State of Washington Needs Assessment

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Primary Caregiver	Name:				
Second Caregiver	Name:				
	Physical address:	Street Address/Apt #	City	State	Zip Code
	Mailing address:	Street Address/Apt #/ PO Box #	City	State	Zip Code
Primary Caregiver	Email:				
Second Caregiver	Email:				
Primary Caregiver	Phone:				
Second Caregiver	Phone:				

Number of people (adults) in your household:	
How did you hear about the program?	
How long do you anticipate caring for your kinship child?	
If you are no longer able to care for you child, is there another family member that could provide care?	

2020 Federal Income Guidelines		
Household Size	Average Annual Income	Average Monthly Income
2	$ 34,480	$ 2,873
3	$ 43,440	$ 3,620
4	$ 52,400	$ 4,367
5	$ 61,360	$ 5,113
6	$ 70,320	$ 5,860
7	$ 79,280	$ 6,607
8	$ 88,240	$ 7,353
For each additional person add	$ 4,480	$ 373.00

SECTION I: DEMOGRAPHICS (for GetCare)

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

Caregiver Demographics: Were there any changes to any of the questions in the Demographic section. ***(questions 14 and 15 are the most likely to have changes)*** **If so, please not the changes below:**	☐ **No changes in this section**

1. **What is the time point of the survey?**	☐ Baseline ☐ Post-test (90 days) ☐ Post-test (6 months)
2. **Primary Caregiver name: ________________________**	**Caregiver date of birth: ____/_____/______** *(MM / DD / YYYY)*
3. **Second caregiver name: _________________________**	**S Caregiver date of birth: ____/_____/______** *(MM / DD / YYYY)*
4. **Client identification number:**	
5. **Date survey completed:**	____/____/______ *(MM / DD / YYYY)*

6. **How was the survey completed?**
P and S
- ☐ Completed in a face-to-face interview with participant
- ☐ Completed over the phone with participant

7. **In which county do you live?**

____

8. **Date Kinship Navigator services started?** *(Select one option)*	☐ Less than a 1 year ago ☐ 1 to 2 years ago ☐ 2 to 5 years ago	☐ 5 to 10 years ago ☐ over 10 years ago

Updated 9/20/2020

9. **Which gender do you identify with?**	*P*	*S*
	☐ Male ☐ Female	☐ Male ☐ Female

10. **What race do you identify with?**	*P*	*S*
	☐ Hispanic ☐ Non-Hispanic ☐ Declined ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Declined ☐ Unknown

11. **What ethnicity do you identify with?** (*Check all that apply*)			
P		*S*	
☐ American Indian or Alaskan Native; Tribal affiliation: ____________	☐ Native Hawaiian or Pacific Islander	☐ American Indian or Alaskan Native; Tribal affiliation: ____________	☐ Native Hawaiian or Pacific Islander
☐ Black or African American	☐ White (Non-Hispanic)	☐ Black or African American	☐ White (Non-Hispanic)
☐ Hispanic or Latino/Latinx	☐ Other, please specify: ____________	☐ Hispanic or Latino/Latinx	☐ Other, please specify: ____________
☐ Asian		☐ Asian	

12. **What is your relationship status?** *(Select one option)*			
P		*S*	
☐ Single	☐ Widowed	☐ Single	☐ Widowed
☐ Married	☐ Separated	☐ Married	☐ Separated
☐ Divorced	☐ Cohabitating, not married	☐ Divorced	☐ Cohabitating, not married

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

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

- ☐ Own
- ☐ Rent
- ☐ Shared housing with relatives/friends
- ☐ Temporary (shelter, temporary with friends/relatives)
- ☐ Homeless
- ☐ Other, please specify: ____________________________

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

P	*S*
☐ 8th grade or Less ☐ 9th-11th grade ☐ High school graduate or GED ☐ Some college or associate/technical degree ☐ Bachelor's degree ☐ Graduate degree ☐ Other, please specify: ____________________	☐ 8th grade or Less ☐ 9th-11th grade ☐ High school graduate or GED ☐ Some college or associate/technical degree ☐ Bachelor's degree ☐ Graduate degree ☐ Other, please specify: ____________________

