

KINSHIP NAVIGATOR PROGRAM BI-ANNUAL CUSTOMER SATISFACTION SURVEY

Please complete and return in the postage paid envelope no later than (insert day and date).

Circle the answer that best applies to you:

1. I am a _____ currently caring for a relative child.
 - a. Grandparent
 - b. Great Grandparent
 - c. Other relative
 - d. I am no longer caring for a relative's child.
*If you are no longer caring for a relative's child please discontinue this survey, add your contact information in the space provided on the back, and return this survey by mail.

2. I am over age 60.
 - a. Yes
 - b. No

3. I find the Kinship Navigator Program staff to be helpful.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

4. When leaving messages I receive prompt responses.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

5. When interacting with the Kinship Navigator Program staff I am treated with respect and dignity.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

6. The referrals and links to community resources provided by the Kinship Navigator Program are helpful as a Kinship Caregiver.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

7. I am caregiving because the birth parent has a history of substance abuse.
 - a. Yes
 - b. No

Survey continues on reverse side



The Kinship Navigator Program is supported by the Area Office on Aging of Northwestern Ohio, Inc., Lucas County Children Services, and Lucas County Department of Job and Family Services.



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8. Has the Kinship Navigator Program provided information helpful in dealing with a family member with a history of substance abuse?
- Yes
 - No
 - Does not apply
9. I am caregiving because the birth parent is experiencing mental health concern.
- Yes
 - No
10. Has the Kinship Navigator Program provided information helpful in dealing with a family member who is experiencing mental health concerns?
- Yes
 - No
 - Does not apply
11. Would you attend a Kinship Caregiver Support Group?
- Yes
 - No
12. The help I received from the Kinship Navigator Program reduced the likelihood of my relative children entering the foster care system.
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
13. The Kinship Navigator Program has made a positive impact in the lives of you and the children that you care for.
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
14. What additional programs or services would you like to see offered by the Kinship Navigator Program? Check all that apply:
- Mentoring Services
 - Summer Camp Opportunities
 - Tutoring Services
 - Other _____

If you would like a member of our staff to follow up with you regarding your responses or concerns, please leave your contact information below:

Name: _____ Phone: _____

Email Address: _____

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