

Appendix C

Questionnaires

APPENDIX C-1
NATIONAL EVALUATION OF FAMILY SERVICES
Caretaker Interview
Reunification - Version 2

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

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I would like to talk to you about your involvement with the (NAME) agency.

BOX X	
REFER TO CASE INFORMATION FORM (CIF):	
THIS IS A TYPE I OR II CASE	1 (1)
THIS IS A TYPE III CASE	2 (A)

A. First, I need to ask whether you consider yourself either a pre-adoptive or adoptive parent?

Yes 1 } (1)
No 2 }

**ENTER ON
WORKSHEET**

1. (First,) I would like to know the names of all the members of the household, including any child(ren) who may be in foster care, away at school, or in an institution.

ENTER ALL NAMES IN ORDER IN COL. B, STARTING WITH YOUNGEST FOCAL CHILD.

REFER TO CIF

a. The (NAME) agency has given us a list of the children who (are/were) a part of this household (including those who are in foster care). According to our records there is (NAME, YOUNGEST FOCAL CHILD). (VERIFY SPELLING).
ENTER (YOUNGEST) FOCAL CHILD ON LINE 01.

CONTINUE WITH ADDITIONAL FOCAL CHILD(REN), IF ANY, AND LIST IN ORDER OF AGE FROM YOUNGEST TO OLDEST.

b. Next, I need to know the first names of any other children under 18 who live here, including any who may be in foster care, living with relatives or some other family, away at school, or in an institution.

c. Next, I need to list the adults who live here. What is your first name?
(VERIFY SPELLING).

CIRCLE PERSON # IN COL. A TO INDICATE WHO THE RESPONDENT IS

d. And what are the first names of the other adults, 18 and over who live here? Let's list them in order of age from youngest to oldest. (And who is next in age?)

e. I have listed (READ ALL NAMES IN COL. B). Does anyone else live here who may be temporarily away on vacation, or in a hospital, jail or prison, an institution, or some other place?

BOX 0	
COMPARE CASE INFORMATION FORM (CIF) WITH COL B.	
ALL CHILDREN LISTED ON CIF ARE LISTED IN COL B	1 (COL C)
ONE OR MORE CHILDREN LISTED ON CIF ARE <u>NOT</u> LISTED IN COL B	2 (RECONCILE WITH R; RECORD REASONS IN MARGIN; THEN GO TO COL C)

HOUSEHOLD ENUMERATION TABLE

ASK ALL QUESTIONS FOR ONE PERSON, BEFORE GOING TO NEXT PERSON.

A. PERSON #	B. NAME	C. RELATIONSHIP TO YOUNGEST FOCAL CHILD		D. AGE AND BIRTHDATE	E. SEX	F. RACE/ ETHNICITY	G. MARITAL STATUS OF PERSONS 16 OR OLDER
LIST ALL NAMES IN ORDER IN COL. B, STARTING WITH THE YOUNGEST FOCAL CHILD ON LINE 01. (CIRCLE PERSON # IN COL. A TO INDICATE WHO THE RESPONDENT IS).		a. (Is PERSON/ are you) related to (NAME YF CHILD)?	b. (And/Then) what is (PERSON'S/your) relationship to (NAME YF CHILD)?	What is (PERSON'S/your) age and what is (PERSON'S/your) date of birth? <div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER AGES OF CHILDREN UNDER 18 ON WORKSHEET </div>	ENTER SEX. ASK IF UNSURE <div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER SEX OF CHILD- REN UNDER 18 ON WORK- SHEET </div>	Do you consider (PERSON/ yourself) ... Black, not Hispanic.....(1) Hispanic.....(2) White, not Hispanic.....(3) Asian, Pacific Isl, or.....(4) American Indian, Eskimo, Aleut?... (5) Other (SPECIFY) .(6)	(Are-you/is PERSON) currently married, divorced, separated, widowed, or single and never married? M (1) D (2) S (3) W (4) NM (5) Under age 16 (6) <div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER R'S MARITAL STATUS ON WORKSHEET </div>
		<div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER CARETAKER RELATIONSHIP ON WORKSHEET </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER AGES OF CHILDREN UNDER 18 ON WORKSHEET </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER SEX OF CHILD- REN UNDER 18 ON WORK- SHEET </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> ENTER R'S MARITAL STATUS ON WORKSHEET </div>		
		a. b. Y N Y N		M F			
(01)		YOUNGEST FOCAL CHILD		____/____/____ AGE ____	1 2	ENTER CODE	ENTER CODE
(02)		1 2		____/____/____ AGE ____	1 2		
(03)		1 2		____/____/____ AGE ____	1 2		
(04)		1 2		____/____/____ AGE ____	1 2		
(05)		1 2		____/____/____ AGE ____	1 2		
(06)		1 2		____/____/____ AGE ____	1 2		
(07)		1 2		____/____/____ AGE ____	1 2		
(08)		1 2		____/____/____ AGE ____	1 2		

H. SCHOOLING		I. EMPLOYMENT STATUS OF PERSONS 16 OR OLDER		J. RESIDENCE OF CHILDREN UNDER 18		K. FOSTER CARE		L. DATE RETURNED OR PLACED	
a. (Does PERSON/do you) attend any kind of school, or not? b. (HAND CARD A) What level of school (has PERSON/have you) completed? NO SCHOOLING NS DAY CARE DC PRE-SCHOOL PS KINDERGARTEN KG 1-12 (ENTER # YRS COMPL) 01-12 H.S. GRAD HG GED GD VOC'L SCHOOL VS UNGRADED SPEC'L. ED SE ATTEND COLL AC COLLEGE GRAD CG		(Is PERSON/are you) currently ... Employed(1) Unemployed and looking for work, or(2) Unemployed and not looking for work?.....(3) UNDER AGE 16(6)		<div style="border: 1px solid black; padding: 2px; width: fit-content;">ASK J FOR UNDER 18.</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">GO TO C FOR NEXT ADULT 18 OR OVER</div> Does (CHILD) live here, or(1) somewhere else?.....(2)		Is (CHILD) now in foster care, or was (s/he) in foster care prior to living here? <div style="border: 1px solid black; padding: 2px; width: fit-content;">NP=NEXT PERSON</div>		In what month and year (did/will) (CHILD) come (back) to live here? 	
<div style="display: flex; justify-content: space-between;"> a. b. </div>		<div style="border: 1px solid black; padding: 2px; width: fit-content;">ENTER R'S EMPLOYMENT STATUS ON WORKSHEET</div>		<div style="border: 1px solid black; padding: 2px; width: fit-content;">ENTER ON WORKSHEET</div>					
Y	N	ENTER CODE		CIRCLE CODE		CIRCLE CODE		Y	N
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR
1	2			1 2 3 6	1 (K-M) 2 (M-R)	1 2 (NP)			MO YR

AFTER LAST PERSON GO TO BOX 1

M. RESIDENCE OF CHILDREN UNDER 18	N. PLACEMENT DECISION	O. RESPONDENT AGREEMENT	P. DESIRE REUNIFICATION	Q. EXPECT REUNIFICATION	R. TIME UNTIL REUNIFICATION
(Where does (CHILD) currently live) Is it ... THE HOME OF BIO-PARENT(S) (1) THE HOME OF (PRE) ADOPTIVE PARENT(S)..... (2) (in) a relative's home, not foster care (3) (in) a relative's foster home (4) (in) a nonrelative's foster home (5) (in) an institution, or (6) somewhere else? (SPECIFY)..... (7) DK (8) <div style="border: 1px solid black; padding: 2px; width: fit-content;">ENTER ON WORKSHEET</div> ENTER CODE	<div style="border: 1px solid black; padding: 2px;">FOR CHILD CODED 1 IN J, GO TO NP. FOR CHILD CODED 2 IN J, ASK N-R.</div> Did you put (CHILD) there or did someone else? RESPONDENT (1) SOMEONE ELSE... (2) (SPECIFY WHO)	At the time, did you agree with the decision for (CHILD) to live somewhere else? Y N	Would you like (CHILD) to come and live with you? YES (1) NO (2) OTHER (SPECIFY)..... (3) CIRCLE CODE	Do you think (CHILD) will come and live with you? YES (1) NO (2) OTHER (SPECIFY)..... (3) <div style="border: 1px solid black; padding: 2px;">IF "NO" (CODE 2 CIRCLED), GO TO NEXT PERSON</div> CIRCLE CODE	When do you think that will happen? <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; flex-direction: column; align-items: center; text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DAYS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">WEEKS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">MONTHS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DAYS</div> </div> </div> 1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8
_____	1 2 (SPECIFY) _____	1 2	1 2 3 (SPECIFY) _____	1 2 3 (SPECIFY) _____	1 2 3 8

AFTER LAST PERSON GO TO BOX 1

CTRU-5

BOX 1

REFER TO WORKSHEET, COL C

- CARETAKER IS THE BIOLOGICAL PARENT OF YOUNGEST FOCAL CHILD 1 (BOX 2)
- CARETAKER IS SOMEONE ELSE 2 (36, p. 18)

BOX 2

REFER TO WORKSHEET, COL J

- ONE OR MORE FOCAL CHILDREN RETURNED HOME FROM FOSTER CARE (LIVE HERE) 1 (2)
- NO CHILDREN RETURNED HOME (LIVE ELSEWHERE) 2 (11)

2. Did your caseworker discuss with you what you needed to do before the child(ren) could return home to live with you?

- YES 1
- NO 2
- DON'T KNOW/NOT SURE 8 } (4)

3. Please look at this card. Which of these were you told by (CASEWORKER) you had to do before the children could return home? (CIRCLE ALL MENTIONED)

**HAND
CARD B**

- a. find housing? 01
- b. enroll in a drug or alcohol program ... 02
- c. separate from an abusive partner 03
- d. apply for public assistance 04
- e. visit with your child(ren) 05
- f. attend parenting classes 06
- g. clean or fix up your house 07
- h. other (SPECIFY) 08
-
- i. NONE OF THE ABOVE 09

4. Were you told in advance that your child(ren) would return home?

- YES 1
- NO 2

5. In the month before your child(ren) returned home, did the following activities increase, decrease, or remain about the same?

	<u>INCREASE</u>	<u>DECREASE</u>	<u>REMAIN SAME</u>
a. The number of visits with your children	1	2	3
b. The length of visits with your children	1	2	3
c. The number of <u>overnight</u> visits with your children	1	2	3

6. In the month before your children returned home was there. . .

	<u>YES</u>	<u>NO</u>
a. Discussion between you and your <u>caseworker</u> about your child(ren)'s return home?	1	2
b. Discussion between you and your <u>child(ren)'s foster parent</u> about (his/her/their) return home?	1	2
c. Discussion between you and your <u>child(ren)</u> about (his/her/their) return home?	1	2

7. Did you agree with the decision to return your child(ren) home?

YES	1
NO	2

8. Have you continued to receive any help from (AGENCY) since your child(ren) returned home?

YES	1 (a)
NO	2

a. Since your child(ren) returned home, have you received more or less help from (AGENCY)?

MORE	1
ABOUT THE SAME	2
LESS	3

9. a. Please look at this card. In the weeks after the child(ren) came to live with you, on average, how often did you have in-person contact with the caseworker.

HAND
CARD C

- More than twice a week 1
- Twice a week 2
- Once a week 3
- Once every two weeks 4
- Once a month 5
- Less than once a month, or 6
- Never 7

- b. And how often did you have telephone contact with the caseworker?

