



3. In the last 3 months, this social worker has asked about relatives and other people in my life who are helping me.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

4. In the last 3 months, this social worker has asked me about supports and services that my *child* needs.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

5. In the last 3 months, this social worker has asked me about supports and services that my *family* needs.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

6. In the last 3 months, this social worker has tried to learn about my family's values, beliefs, culture and traditions.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

7. In the last 3 months, this social worker has respected my family's values, beliefs, culture and traditions when making decisions about supports and services for us.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

8. In the last 3 months, this social worker has tried to understand the things that have had a major impact on our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

9. In the last 3 months, this social worker has been honest.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

10. In the last 3 months, this social worker has been respectful.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

11. In the last 3 months, this social worker has made an effort to understand the grief and pain my family is feeling as a result of my child being placed in foster care.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section B

These questions ask you about the people in your life, such as family members and other people in your community or tribe who work closely with you and support you during your Child Welfare Services case. These are people other than your Child Welfare Services social worker or other child welfare staff. Your social worker may sometimes call this group of people your "circle of support." Please think about the people who have played an important role in helping and supporting your family during your involvement with Child Welfare Services **over the past 3 months**.

**12a. Please indicate whether each person below has been helping you by marking Yes, No, or NA. Mark N/A (Not Applicable/Does not apply) if the person is deceased; or you don't have a brother, a sister, etc.; or if the person is not in your life.**

Person Category	12a. Is this person a part of your circle of support?		
	Yes	No	N/A
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your adult child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your cousin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbor(s)/co-worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family of your child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your counselor(s) or therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/advisor, minister, pastor or priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder(s), leader(s), member(s) of your community or tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12b. Which 3-5 persons in your circle of support have been the most helpful to your family during your involvement with Child Welfare Services over the past 3 months? (You may mark up to 5 boxes below.)

Relationship Codes		
<input type="checkbox"/> 1. Your mother	<input type="checkbox"/> 8. Your stepmother	<input type="checkbox"/> 14. Your child's father/mother
<input type="checkbox"/> 2. Your father	<input type="checkbox"/> 9. Your stepfather	<input type="checkbox"/> 15. The family of your child's father/mother
<input type="checkbox"/> 3. Your sister(s)	<input type="checkbox"/> 10. Your aunt(s)	<input type="checkbox"/> 16. Your child's teacher
<input type="checkbox"/> 4. Your brother(s)	<input type="checkbox"/> 11. Your uncle(s)	<input type="checkbox"/> 17. Your counselor(s) or therapist(s)
<input type="checkbox"/> 5. Your grandparent(s)	<input type="checkbox"/> 12. Your friend(s)	<input type="checkbox"/> 18. Spiritual leader/advisor, minister, pastor or priest
<input type="checkbox"/> 6. Your adult child(ren)	<input type="checkbox"/> 13. Your neighbor(s)/ co-worker(s)	<input type="checkbox"/> 19. Elder(s), leader(s), member(s) of your community or tribe
<input type="checkbox"/> 7. Your cousin(s)		

**13. In the last 3 months, my circle of support and I have worked together to find solutions to the problems my family is facing.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**14. In the last 3 months, my circle of support has helped me do what I need to do to bring my child home and to close my family's case.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**15. In the last 3 months, my circle of support and I have worked as a team to develop services and supports that respect my family's way of life, our preferences, and our priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**16. In the last 3 months, when I'm in meetings with Child Welfare Services about my child, my circle of support and I have had the opportunity to express our goals for my family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section C

*These questions ask about how you feel about your family's future in relation to your child coming home. Think about the child involved with Child Welfare Services that you identified at the beginning of the questionnaire when you answer these questions. Please  your response.*

**17. In the last 3 months, I have gotten the support I needed to help me with my feelings in this situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**18. In the last 3 months, my child has gotten the support he/she needed to deal with his/her feelings about this situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**19. I believe I can influence the decisions that are being made about my child's future.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**20. I believe that my child will have family and other loving relationships to support him/her through his/her life.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**21. I believe that my child will be able to live safely with me without Child Welfare Services being involved.**

- a. Yes → **CONTINUE TO QUESTION #22**
- b. Maybe → **CONTINUE TO QUESTION #22**
- c. No → **SKIP TO QUESTION #26**

**22. I believe that friends and family will give me the help and support that I need to care for my child at home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**23. I believe I can handle most of the difficulties I might face in caring for my child when he/she comes home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**24. I believe I can count on myself to manage things well at home when my child comes home.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**25. I believe I can make plans for my family's future and take steps to make those plans come true.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section D

### Case Activities with Family and Friends

You may have children involved in Child Welfare Services *other than* the child you named at the beginning of the questionnaire. Please answer these next questions about *any* of your children.

**26. I have told my social worker about family or friends who may be able to help my child(ren) and me reunite and stay together as a family.**

- a. Yes → **CONTINUE TO QUESTION #27**
- b. No → **SKIP TO QUESTION #29**

**27. These family members or friends are helping my child(ren) and me reunite and stay together as a family.**

- a. Yes
- b. No

**28. The family or friends that I have identified have participated with me in one or more team meetings with my social worker.**

- a. Yes
- b. No

**29. Case Activities with Community Representatives**

*In the questions below, Community and Tribal representatives include the following:*

- Teachers
- Counselors or therapists
- Spiritual or Church leaders or advisors, such as ministers pastors or priests
- Other community leaders or elders
- Other tribal representatives

**29a. I have told my social worker about Community or Tribal representatives who are important to my child(ren) or our family.**

- a. Yes → **CONTINUE TO QUESTION #30**  
 b. No → **SKIP TO QUESTION #32**

**30. Community or Tribal representatives are helping my child(ren) and me reunite and stay together as a family.**

- a. Yes  
 b. No

**31. Community or Tribal representatives have participated with me in one or more team meetings with my social worker.**

- a. Yes  
 b. No

Case Activities with You

**32. With my social worker, I have identified ways to change my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**33. I have taken steps to change my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**34. My social worker and I have talked about how I am changing my behavior so my child(ren) can be safe in my care.**

- a. Yes  
 b. No

**35. I have completed one or more supervised visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

**36. I have completed one or more unsupervised visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

**37. I have completed one or more overnight visitations with one or more of my child(ren).**

- a. Yes  
 b. No  
 c. I have not been cleared for visitation with my child(ren).

## Section E

**38. How many children do you currently have involved with Child Welfare Services?**

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 Number of children

**39. Thinking about the child named at the beginning of the survey, what is this child's gender?**

- a. Male  
 b. Female

**40. What is this child's date of birth?**

		/			/				
Month			Day			Year			

**41a. Is this child Hispanic, Latino, or Spanish?**

- a. Yes  
 b. No

**41b. What is this child's race?**  
*(Please mark one or more)*

- a. American Indian  
 b. Alaska Native  
 c. Asian  
 d. Black or African American  
 e. Native Hawaiian or Other Pacific Islander  
 f. White  
 g. Other

Please specify:

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**42. What is your relationship to this child?**

- a. Biological mother or father  
 b. Adoptive mother or father  
 c. Relative guardian

Please specify:

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- d. Non-relative guardian

Please specify:

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**43. What is your gender?**

- a. Male  
 b. Female

**44. What is your age?**

--	--

 years

**45a. Are you Hispanic, Latino, or Spanish?**

- a. Yes  
 b. No

**45b. What is your race?**  
*(Please mark one or more)*

- a. American Indian  
 b. Alaska Native  
 c. Asian  
 d. Black or African American  
 e. Native Hawaiian or Other Pacific Islander  
 f. White  
 g. Other

Please specify:

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