



CONFIDENTIAL
FAMILY SURVEY (IR)

For office use only: SCR# _____

Please fill in the following information so that we can send you
your **GIFT CARD**.

If this information is blank or incorrect, it could delay or stop
delivery of your **GIFT CARD**.

Your Name _____

Street or PO Box _____

City _____

State _____ Zip _____

Phone Number __ (_____) _____

As part of our study, we will be contacting some families again in the future to ask more questions. We understand that some people may not wish to be contacted, so please check a box to let us know. People who participate in the interviews will receive an additional gift card.

Can we contact you in the future about additional research opportunities?

YES NO

Children and Family
Research Center

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
SCHOOL OF SOCIAL WORK



CONFIDENTIAL FAMILY SURVEY (IR)

The Department of Children and Family Services (DCFS) has contacted you in the past several months concerning one or more children in your home. Please answer the following questions about your experience with DCFS and the caseworker who contacted you. If more than one caseworker visited your home, please answer the questions about the person you saw **the most**.

Please note that even though all of the following questions ask about a caseworker, you may have been visited by an investigator. Please answer the questions about the person you saw the most during your experience with DCFS.

SATISFACTION

1. How satisfied are you with the way you and your family were treated by the caseworker who visited your home?

- Very satisfied* *Somewhat satisfied* *Not at all satisfied*

2. How satisfied are you with the help you and your family received from the caseworker?

- Very satisfied* *Somewhat satisfied* *Not at all satisfied*

3. How likely would you be to call the caseworker or the child welfare agency if you or your family needed help in the future?

- Very likely* *Somewhat likely* *Not at all likely*

RELATIONSHIP WITH CASEWORKER

4. How did you feel after the first time the caseworker came to your home?

Check all that apply:

Relieved

Angry

Hopeful

Afraid

Respected

Worried

Comforted

Disrespected

Encouraged

Thankful

Stressed

Discouraged



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5. About how many times did you or other members of your family meet with the caseworker?
- 1
 - 2-5
 - 6-10
 - more than 10
6. Overall, how carefully did the caseworker listen to what you and other members of your family had to say?
- Very carefully
 - Somewhat carefully
 - Not at all carefully
7. Overall, how well do you feel the caseworker understood your and your family's needs?
- Very well
 - Somewhat well
 - Not at all well
8. Were there things that were important to you or your family that did not get talked about with the caseworker?
- Yes No
9. How often did the caseworker consider your opinions before making decisions that concerned you and your family?
- Always Sometimes Never
10. Did the caseworker recognize the things that you and your family do well?
- Yes No
11. How easy was it to contact the caseworker?
- Very easy
 - Somewhat easy
 - Not at all easy



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We are interested in your feelings about your involvement with your caseworker and their agency. There are no right or wrong answers to any of the questions. Please answer as openly and honestly as you can.

Here are some ways that families may feel about having a caseworker involved in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read each statement and think about how you feel right now about your involvement with your caseworker and their agency.

- 12.** My family got the help we really need from the caseworker.
 Strongly agree *Agree* *Do not agree*
- 13.** I realize I needed some help to make sure my kids have what they need.
 Strongly agree *Agree* *Do not agree*
- 14.** I was fine before the caseworker got involved. The problem is theirs, not mine.
 Strongly agree *Agree* *Do not agree*
- 15.** I really made use of the services my caseworker gave me.
 Strongly agree *Agree* *Do not agree*
- 16.** It was hard for me to work with the caseworker.
 Strongly agree *Agree* *Do not agree*
- 17.** There was a good reason my caseworker was involved with my family.
 Strongly agree *Agree* *Do not agree*
- 18.** Working with my caseworker has given me more hope about how my life is going to be in the future.
 Strongly agree *Agree* *Do not agree*
- 19.** I think my caseworker and I respected each other.
 Strongly agree *Agree* *Do not agree*
- 20.** My worker and I agreed about what was best for my child(ren).
 Strongly agree *Agree* *Do not agree*
- 21.** I felt like I could trust my caseworker to be fair and see my side of things.
 Strongly agree *Agree* *Do not agree*
- 22.** I think things are better because my caseworker was involved with my family.
 Strongly agree *Agree* *Do not agree*
- 23.** My caseworker wanted me to do the same things that I wanted to do.
 Strongly agree *Agree* *Do not agree*
- 24.** There were definitely some problems in my family that my caseworker saw.
 Strongly agree *Agree* *Do not agree*
- 25.** My caseworker did not understand where I was coming from at all.
 Strongly agree *Agree* *Do not agree*
- 26.** My caseworker helped me take care of some problems in my life.
 Strongly agree *Agree* *Do not agree*
- 27.** My caseworker helped make my family stronger.
 Strongly agree *Agree* *Do not agree*
- 28.** My caseworker was out to get me.
 Strongly agree *Agree* *Do not agree*
-



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SERVICES AND NEEDS

29. Did you or your family get any of the following help or services during your experience with the child welfare agency?

We did not receive any services

Check all services received:

- Emergency shelter
- Car repair or transportation assistance
- Housing assistance
- Food or clothing for your family
- Money to pay your rent
- Appliances, furniture, or home repair
- Help paying utilities
- Welfare/public assistance services
- Medical or dental care for you or your family
- Any other financial help
- Help for a family member with a disability
- Legal services
- Assistance in your home, such as cooking or cleaning
- Help with child care or day care
- Help getting mental health services
- Respite care for time away from your children
- Help in getting alcohol or drug treatment
- Meetings with other parents about raising children
- Parenting classes
- Help in getting into educational classes
- Counseling services (individual, family, mental health)
- Help in looking for employment or in changing jobs
- Domestic violence services
- Job training or vocational training
- Education services

30. If you received help or services from the case worker (or a referral they gave you), was it:

a. The kind of help you needed? Yes No

b. Enough to really help you? Yes No

31. Was there any help that you or your family needed but did not receive?

Yes No

If yes, what?

FAMILY OUTCOMES

32. Overall, are you and your family better off or worse off because of your experience with the child welfare agency?

We are better off

We are the same

We are worse off

33. Are you a better parent because of your experience with the child welfare agency?

Yes No

34. Are your children safer because of your experience with the child welfare agency?

Yes No

35. Are you better able to provide necessities like food, clothing, shelter, or medical services because of your experience with the child welfare agency?

Yes No



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ABOUT YOU AND YOUR FAMILY

36. Is there anyone in your life that you:	Yes, whenever I need it	Yes, occasionally	Yes, rarely	No, I have no one
can turn to in times of stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can talk to about things going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know will help you if you really need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to care for your children when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to help you with transportation if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can turn to for financial help if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. What is your highest level of education?

- Less than 8th grade
- 8th – 11th grade
- High school diploma or GED
- Some college or trade school
- Two-year college degree
- Four-year college degree
- Some graduate school or graduate degree

38. What was your total household income last year?

- \$0 - \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 or more

39. What is your gender?

- Male
- Female

40. Are you of Hispanic, Latino, or Spanish Origin?

- Yes (please specify)

- No

41. What is your race?

Check all that apply:

- Black or African American
- White
- Alaska Native
- American Indian
- Asian
- Native Hawaiian or other Pacific Islander
- Other (please specify) _____

42. Were you offered services in your preferred language?

- Yes- in English
- Yes- in another language
- No

THANK YOU!