- More than twice a week 1
- Twice a week 2
- Once a week 3
- Once every two weeks 4
- Once a month 5
- Less than once a month, or 6
- Never? 7

10. Would you say that your relationship with your children since they returned home is better, about the same, or worse, than before they left?

- BETTER 1
- ABOUT THE SAME 2
- WORSE 3

11. COL A: LIST FIRST NAME(S) OF FOCAL CHILD(REN) IN PERSON # ORDER
 COL B: REFER TO WORKSHEET COL J, AND CIRCLE EACH CHILD'S RESIDENCE
 ASK C-J FOR EACH CHILD BEFORE GOING TO NEXT CHILD.

VISITATION

A. NAMES & PERSON NUMBERS FROM HHE	B. RESIDENCE	C. VISITS	D. FREQUENCY	E. LOCATION
<p>PERSON # NAME</p> <p>YOUNGEST FOCAL CHILD</p> <p>_____</p>	<p>CHILD ...</p> <p>LIVES ELSE- HERE WHERE</p> <p>1 2</p>	<p>(Do/did) you regularly visit with (CHILD)?</p> <p>Y N</p> <p>1 2 (NEXT CHILD OR BOX 2)</p>	<p>About how often (do/did) you visit. . .</p> <p>Once a week or more (1) 2-3 times a month, or (2) Once a month..... (3) Less often? (4)</p> <p>CIRCLE CODE</p> <p>1 2 3 4</p>	<p>Where (do/did) visits usually take place for (CHILD). . .</p> <p>In the foster home (1) Your home..... (2) Someone else's home (3) An agency office, or (4) Somewhere else? (5) (SPECIFY)</p> <p>CIRCLE CODE</p> <p>1 2 3 4 5</p>
<p>_____</p>	<p>1 2</p>	<p>1 2 (NEXT CHILD OR BOX 2)</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>
<p>_____</p>	<p>1 2</p>	<p>1 2 (NEXT CHILD OR BOX 2)</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>
<p>_____</p>	<p>1 2</p>	<p>1 2 (NEXT CHILD OR BOX 2)</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>
<p>_____</p>	<p>1 2</p>	<p>1 2 (NEXT CHILD OR BOX 2)</p>	<p>1 2 3 4</p>	<p>1 2 3 4 5</p>

VISITATION

F. CASEWORKER PRESENT	G. TIME ALONE	H. MISSED VISITS	I. TIME	J. LAST VISIT
<p>How often (is/was) the caseworker present during your visits with (CHILD)...</p> <p>Always.....(1) Often(2) Rarely, or(3) Never?(4)</p> <p>CIRCLE CODE</p> <p style="text-align: center;">1 2 3 4</p>	<p>(Do/did) you and (CHILD) have time alone during visits?</p> <p style="text-align: center;">Y N</p>	<p>(Over the past three months/prior to returning home), how often did you miss scheduled visits with (CHILD)...</p> <p>Often.....(1) Sometimes.....(2) Rarely, or(3) Never?(4)</p> <p>CIRCLE CODE</p> <p style="text-align: center;">1 2 3 4</p>	<p>On average, how long (does/did) it take you to get to your visits...</p> <p>Less than 15 minutes(1) 15-30 minutes(2) Between 1/2 and 1 hour, or(3) More than 1 hour?(4)</p> <p>CIRCLE CODE</p> <p style="text-align: center;">1 2 3 4</p>	<p>(CHECK COL B: ASK J IF CHILD LIVES ELSEWHERE. ELSE GO TO NEXT CHILD)</p> <p>How long ago did you last visit (CHILD)?</p> <p>NUMBER</p>
1 2 3 4	1 2	1 2 3 4	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> DAYS1 <input type="text"/> <input type="text"/> <input type="text"/> WKS.....2 <input type="text"/> <input type="text"/> <input type="text"/> MOS.....3 <input type="text"/> <input type="text"/> <input type="text"/> YRS.....4
1 2 3 4	1 2	1 2 3 4	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> DAYS1 <input type="text"/> <input type="text"/> <input type="text"/> WKS.....2 <input type="text"/> <input type="text"/> <input type="text"/> MOS.....3 <input type="text"/> <input type="text"/> <input type="text"/> YRS.....4
1 2 3 4	1 2	1 2 3 4	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> DAYS1 <input type="text"/> <input type="text"/> <input type="text"/> WKS.....2 <input type="text"/> <input type="text"/> <input type="text"/> MOS.....3 <input type="text"/> <input type="text"/> <input type="text"/> YRS.....4
1 2 3 4	1 2	1 2 3 4	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> DAYS1 <input type="text"/> <input type="text"/> <input type="text"/> WKS.....2 <input type="text"/> <input type="text"/> <input type="text"/> MOS.....3 <input type="text"/> <input type="text"/> <input type="text"/> YRS.....4
1 2 3 4	1 2	1 2 3 4	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> DAYS1 <input type="text"/> <input type="text"/> <input type="text"/> WKS.....2 <input type="text"/> <input type="text"/> <input type="text"/> MOS.....3 <input type="text"/> <input type="text"/> <input type="text"/> YRS.....4

BOX 3

MORE THAN ONE CHILD (IS/WAS) IN FOSTER CARE 1 (12)

ONLY ONE CHILD (IS/WAS) IN FOSTER CARE 2 (13)

12. (Are/were) the children all in the same foster home?

YES 1 (13)

NO 2 (a)

a. In how many different foster homes (are/were) the children?

_____ **NUMBER OF FOSTER HOMES**

(COMPLETE A FOSTER HOME SECTION FOR EACH FOSTER HOME)

FOSTER HOME SECTION (FHS) 1:

13. What is (YOUNGEST FOCAL CHILD'S) foster parent's first name?

FOSTER PARENT'S FIRST NAME(S)

DK 8

IF ONLY 1 CHILD IN THIS FOSTER HOME, ENTER CHILD'S NAME W/O ASKING AND GO TO BOX 4.

14. Which child(ren) (is/are) (was/were) in this foster home?

NAME NAME NAME

BOX 4

REFER TO Q11 COL E

VISITS USUALLY IN FOSTER HOME 1 (17)

VISITS USUALLY SOMEWHERE ELSE 2 (15)

15. Have you ever met (FOSTER PARENT)?

YES 1

NO 2 (FHS 2, OR BOX 7)

16. (Do/did) you ever visit (FOSTER PARENT's) home?

YES 1

NO 2

17. About how often (do/did) you have in-person contact with (FOSTER PARENT)...

HAND
CARD C

More than twice a week 1

Twice a week 2

Once a week 3

Once every two weeks 4

Once a month 5

Less than once a month, or 6

Never? 7 (19)

18. About how often (does/did) (FOSTER PARENT) do the following - would you say often, sometimes, rarely, or never?

**HAND
CARD D**

	<u>OFTEN</u>	<u>SOME- TIMES</u>	<u>RARELY</u>	<u>NEVER</u>
a. Join you and your child(ren) in play?	4	3	2	1
b. Provide transportation for you and your child(ren)?	4	3	2	1
c. Lend or give you money?	4	3	2	1
d. Take you shopping?	4	3	2	1
e. Teach you about cooking nutritious meals? . .	4	3	2	1

19. How would you describe your relationship with (FOSTER PARENT)? Would you say it (is/was) excellent, good, fair, or poor?

- EXCELLENT 1
- GOOD 2
- FAIR 3
- POOR 4
- NO RELATIONSHIP 5

GO TO FHS2
OR BOX 7

IF ONLY ONE FOSTER HOME, CHECK BOX AND GO TO BOX 7, P. 16.

FOSTER HOME SECTION (FHS) 2:

20. What is (NEXT YOUNGEST FOCAL CHILD'S) foster parent's first name?

FOSTER PARENT'S FIRST NAME(S)

DK 8

21. Which child(ren) (is/are) (was/were) in this foster home?

NAME NAME NAME

BOX 5	
REFER TO Q11 COL E	
VISITS USUALLY IN FOSTER HOME	1 (24)
VISITS USUALLY SOMEWHERE ELSE	2 (22)

22. Have you ever met (FOSTER PARENT)?

YES 1
NO 2 (FHS 3, OR BOX 7)

23. (Do/did) you ever visit (FOSTER PARENT's) home?

YES 1
NO 2

24. About how often (do/did) you have in-person contact with (FOSTER PARENT)...

**HAND
CARD C**

More than twice a week 1
Twice a week 2
Once a week 3
Once every two weeks 4
Once a month 5
Less than once a month, or 6
Never? 7 (26)

25. About how often (does/did) (FOSTER PARENT) do the following - would you say often, sometimes, rarely, or never?

**HAND
CARD D**

	<u>OFTEN</u>	<u>SOME-TIMES</u>	<u>RARELY</u>	<u>NMR</u>
a. Join you and your child(ren) in play?	4	3	2	1
b. Provide transportation for you and your child(ren)?	4	3	2	1
c. Lend or give you money?	4	3	2	1
d. Take you shopping?	4	3	2	1
e. Teach you about cooking nutritious meals? ..	4	3	2	1

26. How would you describe your relationship with (FOSTER PARENT)? Would you say it (is/was) excellent, good, fair, or poor?

EXCELLENT	1	GO TO FHS 3 OR BOX 7
GOOD	2	
FAIR	3	
POOR	4	
NO RELATIONSHIP	5	

IF ONLY TWO FOSTER HOMES, CHECK BOX AND GO TO BOX 7, P. 16.

FOSTER HOME SECTION (FHS) 3:

27. What is (NEXT YOUNGEST FOCAL CHILD'S) foster parent's first name?

FOSTER PARENT'S FIRST NAME(S)

DK 8

28. Which child(ren) (is/are) (was/were) in that foster home?

NAME NAME NAME

BOX 6	
REFER TO Q11 COL E	
VISITS USUALLY IN FOSTER HOME	1 (31)
VISITS USUALLY SOMEWHERE ELSE	2 (29)

29. Have you ever met (FOSTER PARENT)?

YES 1
NO 2 (BOX 7)

30. (Do/did) you ever visit (FOSTER PARENT's) home?

YES 1
NO 2

31. About how often (do/did) you have in-person contact with (FOSTER PARENT). . .

**HAND
CARD C**

More than twice a week 1
Twice a week 2
Once a week 3
Once every two weeks 4
Once a month 5
Less than once a month, or 6
Never? 7 (33)

32. About how often (does/did) (FOSTER PARENT) do the following -- would you say often, sometimes, rarely, or never?

**HAND
CARD D**

	<u>OFTEN</u>	<u>SOME-TIMES</u>	<u>RARELY</u>	<u>NEVER</u>
a. Join you and your child(ren) in play?	4	3	2	1
b. Provide transportation for you and your child(ren)?	4	3	2	1
c. Lend or give you money?	4	3	2	1
d. Take you shopping?	4	3	2	1
e. Teach you about cooking nutritious meals? ..	4	3	2	1

33. How would you describe your relationship with (FOSTER PARENT)? Would you say it (is/was) excellent, good, fair, or poor?

EXCELLENT	1
GOOD	2
FAIR	3
POOR	4
NO RELATIONSHIP	5

IF MORE THAN THREE FOSTER HOMES, GO TO CONTINUATION BOOKLET.

