

The purpose of this survey is to obtain your insight about how to better understand the needs of our children and families. Your feedback is very important and will be kept confidential. Thank you for taking the time to answer these questions. This information is very helpful, as we continue to develop a partnership to care for and educate our children together. If you would prefer to complete this form directly with one of our staff members, we can arrange a time to talk with you about this information.

Please fill out only one survey per family.

1. What descriptor best describes you?

- a. Parent
- b. Foster Parent
- c. Grandparent/Guardian
- d. Teen parent
- e. Other_____

2. Your gender/sex:

- a. Male
- b. Female

3. Your age:

- a. 15 and under
- b. 16-21
- c. 22-27
- d. 28-33
- e. 34-39
- f. 40-45
- g. 46-51
- h. 52-58
- i. Over 60

4. Your ethnicity/race:

- a. White
- b. African-American
- c. Asian/Pacific Islander
- d. Native American
- e. Alaskan
- f. Hispanic
- g. Other_____

5. What is the **primary** language spoken in your home?

- a. English
- b. Spanish
- c. Other_____

6. What is your marital status?

- a. Single
- b. Married
- c. **Divorced**
- d. Separated
- e. Living with my partner
- f. Widowed
- g. Other _____

7. Who lives in your home?

Mother, child, and one sibling

8. Number of children in the home?

Ages	Child(ren)
0 to 2 years old	1
3 to 5 years old	1 (Child)
6 to 13 years old	
14 to 17 years old	

9. What is your education and employment status (check all that apply)?

Mother	Education Status	Father
	Some High School	
	High School Graduate	X
	Vocational School	
X	Some College	
	Associate Degree	
	Bachelor Degree	
	Graduate Degree/Advanced Graduate Degree	

Mother	Employment Status	Father
X	Employed full-time	
	Employed full-time	
	Seeking employment	
	Unemployed	X
	Pursuing Education/Professional Training	
	Other _____	

10. Does your family live:

- a. **Alone as a family**
- b. With relatives
- c. With friends
- d. In a shelter
- e. Homeless
- f. Other _____

11. Do you have health insurance?

- a. Yes
- b. No

12. Does your child(ren) have health insurance?

- a. Yes
- b. No

13. If you don't have insurance, are you eligible for Medicaid?

- a. No
- b. Yes
- c. Don't know

14. Does your family have reliable transportation?

- a. No
- b. Yes, car
- c. Yes, carpool or ride sharing
- d. Yes, public transportation
- e. Other _____

15. What type(s) of childcare are you currently using?

- a. No other childcare used
- b. Older siblings
- c. Relatives
- d. Babysitter in the home
- e. Babysitter outside the home
- f. Other _____

About how many hours per week is your child (ren) in child care? ____40+ hours_____

16. What is your annual household income?

- a. Less than \$10,000
- b. \$10,000 - \$14,999
- c. \$15,000 - \$24,999
- d. \$25,000 - \$34,999
- e. \$35,000 - \$44,999
- f. \$45,000 - \$54,999
- g. Over \$60,000

17. Do you receive Public Assistance?

- a. No
- b. Medicaid
- c. Social Security
- d. Food Stamps
- e. Housing
- f. Workers Compensation
- g. Unemployment Benefits
- h. Other _____

18. Where would you like to receive support (Circle all that apply):

- a. Education
- b. Employment services
- c. Food and nutrition support
- d. Health-related or medical help
- e. Budgeting or stretching income
- f. Housing improvements
- g. Resources in community
- h. Emergency rent, utility or shelter help
- i. Transportation
- j. Divorce Support Group
- k. English as a Second Language

19. Which community resources do you use or wish to use (Check all that apply):

	Use Currently	Would like to use
Community organizations		<input checked="" type="checkbox"/>
Crisis intervention & counseling		
Education, literacy & mentoring		
Employment & training		
Mental health services		
Information & referral		
Substance abuse treatment		
Emergency assistance (food, etc)		
Child welfare & foster care		
Law enforcement		
Culture & art		
Transportation		
Family support services		<input checked="" type="checkbox"/>
Public health services (IHS)		
Legal aid		
Recreation		
Youth Boys and Girls Club		
Churches & Spiritual organizations		

20. How would you like to be involved in your child's school experience?

- a. Helping in the classroom
- b. Helping with field trips and special events
- c. Serving on Parent Committee**
- d. Translating, verbal or written
- e. Special Projects
- f. At Home Projects
- g. Other _____