



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CHILDREN'S ADMINISTRATION

Specific Office

Name and Mailing Address

Dear Name,

Thank you for working with Children's Administration during your Family Assessment Response (FAR). I hope it was helpful to you and your family. Your case with Children's Administration is being closed.

As you know, the health, safety and well-being of your family are very important. Joining with your community to find resources, support, and connections is one way to improve your children's safety and well-being. We are providing you with some community resources and programs that may be helpful to you in the future:

Community Resource(s) List

We would like to know more about your experience so we can continue to improve our services. A research company called TriWest is conducting a short survey with families who participated in FAR. TriWest will keep the identity of families who answer the survey confidential. We appreciate your feedback and have enclosed a copy of the survey. Please fill it out and return it in the enclosed stamped envelope.

If you have any questions, concerns or comments I can be reached at Telephone Number (include area code) or at Email Address.

Sincerely,

CA Worker's Name

FAR Family Survey

Thank you for participating in this brief survey about your experience in Family Assessment Response (FAR). This survey is being conducted by TriWest Group to evaluate the FAR program and find out what is working well and which areas could use improvement.

All the information you share will be kept strictly confidential. Please return in the enclosed self- addressed stamped envelope.

1. Did a FAR caseworker contact you to set up a time to meet with you before interviewing your children?

- Yes
 No
 I prefer not to answer.

2. Did your FAR caseworker give you the opportunity to discuss your family's strengths, beliefs and traditions?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always. | Some of the time. | Not very often. | Never. | N/A |
| <input type="checkbox"/> |

3. My caseworker listened to my option about whether or not my family needed services.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree. | Agree. | Disagree. | Strongly disagree. | N/A |
| <input type="checkbox"/> |

4. Important decisions about my family were made without my input.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree. | Agree. | Disagree. | Strongly disagree. | N/A |
| <input type="checkbox"/> |

5. Overall, is your family better off or worse off because of this experience?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Much better. | Somewhat better. | Somewhat worse. | Much worse. | No change. | N/A |
| <input type="checkbox"/> |

6. How satisfied are you with the way you and your family were treated by the caseworker or children's services workers that visited your home?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very satisfied. | Mostly satisfied. | Mostly dissatisfied. | Very dissatisfied. | N/A |
| <input type="checkbox"/> |

7. How satisfied are you with the help you received or were offered?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very satisfied. | Mostly satisfied. | Mostly dissatisfied. | Very dissatisfied. | N/A |
| <input type="checkbox"/> |

8. In order to identify the office where you received services, please enter your five-digit zip code. If you do not wish to provide this information, please leave the field blank.

5-digit zip code

9. Thank you for your time and your important feedback. If you would be willing to be contacted by TriWest to provide additional feedback or comments, or if you would like to leave us a message, please leave us a message and/or your phone number in the comment box below. Otherwise, you may leave this section blank. Thank you again for your assistance.