BOX 7

REFER TO WORKSHEET, COL J

ONE OR MORE FOCAL CHILDREN RETURNED HOME FROM FOSTER CARE (LIVE HERE)	1 (36)
NO CHILDREN RETURNED HOME (LIVE ELSEWHERE)	2 (34)

34. Has your caseworker discussed with you what you need to do before your child(ren) can return home?

YES	1
NO	2
DON'T KNOW/NOT SURE	8

} (36)

35. Do you feel you clearly understand what you need to do to have your child(ren) return home?

YES 1 (a)
NO 2 } (36)
DON'T KNOW 8 }

a. Please look at this card. Which of these things were you told by (CASEWORKER NAME) you need to do before the children can return home? (CIRCLE ALL MENTIONED)

**HAND
CARD B**

- a. find housing? 01
- b. enroll in a drug or alcohol program . . 02
- c. separate from an abusive partner... 03
- d. apply for public assistance 04
- e. visit with your child(ren) 05
- f. attend parenting classes 06
- g. clean or fix up your house 07
- h. other (SPECIFY) 08

- i. NONE OF THE ABOVE 09

ASK EVERYONE:

REFER TO WORKSHEET, COL G.

36. You told me that you are currently (MARITAL STATUS). Are you currently living with (your husband/wife/someone as married)?

YES, LIVING WITH SPOUSE

OR PARTNER 1 (a)

NO 2 (BOX 8)

ENTER ON
WORKSHEET

- a. (You may already have told me, but I need to ask again). Is (your husband/wife/partner) currently employed or unemployed?

EMPLOYED 1 (BOX 8)

UNEMPLOYED 2 (37)

37. When did your (husband/wife/partner) last have a full time job for more than one month. . .

HAND
CARD E

within the last 6 months 1

between 6 and less than 12 months ago 2

between 1 and 2 years ago 3

more than 2 years ago, or 4

has s/he never had a full time job? 8

BOX 8

REFER TO WORKSHEET, COL I

RESPONDENT CURRENTLY UNEMPLOYED (CODES 2 OR 3) 1 (38)

RESPONDENT CURRENTLY EMPLOYED (CODE 1) 2 (BOX 9)

38. And when did you last have a full time job for more than one month. . .

HAND
CARD E

- within the last 6 months 1
- between 6 and less than 12 months ago 2
- between 1 and 2 years ago 3
- more than 2 years ago, or 4
- never had a full time job? 8

BOX 9

RESPONDENT LIVES IN A RESIDENTIAL APARTMENT OR HOUSE 1 (39)

RESPONDENT LIVES SOMEWHERE ELSE, e.g., WELFARE HOTEL,
SHELTER, etc. 2 (40)

39. Is this (apartment/house) rented, or do you or someone else own it?

- RENTED 1 (a)
- OWNED 2 (b)

a. Is the (apartment/house) rented in your name or someone else's name?

- RESPONDENT'S NAME 1 (40)
- SOMEONE ELSE'S NAME 2 (c)
- OTHER (SPECIFY) _____ 3 (40)

b. Do you own this (apartment/house), or does someone else own it?

- RESPONDENT OWNS 1 (40)
- SOMEONE ELSE OWNS 2 (c)
- OTHER (SPECIFY) _____ 3 (40)

c. What is this person's relationship to you?

RELATIONSHIP TO RESPONDENT

40. Now I have some questions about how you (and the child(ren) you care for), (and the other people in the household) have been getting along.

I'm going to read a list of things that sometimes happen to people. Tell me whether anything like this has happened to you or someone in your household in the past 3 months?

	<u>YES</u>	<u>NO</u>
a. Someone won a prize or received a special gift. Has something like that happened to you or someone in your household?	1	2
b. Someone lost a job	1	2
c. Someone was in a bad accident and got hurt	1	2
d. Someone got married	1	2
e. Someone was arrested for a crime and convicted	1	2
f. Someone got a good job that pays well; has that happened to you or someone in this household?	1	2
g. Someone got beaten up by someone outside the household.....	1	2
h. Someone had some property stolen	1	2
i. Someone got a new appliance or some new furniture	1	2
j. Someone fell in love with someone really nice	1	2
k. Someone failed in school or at job training	1	2
l. Someone whose opinion you care about praised you	1	2
m. Someone became pregnant	1	2
n. Someone got divorced or separated	1	2
o. Someone got beaten up by another household member	1	2

BOX 10

REFER TO WORKSHEET, COL C

CARETAKER IS A BIO-PARENT 1 (41)

CARETAKER IS A PRE-ADOPTIVE OR ADOPTIVE PARENT 2 (42)

CARETAKER IS SOMEONE ELSE 3 (41)

41. The next questions are about things that may have happened to you personally.

In the past 3 months have you	YES	NO	NA
a. gotten together with anyone to have fun or relax?	1	2	-
b. had any health problems that made it hard for you to take care of your child(ren)?	1	2	-
c. felt blue or depressed?	1	2	-
d. had too much to drink several times a week?	1	2	-
e. used drugs several times a week?	1	2	-
f. felt nervous or tense?	1	2	-
g. gotten in trouble with the law?	1	2	-
h. felt you had few or no friends?	1	2	-
i. felt happy?	1	2	-
j. felt you just didn't have enough money for food, rent or clothing?	1	2	-
k. had frequent fights and arguments with your (husband/wife/partner)?	1	2	6 NO SPOUSE OR PARTNER
l. felt overwhelmed with work or family responsibilities?	1	2	
m. just wanted to give up?	1	2	-
n. felt that considering everything you're doing a pretty good job raising your kid(s)?	1	2	-

ASK EVERYONE:

42. As a child.

a. were you ever abused?

YES 1
NO 2

b. were you ever neglected?

YES 1
NO 2

43. As a child, did you ever live in a foster home or an institution, or both?

NO 1
YES, FOSTER HOME ONLY 2
YES, INSTITUTION ONLY 3
YES, BOTH 4

Now I have some questions about your family and friends with whom you keep in touch.

44. a. Lets start with your parents.

(1) Is your mother alive?

Yes 1 (b)
 No 2
 Don't know 8 } (2)

(2) Is your father alive?

Yes 1 (f)
 No 2
 Don't know 8 } (45)

ASK ONLY FOR PARENTS WHO ARE LIVING.

A. MOTHER

B. FATHER

b. How often do you see or talk (or write) to your mother? Would you say.

daily 1
 once to several times a week . . . 2
 once or twice a month 3
 at least once a year, or 4
 never? 5 (2)

f. How often do you see or talk (or write) to your father? Would you say.

daily 1
 once to several times a week ... 2
 once or twice a month 3
 at least once a year, or 4
 never? 5 (45)

c. Is your mother someone you can rely on to provide emotional support by talking over your problems with her?

YES 1
 NO 2

g. Is your father someone you can rely on to provide emotional support by talking over your problems with him?

YES 1
 NO 2

d. Can you count on your mother to help you out with money when you need it, or with work around the house?

YES 1
 NO 2

h. Can *you count* on your father to help you out with money when you need it, or with work around the house?

YES 1
 NO 2

e. Do you look to your mother for advice on how to handle problems?

YES 1
 NO 2 } (2)

i. Do you look to your father for advice on how to handle problems?

YES 1
 NO 2

45. Do you have any sisters who are 18 or over? (Please include any step- or half-sisters).
How many?

YES, _____ 1
 ENTER # SISTERS
 NO SISTERS 18 OR OVER 2 (46)

Let's start with your (youngest) sister over 18.

a. How old is she? (And how old is your sister who is next in age)?
REPEAT FOR ALL LIVING SISTERS.

ENTER AGE(S) IN TABLE UNDER SISTERS.

ASK b - e. FOR EACH SISTER AND ENTER IN TABLE BELOW.

b. How often do you see, talk or write to your sister who is (NUMBER) years old. . .
ENTER CODE IN TABLE.

daily, (1)
 once to several times a week, (2)
 once or twice a month, (3)
 at least once a year, or (4)
 never? (5) (GO TO NEXT
 SISTER, OR 46)

c. Is this sister someone you can rely on to provide emotional support by talking over your
problems with her? CIRCLE CODE IN TABLE

d. Can you count on this sister to help you out with money when you need it, or with work around
the house? CIRCLE CODE IN TABLE

e. Do you look to this sister for advice on how to handle problems?
CIRCLE CODE IN TABLE

SISTERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
		Y	N	Y	N	Y	N
ENTER BELOW	ENTER CODE						
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

46. Do you have any brothers who are 18 or over? (Please include any step- or half-brothers).
How many?

YES, _____ 1
ENTER # BROTHERS
NO BROTHERS 18 OR OVER 2 (47)

a. And, how old is your (youngest) brother? (How old is your brother who is next in age)?
REPEAT FOR ALL LIVING BROTHERS.

ENTER AGE(S) IN TABLE UNDER BROTHERS.

ASK b - e. FOR EACH BROTHER AND ENTER IN TABLE BELOW.

b. How often do you see, talk or write to your brother who is (NUMBER) years old. . .
ENTER CODE.

daily, (1)
once to several times a week, (2)
once or twice a month, (3)
at least once a year, or (4)
never? (5) (GO TO NEXT
BROTHER, OR 47)

c. Is this brother someone you can rely on to provide emotional support by talking over your
problems with him? CIRCLE CODE IN TABLE

d. Can you count on this brother to help you out with money when you need it, or with work
around the house? CIRCLE CODE IN TABLE

e. Do you look to this brother for advice on how to handle problems?
CIRCLE CODE IN TABLE

BROTHERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
		Y	N	Y	N	Y	N
ENTER BELOW	ENTER CODE						
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

47. Now I want to ask you about people who are good friends. They can be neighbors, people you knew when you were growing up, other relatives you are close to, or people you got to know some other way.

a. What are their first names? (I need their names so I can refer to them.)

**PROBE FOR UP TO 4 NAMES AND ENTER IN TABLE BELOW.
ASK b - f FOR EACH FRIEND BEFORE GOING ON TO NEXT FRIEND**

b. Is (NAME) male or female? CIRCLE CODE IN TABLE.

c. How often do you see, talk or write to your friend, (NAME)? ENTER CODE

- Daily (1)
- Once to several times a week (2)
- Once or twice a month (3)
- At least once a year (4)
- Never (5) (GO TO NEXT PERSON OR BOX 11)

d. Is (NAME) someone you can rely on to provide emotional support by talking over your problems with (him/her)?
CIRCLE CODE IN TABLE

e. Can you count on (NAME) to help you out with money when you need it, or with work around the house?
CIRCLE CODE IN TABLE

f. Do you look to (NAME) for advice on how to handle problems?
CIRCLE CODE IN TABLE

GOOD FRIENDS

a. Names	b. Sex	c. Contact	d. Emotional Support	e. Concrete Support	f. Advice
ENTER NAMES BELOW	M F	ENTER CODE	Y N	Y N	Y N
1.	1 2		1 2	1 2	1 2
2.	1 2		1 2	1 2	1 2
3.	1 2		1 2	1 2	1 2
4.	1 2		1 2	1 2	1 2

BOX 11

REFER TO WORKSHEET, Q.36

RESPONDENT LIVING WITH SPOUSE OR PARTNER	1 (48)
RESPONDENT NOT LIVING WITH SPOUSE OR PARTNER	2 (51)

48. Please look at this card. How much does your (husband/wife/partner) help out around the house? Would you say s/he helps very much, some, a little or not at all in. . .

HAND
CARD F

	<u>VERY MUCH</u>	<u>SOME</u>	<u>LITTLE</u>	<u>NOT AT ALL</u>
a. taking care of the child(ren)?	1	2	3	4
b. providing money to pay household expenses?	1	2	3	4
c. shopping for food and household items?	1	2	3	4
d. disciplining the child(ren)?	1	2	3	4

49. Can you rely on your (husband/wife/partner) for **emotional support** by listening to you and helping you work out your problems?

