> Training for kinship caregivers
<input type="checkbox"/> Support obtaining durable goods	<input type="checkbox"/> Help accessing dental care services	<input type="checkbox"/> Language services
<input type="checkbox"/> Help getting enough food daily for your family	<input type="checkbox"/> Personal and emotional support about <u>your</u> circumstance, someone to talk to	<input type="checkbox"/> Access to legal services and advice
<input type="checkbox"/> Getting and keeping public assistance	<input type="checkbox"/> Someone to talk to regarding your <u>kinship</u> child(ren)	<input type="checkbox"/> In-home family services
<input type="checkbox"/> School related supports	<input type="checkbox"/> Child-care support	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Referral to aging and disability resource center	<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"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<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"/> Caretaker no longer wants services
		<input type="checkbox"/> Goal no longer relevant	<input type="checkbox"/> Lost contact with caregiver
		<input type="checkbox"/> Caretaker no longer has children	<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:** Kinship navigators have stated that it is easier to obtain contact information after sharing details about the services they offer. They emphasized the importance of their ability to assist caregivers and listen to their needs when they reach out for support.
- **Providing immediate referral to build relationship:** Navigators have found providing information about services and demonstrating the kinship navigator's ability to assist caregivers by listening to their needs increases the likelihood caregivers engage further with the kinship navigator program. For instance, offering immediate services such as a referral number, support group information, and details about available support events through newsletters, social media, and email marketing can encourage caregivers to provide their contact information for further follow-up.
- **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 number 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.
- **Gathering caregiver contact information:** If you have a kinship caregiver uncertain of providing contact information, explain that providing such information will help 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?	Thurston	Pierce	Cowlitz	Snohomish	Skagit	Spokane		
	Yakima	Clark	Wahkiakum	Whatcom	San Juan	Other: _____		
<b>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.</b>								
	Did you use this service? <i>(in the last 3 months)</i>				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? <i>(in the last 3 months)</i>				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 <b>(for self)</b>								
10. Help accessing primary or other medical care <b>(for kinship child)</b>								
11. Help accessing dental care services <b>(for self)</b>								
12. Help accessing dental care services <b>(for kinship child)</b>								
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 <b>yourself</b> : someone to talk to (i.e. family, friend, neighbor, community-based groups, etc.).								
17. Someone to talk to regarding <b>your kinship child</b> (i.e. family, friend, neighbor, community-based groups, etc.)								
18. Professional behavioral health/counseling for <b>kinship child</b> (i.e. therapy, holistic healing, substance recovery, etc.)								
19. Professional behavioral health/counseling <b>for self</b> (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):								
<b>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:</b>								
	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?	With me			Parent/guardian			
	Foster parent			Another relative			
	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?

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

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

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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): \_\_\_\_\_

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## 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"/> 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"/> 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.)								

	¿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 <b>(para sí mismo)</b>								
10. Ayuda para conseguir atención primaria u otros servicios médicos <b>(para el niño familiar)</b>								
11. Ayuda para obtener servicios de atención dental <b>(para sí mismo)</b>								

	¿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 <b>(para el niño familiar)</b>								
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 <b>usted</b> , alguien con quien hablar. (como familiares, amigos, vecinos, grupos de la comunidad, etc.)								
17. Alguien con quien hablar sobre <b>su niño familiar</b> (como familiares, amigos, vecinos o grupos de la comunidad, etc.)								
18. Salud conductual o terapia profesional para <b>el niño familiar</b> (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 <b>el niño familiar</b> (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:							
_____							
_____							
_____							
_____							
_____							
_____							
39. ¿Qué recursos y servicios le han sido de más utilidad como cuidador familiar que cría a un niño?							
_____							
_____							
_____							
_____							
_____							
_____							

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

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

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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):

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## Appendix M. Essential Components