SECTION II: PART 2 DEMOGRAPHICS

This grey box is for use at the three-month follow-up only	
Caregiver Part 2 Demographics: Were there any changes to the Part 2 Demographics section in the last three months? If so, please note the changes below:	☐ **No changes in this section**

1. **What is your current employment status?**

	Primary caregiver	Secondary caregiver	Other household member
Employed full-time	☐	☐	☐
Employed part-time	☐	☐	☐
Self-employed	☐	☐	☐
Retired	☐	☐	☐
Not employed (by choice)	☐	☐	☐
Not employed	☐	☐	☐
Labor & Industry (workers' compensation)	☐	☐	☐

	P	*S*
2. **Have you or your spouse/partner/other household member needed to cut back on job hours worked due to kinship children needs?**	☐ Yes ☐ No	☐ Yes ☐ No
3. **If you or your spouse/partner/other household member are employed: is your ability to provide kinship care impacted by your employment status?**	☐ Yes ☐ No	☐ Yes ☐ No

4. **Select the monthly household income range that best reflects your total monthly household income:** *(Select one option)*

- ☐ $0-$999
- ☐ $1000-$1999
- ☐ $2000-$2999
- ☐ $4000-$4999
- ☐ $5000-$5999
- ☐ $6000 and above
- ☐ Did not disclose

Number of persons contributing to household income __________

5. **Please select any of the additional sources of income or income assistance that your household is currently receiving:** *(Check all that apply)*

__NOTE:__ The grey sections ($________) are not required to be completed for this question. Use as desired to track the monetary amount of the additional source of income reported.

P and S; entire household

Source	Amount	Source	Amount
☐ Pension	$________	☐ Unemployment income	$________
☐ Child support	$________	☐ Survivor benefits for the child	$________
☐ TANF	$________	☐ Monthly foster care reimbursement	$________
☐ TANF child only	$________	☐ Monthly adoption support subsidy	$________
☐ Social Security Benefits (SSI)	$________	☐ Monthly relative guardianship	$________
☐ Social Security Benefits (SSD)	$________	assistance program (RGAP) subsidy	$________
☐ Veteran benefits	$________	☐ Per Cap	$________
☐ Salary/Wages	$________	☐ Other, please explain: ________	$________

6. **What is your total annual income?** ____________________

SECTION III: Kinship Child

<table>
<tr><td colspan="4">This grey box is for use at the three-month follow-up only</td></tr>
<tr><td colspan="2">Kinship Child Demographics: Were there any changes in the kinship child’s demographics or custody arrangements in the last three months? If so, please note the changes below:</td><td colspan="2">☐ No changes in kinship child’s demographics/custody arrangements</td></tr>
<tr><td colspan="4">Please provide additional information on the kinship child(ren) (under 18) currently living in your home</td></tr>
<tr><td colspan="4">7. Kinship child’s name: first/middle/last ______________________________________(Add kinship child)</td></tr>
<tr><td>8. Gender</td><td>9. Birthdate</td><td colspan="2">10. Race/Ethnicity (Check all that apply)</td></tr>
<tr><td>☐ Male
☐ Female</td><td>____/____/______
(MM / DD / YYYY)</td><td>☐ American Indian/ Alaskan Native;
Tribal affiliation: _______________
☐ Black or African American
☐ Hispanic or Latino/Latinx
☐ Asian/Pacific Islander
☐ White (Non-Hispanic)
☐ Other: ________________</td><td>☐ Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race)
☐ Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native)
☐ Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black)
☐ Unknown (no races indicated)</td></tr>
<tr><td colspan="2">11. Time kinship child has been in your care:</td><td>Year(s): ______________</td><td>Month(s): ______________</td></tr>
<tr><td colspan="2">12. Have you been caring for your kinship child continuously?</td><td colspan="2">☐ Yes
☐ No
☐ Intermittent (on and off)</td></tr>
</table>

13. **What is your relationship to the kinship child?** (*Select all that apply*)	14. **Relationship of kinship child with other children in the home**
☐ Grandparent	☐ Sibling
☐ Sibling	☐ Cousin
☐ Aunt/Uncle	☐ Family friend
☐ Foster parent	☐ Niece/Nephew
☐ Adoptive parent	☐ Other, please explain: ______________________
☐ Non-relative	☐ No other child in the home
☐ Other, please explain: ______________________	