YES	1
NO	2

50. Can you turn to your (husband/wife/partner) for **advice** on how to work out your problems?

YES	1
NO	2

51. Do you. . .

	<u>Y</u>	<u>N</u>
a. go to religious services at a church, mosque, temple or some other place of religious worship?	1	2
b. borrow books from a public library?	1	2
c. attend meetings of a community group, such as a tenants' association, or some other group that tries to do something for the community?	1	2
d. attend meetings of a support group of some kind?	1	2
e. attend meetings of an organization of parents, such as the PTA or a pre-school organization?	1	2

BOX 12

REFER TO WORKSHEET, COL C

CARETAKER IS A BIO-PARENT	1 (52)
CARETAKER IS A PRE-ADOPTIVE OR ADOPTIVE PARENT	2 (57)
CARETAKER IS SOMEONE ELSE	3 (52)

52.	In the past three months, have you had difficulty.	Y	N	NA
	a. paying your rent?	1	2	
	b. paying your electric and heating bills?	1	2	
	c. buying food for your family?.....	1	2	
	d. buying clothes for your child(ren)?	1	2	

53.	In the past three months have you or someone else in your household.	Y	N	NA
	a. received food stamps?	1	2	
	b. been in a job training program?	1	2	
	c. been in WIC, the Women Infants and Children Supplemental Food Program?	1	2	
	d. gotten checks from AFDC?	1	2	
	e. had help with your rent from a voucher program?	1	2	
	f. received Social Security disability checks?	1	2	
	g. been in an alcoholism program?	1	2	
	h. been in a treatment program for drug addiction?	1	2	
	i. been in a marriage counseling program?	1	2	
	j. been in a community mental health program?	1	2	
	ASK k. IF ANY CHILD(REN) BETWEEN 2 AND 5			
	k. had a child in a Head Start or other pre-school program? . . .	1	2	6

The next questions refer to the past 2 years.

54.	Over the <u>past two years</u> , did you or anyone in the household receive the following services?	Y	N	
	a. Daycare	1	2	
	b. Help finding a place to live	1	2	
	c. Emergency shelter	1	2	
	d. Medical or dental care	1	2	
	e. Transportation	1	2	
	f. Educational services, including GED	1	2	
	g. Parenting education or training classes	1	2	
	h. Recreation	1	2	
	i. Legal services	1	2	
	j. Counseling	1	2	
	k. Respite care	1	2	
	l. Homemaker services		2	
	m. Parent aide	1	2	

BOX 13

RESPONDENT CURRENTLY CARES FOR ONE OR MORE FOCAL OR NON-FOCAL CHILDREN	1 (55)
RESPONDENT CURRENTLY DOES NOT CARE FOR ANY CHILDREN	2 (57)

55. The next questions are about bringing up child(ren).

In the past three months. . .

	<u>Y</u>	<u>N</u>	<u>NA</u>
a. have you sometimes lost your temper when the child(ren) got on your nerves?	1	2	-
b. have you found that hitting the child(ren) was a good way to get (him/her/them) to listen?	1	2	-
c. have you sometimes found yourself hitting the child(ren) harder than you really meant to?	1	2	-
d. have things sometimes gotten out of control when you punished the child(ren)?	1	2	-
e. have you praised the child(ren) for doing something really well?	1	2	-
f. have you listened to music or done something else at home that was fun with the child(ren)?	1	2	-
g. have you punished the child(ren) by tying (him/her/them) up with rope, cord, string or a belt?	1	2	-
h. have you and the child(ren) gone to an amusement park, a pool, a picnic or a playground?	1	2	-
ASK ONLY FOR CHILDREN UNDER AGE 12			
i. have you sometimes felt uncomfortable when the child(ren) wanted to be hugged or held?	1	2	6
ASK ONLY FOR CHILDREN OVER 1 YEAR			
j. have you encouraged the child(ren) to read a book?	1	2	6
k. have you had the child(ren) handle household chores on a regular basis?	1	2	6
l. have you sometimes punished the child(ren) by not letting (him/her/them) into the house?	1	2	6
m. have you punished the child(ren) for not finishing the food on (his/her/their) plate(s)?	1	2	6
n. have you sometimes blamed the child(ren) for things that you realized were not really (his/her/their) fault?	1	2	6
o. have you allowed the child(ren) to play where (he/she/they) were not supposed to?	1	2	6

56. In the past three months. . .

	<u>Y</u>	<u>N</u>
a. did you need childcare on a regular basis?	1	2
b. were you sometimes unable to find someone to watch the child(ren) when you had to leave the house?	1	2
c. were you sometimes unable to take the child(ren) to see a doctor or nurse for getting shots, or when (he/she/they) were sick?	1	2
d. were you sometimes unable to take the child(ren) to a dentist for a dental problem?	1	2
e. have you ever been without enough food to feed the children?	1	2
f. (Were/Was) the child(ren) hurt in any way while left in someone else's care?	1	2

57. All children have some problems that make you worry, but they also have some good qualities that make you proud.

Tell me whether (CHILD)/(any of the children you care for) . . .

	<u>YES</u>	<u>NO, NONE</u>	<u>NOT APPLICABLE DUE TO AGE</u>
a. Went through alcohol withdrawal when born?	1	2	-
b. Went through drug withdrawal when born? ..	1	2	-
c. Do(es)n't show much interest in what is going on?	1	2	-
d. (Is/are) smaller and lighter in weight than other children (his/her/their) age(s)?	1	2	-
e. Get(s) upset easily?	1	2	-
IF NO CHILD OVER 3 MONTHS, CHECK HERE <input type="checkbox"/> AND SKIP TO Q.58			
BOX 14			
f. (Is/Are) funny and make(s) you laugh?	1	2	-
g. Like(s) to share things with other people?	1	2	6
h. Throw(s) tantrums?	1	2	6
i. (Is/are) shy and withdrawn?	1	2	-
j. (Is/are) outgoing and friendly?	1	2	-
k. (Is/are) good looking?	1	2	-

	<u>YES</u>	<u>NO, NONE</u>	<u>NOT APPLICABLE DUE TO AGE</u>
l. Fight(s) a lot with other kids?	1	2	6
m. (Has/have) language problems?	1	2	6
IF NO CHILD OVER AGE 4, CHECK HERE <input type="checkbox"/> AND SKIP TO Q.58			
		BOX 15	
n. (Is/are) very aggressive toward you?	1	2	-
o. (Has/have) a special talent in music?	1	2	-
p. Like(s) animals?	1	2	-
q. (Is/are) good at sports?	1	2	-
r. Can usually be counted on to do the right thing?	1	2	-
s. Hang(s) out with friends you don't care for? .	1	2	-

The next questions are about events in the last three months

In the last three months [Has (CHILD)/Have any of the children]. . .	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>DK</u>
t. Gone to church regularly?	1	2	-	8
u. Been absent from school a lot?	1	2	-	8
v. Run away from home overnight?	1	2	-	8
w. Been temporarily suspended from school? ..	1	2	-	8
x. Been expelled from school?	1	2	-	8
y. Taken care of younger children?	1	2	-	8
z. Taken something that didn't belong to (him/her/them)?	1	2	-	8
aa. Often been absent from school for no good reason?	1	2	-	8
bb. Received special education services at school?	1	2	-	8
cc. Failed any classes?	1	2	-	8
dd. Received counseling?	1	2	-	8

	<u>YES</u>	<u>NO, NONE</u>	NOT APPLICABLE DUE TO <u>AGE</u>	<u>DK</u>
--	------------	-----------------	---	-----------

**IF NO CHILD OVER AGE 7, CHECK
HERE AND SKIP TO Q.58**

BOX 16

In the last three months. . .

ee. [Has (CHILD)/Have any of the children <u>age 8 or over</u>] been arrested?	1	2	6	8
--	---	---	---	---

**IF NO CHILD OVER AGE 10, CHECK
HERE AND SKIP TO Q.58**

BOX 17

In the last three months. . .

ff. [Has (CHILD)/Have any of the children <u>age 11 or over</u>] had an alcohol problem?	1	2	6	8
--	---	---	---	---

gg. [Has (CHILD)/Have any of the children <u>age 11 or over</u>] had a drug problem?	1	2	6	8
--	---	---	---	---

**IF NO GIRL OVER AGE 11, CHECK
HERE AND SKIP TO Q.58**

BOX 18

In the last three months. . .

hh. [Has (GIRL <u>AGE 12 TO 18</u>)/Have any of the girls <u>ages 12 to 18</u>] been pregnant?	1	2	6	8
---	---	---	---	---

**IF NO BOY OVER AGE 13, CHECK
HERE AND SKIP TO Q.58**

BOX 19

In the last three months. . .

ii. [Has (BOY <u>AGE 14 TO 18</u>)/Have any of the boys <u>ages 14 to 18</u>] fathered a child?	1	2	6	8
--	---	---	---	---

58. (Prior to your case closing/Prior to the adoption becoming final) We were told that _____ was assigned to your family. Is that correct?
 (CASEWORKER NAME)

YES 1 (59)
 NO 2 (a)

a. (Was) another worker assigned to you?

YES 1 (b)
 NO 2 (59)

b. What is that worker's name?

 CASEWORKER NAME

59. Please look at this card again. About how often (in the past 3 months/prior to case closing/prior to the adoption becoming final) did you meet with (WORKER NAME)? Would you say...

**HAND
 CARD C**

More than twice a week 1
 Two times a week 2
 Once every two weeks 3
 Once a month 4
 Less than once a month, or 5
 Never? 6

BOX 20

REFER TO WORKSHEET, COL C

CARETAKER IS A BIO-PARENT 1 (64)
 CARETAKER IS AN ADOPTIVE OR PRE-ADOPTIVE PARENT 2 (60)
 CARETAKER IS SOMEONE ELSE 3 (64)

Now I have some questions about the (pending) adoption.

60. When adoption was first mentioned, how many months or years had (CHILD(REN)) been in foster care with you?

MONTHS 1
 YEARS 2

61. Who first raised the issue of adoption, did . . .

you, yourself 1
 your (husband/wife/partner) 2
 the child(ren) 3
 other family or friends 4
 the caseworker, or 5
 someone else? (SPECIFY) 6

62. Has the caseworker ever done any of these things?

	<u>Y</u>	<u>N</u>
a. Arranged for monthly subsidy payments for such things as ongoing care, medical costs, or counseling for (CHILDREN)?	1	2
b. Helped with subsidy recertification (renewal) procedures? ..	1	2
c. Talked with you about new medical or physical needs of (CHILDREN)?	1	2
d. Talked with you about new emotional or behavioral needs of (CHILDREN)?	1	2
e. Suggested you join an adoption support group?	1	2
f. Talked with you about how to discipline children?	1	2
g. Talked with you about how to handle relations with your (husband/wife/partner)?	1	2
h. Given you information on the (CHILDREN)'s parents?	1	2
i. Given you (CHILDREN)'s medical history?	1	2
j. Told you about previous problems (CHILDREN) have had? ..	1	2
k. Talked to you about other people such as relatives or past foster parents that (CHILDREN) were close to?	1	2
l. Talked with other children in the house regarding their feelings about the adoption?	1	2
m. Discussed with you any of your concerns about adopting?..	1	2
n. Advised you about ways for dealing with common problems of adopted children such as coping with loss?	1	2
o. Discussed with you experiences of other adoptive parents? ..	1	2
p. Discussed with you anything else?	1	2
(SPECIFY) _____		

63. Overall, how satisfied or dissatisfied with the (pending) adoption.

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
a. . . . are you? Would you say (READ CHOICES)	1	2	3	4
b. . . . do you think your (husband/wife/ partner) is?	1	2	3	4
c. . . . do you think the other child(ren) in your home are?	1	2	3	4

ASK EVERYONE:

64. Has the caseworker ever done any of these things?

	<u>Y</u>	<u>N</u>
a. Helped with money to pay the rent, electricity, or phone?	1	2
b. Helped with money for other things you needed?	1	2
c. Provided transportation to some place you had to go, such as a medical appointment or the welfare office?	1	2
d. Discussed the proper feeding of children with you?	1	2
e. Talked with you about how to discipline children?	1	2
f. Talked with you about how to handle relations with your (husband/wife/partner)?	1	2
g. Helped you clean or put things in order?	1	2
h. Helped with painting or house repairs?	1	2
i. Discussed with you how to get childcare?	1	2
j. Helped with welfare or food stamp benefits?	1	2
k. Advised you on how to get medical care for the child(ren)?	1	2
l. Talked with you about how to handle strong feelings such as anger and hatred?	1	2
m. Advised you on how to get help for drinking or drug problems?	1	2
n. Discussed with you how to get a better place to live?	1	2
o. Advised you about job training programs?	1	2
p. Talked with you about how to get a paying job?	1	2
q. Advised you on how to continue your schooling?	1	2

65. You mentioned that the worker (READ ITEMS CIRCLED YES IN Q.64). Which of these services or advice do you think were especially helpful to you? PROBE: What else was helpful?