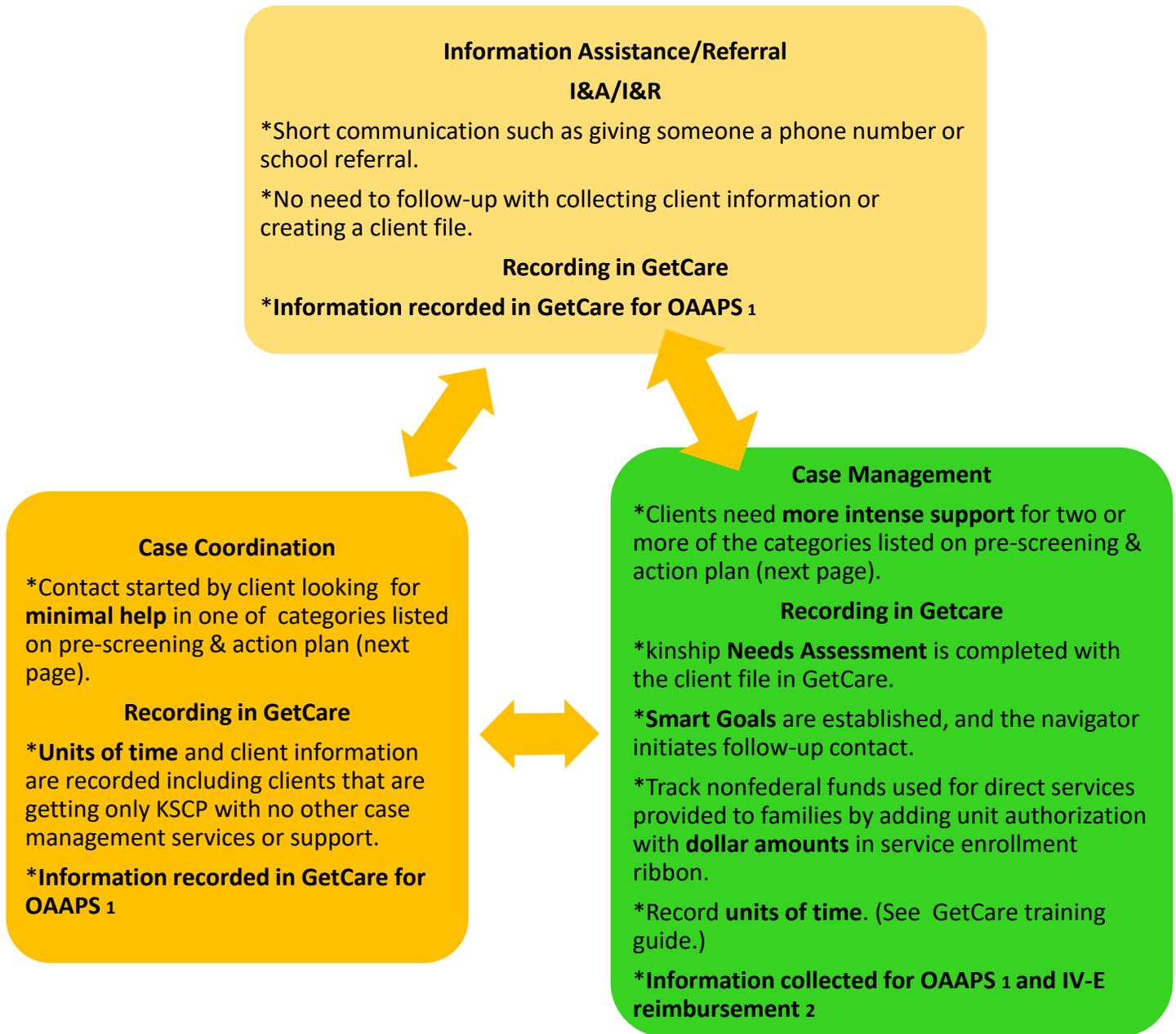
The following table details the *Essential Components*: What is included and measured in the six month time limited aspects of the KN Program?

	Definition	Does component end with the end of Case Management cycle?
1. Program advertising	Multi-method outreach and marketing campaigns to reach kinship families using formal and informal service systems.	No
2. Needs assessment	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
3. Resources and referral	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. The Resource and referral model is the service as usual model for the kinship navigator program.	No
4. 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.	No
5. Case management services	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
6. 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. *The urgent funds could be available without case management.	N
7. Program oversight	The legislatively authorized, ongoing Kinship Care Oversight Committee (KCOC) (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 N. Pre-Screening 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.*



The navigator will mail the satisfaction survey annually. The survey will be sent back to the agency and kept on file for auditing

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.

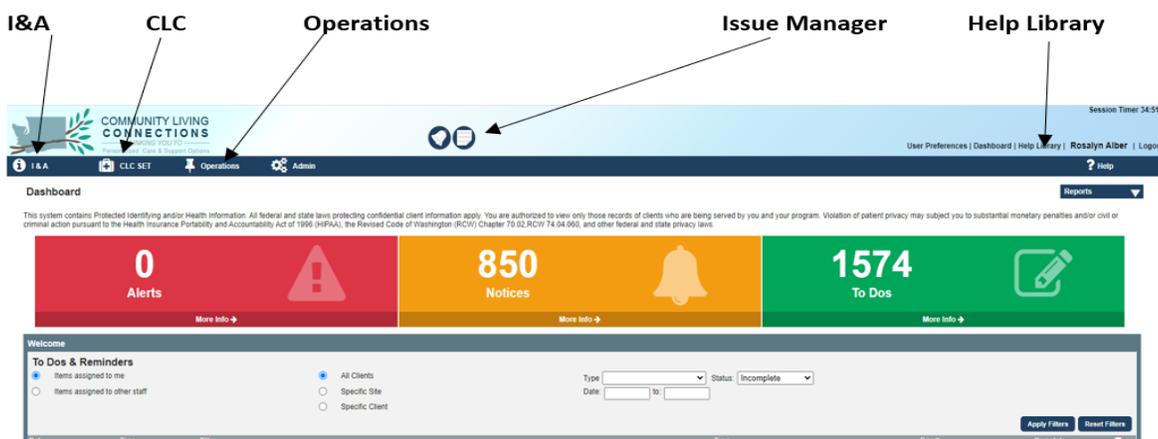


## Appendix O. GetCare User Guide

# 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, 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.



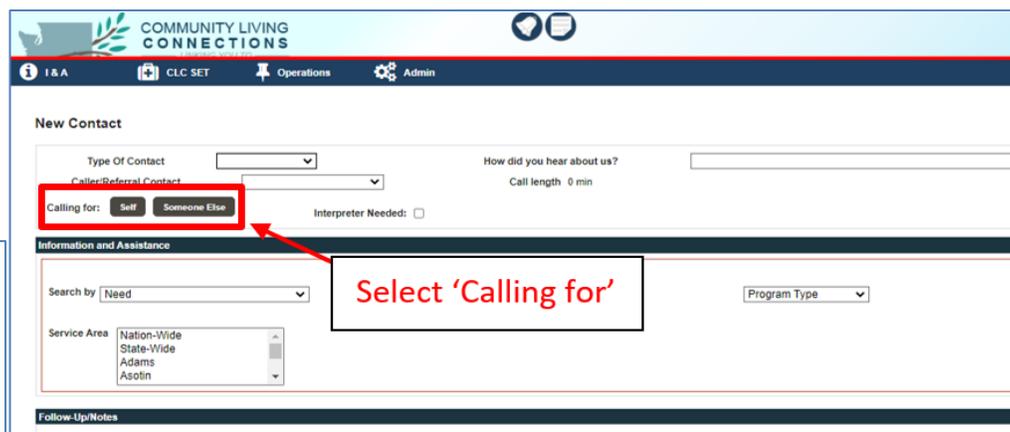
**Please Note:** Throughout this Guide you will see references to the **GetCare Help Library** where additional documents and guides are available with more details about related actions. We encourage you to review materials within this resource section.

## Search for Existing Record:

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

### I&A Search

From the I&A 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 section of GetCare is available from the Help Library, refer to Category: I&A - New Contact and Follow-Up/Stats and look for the "*I&A User Manual*".



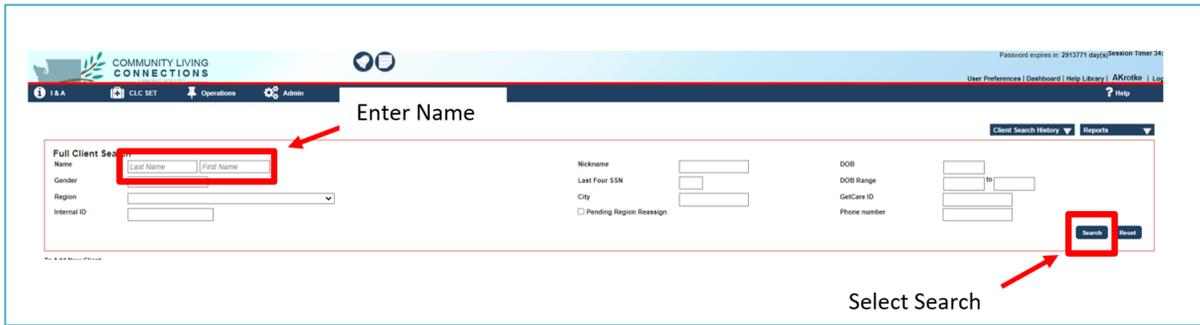
Once you have selected either **Calling for Self** or **Calling for Someone Else**, you may choose to search for an existing consumer, or add a new consumer (caregiver). When adding a caller, you first need to see whether they have an existing record in the system. Enter the caller's name and/or Agency 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'.



