



Follow-up Questionnaire: Kinship Cares Enhanced Services

Last Name: _____ First Name: _____

Family ID#: _____ Date Completed: _____

Interviewer: _____ County: Mercer Ocean (Circle one)

Hello, I am _____ calling from the Children's Home Society of New Jersey's Kinship Cares Program. I am calling you as a follow-up to our involvement with you from _____ to _____. I would like to ask you about your experiences with our services and about any changes at home. This will help us in improving the program.

1. First, do you remember working with _____ (name of ombudsperson)? Y / N

2. Can you rate how well overall you worked together? Would you say you (check only one):

___ had an excellent working relationship?

___ had a good working relationship?

___ had a fair working relationship?

___ had a poor working relationship?

3. Why did you select the rating you did?

4. In general, what did your worker do to help you or your family?

5. Were there some specific problems involving you or your kin you tried to solve with your worker? Y / N

Kinship Cares Follow-up Questionnaire for Enhanced Services Participants

6. I am going to ask you about problems you identified with your worker from your Family Service Plan (list below before the phone call). For each problem, I am going to ask you how successful you or you and your worker were in solving the problem or meeting each of your needs? (Use the status codes below from the Family Service Plan. Read the list of choices for each of the problems or needs identified). And, I am also going to ask you what you and the worker did to solve each of your problems.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Status Codes

- 1) No longer a Need – Dropped
- 2) Unresolved/Unattainable
- 3) Unchanged, Still a Need to Work on
- 4) Partially Resolved, Still a Need
- 5) Resolved/Attained but not to your total satisfaction
- 6) Resolved/Attained to your total Satisfaction

Problem	Status Code	Explanation of what was done
a.		
b.		
c.		
d.		
e.		

7. (Identify problems or needs to the caregiver that were not resolved, if any and ask:) What else could your worker have done to help resolve this problem? (Place answers in Explanation Column of above chart).

8. Have you attended one of these support groups Kinship Cares has offered? Y / N

9. If YES, how many group session have you attended? _____

Kinship Cares Follow-up Questionnaire for Enhanced Services Participants

10. Are you still attending the group? Y / N

11. If have not attended the group, what prevented you from attending or going back? I am going to read to you from a list. Choose any of the reasons that pertain to you (check all that apply).

needed transportation to group location.

needed child care.

didn't know about group meetings.

wasn't interested in any of the topics. (if selected, go back and ask what topics would interest this caregiver)

group met a time that was not convenient for me. (If selected, go back and ask what time would be more convenient for this caregiver)

are there any other reasons that prevent you from attending the groups?

12. If you did attended the group, what was your favorite group topic or activity?

13. Has there been any change in your child's placement since you had a Kinship Cares worker? Y / N

14. If yes what was the change?

15. Have you had any contact with DYFS since you had a worker? Y / N

Kinship Cares Follow-up Questionnaire for Enhanced Services Participants

16. What was the reason for DYFS contacting you?

17. Has your relationship changed at all with your child's biological parents? Y / N

18. If yes how?

19. Is there anything else you would like to share with me about your involvement with the kinship cares program? Do you have any suggestions to improve the program?

Thank you for answering my questions.