CIRCLE ALL LETTERS MENTIONED

a b c d e f g h i j
k l m n o p q r s

BOX 21	
REFER TO WORKSHEET, COL C	
CARETAKER IS A BIO-PARENT	1 (66)
CARETAKER IS A PRE-ADOPTIVE OR ADOPTIVE PARENT	2 (70)
CARETAKER IS SOMEONE ELSE	3 (66)

66. (Did/do) you and your worker agree on goals for you to meet.

most of the time 1
 some of the time, or 2
 not very often? 3 (68)

67. Do you think the goals you agreed upon have been generally accomplished, or not?

YES 1
 NO 2

68. a. (Does/did) your caseworker help you to see your good qualities?

YES 1
 NO 2

b. (Does/did) your caseworker help you to see your problems?

YES 1
 NO 2

69. Please look at this card. Since the (AGENCY NAME) began working with you, all in all, do you think there has been great improvement in your family life, some improvement, things have been just the same, things have gotten somewhat worse, or a great deal worse?



GREAT IMPROVEMENT 1
 SOME IMPROVEMENT 2
 JUST THE SAME 3
 SOMEWHAT WORSE 4
 GREAT DEAL WORSE 5

ASK EVERYONE:

70. Were there any services you felt you needed, that you did not get?

YES 1 (a)
 NO 2 (71)

a. What services were those? Any others?

SERVICES NOT PROVIDED

71. When the caseworker talk(s/ed) with you, do you feel s/he listen(s/ed) to your concerns.

- most of the time 1
- some of the time, or 2
- not very often? 3

72. (Did/do) you feel your worker (understands/understood) your situation.

- most of the time 1
- some of the time, or 2
- not very often? 3

73. Do you think you (see/saw) your caseworker.

- more often than you want(ed) to 1
- as often as you want(ed) to, or 2
- not often enough? 3

74. (Do/did) you ever call your caseworker when you (have/had) a problem?

- YES** **1**
- NO** **2**

75. Where (do/did) you usually meet with (CASEWORKER)

- (AGENCY) office 01
 - Your home 02
 - Foster home, or 03
 - Somewhere else? (SPECIFY) _____ 04
-

76. Besides yourself, who (is/was) usually present at meetings with the caseworker.
(CIRCLE ALL THAT APPLY)

- your (husband/wife/partner) 01
 - your children 02
 - foster parents, or 03
 - someone else? (SPECIFY) _____ **04**
-
- NO ONE ELSE** **05**

And now some final questions

77. These questions are about the place in which you live. Has this happened in the last three months for more than a day at a time?

	Y	N
a. The electricity has not worked	1	2
b. The plumbing has not worked (by that I mean the toilet, bath, or shower)	1	2
c. Cooking appliances, such as the stove, or the range, have not worked	1	2
d. Windows or doors were broken	1	2
e. Electrical wiring was exposed	1	2
f. A lot of paint was peeling	1	2
g. The heating or air conditioning has not worked	1	2
h. Your home is overcrowded, that is, not enough room for everyone to sleep or have some privacy	1	2
i. There are not enough basic necessities such as chairs, tables, beds, cribs, mattresses, blankets, sheets, pots or dishes	1	2
j. The building is unsafe because of illegal activities going on	1	2

78. a. Do you know how to drive?

YES	1 (b)
NO	2 (79)

b. Do you have a driver's license?

YES	1 (c)
NO	2 (79)

c. what is your driver's license number and state?

DRIVER'S LICENSE #	STATE

d. Do you have regular use of a car?

YES	1
NO	2

79. Please look at this card and tell me which of these amounts comes closest to your total household income from all sources for 1995. You can just tell me the letter.

**HAND
CARD H**

- A. LESS THAN \$1,000 01
- B. \$1,000 - \$2,499 02
- C. \$2,500 - \$4,999 03
- D. \$5,000 - \$9,999 04
- E. \$10,000 - \$19,999 05
- F. \$20,000 - \$39,999 06
- G. \$40,000 - \$59,999 07
- H. \$60,000 OR MORE 08

These are all the questions I have.

HAND PAYMENT TO RESPONDENT AND OBTAIN SIGNED RECEIPT.

- (i) I would like your phone number in case I have forgotten anything, or my office needs to call you back.

Respondent's Phone number

Is this phone here in this household or somewhere else?

- Here 1 (ii)
- Elsewhere 2 (a)

- a. Whose phone is this? And where does this person live?

FULL NAME

STREET

CITY OR TOWN STATE ZIP CODE

- b. What is this person's relationship to you?

RELATIONSHIP TO RESPONDENT

- (ii) Could you please give me the names of 2 close relatives or friends, living outside this household, who would always know where you can be reached (in case you move).

(iii)	How is (PERSON) related to you?	NAME	NAME
		RELATIONSHIP	RELATIONSHIP
(iv)	What is (his/her) address?	# STREET	# STREET
		CITY STATE ZIP	CITY STATE ZIP
(v)	What is (his/her) phone number?	() area code	() area code

(vi) Could you also give me any other addresses at which you can be contacted (such as a work address for instance)?

NAME			
#	STREET		
CITY OR TOWN	STATE	ZIP CODE	
AC	/	PHONE #	

Whose address and phone # is this? _____

IF WORK NAME AND PHONE NUMBER, ASK:
Is it all right to contact you there?

YES 1
NO 2

TIME ENDED: _____ AM
PM

INTERVIEWER OBSERVATIONS

After leaving the household, please answer the following questions to the best of your ability:

1. Was the home in generally good repair, that is no broken windows, no holes in the walls, peeling paint or exposed wiring?

Yes, home in good repair 1
No 2 (a)

- a. Briefly describe the disrepair you noticed:

2. Was the electricity in working order?

Yes 1
No 2
Unable to tell 3

3. In general, did the child(ren) appear to be clean, well fed, and adequately cared for?

Yes 1
No 2 (a)
Did not see child(ren) 3

- a. Briefly describe in what way the children appeared to lack adequate care?

4. Would you describe the street (or location) of the dwelling as generally safe or unsafe?

Safe 1
Unsafe 2 (a)

- a. Why do you think it is unsafe?

Interviewer Signature

Date Interview Completed

WORKSHEET

CARETAKER RELATIONSHIP

QA & COL C CARETAKER IS YOUNGEST FOCAL CHILD'S BIO-PARENT..... 1
 CARETAKER IS A (PRE) ADOPTIVE PARENT 2
 CARETAKER IS SOMEONE ELSE 3

RESPONDENT'S MARITAL STATUS

COL G M D S W NM

EMPLOYMENT STATUS

RESPONDENT (R)

COL I EMPLOYED 1
 UNEMPLOYED, LOOKING FOR WORK 2
 UNEMPLOYED, NOT LOOKING FOR WORK 3

AGE, SEX, AND RESIDENCE OF CHILDREN UNDER 18

PERS # Col A		AGE Col D	SEX Col E		RESIDENCE Col J	
			M	F	HERE	ELSEWHERE
01	YOUNGEST CHILD	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2

RESPONDENT CURRENTLY LIVING SPOUSE OR PARTNER

Q.36 YES 1
 NO 2

APPENDIX C-2
NATIONAL EVALUATION OF FAMILY SERVICES
Caseworker Follow-up Interview
Reunification

TELEPHONE INTERVIEW

PREPARED FOR:

**THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES**

PREPARED By:

**WESTAT, INC.
ROCKVILLE, MD**

**THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO**

**JAMES BELL ASSOCIATES
V A**

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington D.C. 20201.

FROM CASE INFORMATION FORM,

- A. ENTER NAME OF FAMILY: _____
FAMILY NAME
- B. ENTER NAME OF CARETAKER: _____
CARETAKER
- C. REFERENCE DATE: 07 / 01 / 93
MO DAY YR
- D. ENTER PERSON NUMBER(S) AND FIRST NAME(S) OF CHILD(REN) WHO WERE PART OF THE CASE BELOW IN ORDER OF AGE FROM YOUNGEST TO OLDEST

1. First, I would like to verify that the following children are in the (NAME) family case. By case, I mean children who were in foster care placement on July 1, 1993 or entered placement between July 1993 and December 1995. (READ NAMES). Are there any others? What are their first names?

LINE THROUGH NAMES NOT IN THE CASE AND ADD ANY THAT ARE MISSING.

PERSON #	FIRST NAME	PERSON #	FIRST NAME
PERSON #	FIRST NAME	PERSON #	FIRST NAME
PERSON #	FIRST NAME	PERSON #	FIRST NAME
PERSON #	FIRST NAME	PERSON #	FIRST NAME

2. I understand the name of the principal caretaker in the family is _____
Is that correct? CARETAKER

Yes 1 (3)
No 2 (a)

- a. What is the name of the principal caretaker? _____
CARETAKER

(THANK R AND TERMINATE, RETURN CASE TO SUPERVISOR)

3. Now I'm going to ask you some questions about each of the children in the case. I'm going to list them in order, starting with the youngest child.

CHILD ENUMERATION TABLE

ASK ALL QUESTIONS FOR ONE CHILD, BEFORE GOING TO NEXT CHILD.