**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.*

**Full Client Search**

Name:

Gender:

Region:

Internal ID:

Nickname:

Last Four SSN:

City:

Pending Region Reassign

DOB:

DOB Range:  to

GetCare ID:

Phone number:

Using fewer search parameters will produce more search results

**To Add New Client**  
First use the search to make sure the client is not already in the system.

**Please check to see if your client is listed.**  
If your client is listed, click on their name to begin working with their file.  
**Note:** If you need to change any of the ID information, click "Edit". If your client is not listed, click "Add New Record" at the bottom of the page

If results display matching record, click on record

If no matching results then select Add New Record

Enrolled ID	GetCare ID	Name (Last, First MI)	Nickname	SSN	DOB	Gender	City	Region	Reassign	
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

## Information referral/Assistance I&R/I&A – Contacts

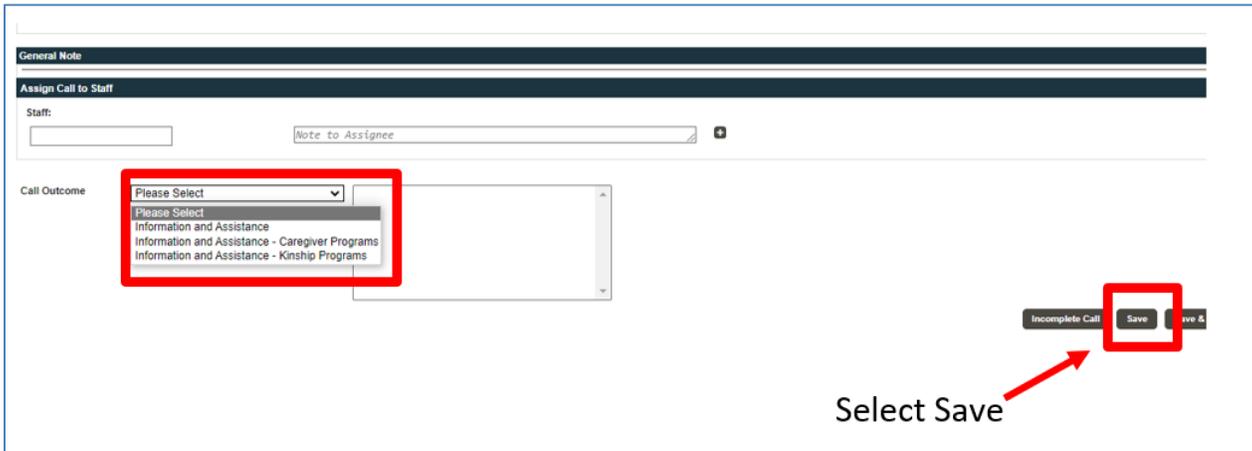
### Entering Demographic Information

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

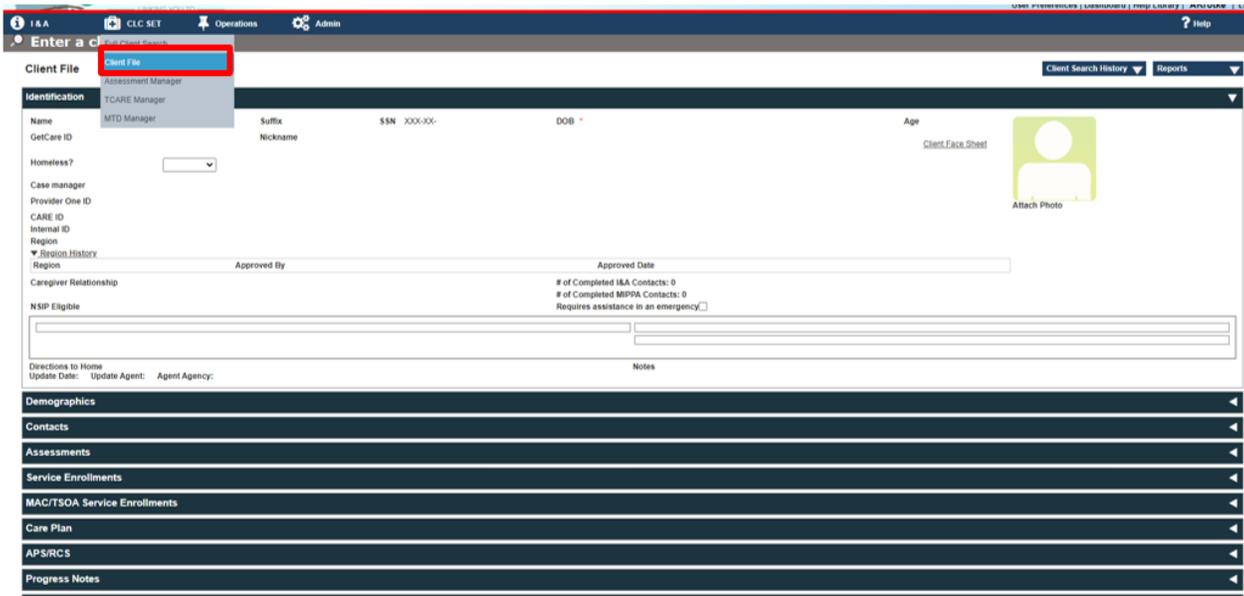
Once you have added or verified demographics then **skip to bottom of page to Call Outcome** and select drop down option "kinship Navigator".