15. **Please indicate the reason(s) your kinship child came to be in your care**: *(Select all that apply)*	
☐ Age of parent	☐ Parental behavioral health
☐ Parental incarceration	☐ Deportation
☐ Death of parent	☐ Parent left community for work/school
☐ Parental financial circumstance	☐ Parental physical health
☐ Incident of child abuse/neglect	☐ Military service
☐ Child's injury	☐ Other, please explain: ______________________
☐ Parental substance use	

16. **Please select the option that best reflects your role:**	☐ Informal *Defined as kinship care provided without involvement with CPS or formal child welfare system. ***If selected, proceed to question 17. Do not answer questions 18 & 19.**	☐ Formal *To be a formal kinship provider, your kinship child had to be placed in your home because of a CPS investigation or involvement with the child welfare system. **If selected, answer questions 18 & 19.**

17. **If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation.** (*Check all that apply*)	☐ Parental Consent Agreement ☐ Durable Power of Attorney ☐ Informal arrangement (no paperwork) ☐ Family decision ☐ Health Care Consent Waiver ☐ Non-parental custody (sometimes referred to as third-party custody) ☐ Other, please specify: ____________________________
18. **If your kinship child was placed in your home with the involvement of DCYF and the court, did you choose to be licensed?** (*Please answer yes if you were a licensed foster parent prior to the child's placement*)	☐ Yes ☐ No
19. **Please identify if you have completed one of these permanent plans for your kinship child.**	☐ Adoption ☐ Guardianship ☐ Non-parental custody (sometimes referred to as third-party custody) ☐ Other, please specify: _______________________________
20. **Since the date of your first assessment, has your child entered foster care?**	☐ Yes ☐ No
If yes, when did they enter?	____/____/______ *(MM / DD / YYYY)*
Date of first Kinship Needs Assessment:	____/____/______ *(MM / DD / YYYY)*
Number of Days *(between date of first Needs Assessment and date child entered foster care)*	

This grey box is for use at the three-month follow-up only	
Kinship Child Health: Were there any changes in the kinship child's physical or behavioral health or insurance coverage in the last three months? If so, please note the changes below:	☐ **No changes in child health**

Kinship Child Health	
21. **In general, how would you rate your kinship child's <u>physical health</u>?**	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
22. **In general, how would you rate your kinship child's <u>behavioral health</u>?**	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
23. **Does your kinship child have access to primary care?**	☐ Yes ☐ No
24. **Does your kinship child have a diagnosed physical health issue?** **Please specify diagnosis** ______________________________	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
25. **Does your kinship child have a diagnosed behavioral health issue?** **Please specify diagnosis** ______________________________	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
26. **Are your kinship child's physical health needs being met?**	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
27. **Are your kinship child's behavioral health needs being met?**	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
28. **Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?**	☐ Yes ☐ Not applicable ☐ No ☐ I don't know

Question	Response	
29. **Is the child in your care a pregnant or parenting youth in informal kinship relationship?**	☐ Yes ☐ No	☐ Not applicable ☐ I don't know
30. **Has your kinship child attended their well-child visits since they came to live with you?**	☐ Yes ☐ No	☐ Not applicable ☐ I don't know

31. **If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)?** (*Check all that apply*)

- ☐ Upper respiratory infections
- ☐ Otitis media and related conditions
- ☐ Fever of unknown origin
- ☐ Open wounds of head, neck and trunk
- ☐ Fracture of upper limb
- ☐ Headache, including migraine
- ☐ Skin and subcutaneous tissue infections
- ☐ Abdominal pain
- ☐ Acute bronchitis
- ☐ Allergic reactions
- ☐ Sprains and strains
- ☐ Viral infections
- ☐ Nausea and vomiting

32. **In the last 6 months, how many ER visits has your kinship child had?**

__________visit(s)

☐ I don't know

33. **What type of health insurance does your kinship child have?** *(Select all that apply)*

- ☐ Medicaid / Apple Health
- ☐ Employer-based Health Insurance
- ☐ Tribally Supported Insurance Plan
- ☐ No insurance
- ☐ Not Applicable
- ☐ Other, please explain: ___________________________

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

Kinship Child Education: Were there any changes in the kinship child's education status in the last three months? If so, please not the changes below	☐ **No changes in child education**

Kinship Child Education

Question	Response	
34. **Does your kinship child attend an early childhood program or school?**	☐ Yes → ☐ No (skip to next)	If yes, what is your kinship child's grade? _________Grade
35. **Has your kinship child repeated any grades?**	☐ Yes	

	☐ No ☐ I don't know
36. **Does your kinship child receive special education services or other support programs?**	☐ Yes → ☐ No (skip to next) ☐ I don't know Does your kinship child have a current IEP or 504 plan? ☐ Yes ☐ No ☐ I don't know
37. **Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?**	☐ Yes ☐ No ☐ I don't know
38. **Is your kinship child failing any classes?**	☐ Yes ☐ No ☐ I don't know
39. **Do you need assistance addressing your kinship child's social or behavioral needs at school?**	☐ Yes ☐ No
40. **Do you need assistance requesting academic support for your kinship child?**	☐ Yes ☐ No
41. **Has your kinship child been suspended or expelled?** *(Check all that apply)*	☐ Yes, suspended ☐ Yes, expelled ☐ No ☐ I don't know
42. **How many absences has your kinship child had in the last year?**	Number_______________ ☐ I don't know

This grey box is for use at the three-month follow-up only	
Caregiver Health: Were there any changes in the caregiver's health in the last three months? If so, please note the changes below:	☐ **No changes in caregiver health**

Caregiver Health (SF-12)

43. **In thinking your own health, which resources are you interested in learning about**? (*Check all that apply*)

P	*S*
☐ Fall prevention ☐ Smoking cessation ☐ Nutrition ☐ Heart health ☐ Aging ☐ Chronic disease (living well) ☐ Memory ☐ Self-Care ☐ Diabetes Management ☐ Managing stress ☐ None of the above ☐ Other: ___________	☐ Fall prevention ☐ Smoking cessation ☐ Nutrition ☐ Heart health ☐ Aging ☐ Chronic disease (living well) ☐ Memory ☐ Self-Care ☐ Diabetes Management ☐ Managing stress ☐ None of the above ☐ Other: ___________

Question	*P*	*S*
44. **In general, would you say your overall health is:** (*Select one*)	☐ Excellent ☐ Fair ☐ Very Good ☐ Poor ☐ Good	☐ Excellent ☐ Fair ☐ Very Good ☐ Poor ☐ Good
45. **Do you have any unmet healthcare needs?**	☐ Yes ☐ No ☐ If yes, please specify: ___________	☐ Yes ☐ No ☐ If yes, please specify: ___________

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

Client/Representative Signature: ______________________________ Date: ____________________

Kinship Navigator Signature: ______________________________ Date: ____________________

SECTION IV: Kinship Caregiver Needs Assessment

Complete this section only at baseline and six-month follow-up

Client identification number:	
1. **Date survey completed:**	____/____/______ *(MM / DD / YYYY)*

2. **How was the survey completed?**
   - ☐ Completed in a face-to-face interview with participant
   - ☐ Completed over the phone with participant

Please check which services you have received in the last 12 months, services you currently receive, and services you need in the future for yourself and/or your kinship child.

For services used within the last 3 months, please check how frequently you need help to get or keep this support?
Never = 0, Almost Never = 1 time, Sometimes = 2 times, Almost Always = 3 times, Always = more than 3 times in the last three months.