A. PERSON #	B. NAME	C. RELATIONSHIP TO YOUNGEST CHILD IN CASE	D. AGE	E. SEX	F. RACE/ ETHNICITY	G. SCHOOLING	H. CURRENT RESIDENCE
	LIST NAMES OF CHILDREN IN ORDER IN COL. B, STARTING WITH THE YOUNGEST CHILD IN THE CASE ON LINE 01.	What is (CHILD's) relationship to (NAME/ YOUNGEST CHILD IN CASE)? <div style="border: 1px solid black; padding: 2px; width: fit-content;">DON'T ASK FOR PERSON #01</div>	What is (CHILD's) age and date of birth? <div style="border: 1px solid black; padding: 2px; width: fit-content;">ENTER AGE ON WORKSHEET</div>	ENTER SEX. ASK IF UNSURE <div style="border: 1px solid black; padding: 2px; width: fit-content;">ENTER ON WORK-SHEET</div>	Do you consider (CHILD) ... Black, not Hispanic... (1) Hispanic..... (2) White, not Hispanic... (3) Asian or Pacific Islander, or (4) American Indian, Eskimo, or Aleut? (5) OTHER (SPECIFY) . (6)	a. Does (CHILD) attend any kind of school, or not? b. What level of school has (CHILD) completed? ENTER CODES NO SCHOOLING..NS DAY CAREDC PRE-SCHOOL.....PS KINDERGARTEN .KG 1-12 (ENTER # YRS COMPL) ..01-12 H.S. GRAD HG GED GD VOC'L SCHOOL...VS UNGRADED SPEC'L EDSE ATTEND COLL.....AC COLLEGE GRAD CG	Where does (CHILD) currently live? READ PLACES AND ENTER CODE In the household of a birth parent ... (1) in a relative's home (2) with a non-relative (3) a group home .. (4) an institution, .. (5) or some place else? (6) (SPECIFY)
(01)		YOUNGEST CHILD IN CASE	____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(02)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(03)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(04)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(05)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(06)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(07)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	
(08)			____/____/____ MO DAY YR AGE: _____	1 2		1 2	

O. WAS PLAN ACHIEVED?	P. STATUS OF CASE	Q. CURRENT PLAN ENTER ON WORKSHEET	R. DATE PLAN TO BE ACHIEVED	S. FREQUENCY OF VISITS	T. PLACE OF VISITS	U. SUPERVISION OF VISITS
Is the child now in the living arrangement that was planned on July 1, 1993?	What is the current status of the case for (CHILD)? Is (s/he) . . . in foster care... (1) on trial discharge (2) has final discharge occurred, or .. (3) is the case closed? (4)	What (is/was) the (current/last) plan for (CHILD)? To live in the household of a birth parent? (1) To live in the household of a relative, but not adoption (2) To live in the household of a <u>nonrelative</u> , but not adoption (3) Adoption by a relative (4) Adoption by a foster parent (5) Adoption by somebody else (6) Independent living . (7) Or, to live some place else? (8) (SPECIFY)	In what month and year (was the plan/is it anticipated that the plan will be) achieved?	About how often (does/did) the caretaker visit with the child (when the child was in foster care). . . Once a week or more (1) Two or three times a month (2) Once a month (3) Less than once, or (4) Not at all? (5)	Where (do/did) these visits usually take place? In . . . The caretaker's home (1) The foster home (2) Agency office, or (3) Somewhere else? (SPECIFY).... (4)	(Are/were) these visits supervised. . . Always (1) Sometimes (2) Rarely, or (3) Never? (4)
Y N DK	ENTER ON WORKSHEET CIRCLE CODE	ENTER CODE		NC=NEXT CHILD CIRCLE CODE	ENTER CODE	CIRCLE CODE
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (01)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (02)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (03)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (04)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (05)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (06)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5 (NC)		1 2 3 4 (07)
1 2 8	1 2 3 4		____/____ MO YR	1 2 3 4 5		1 2 3 4 (08)

4. How many different households (were/will be) designated as discharge resources? By that I mean the number of different households children were returned to or were going to be returned to foster care as of December 31, 1995.

OF HOUSEHOLDS/DISCHARGE RESOURCES

5. I'm going to ask you about (each of) the household(s) to which the child(ren) [has gone/have gone or will be going]. COMPLETE a-m FOR EACH DISCHARGE RESOURCE. (Let's start with the household of (CARETAKER NAMED IN Q2)).

a. What is the name of the care-taker ...	b. Which children went/will be going to this household? LIST THEIR NAMES AND PERSON # FROM HHE.	c. What is (CARE-TAKER'S NAME) relationship to (NAME/CHILD WITH LOWEST PERSON #)	d. What is (CARETAKER'S NAME)'s date of birth? (GET AGE IF DOB UNKNOWN)	e. What is (CARETAKER'S NAME)'s race. Is it ...	f. Does the care-taker have a spouse or partner living in the household?
	PERSON # NAME				YES NO DK
in the FIRST household? _____ CARETAKER'S NAME	_____ _____ _____ _____ _____	_____ - RELATIONSHIP	____/____/____ MO DAY YR _____ AGE	Black, not Hispanic 1 Hispanic 2 White, not Hispanic 3 Asian, Pacific Isl. or 4 American Indian, Eskimo, or Aleut? 5 Other (SPECIFY) 6	1 2 8
in the NEXT household? _____ CARETAKER'S NAME	_____ _____ _____ _____ _____	_____ - RELATIONSHIP	____/____/____ MO DAY YR _____ AGE	Black, not Hispanic 1 Hispanic 2 White, not Hispanic 3 Asian, Pacific Isl. or 4 American Indian, Eskimo, or Aleut? 5 Other (SPECIFY) 6	1 2 8
in the NEXT household? _____ CARETAKER'S NAME	_____ _____ _____ _____ _____	_____ - RELATIONSHIP	____/____/____ MO DAY YR _____ AGE	Black, not Hispanic 1 Hispanic 2 White, not Hispanic 3 Asian, Pacific Isl. or 4 American Indian, Eskimo, or Aleut? 5	1 2 8

g. Is the caretaker currently. . .	h. What level of schooling has the caretaker completed. . .	i. IF YES IN f, ASK i. What level of schooling has the caretaker's spouse or partner completed. . .	j. Is the caretaker. . .	k. IF YES IN f, ASK k. Is the spouse or partner. . .	l. How many children [live in the household/ will live in the household (when the child(ren) go(es) there)]?	m. How many adults live in or will live in the household (when the child(ren) go(es) there)]?
married, 1 divorced, 2 separated, 3 widowed, or, 4 single and never married? 5 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	_____ (NUMBER)	_____ (NUMBER)
married, 1 divorced, 2 separated, 3 widowed, or, 4 single and never married? 5 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	_____ (NUMBER)	_____ (NUMBER)
married, 1 divorced, 2 separated, 3 widowed, or, 4 single and never married? 5 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	8th grade or less 1 9th-12th grade, not graduated from high school 2 High school graduation .. 3 GED 4 Vocational school 5 Some college, or 6 College graduation? 7 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	currently employed, 1 unemployed and looking for work, or 2 unemployed and not looking for work? 3 DK 8	_____ (NUMBER)	_____ (NUMBER)

6. I need to know the number of foster care episodes (each/the) child has had between July 1, 1993 and today. By that I mean the separate number of times the child was placed in foster care from home. ENTER PERSON #'S AND CHILD NAME(S) IN COL. A AND B. ASK C.

A. PERSON NUMBER FROM HHE	B. CHILD VICTIM NAME	C. # FOSTER CARE EPISODES	D. CURRENTLY IN FOSTER CARE	E. DATE CURRENT EPISODE BEGAN	F. DATE PRIOR EPISODE BEGAN	G. DATE PRIOR EPISODE ENDED.	H. DATE PRIOR EPISODE BEGAN	I. DATE PRIOR EPISODE ENDED
ENTER CHILD'S PERSON NUMBER FROM HHE		Altogether, how many foster care episodes has (CHILD) had since July 1, 1993? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">NC=NEXT CHILD</div>	REFER TO WORKSHEET. IF CHILD CURRENTLY IN FOSTER CARE, CODE 1; ELSE CODE 2.	In what month and year did the current foster care episode begin? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">IF ONLY 1 EPISODE GO TO NEXT CHILD</div>	In what month and year did the (most recent foster care episode/ episode before that) begin?	And, in what month and year did that episode end?	In what month and year did the (most recent foster care episode/ episode before that) begin?	And, in what month and year did that episode end?
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR
_____ PERS #	_____ NAME	_____ # IF 0 (NC)	1 (E) 2 (F)	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR	____/____ MO YR

Now I need some information on court hearings during the same period, (July 1, 1993 to today).
 ENTER NAME(S) AND PERSON #'s FROM HHE OF CHILD(REN) IN COL A. ASK B-E FOR EACH CHILD.

7. B. In what month and year was the most recent court hearing, for (each/the) child?
 ENTER IN COL B BELOW.
- C. What was the purpose of that hearing?
 ENTER IN COL C.
- D. What was the disposition at that hearing for (CHILD)?
 ENTER IN COL D.
- E. Did the court hearing result in a change in legal status for the child?
 CIRCLE YES OR NO IN COL E.

COURT HEARINGS

A. CHILD'S PERSON # & NAME FROM HHE PERSON # NAME	B. DATE OF HEARING MO / YR	C. PURPOSE (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	D. DISPOSITION (SPECIFY) DK/NOT SURE98	E. CHANGE	
				Y	N
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2
_____	____/____	_____ (SPECIFY) CONTINUATION ONLY.....00 DK/NOT SURE98	_____ (SPECIFY) DK/NOT SURE98	1	2

8. Have there been any allegations of abuse or neglect concerning (any of) the child(ren) in this case between July 1, 1993 and today?

YES 1 (A)
 NO 2 (BOX 1)

A. Which child(ren) (was/were) involved in the new allegations? ENTER FIRST NAME(S) AND PERSON #'(s) FROM HHE

B. What allegations were made and in what month and year were they made? (AGENCY CODES ARE ACCEPTABLE)

ASK C-E FOR EACH ALLEGATION

C. What is the name of the alleged perpetrator (OF EACH ALLEGATION)?

D. What is the relationship of the alleged perpetrator (TO EACH CHILD)?

E. Was the allegation substantiated?

NEW ALLEGATIONS

A. CHILD'S PERSON # & NAME FROM HHE PER- SON # NAME	B. ALLEGATIONS DATES	C. PERPETRATOR FIRST NAME(S)	D. RELATION- SHIPS TO CHILD	E. SUBSTAN- TIATED? Y N
_____	1. _____ / _____ MO YR	_____	_____	1 2
	2. _____ / _____ MO YR	_____	_____	1 2
	3. _____ / _____ MO YR	_____	_____	1 2
	4. _____ / _____ MO YR	_____	_____	1 2
	5. _____ / _____ MO YR	_____	_____	1 2
_____	1. _____ / _____ MO YR	_____	_____	1 2
	2. _____ / _____ MO YR	_____	_____	1 2
	3. _____ / _____ MO YR	_____	_____	1 2
	4. _____ / _____ MO YR	_____	_____	1 2
	5. _____ / _____ MO YR	_____	_____	1 2
_____	1. _____ / _____ MO YR	_____	_____	1 2
	2. _____ / _____ MO YR	_____	_____	1 2
	3. _____ / _____ MO YR	_____	_____	1 2
	4. _____ / _____ MO YR	_____	_____	1 2
	5. _____ / _____ MO YR	_____	_____	1 2

A. NAME & # PER. # NAME	B. ALLEGATIONS	DATES	C. PERP. NAME(S)	D. RELATION- SHIP(S)	E. SUBSTAN- TIATED?
_____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	____/____ MO YR ____/____ MO YR ____/____ MO YR ____/____ MO YR	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1 2 1 2 1 2 1 2 1 2
_____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	____/____ MO YR ____/____ MO YR ____/____ MO YR ____/____ MO YR	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1 2 1 2 1 2 1 2 1 2
_____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	____/____ MO YR ____/____ MO YR ____/____ MO YR ____/____ MO YR	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1 2 1 2 1 2 1 2 1 2
_____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	____/____ MO YR ____/____ MO YR ____/____ MO YR ____/____ MO YR	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1 2 1 2 1 2 1 2 1 2
_____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	____/____ MO YR ____/____ MO YR ____/____ MO YR ____/____ MO YR	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1 2 1 2 1 2 1 2 1 2

BOX 1

REFER TO WORKSHEET, COL P.

IF PERSON 01 IN FOSTER CARE (CODE 1)..... 1 (9)

IF PERSON 01 IS NOT IN FOSTER CARE..... 2 (10)

ASK ABOUT CARETAKER IDENTIFIED IN Q2.

9. Will (Q2 CARETAKER NAME) need aftercare services?

YES 1 } (11)
NO 2 }

10. (Are/were) aftercare services (being) provided to (Q2 CARETAKER NAME)?

YES 1
NO 2

11. (Have/did) you discuss(ed) with (Q2 CARETAKER NAME) what s/he (needs/needed) to do before the child(ren) (can/could) be returned?

YES 1 (a)
NO 2 (BOX 2)

a. Did you tell (her/him) to...

	<u>YES</u>	<u>NO</u>
(a) find new housing?	1	2
(b) attend parenting classes?	1	2
(c) find a job?	1	2
(d) apply for public assistance?	1	2
(e) have the child(ren) stay for overnight visits? ..	1	2
(f) Anything else? What?	1	2

SPECIFY _____

BOX 2

REFER TO WORKSHEET, COL Q.

CURRENT PLAN FOR ANY CHILD(REN) IS ADOPTION
(CODES 4, 5, OR 6)..... 1 (12)

CURRENT PLAN FOR ALL CHILD(REN) IS OTHER LIVING
ARRANGEMENT (CODES 1, 2, 3, 7, OR 8) 2 (BOX 3)

12. ENTER THE NAME AND PERSON # OF EACH CHILD WITH A GOAL OF ADOPTION IN COL A AND B. ENTER THE CODE FROM HHE, COL Q, IN COL C BELOW AND ASK D:

A. PERSON #	B. Child's Name	C. Was adoption the plan for (CHILD) on July 1, 1993? CIRCLE CODE Y N	D. In what month and year was the goal changed? ____/____ MO YR	E. What is the current status of the case. . . Efforts are underway to find an adoptive placement(1) An adoptive placement has been found(2) Child is in pre- adoptive placement(3) Child has been adopted (4) Other (SPECIFY)(5) _____ ENTER CODE
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	
		1 (E) 2 (D)	____/____ MO YR	

BOX 3

REFER TO WORKSHEET, COL P.

ONE OR MORE CHILD(REN) CURRENTLY IN FOSTER CARE
 (CODE 1)..... 1 (13)

NO CHILDREN CURRENTLY IN FOSTER CARE (CODES 2, 3 OR 4) 2 (15)

13. Is the case goal for any child long term foster care?

YES 1
 NO 2 (17)

14. Which of these are the reasons for long term foster care?

Is it . . .	<u>YES</u>	<u>NO</u>
a. that no parent is available?	1	2
b. the child's age?	1	2
c. that the parent doesn't want the child?	1	2
d. that the child doesn't want to go home?	1	2
e. that the child has physical or mental disabilities?	1	2
f. risk of harm to child too great?	1	2
g. parent not able to care for child?	1	2
h. no adoption home available?	1	2
i. Any other reasons? (SPECIFY)	1	2

15. Has legal guardianship been obtained for any of the children?

YES 1 (16)
 NO 2 (17)
 DK 8 (17)

16. For which children has legal guardianship been obtained?

a. PERSON # FROM HHE	b. CHILD'S NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. (You may already have told me, but to be sure, let me ask again) Have any of the children been adopted?

YES 1 (18)
 NO 2 (21)

18. Now I need some information on the child(ren) who (was/were) adopted. What are their names?

A. ENTER NAME(S) AND PERSON #'s OF ADOPTED CHILD(REN) IN COL A. ASK B-D FOR EACH CHILD.

WRITE "SAME" ACROSS THE LINE (C-D), IF SIBLINGS ADOPTED BY A SINGLE FAMILY ON THE SAME DATE.

B. On what date was the adoption finalized for (each/the) child?
 ENTER IN COL B BELOW

C. Are any services being provided to the adoptive family?
 ENTER IN COL C. IF YES, Specify?

D. Is (has) the family requesting(ed) an adoption subsidy?
 ENTER IN COL E

ADOPTED CHILDREN

A.		B.	C.		D.	
CHILD'S PERSON # & NAME FROM HHE	PERSON #	DATE ADOPTION FINALIZED	YES	NO	YES	NO
PERSON #	NAME					
_____	_____	____/____/____ MO DAY YR	1	2	1	2
			_____ (SPECIFY)			
_____	_____	____/____/____ MO DAY YR	1	2	1	2
			_____ (SPECIFY)			
_____	_____	____/____/____ MO DAY YR	1	2	1	2
			_____ (SPECIFY)			
_____	_____	____/____/____ MO DAY YR	1	2	1	2
			_____ (SPECIFY)			

19. Since the child has been adopted, did the agency provide payment to help cover the cost of.

	YES	NO
clothing?	1	2
transportation?	1	2
school related or recreational activities?	1	2
tutoring?		2
counseling?	1	2
medical costs not covered by Medicaid, or..	1	2
anything else? (SPECIFY) _____	1	2

20. Were any of the following things done to help prepare (NAMES OF CHILD(REN)) for adoption?

	<u>YES</u>	<u>NO</u>
Preparation of a life book?	1	2
Visits with birth parent or parents?	1	2
Visits with birth relatives or friends?	1	2
Visits to old neighborhoods or schools?	1	2
Group sessions with other pm-adoptive and adoptive children?	1	2
Counseling sessions specifically to deal with the planned placement?		
Any other preparation activities? (SPECIFY)	1	2

21. Now I need some information about the parental rights for each child.

A. ENTER NAME(S) AND PERSON #'s OF CHILDREN FROM HHE IN COL. A. ASK B-I FOR EACH CHILD.

A. CHILD'S NAME AND PERSON #		B. Was termination of parental rights ever sought for the birth mother?		C. Have parental rights been terminated for the birth mother?		D. In what month and year were the mother's rights terminated?	E. Through what procedure was termina- tion (sought/ obtained), voluntary or court-ordered?	
PERSON #	NAME	YES	NO	YES	NO		V	C
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2
_____	_____	1 (C)	2 (F)	1 (D)	2 (E)	____/____ MO YR	1	2

F. Was termination of parental rights ever sought for the biological father?	G. Have parental rights ever been terminated for the biological father?		H. In what month and year were the biological father's rights terminated?	I. Through what procedure was termination sought/obtained, voluntary or court-ordered?		
	YES	NO		YES	NO	V
NC=NEXT CHILD						
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (NC or 22)	1 (H) 2 (I)		MO / YR	1	2	
1 (G) 2 (22)	1 (H) 2 (I)		MO / YR	1	2	

22. Have you personally visited the home of (Q2 CARETAKER NAME) since July 1, 1993?

YES 1 (22a)
 NO 2 (23)

22a. On your most recent visit to (Q2 CARETAKER NAME)'s home, did you find.

	<u>YES</u>	NO	<u>DID NOT CHECK OR OBSERVE</u>
a. it in generally good repair, that is, no broken windows, holes in the walls, peeling paint, or exposed wiring?	1	2	9
b. the electricity in working order?	1	2	9
c. the toilet, bath and shower in working order?	1	2	9
d. the refrigerator and stove in working order?	1	2	9
e. the heating/air conditioning in working order	1	2	9
f. any rat and/or roach infestation?	1	2	9
g. adequate number of beds and bedding?	1	2	9
h. pots and pans and eating utensils?	1	2	9
i. basic foods, such as bread, cereal, milk, fruits and vegetables, and some form of protein?	1	2	9
j. the child(ren) to be generally clean?	1	2	9
k. the children appropriately clothed	1	2	9
l. the home to be generally safe?	1	2	9
m. the neighborhood to be generally safe?	1	2	9

ASK Q23 ABOUT THE CARETAKER IN THE HOME IDENTIFIED IN Q2.

The next questions are about the caretaking abilities of (NAME), the caretaker. We would like you to rate the caretaker's abilities, and also tell us whether your judgment is based on personal observation, or just generally what you know about the caretaker.

23. First, on a scale of 0 - 4, with ...

0 meaning not adequate, and
4 meaning very adequate, ...

A. tell me the number that expresses your opinion of (CARETAKER'S NAME)'s caretaking abilities.

B. And, did you personally observe this, or do you just generally know this about the caretaker?

	NUMBER 0-4	<u>OBSERVE</u>	<u>KNOW</u>	DK
a. Providing enough food that is nutritionally balanced. How would you rate that from 0-4?	___	1	2	8
b. Displaying affection toward the children	___	1	2	8
c. Respecting child(ren)'s opinions	___	1	2	8
d. Responding patiently to child(ren)'s questions	___	1	2	8
e. Responding to child(ren)'s emotional needs	___	1	2	8
f. Providing learning opportunities for child(ren)	___	1	2	8
g. Setting firm and consistent limits and rules for the child(ren)	___	1	2	8
h. Providing adequate personal supervision or responsible childcare	___	1	2	8
i. Attending to children's health needs, such as keeping medical appointments, getting immunizations and medical care when needed	___	1	2	8

24. I'm going to read a list of common problems. Tell me whether (the child, any of the children), the (Q2 CARETAKER NAME), or other adult members of (Q2's NAME) household have these problems?

(CODE YES, NO, OR DON'T KNOW – Y, N, DK – FOR EACH ITEM AND PERSON.
IF NO OTHER ADULTS IN HOUSEHOLD, CHECK NA, NOT APPLICABLE).

PROBLEMS	<u>CHILD(REN)</u>			<u>CARETAKER</u>			<u>OTHER ADULT HOUSEHOLD MEMBERS</u>			
	Y	N	DK	Y	N	DK	Y	N	NA	DK
a. Physical health problems or disabilities. Are those problems that the child(ren), the caretaker, or other adult household members have? Who?	1	2	8	1	2	8	1	2	6	8
b. Depression?	1	2	8	1	2	8	1	2	6	8
c. Other mental illness?	1	2	8	1	2	8	1	2	6	8
d. Mental retardation?	1	2	8	1	2	8	1	2	6	8
e. Parent child conflict?	1	2	8	1	2	8	1	2	6	8
f. Few or no friends?	1	2	8	1	2	8	1	2	6	8
(FOR CHILDREN 11 & UP)										
g. Alcoholism	1	2	8	1	2	8	1	2	6	8
h. Drug abuse	1	2	8	1	2	8	1	2	6	8

24. (cont'd) The next problems are ones that mainly the caretaker (or other adult members of the household) might have.

PROBLEMS	CHILD(REN)			CARETAKER			OTHER ADULT HOUSEHOLD MEMBERS			
	Y	N	DK	Y	N	DK	Y	N	NA	DK
i. Domestic violence. Is that a problem that the caretaker (or the other adults in the household) have?				1	2	8	1	2	6	8
j. Conflict with relatives				1	2	8	1	2	6	8
k. Conflict with neighbors				1	2	8	1	2	6	8
l. Inadequate supervision of children				1	2	8	1	2	6	8
m. Insufficient income for necessities such as food, rent or clothing				1	2	8	1	2	6	8
n. Arrests or convictions on criminal charges				1	2	8	1	2	6	8
o. Overly severe discipline measures toward children				1	2	8	1	2	6	8
p. Lack of education or job skills				1	2	8	1	2	6	8
q. Finding or holding on to a place to live				1	2	8	1	2	6	8
r. Parenting skills in general				1	2	8	1	2	6	8
s. Relationship problems between caretaker and spouse or partner				1	2	8	1	2	6	8
t. Unemployment or underemployment				1	2	8	1	2	6	8
u. Lack of discipline toward children				1	2	8	1	2	6	8
And these last are only problems of children.	Y	N	DK							
v. Child(ren)'s learning problems	1	2	8							
w. Child(ren)'s health problems	1	2	8							
x. Child(ren)'s behavior or delinquency problems	1	2	8							
y. Teenage pregnancy	1	2	8							
z. Any other problems that the children, the caretaker (or the other adults in the household) have? (SPECIFY PROBLEM AND WHOSE IT IS)	1	2	8	Y	N	DK	Y	N	NA	DK
				1	2	8	1	2	6	8

CHECK COL P ON WORKSHEET:

IF CHILD(REN) STILL IN FOSTER CARE, CHECK BOX AND SKIP TO Q.26. ASK QUESTIONS FOR THOSE CHILDREN NO LONGER IN FOSTER CARE.

25. We would also like your assessment of (READ NAMES).
ASK a-h FOR EACH CHILD, BEFORE GOING TO THE NEXT CHILD.

	CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME		
	PER. #	NAME		PER. #	NAME		PER. #	NAME		PER. #	NAME	
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
a. Is (CHILD) alert and interested in what is going on?	1	2	8	1	2	8	1	2	8	1	2	8
b. Does (CHILD) appear to be small in size and light in weight for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
c. Does (CHILD) appear to be irritable and easily upset?	1	2	8	1	2	8	1	2	8	1	2	8
IF NO CHILD OVER 3 MONTHS, GO TO Q26												
d. Do you think (CHILD)'s use of language and vocabulary is adequate for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
IF NO CHILD OVER 5 YEARS, GO TO Q26												
e. Is (CHILD) aggressive toward the caretaker?	1	2	8	1	2	8	1	2	8	1	2	8
f. Does (CHILD) have problems in school?	1	2	8	1	2	8	1	2	8	1	2	8
g. In the last 3 months has (CHILD) been a truant from school?	1	2	8	1	2	8	1	2	8	1	2	8
h. In the last 3 months has (CHILD) run away from home?	1	2	8	1	2	8	1	2	8	1	2	8

CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME			CHILD'S PERSON #, NAME		
PER. #	NAME		PER. #	NAME		PER. #	NAME		PER. #	NAME	
Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8

26. Between July 1, 1993 and December 31, 1995, did you or a previous caseworker help any members of this case with the following services?
 ASK B-H FOR EACH SERVICE.

A.	B.	C.	D.	E.	F.	G.	H.
SERVICES	Did you help with (SERVICE)?	Did you tell client to get (SERVICE)?	Did you make an appointment for (SERVICE)?	Did you accompany the client to obtain (SERVICE)?	Did you follow up to find out whether (SERVICE) was provided?	Was the service provided?	Was it because the (SERVICE) was not needed, the client refused, or some other reason?
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	NN CR OR
a. Childcare or baby sitting	1 2 (H)	1 2	1 2	1 2	1 2	1 (b) 2	1 2 3
b. AFDC or other public income support (except SSI)	1 2 (H)	1 2	1 2	1 2	1 2	1 (c) 2	1 2 3
c. SSI for adult or child	1 2 (H)	1 2	1 2	1 2	1 2	1 (d) 2	1 2 3
d. Food Stamps	1 2 (H)	1 2	1 2	1 2	1 2	1 (e) 2	1 2 3
e. Drug treatment	1 2 (H)	1 2	1 2	1 2	1 2	1 (f) 2	1 2 3
f. Alcoholism treatment	1 2 (H)	1 2	1 2	1 2	1 2	1 (g) 2	1 2 3
g. Legal aid	1 2 (H)	1 2	1 2	1 2	1 2	1 (h) 2	1 2 3
h. Help with education	1 2 (H)	1 2	1 2	1 2	1 2	1 (i) 2	1 2 3
i. Respite care	1 2 (H)	1 2	1 2	1 2	1 2	1 (j) 2	1 2 3
j. Parent training	1 2 (H)	1 2	1 2	1 2	1 2	1 (k) 2	1 2 3
k. Health care	1 2 (H)	1 2	1 2	1 2	1 2	1 (l) 2	1 2 3
l. Inpatient mental health	1 2 (H)	1 2	1 2	1 2	1 2	1 (m) 2	1 2 3
m. Outpatient mental health/ counseling	1 2 (H)	1 2	1 2	1 2	1 2	1 (n) 2	1 2 3

A.	B.	C.	D.	E.	F.	G.	H.
SERVICES	Did you help with (SERVICE)?	Did you tell client to get (SERVICE)?	Did you make an appointment for (SERVICE)?	Did you accompany the client to obtain (SERVICE)?	Did you follow up to find out whether (SERVICE) was provided?	Was the service provided?	Was it because the (SERVICE) was not needed, the client refused, or some other reason?
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	NN CR OR
n. Health assessment	1 2 (H)	1 2	1 2	1 2	1 2	1 (o) 2	1 2 3
o. Housing financial assistance	1 2 (H)	1 2	1 2	1 2	1 2	1 (p) 2	1 2 3
p. Other housing services	1 2 (H)	1 2	1 2	1 2	1 2	1 (q) 2	1 2 3
q. W.I.C.	1 2 (H)	1 2	1 2	1 2	1 2	1 (r) 2	1 2 3
r. Emergency financial assistance other than for housing Specify _____	1 2 (H)	1 2	1 2	1 2	1 2	1 (s) 2	1 2 3
s. Job training	1 2 (H)	1 2	1 2	1 2	1 2	1 (t) 2	1 2 3
t. Emergency shelter	1 2 (H)	1 2	1 2	1 2	1 2	1 (u) 2	1 2 3
u. Recreational services	1 2 (H)	1 2	1 2	1 2	1 2	1 (v) 2	1 2 3
v. Family planning	1 2 (H)	1 2	1 2	1 2	1 2	1 (w) 2	1 2 3
w. Self help groups	1 2 (H)	1 2	1 2	1 2	1 2	1 (x) 2	1 2 3
x. Household management	1 2 (H)	1 2	1 2	1 2	1 2	1 (y) 2	1 2 3
y. Homemaker services	1 2 (H)	1 2	1 2	1 2	1 2	1 (z) 2	1 2 3
z. Adoption support group	1 2 (H)	1 2	1 2	1 2	1 2	1 (aa) 2	1 2 3
aa. Other SPECIFY _____	1 2 (H)	1 2	1 2	1 2	1 2	1 (27) 2	1 2 3

27. Between July 1, 1993 and December 31, 1995, did you or any previous caseworker ever

	YES	NO
a. Help with money to pay the rent, electricity, or phone?	1	2
b. Help with money for other things the family needed?	1	2
c. Provide transportation to medical appointments or the welfare office?	1	2
d. Discuss the proper feeding of children with the caretaker?	1	2
e. Talk with the caretaker about how to discipline children?.....	1	2
f. Talk with the caretaker about how to handle relations with the spouse or partner?	1	2
g. Help the caretaker clean or put things in order?	1	2
h. Help with painting or house repairs?	1	2
i. Discuss with the caretaker how to get childcare?	1	2
j. Help get welfare or food stamp benefits?	1	2
k. Advise the caretaker on how to get medical care for the child(ren)?	1	2
l. Talk with the caretaker about how to handle strong feelings such as anger or hatred?	1	2
Advise the caretaker on how to get help for alcohol or drug problems?	1	2
Discuss with the caretaker how to get a better place to live?	1	2
Advise the caretaker about job training programs?	1	2
p. Talk with the caretaker about how to get a paying job?	1	2
q. Advise the caretaker on how to continue his/her schooling?	1	2
r. Discuss applying for adoption assistance?.....	1	2

28. Was there anything you wanted to provide that you were not able to?

YES	1	(a)
NO	2	

(a) What was that?

29. How many different foster families have been involved with this case since July 1, 1993?

FOSTER FAMILIES

IF ANY: What was/were their first name(s)? ENTER NAME(S) IN COLUMN A OF THE TABLE BELOW.

30. A couple of questions about the foster famil(y/ies):

A. FOSTER PARENT'S FIRST NAME(S)	B. Which of the following best describe(s/d) (NAME) family's interaction with the child's family. . . Free and comfortable (1) Strained..... (2) No interaction, or..... (3) No contact?..... (4)	C. Which of the following best describes (NAME) family's attitude toward the child's case plan goal. . . Cooperative and in agreement (1) Cooperative but concerned about potential success..... (2) Opposed..... (3) Did not express an attitude..... (4) DONT KNOW (5)
	CIRCLE CODE	CIRCLE CODE
	1 2 3 4	1 2 3 4 5
	1 2 3 4	1 2 3 4 5
	1 2 3 4	1 2 3 4 5
	1 2 3 4	1 2 3 4 5
	1 2 3 4	1 2 3 4 5

Now I'd like to ask some questions about your or previous caseworker's work with (Q2 CARETAKER NAME).

31. About how often (do/did) you visit with the caretaker. . .

- once a week or more 1
- 2 or 3 times a month 2
- once a month 3
- less than once a month, or 4
- not at all? 5

Please tell me whether this happened usually, sometimes, rarely, or never.

REPEAT RESPONSE CATEGORIES AS NECESSARY

32. Between July 1, 1993 and December 31, 1995 . . .

	<u>USUALLY</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>
a. did you initiate appointments with the caretaker?.....	1	2	3	4
b. did the caretaker initiate appointments with you or previous caseworker?	1	2	3	4
c. did the caretaker respond to you positively?	1	2	3	4
d. did the child(ren) respond positively toward you or previous caseworker?	1	2	3	4

33. Did (Q2 CARETAKER NAME) actively participate in the development of case plans?

- YES 1
- NO 2
- DK 8

34. Did (Q2 CARETAKER NAME) agree to implement the case plans?

- YES 1
- NO 2
- DK 8

35. Did you or previous caseworker recommend that the case remain open with the public child welfare agency?

- YES 1
- NO 2

BOX 4	
REFER TO WORKSHEET	
PERSON 01 IN COLUMN P = 2, 3, OR 4	1 (36)
PERSON 01 IN COLUMN P = 1	2 (37)

36. Are there conditions currently in the home that could lead to removal of the child(ren) in (Q2 CARETAKER's NAME) home?

- YES 1
- NO 2
- DK/NOT SURE 8

WORKSHEET

PERSON #	CHILD NAME	AGE	SEX	COL P STATUS (ENTER CODE)	COL Q PLAN (ENTER CODE)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COL P CODES:

- Foster care 1
- Trial discharge 2
- Final discharge 3
- Case closed 4

COL Q CODES:

- Household of birthparent 1
- Household relative, not adoption 2
- Household nonrelative, not adoption ... 3
- Adoption by relative 4
- Adoption by foster parent 5
- Adoption by someone else 6
- Independent living 7
- Someplace else 8

37. All in all, in this case do you think there has been.

- great improvement 1
- some improvement 2
- no change 3
- some deterioration, or 4
- great deterioration? 5

These are all the questions I have. Thank you very much for your help.

TRC INTERVIEWER, PLEASE NOTE:

ANY CONCERN ABOUT THE INTERVIEW OR THE STUDY EXPRESSED TO YOU BY THE CASEWORKER, MUST BE COMMUNICATED TO YOUR SUPERVISOR IMMEDIATELY FOLLOWING THE INTERVIEW.

BE SURE TO INCLUDE THE PHONE NUMBER AT WHICH YOU REACHED THE WORKER.

DO NOT ATTEMPT TO RESPOND TO QUESTIONS OR CONCERNS. TELL THE CASEWORKER THAT YOU WILL NOTIFY YOUR SUPERVISOR, AND THAT THE WORKER'S CONCERN WILL BE DEALT WITH PROMPTLY.

INTERVIEWER SIGNATURE

DATE