- 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.



## 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 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	<input type="checkbox"/> Declined to state <input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual/Developmental disability (ID/DD) <input type="checkbox"/> Mental illness <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Dementia <input type="checkbox"/> Memory Loss <input type="checkbox"/> Other, specify <input style="width: 100px;" type="text"/> <input type="checkbox"/> No Disability	
Ethnicity *	<input type="radio"/> Alaskan	
Race *	<input type="radio"/> Black/African American	
Tribal Enrollment	<input type="radio"/>	
Relationship Status	<input type="text"/>	
Spoken Language	<input type="text"/>	If other, specify <input style="width: 100px;" type="text"/>
Written Language	<input type="text"/>	If Other, Specify: <input style="width: 100px;" type="text"/>
English fluency	<input type="text"/>	
Education	<input type="text"/>	
Residence type	<input type="text"/>	If other, specify <input style="width: 100px;" type="text"/>
Resident Status	<input type="text"/>	
Number in household	<input type="text"/>	
Household Composition (Lives Alone) *	<input type="radio"/> With Other Relative(s)	If other, specify <input style="width: 100px;" type="text"/>
Length of time at present address	Years <input style="width: 100px;" type="text"/>	Months <input style="width: 100px;" type="text"/>
Means of Transportation	<input type="checkbox"/> Owns Car <input type="checkbox"/> Friend <input type="checkbox"/> Public Transport <input type="checkbox"/> Senior Transport <input type="checkbox"/> Family	
Urban/rural *	<input type="radio"/>	
Sex/gender *	<input type="radio"/> Male	
Transgender	<input type="text"/>	
Sexual orientation	<input type="text"/>	
Veteran Status	<input type="text"/>	Veteran # <input style="width: 100px;" type="text"/>
Veteran	<input type="text"/>	
Military Branch	<input type="text"/>	
Legal status	<input type="text"/>	If other, specify <input style="width: 100px;" type="text"/>
At or below 100% FPL *	<input type="radio"/>	
Income Range	<input type="text"/>	Number contributing to household income <input style="width: 100px;" type="text"/>

## 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.

Name *	Role *	Relationship *	Role Responsibility(s) * (MTD Only)	Active	Edit
Kinship_Junior	Care Receiver	Grandchild	Backup Caregiver DPOA Financial	<input checked="" type="checkbox"/>	Edit
<input type="text" value="Search Client"/>				<input type="checkbox"/>	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 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.

**Add New Client**

Last Name:

Suffix:

Middle Name:

First Name:

Nickname:

Gender:  Birth Date:   No DOB

SSN:

No SSN Provided  Last 4 of SSN Only

Region:

Address1:  County1:

Search Address:

Address Line 1:  Address Line 2:

City:  WA  Zip:

Valid Dates From:  To:

Phone1:

Valid Dates From:  To:

Email1:

Valid Dates From:  To:

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.

Name *	Role *	Relationship *	Role Responsibility(s) * (MTD Only)	Active	Edit
Practice_001	Care Receiver	Grandchild	Backup Caregiver	<input type="checkbox"/>	Edit
Practice_Baby	Care Receiver	Grandchild		<input type="checkbox"/>	Edit
Practice_002	Care Receiver	Grandchild		<input type="checkbox"/>	Edit
<input type="text" value="Search Client"/>			Backup Caregiver DPOA Financial DPOA Healthcare Guardian	<input checked="" type="checkbox"/>	Add

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

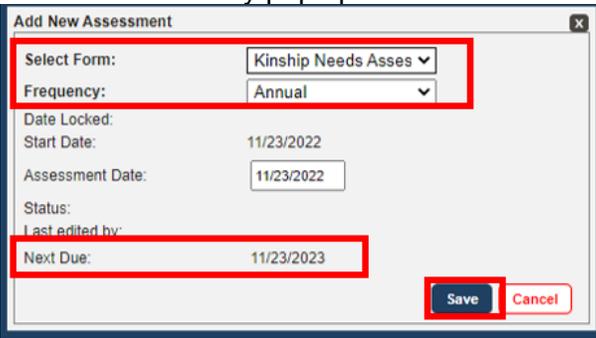
You will find Kinship Program Intake Assessment here. If an assessment has been completed and you are updating, find the most recent assessment and select Copy to Review to open a new, editable Kinship intake Assessment that includes entries from previous version.

If this is the first assessment for the caregiver:

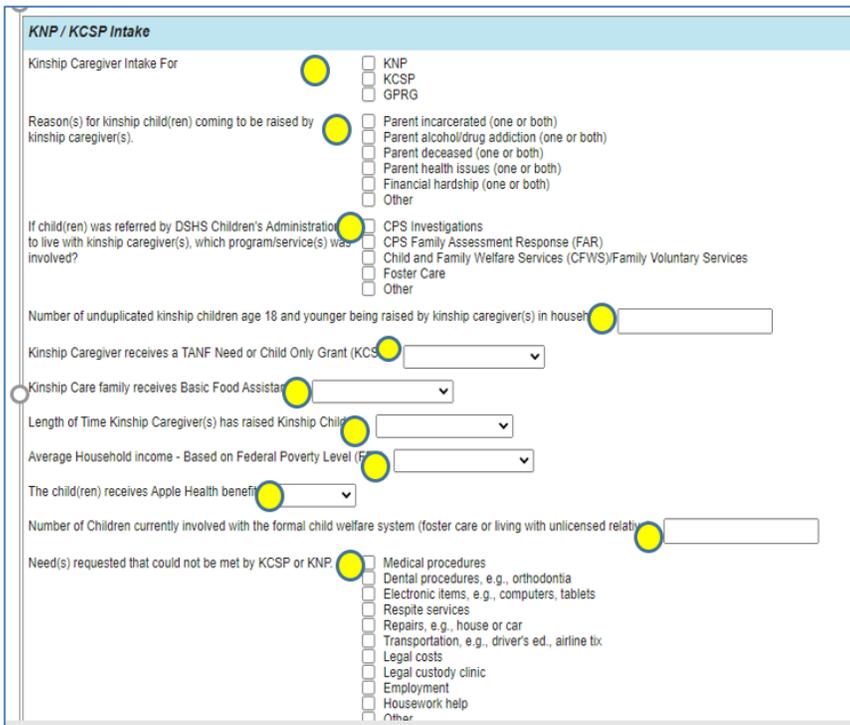
- Click on Add New Assessment



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.



- 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.



## 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.

Scope of Work	Program	Service Detail	Provider	Enrollment Dates	Selected	Authorization Dates	Authorize Quantity	Status	Cost Share Pledge
Supplemental Services/KCSP	OAA TIIIE 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 TIIIE 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

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** Kinship, Ned  
GetCare ID: 786744

SO#: 0  
Created from PO#

---

**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: [Referral](#) [Waitlist](#) [Enrollment](#)

Status History	From	Thru	Reason	Needed Qty	Unit(s)	Year	Unmet Need
Enrolled	07/08/2020	12/31/9999		1.0	Unit(s)	Year	0.0

[Save](#) [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](#)

[Save](#) [Cancel](#)

**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.

The screenshot shows a web form for enrollment. At the top, there are fields for 'Assigned Staff', 'From', and 'Thru'. Below these is a 'Note' field. A red-bordered error message box is overlaid on the form, containing the text: "This enrollment date range is overlapping with an existing enrollment." with an 'Ok' button. Below the error message, the 'Enrollment' section shows 'Current Status: Enrolled' and buttons for 'Referral', 'Waitlist', and 'Enrollment'. At the bottom, there is a table with columns: 'Status History', 'From', 'Thru', 'Reason', 'Needed Qty', and 'Unmet Need'. The 'Enrolled' row shows dates '05/16/2022' and '12/31/9999', and an 'Unmet Need' of '0.0'. There are 'Save' and 'Delete' buttons at the bottom right.

## Progress Notes

Click on Add New Note

The screenshot shows the 'Progress Notes' section of a web application. The title 'Progress Notes' is at the top. Below it is a large text area for notes. A red box highlights the 'Add New Note' button. At the bottom, there are filters for 'All Clients' and 'Enrollment'.

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)

The screenshot shows the 'Progress Notes' form with a text area containing the placeholder text: "Test note kinship caregiver called today.... add details here.....". Below the text area is a 'Viewable by' dropdown menu set to 'Everyone'. There are several small text boxes for permissions: 'Euthrone: viewable to anyone who has access to the client file regardless of user's agency', 'Bishop/PSA: viewable to anyone in the HEMPSIA who has access to the client file', and 'Agency/Provider: viewable only to users who have access to enter enrollments within the client file for the specified agency (i.e. a subcontracted provider, the AAA, and the state)'. There is a 'Select Element' dropdown menu. At the bottom right, there are three buttons: 'Save on Death', 'Save and Sign', and 'Cancel'. A red box highlights the 'Save and Sign' button.