Services	**Used in past 12 months**	**Currently use**	**Don't currently use, but need**	**Don't need at this time**		**In the last 3 months**				
						Never	***Almost Never***	***Some-times***	***Almost Always***	***Always***
1. **Financial support for necessities (Select all that apply)**						**(0)**	**(1)**	**(2)**	**(3)**	**(4+)**
Rent	☐	☐	☐	☐		☐	☐	☐	☐	☐
Utilities	☐	☐	☐	☐		☐	☐	☐	☐	☐
Phone	☐	☐	☐	☐		☐	☐	☐	☐	☐
Other bills	☐	☐	☐	☐		☐	☐	☐	☐	☐
Car insurance	☐	☐	☐	☐		☐	☐	☐	☐	☐
Car repairs	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
						Never	Almost Never	Some-times	Almost Always	Always
2. **Financial education support** (i.e. taxes, retirement, budgeting) **(Select all that apply)**	☐	☐	☐	☐		☐	☐	☐	☐	☐
3. **Help finding/maintaining housing (Select all that apply)**						(0)	(1)	(2)	(3)	(4+)
Section 8	☐	☐	☐	☐		☐	☐	☐	☐	☐
Tribal housing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Shelter and transitional housing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Subsidies, vouchers, affordable housing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Eviction prevention	☐	☐	☐	☐		☐	☐	☐	☐	☐
Housing with services	☐	☐	☐	☐		☐	☐	☐	☐	☐
Shared housing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Housing repair/maintenance	☐	☐	☐	☐		☐	☐	☐	☐	☐
Searching for housing (i.e. additional space, lower cost)	☐	☐	☐	☐		☐	☐	☐	☐	☐
4. **Support obtaining durable goods** (i.e. bedding, furniture, clothing) **(Select all that apply)**	☐	☐	☐	☐		☐	☐	☐	☐	☐
5. **Help getting enough food daily for your family (Select all that apply)**						(0)	(1)	(2)	(3)	(4+)
Food Bank	☐	☐	☐	☐		☐	☐	☐	☐	☐
WIC	☐	☐	☐	☐		☐	☐	☐	☐	☐
School lunch program	☐	☐	☐	☐		☐	☐	☐	☐	☐
Food Stamps, EBT, SNAP, etc.	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
						Never	*Almost Never*	*Some-times*	*Almost Always*	*Always*
6. **Getting and keeping public assistance (Select all that apply)**						**(0)**	**(1)**	**(2)**	**(3)**	**(4+)**
Medicaid	☐	☐	☐	☐		☐	☐	☐	☐	☐
Medicare	☐	☐	☐	☐		☐	☐	☐	☐	☐
Social Security (SSI)	☐	☐	☐	☐		☐	☐	☐	☐	☐
TANF	☐	☐	☐	☐		☐	☐	☐	☐	☐
Aged, Blind or Disabled (ABD)	☐	☐	☐	☐		☐	☐	☐	☐	☐
7. **Help with transportation (Select all that apply)**										
Bus/taxi pass	☐	☐	☐	☐		☐	☐	☐	☐	☐
Gas card	☐	☐	☐	☐		☐	☐	☐	☐	☐
Rides to/from appointments	☐	☐	☐	☐		☐	☐	☐	☐	☐
8. **School related supports (Select all that apply)**										
Preschool enrollment	☐	☐	☐	☐		☐	☐	☐	☐	☐
K-12 enrollment	☐	☐	☐	☐		☐	☐	☐	☐	☐
Special education services	☐	☐	☐	☐		☐	☐	☐	☐	☐
IEP/504 plan	☐	☐	☐	☐		☐	☐	☐	☐	☐
Educational advocate	☐	☐	☐	☐		☐	☐	☐	☐	☐
Tutoring	☐	☐	☐	☐		☐	☐	☐	☐	☐
Equipment (i.e. internet, computers, etc.)	☐	☐	☐	☐		☐	☐	☐	☐	☐
School transportations	☐	☐	☐	☐		☐	☐	☐	☐	☐
Post-secondary supports (i.e. scholarships, college applications, etc.)	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
						Never	*Almost Never*	*Some-times*	*Almost Always*	*Always*
9. **Help accessing primary care, other medical care or resources (Select all that apply)**						**(0)**	**(1)**	**(2)**	**(3)**	**(4+)**
For self	☐	☐	☐	☐		☐	☐	☐	☐	☐
For kinship child(ren)	☐	☐	☐	☐		☐	☐	☐	☐	☐
For other children/adults in the home	☐	☐	☐	☐		☐	☐	☐	☐	☐
10. **Help accessing dental care services (Select all that apply)**										
For self	☐	☐	☐	☐		☐	☐	☐	☐	☐
For kinship child(ren)	☐	☐	☐	☐		☐	☐	☐	☐	☐
For other children/adults in the home	☐	☐	☐	☐		☐	☐	☐	☐	☐
