



Kinship Navigator Collaborative Client Survey

To maintain confidentiality and keep the survey anonymous, please do not type/write any names, including the names of your kin child(ren) in your responses. **Taking this survey is voluntary and you can choose not to take the survey.** You can skip any questions you don't want to answer. If you choose not to take the survey, or don't answer all the questions, **there will not be any penalties.** Choosing not to take the survey or not answering all the questions will not affect any services you may be receiving or affect access to any services in the future. **Please complete even if the child is no longer in your home.**

Date: _____

Client ID: _____

Below is a list of services and resources. Please tell us whether you used these services or resources within the last 6 months.

1. Public assistance to help meet the needs of you and your kin child(ren) (for example, Medicaid, SSI, TANF)

Yes No I did not need this

1b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

2. Financial support for necessities (for example, rent/mortgage, utilities, phone, internet, transportation)

Yes No I did not need this

2b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

3. Housing help (for example, assistance in finding/maintaining safe housing)

Yes No I did not need this

3b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

4. Concrete goods (for example, bedding, furniture, clothing)

Yes No I did not need this

4b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

5. Enough food for 2 meals daily for you and your kin child(ren)

Yes No I did not need this

5b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

6. Transportation (for example, bus/taxi fare/gas)

Yes No I did not need this

6b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

7. School enrollment for your kin child(ren)

Yes No I did not need this

7b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

8. Medical care for yourself

Yes No I did not need this

8b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

9. Medical care for your kin child(ren)

Yes No I did not need this

9b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

10. Dental care for yourself

Yes No I did not need this

10b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

11. Dental care for your kin child(ren)

Yes No I did not need this

11b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

12. Childcare/day care for your kin child(ren)

Yes No I did not need this

12b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

13. Professional mental health counseling for yourself

Yes No I did not need this

13b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

14. Professional mental health counseling for you kin child(ren)

Yes No I did not need this

14b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

15. Kinship care support groups

Yes No I did not need this

15b. Was the Kinship Navigator helpful in getting access to and/or using this service or resource?

Yes No I did not ask the Kinship Navigator for help with this

16. Training for kinship caregivers (for example, parenting classes)

4. I am enjoying life more now since participating in Kinship Navigator services and activities.

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Disagree | Somewhat Disagree | Neither Agree or Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. Is your kin child(ren) still in your home?

- Yes No

If you answer yes to this question, skip to question number 2 below

2. Why did your kin child(ren) leave your home?

- Returned to birth parent Entered foster care
 Moved to another kin caregiver Age 18 and older and left home
 Other, please specify: _____

If you had any difficulty accessing any service or were not satisfied with the service, please tell us about your experience:

What were the helpful things that the Kinship Navigator did for you:

Do you have any other comments or suggestions you would like to share? Please include here:
