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.

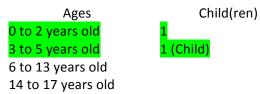
prefer to complete this form directly with one of our staff members, we can arrange a talk with you about this information.	ti
Please fill out only one survey per family.	
<ul> <li>1. What descriptor best describes you?</li> <li>a. Parent</li> <li>b. Foster Parent</li> <li>c. Grandparent/Guardian</li> <li>d. Teen parent</li> <li>e. Other</li> </ul>	
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	
<ul> <li>4. Your ethnicity/race:</li> <li>a. White</li> <li>b. African-American</li> <li>c. Asian/Pacific Islander</li> <li>d. Native American</li> <li>e. Alaskan</li> <li>f. Hispanic</li> </ul>	
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5. What is the **primary** language spoken in your home?

a.	English	
b.	Spanish	
c.	Other	

g. Other\_\_\_\_\_

- 6. What is your marital status?a. Singleb. 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?



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			
	X		
	Pursuing Education/Professional Training		
	Other		

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- b. With relatives
- c. With friends
- d. In a shelter
- e. Homeless
- f. Other\_\_\_\_

<ul><li>11. Do you have health insurance?</li><li>a. Yes</li><li>b. No</li></ul>
<ul><li>12. Does your child(ren) have health insurance?</li><li>a. Yes</li><li>b. No</li></ul>
<ul> <li>13. If you don't have insurance, are you eligible for Medicaid?</li> <li>a. No</li> <li>b. Yes</li> <li>c. Don't know</li> </ul>
<ul> <li>14. Does your family have reliable transportation?</li> <li>a. No</li> <li>b. Yes, car</li> <li>c. Yes, carpool or ride sharing</li> <li>d. Yes, public transportation</li> <li>e. Other</li> </ul>
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 wor	ıld vou like	e 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		X
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		X
Public health services (IHS)		
Legal aid		
Recreation		
Youth Boys and Girls Club		
Churches & Spiritual organizations		

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7(1	HOW WOULD	YOU LIKE TO	ne involved in v	your child's schoo	I AVNALIANCA
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- 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\_\_\_\_\_