## 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)

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:

### Service Set Examples:

# 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 Enrollments**

Service: [dropdown] Provider: [dropdown] Enrollment Status: [dropdown]  
 Display S.O. # Enrollment Period: Fiscal Year: [Current FY] From: [10/01/2021] Thru: [09/30/2022]  
Authorization Period: Fiscal Year: [dropdown] 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 TIII E 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 TIII E 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 TIII E 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 TIII E 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.



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

**Progress Notes**

**Add New Note**

All Clients  
 Specific Client: Finkified, Test Iii  
 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:

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.

**Progress Notes**

Encountered Date: 09/17/2021 Time: 06:59 PM Entered Date: 09/17/2021 Time: 06:59 PM

Put documentation in the open field

Viewable by: Everyone: view Region/PSA: view Agency/Provider

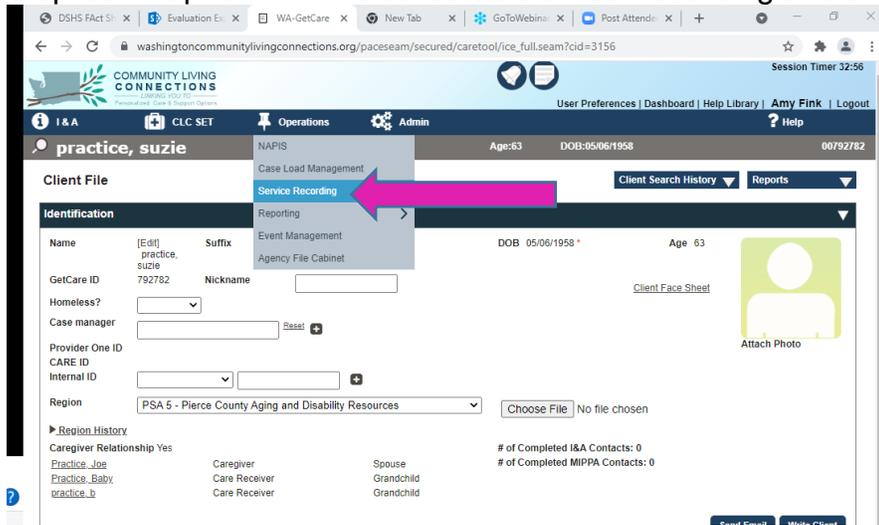
**Select Element:**

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.

Select Element:  Unit Date:  Service Enrollment:  Units:

## 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.

The screenshot shows the 'Filter for Clients' form. The 'Recording View' is set to 'Monthly Quantity Recording'. The 'Month' is 'October' and the 'Year' is '2021'. The 'All clients' radio button is selected. The 'Service Status' dropdown is set to 'All clients who exceed the authorized amount of units.' and 'Exclude clients who have not received units in the last 3 months.' is checked. The 'Region/Contractor' is 'PSA 9 - Southeast WA Aging and Long Term Care', 'Provider' is 'Catholic Charities of the Diocese of Yakima (00569)', 'Site' is 'No Site Assigned', 'Scope of Work' is 'Case Coordination', 'Program' is 'OAA TIIIIE GPRG/KCSP/KNAV/LOC', and 'Service Detail' is '1 Hour'. There are 'Add New Record', 'Save current filter', 'Apply', and 'Reset' buttons.

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.

Program/Service Detail/ Site	GC ID	DOB	Client Name	Monthly Quantity	Recording Quantity	Authorized Qty	Enrollment Date
OAA TIIIIE GPRG/KCSP/KNAV/LOC 1 Hour	792782	05/06/1958	Practice, Suzie	1.25	.00	0.00	10/13/2021 - 10/31/2022

Below the table, there are 'Previous', 'pr-pr', and 'Next' navigation buttons, and a 'Save' button highlighted with a pink arrow.

## 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 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).

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.

Non-Registered and Registered Enrollment Counts	Registered Clients Enrolled	Newly Enrolled in the FY (Unduplicated)	Monthly Client Served (duplicate)
Total Clients for Program/Service		15	
Total Gender			

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.

Scope of Work: Access Assistance

Program: OAA TIIIE GPRG/KNAV/LOC

Service Detail: 1 Contact

Assigned Staff:

---

Client(s) Units Total 0.0      Non-Registered Total Units 0.0

New Enrollments 0      Non-Registered Enrollments 0

Service: Access Assistance      Program: OAA TIIIE GPRG/KNAV/LOC      Service Detail: 1 Contact

**Add Number of Access Assistance calls/contacts here**

Client Name	Monthly Quantity	Recording Quantity	Authorized Qty.	Enrollment Date
Amount	Amount Remaining	Units	Units Remaining	
Non-registered --	22	.00		

**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 Module and Reporting. Documents are categorized by service or feature to help you find needed information.

