



Children's Service  
Society of Utah  
GRANDfamilies

# CLIENT PRE-SURVEY

HOUSEHOLD INFORMATION	
Which county does your family reside in? <input type="checkbox"/> Salt Lake <input type="checkbox"/> Davis <input type="checkbox"/> Cache <input type="checkbox"/> Weber <input type="checkbox"/> Other:	
How many individuals are currently living in the home?	
How many kinship children are currently living in the home?	
Are any household members adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list age and gender:	
Average annual household income: <input type="checkbox"/> \$5,000 and under <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$59,999 <input type="checkbox"/> \$60,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 +	
How did you learn about Children's Service Society of Utah GRANDfamilies? <input type="checkbox"/> DCFS (Division of Child and Family Services) caseworker <input type="checkbox"/> DJJS (Division of Juvenile Justice Services) case manager <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Medical provider <input type="checkbox"/> School <input type="checkbox"/> Other:	
CAREGIVER INFORMATION	
<b>Caregiver 1</b>	<b>Caregiver 2</b> - <input type="checkbox"/> N/A
Ethnicity:	Ethnicity:
Race:	Race:
Age:	Age:
Gender:	Gender:
Sexual orientation:	Sexual orientation:
Diagnosed disabilities:	Diagnosed disabilities:
KINSHIP CHILD INFORMATION	
<b>Kinship Child 1</b>	<b>Kinship Child 2</b> - <input type="checkbox"/> N/A
Ethnicity:	Ethnicity:
Race:	Race:
Age:	Age:
Gender:	Gender:
Sexual orientation:	Sexual orientation:
Diagnosed disabilities:	Diagnosed disabilities:
How long has this child been in your care?	How long has this child been in your care?
Legal status: <input type="checkbox"/> Informal <input type="checkbox"/> Court-ordered guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Other	Legal status: <input type="checkbox"/> Informal <input type="checkbox"/> Court-ordered guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Other

DCFS involvement: <input type="checkbox"/> No case <input type="checkbox"/> Case open <input type="checkbox"/> Case closed <input type="checkbox"/> CPS investigation	DCFS involvement: <input type="checkbox"/> No case <input type="checkbox"/> Case open <input type="checkbox"/> Case closed <input type="checkbox"/> CPS investigation
If case open, was the child: <input type="checkbox"/> Placed in foster care <input type="checkbox"/> Placed directly with relative caregiver <input type="checkbox"/> Open CPS investigation	If case open, was the child: <input type="checkbox"/> Placed in foster care <input type="checkbox"/> Placed directly with relative caregiver <input type="checkbox"/> Open CPS investigation
This child is currently receiving (select all that apply): <input type="checkbox"/> Medicaid <input type="checkbox"/> Specified Relative grant <input type="checkbox"/> WIC <input type="checkbox"/> Child support through ORS <input type="checkbox"/> Food stamps <input type="checkbox"/> CHIP	This child is currently receiving (select all that apply): <input type="checkbox"/> Medicaid <input type="checkbox"/> Specified Relative grant <input type="checkbox"/> WIC <input type="checkbox"/> Child support through ORS <input type="checkbox"/> Food stamps <input type="checkbox"/> CHIP
Is there a history of delinquency, criminal activity, and/or substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a history of delinquency, criminal activity, and/or substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	If yes, please explain:
<b>Kinship Child 3 - <input type="checkbox"/> N/A</b>	<b>Kinship Child 4 - <input type="checkbox"/> N/A</b>
Ethnicity:	Ethnicity:
Race:	Race:
Age:	Age:
Gender:	Gender:
Sexual orientation:	Sexual orientation:
Diagnosed disabilities:	Diagnosed disabilities:
How long has this child been in your care?	How long has this child been in your care?
Legal status: <input type="checkbox"/> Informal <input type="checkbox"/> Court-ordered guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Other	Legal status: <input type="checkbox"/> Informal <input type="checkbox"/> Court-ordered guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Other
DCFS involvement: <input type="checkbox"/> No case <input type="checkbox"/> Case open <input type="checkbox"/> Case closed <input type="checkbox"/> CPS investigation	DCFS involvement: <input type="checkbox"/> No case <input type="checkbox"/> Case open <input type="checkbox"/> Case closed <input type="checkbox"/> CPS investigation
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Is there a history of delinquency, criminal activity, and/or substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a history of delinquency, criminal activity, and/or substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain:	If yes, please explain:
**If there are additional kinship children in the home, please ask for a secondary form to complete their info.**	

## Protective Factors Survey

### PART 1

Please check the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 5 where each of the numbers represents a different amount of time. The number 3 means that the statement is true about half the time.

	NEVER	RARELY	ABOUT HALF THE TIME	FREQUENTLY	ALWAYS
1. In my family, we talk about problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. When we argue, my family listens to “both sides of the story.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. In my family, we take time to listen to each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. My family pulls together when things are stressful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. My family is able to solve our problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### PART 2

Please check the number that best describes how much you agree or disagree with the statement.

	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
6. I have others who will listen when I need to talk about my problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. When I am lonely, there are several people I can talk to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I would have no idea where to turn if my family needed food or housing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. I wouldn't know where to go for help if I had trouble making ends meet.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. If there is a crisis, I have others I can talk to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. If I needed help finding a job, I wouldn't know where to go for help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>PART 3</b>					
This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.					
<b>Child's Age:                      or DOB:</b>					
	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
12. There are many times when I don't know what to do as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. I know how to help my child learn.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. My child misbehaves just to upset me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>PART 4</b>					
Please tell us how often each of the following happens in your family.					
	NEVER	RARELY	ABOUT HALF THE TIME	FREQUENTLY	ALWAYS
15. I praise my child when he/she behaves well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. When I discipline my child, I lose control.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. I am happy being with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. My child and I are very close to each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. I am able to soothe my child when he/she is upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. I spend time with my child doing what he/she likes to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>PART 5</b>					
Below, each of the five protective factors are explained. Please rate the following:					
➤ 1 <sup>st</sup> , rate your level of understanding of what the protective factor is.					
➤ 2 <sup>nd</sup> , tell us how you rate your family at this current time for each protective factor.					
1. Parental/Caregiver Resilience:					
<i>The ability to cope with and bounce back from challenging situations.</i>					
	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
I understand what Parental Resilience means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe that I am Resilient, or know how to be Resilient.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Social Connections:					
<i>The experience of being close to others; feeling loved, cared for, valued.</i>					

	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
I understand what Social Connections means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe that I have Adequate Social Connections.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>3. Knowledge of Parenting and Child Development:</b> <i>Having knowledge of child development, and utilizing that knowledge to care for a child or children at every stage of development.</i>					
	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
I understand what Knowledge of Parenting and Child Development means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe that I have appropriate knowledge of Parenting and Child Development.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>4. Concrete Support in Times of Need:</b> <i>The ability to ensure that you and the children in your care have all of their basic needs met, and that you know how to access supports/services to ensure that those needs are met.</i>					
	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
I understand what Concrete Supports in Times of Need means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe that I have adequate/necessary Concrete Supports in Times of Need.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>5. Healthy Social and Emotional Development of Children (Social and Emotional Competence)</b> <i>The ability of a child to interact with others in a healthy and appropriate way. The ability of a child to regulate their emotions and behavior, to solve problems, and to communicate effectively.</i>					
	STRONGLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	STRONGLY AGREE
I understand Healthy Social and Emotional Development means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe that the children in my care are Socially and Developmentally on track.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5