11. **Child care support** (i.e. Working Connections, after school care, informal child care etc.)	☐	☐	☐	☐		☐	☐	☐	☐	☐
12. **Respite: temporary, time-limited break for caregivers (Select all that apply)**										
Respite for caregivers (DCYF)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Respite programs (DD Administration)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Other respite vouchers programs (e.g. Lifespan Respite)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Camp/retreats	☐	☐	☐	☐		☐	☐	☐	☐	☐
Child/youth activities (e.g. extra-curricular activities, scouts, sports)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Family recreation activities	☐	☐	☐	☐		☐	☐	☐	☐	☐
13. **Referral to aging and disability resource center/I & A (Select all that apply)**	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
						Never	*Almost Never*	*Some-times*	*Almost Always*	*Always*
						(0)	(1)	(2)	(3)	(4+)
14. **Personal and emotional support about *your* circumstance, someone to talk to.** (i.e. family, friend, neighbor, or community-based groups, etc.) **(Select all that apply)**	☐	☐	☐	☐		☐	☐	☐	☐	☐
15. **Someone to talk to regarding your *kinship child(ren)*** (i.e. family, friend, neighbor, community-based groups, etc.)	☐	☐	☐	☐		☐	☐	☐	☐	☐
16. **Behavioral health/ counseling (Select all that apply)**										
☐ For kinship child(ren)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Culturally relevant/holistic healing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Therapy/counseling	☐	☐	☐	☐		☐	☐	☐	☐	☐
Substance use/recovery support	☐	☐	☐	☐		☐	☐	☐	☐	☐
17. **Behavioral health/counseling (Select all that apply)**										
☐ For self	☐	☐	☐	☐		☐	☐	☐	☐	☐
Culturally relevant/holistic healing	☐	☐	☐	☐		☐	☐	☐	☐	☐
Therapy/counseling	☐	☐	☐	☐		☐	☐	☐	☐	☐
Substance use/recovery support	☐	☐	☐	☐		☐	☐	☐	☐	☐
18. **Kinship care support groups/networking (Select all that apply)**										
For self	☐	☐	☐	☐		☐	☐	☐	☐	☐
For kinship child(ren)/youth	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don’t currently use, but need	Don’t need at this time		In the last 3 months				
						Never	*Almost Never*	*Some-times*	*Almost Always*	*Always*
						(0)	(1)	(2)	(3)	(4+)
19. **Training for kinship caregivers** (such as parenting classes and trainings) **(Select all that apply**	☐	☐	☐	☐		☐	☐	☐	☐	☐
20. **Language services (Select all that apply)**										
Language classes (i.e. ESL classes)	☐	☐	☐	☐		☐	☐	☐	☐	☐
Interpreter	☐	☐	☐	☐		☐	☐	☐	☐	☐
Translation services	☐	☐	☐	☐		☐	☐	☐	☐	☐
21. **Access to legal services and advice** (i.e. legal representation, custody, estate planning/end of life, child support, etc.) **(Select all that apply)**	☐	☐	☐	☐		☐	☐	☐	☐	☐
22. **In-home family services (Select all that apply)**										
Rides to/from appointments	☐	☐	☐	☐		☐	☐	☐	☐	☐
Home-visiting programs	☐	☐	☐	☐		☐	☐	☐	☐	☐
Family preservation	☐	☐	☐	☐		☐	☐	☐	☐	☐
In-home services	☐	☐	☐	☐		☐	☐	☐	☐	☐
Birth to 3/early intervention	☐	☐	☐	☐		☐	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Don't currently use, but need	Don't need at this time		In the last 3 months				
						Never	*Almost Never*	*Some-times*	*Almost Always*	*Always*
23. **Other services (Select all that apply)**						**(0)**	**(1)**	**(2)**	**(3)**	**(4+)**
___________________	☐	☐	☐	☐		☐	☐	☐	☐	☐
___________________	☐	☐	☐	☐		☐	☐	☐	☐	☐
___________________	☐	☐	☐	☐		☐	☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐	☐

The table below lists all services from the Kinship Needs Assessment. ***Please rank your top three to five needs from the options below. (1 = the most important need)***

___Financial support for necessities	___Help with transportation	___Behavioral health / counseling
___Financial education support	___Help accessing primary care, other medical care or resources	___Kinship Care Support groups / networking
___Help finding/maintaining housing	___Help accessing dental care services	___Training for kinship caregivers
___Support obtaining durable goods	___Personal and emotional support about your circumstance, someone to talk to	___Language services
___Help getting enough food daily for your family	___Someone to talk to regarding your kinship child(ren)	___Access to legal services and advice
___Getting and keeping public assistance	___Child-care support	___In-home family services
___School related supports	___Referral to aging and disability resource center	___Other: ______________________
___Respite		___Other: ______________________

GOAL SETTING

Please enter the date goal set for each goal. Identify the category of each goal using the table above. The Essential Tasks section is available to give more detailed description of the goal. When a goal is completed, be sure to check the box in the goal status field and enter the date completed.
For three-month follow-up: Review goals set at baseline. If goals have been completed indicate this in goal status. If goals are still in progress, provide notes on next steps. If new goals are created, enter new goals.

Date Goal 1 Set: ____/____/______	Category:									
Task 1:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 Very Important
Next Steps/Follow up										
Date Goal Completed	____/____/_____									
Goal Status:	☐ Goal completed ☐ Goal no longer relevant ☐ Caretaker no longer has children	☐ Caretaker no longer wants services ☐ Lost contact with caregiver ☐ End of service period								
Client Signature		Options Counselor Signature								

Updated 9/20/2020

<table>
<tr><td colspan="6">Date Goal 2 Set: ____/____/______</td><td colspan="7">Category:</td></tr>
<tr><td colspan="4">Task 1:</td><td colspan="9"></td></tr>
<tr><td colspan="4">Describe Essential Tasks:</td><td colspan="9"></td></tr>
<tr><td colspan="4">What you’ll do:</td><td colspan="9"></td></tr>
<tr><td colspan="4">What others will do:</td><td colspan="9"></td></tr>
<tr><td colspan="13">How important is it for you to work on the goal you identified above?</td></tr>
<tr><td>Not Important</td><td>☐ 1</td><td>☐ 2</td><td>☐ 3</td><td>☐ 4</td><td>☐ 5</td><td>☐ 6</td><td>☐ 7</td><td>☐ 8</td><td>☐ 9</td><td colspan="3">☐ 10 Very Important</td></tr>
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☐ Goal no longer relevant
☐ Caretaker no longer has children</td><td colspan="4">☐ Caretaker no longer wants services
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<tr><td colspan="2">Client Signature</td><td colspan="6"></td><td colspan="3">Options Counselor Signature</td><td colspan="2"></td></tr>
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Updated 9/20/2020

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<tr><td colspan="5">Date Goal 3 Set: ____/____/______</td><td colspan="8">Category:</td></tr>
<tr><td colspan="3">Task 1:</td><td colspan="10"></td></tr>
<tr><td colspan="3">Describe Essential Tasks:</td><td colspan="10"></td></tr>
<tr><td colspan="3">What you'll do:</td><td colspan="10"></td></tr>
<tr><td colspan="3">What others will do:</td><td colspan="10"></td></tr>
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<tr><td colspan="2">Client Signature</td><td colspan="5"></td><td colspan="4">Options Counselor Signature</td><td colspan="2"></td></tr>
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Second Caregiver

<table>
<tr><td colspan="4">Date Goal 1 Set: ____/____/______</td><td colspan="8">Category:</td></tr>
<tr><td colspan="3">Task 1:</td><td colspan="9"></td></tr>
<tr><td colspan="3">Describe Essential Tasks:</td><td colspan="9"></td></tr>
<tr><td colspan="3">What you'll do:</td><td colspan="9"></td></tr>
<tr><td colspan="3">What others will do:</td><td colspan="9"></td></tr>
<tr><td colspan="12">How important is it for you to work on the goal you identified above?</td></tr>
<tr><td>Not Important</td><td>☐ 1</td><td>☐ 2</td><td>☐ 3</td><td>☐ 4</td><td>☐ 5</td><td>☐ 6</td><td>☐ 7</td><td>☐ 8</td><td>☐ 9</td><td colspan="2">☐ 10 Very Important</td></tr>
<tr><td colspan="12">How confident are you that you will be successful in reaching the goal you identified above?</td></tr>
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<tr><td>Task 1:</td><td colspan="4"></td></tr>
<tr><td>Describe Essential Tasks:</td><td colspan="4"></td></tr>
<tr><td>What you’ll do:</td><td colspan="4"></td></tr>
<tr><td>What others will do:</td><td colspan="4"></td></tr>
<tr><td colspan="5">How important is it for you to work on the goal you identified above?</td></tr>
<tr><td colspan="5">Not Important | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 Very Important</td></tr>
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