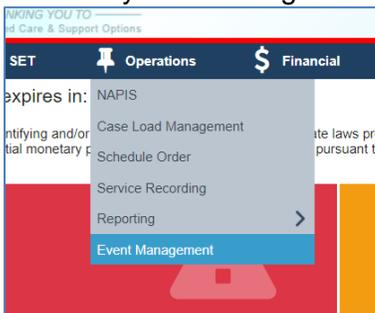
**Service Recording**

- [Master Service List + How to add Services and Providers + Template.xls \(XLS Format\)](#)
- [How to Record Services in GetCare \(PDF\)](#) 
- [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”.



Event ID	Date	Organization Name	Presenter Name	Staff Entered Event	Region	Event or Group Name	Status
4962	11/13/2019 - 11/13/2019	Klickitat County Senior Services	Bryan, Stacy	Bryan, Stacy	PSA 7 - Area Agency on Aging & Disabilities of Southwest Washington	Caregiver Support Group	Completed <b>Copy to New</b>

### 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:  Based Region:

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

### 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 shows a web application interface for generating reports. The top navigation bar includes 'I & A', 'CLC SET', 'Operations', and 'Admin'. The main content area is titled 'Reports' and contains a sidebar with various report categories: Listing Reports, CLC Reports, I&A Reports, Service Recording Reports, System Administration, State System Administration, NAPIS Report Summary, and Event Management. The 'Event Management' category is expanded, showing 'Event Management Summary Report' as the selected option. The main panel displays a form for generating the report, including a date range selector (From 10/01/2020 To 12/31/2020), a dropdown menu for 'Region' (listing options like Community Living Connections, PSA 1 - Olympic Area Agency on Aging, etc.), a checkbox for 'Is this a MIPPA Event?', a 'Staff Entering Event' field, and a 'Report Export Type' section with a radio button selected for 'Pdf'. A 'Save current filter' link is visible at the bottom.

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

The screenshot shows the 'Issue Manager' interface. At the top, there is a navigation bar with the 'COMMUNITY LIVING CONNECTIONS' logo and a session timer. Below this is a 'Dashboard' section with three main cards: '0 Alerts' (red), '850 Notices' (orange), and '1574 To Dos' (green). A 'Welcome' section follows, containing a 'To Dos & Reminders' filter panel. The main 'Issue Manager' form is open, showing search filters for Reporting Agency, By Status, Module, Priority, Type, Keyword, and Tracking #. Below the form is a summary bar with status counts: 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, a table header is visible with columns: 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.

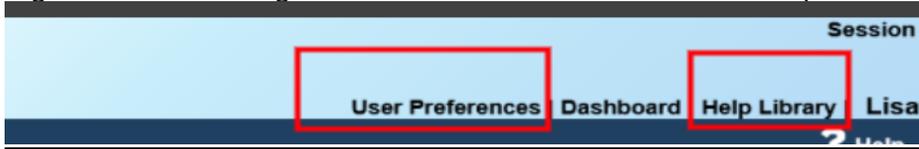
- Be sure to notify your supervisor or your AAA/GetCare primary contact when you post an issue so they are aware of your reported issue and can offer assistance if it is resolvable at the local level. If needed, they will escalate the issue for the vendor. Issue not escalated stay in 'New' status and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



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.



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 see the navigator was able to 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:    
 Program:    
 Service Detail:    
 Service Code: 7802 - - [Reset Enrollment Details](#)   
 Site:    
 Assigned Staff:  From:  Thru:    
 Note:

---

**Enrollment**

Current Status: Enrolled Add: [Referral](#) [Waitlist](#) [Enrollment](#)

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

---

Remove Authorization

**Authorization**

Authorization Period: From  Thru    
 Authorized Qty:   Period:  Rate    
 First Month Quantity 1.00Unit(s) Full Monthly Quantity 1.00Unit(s) First Monthly Amount 200.00   
 Cost Share Option  Cost Share Total

[Add Additional Authorization](#)

---

**Schedule**

[Add Additional Schedule](#)

---

Remove Authorization

**Authorization**

Authorization Period: From  Thru    
 Authorized Qty:   Period:  Rate    
 First Month Quantity .61Unit(s) Full Monthly Quantity 1.00Unit(s) First Monthly Amount 30.65   
 Cost Share Option  Cost Share Total

[Add Additional Authorization](#)

---

**Schedule**

[Add Additional Schedule](#)

---

Remove Authorization

**Authorization**

Authorization Period: From  Thru    
 Authorized Qty:   Period:  Rate

**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, 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 TIIIIE 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 TIIIIE 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 TIIIIE 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 TIIIIE 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.

