



Follow-up Questionnaire: Kinship Cares Control Group 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 in (Month and Year) _____. I would like to ask you about your experiences with our services and about any changes at home. This will help us improve the program.

1. At the time you received your Kinship Wraparound grant from CHSofNJ, did you have any problems or services you needed help with? Yes No
2. If Yes, What were these problems or service needs?

3. I am going to read a list of services to you. Please tell me if any of these services were needed to help you care for your kinship child(ren) at the time you applied for your grant.
(circle any services chosen)

a)	b)
c)	d)
e)	f)
g)	h)
i)	j)
k)	l)

4. Would it have been helpful to have a kinship advocate aid you in obtaining those identified services?
Yes No
5. Do you have any other suggestions of things we could do to help make caring for your kin a little easier or better?

Thank you for answering my questions.