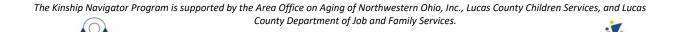
KINSHIP NAVIGATOR PROGRAM BI-ANNUAL CUSTOMER SATISFACTION SURVEY

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

		and the three postage paid envelope no later than (most cary and date).	
		answer that best applies to you:	
1.	•	currently caring for a relative child.	
		Grandparent	
		Great Grandparent	
	_	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.		
		Yes	
	b.	No	
3.	I find th	he 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.		
	b.	Agree	
		Neutral	
		Disagree	
		Strongly Disagree	
6.	The referrals and links to community resources provided by the Kinship Navigator Program are		
		as a Kinship Caregiver.	
	a.		
	b.	Agree	
	c.	Neutral	
		Disagree	
		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 —	



LUCAS COUNTY

KINSHIP NAVIGATOR PROGRAM CUSTOMER SATISFACTION SURVEY

Ema	ail Addr	ess:
		Phone:
-		d like a member of our staff to follow up with you regarding your responses or concerns, e your contact information below:
		Tutoring Services Other
		Summer Camp Opportunities Tutoring Sondiese
		Mentoring Services
	_	m? Check all that apply:
14.		dditional programs or services would you like to see offered by the Kinship Navigator
		Strongly Disagree
		Disagree
		Neutral
		Strongly Agree Agree
	you car	
13.		ship Navigator Program has made a positive impact in the lives of you and the children that
4.5		
		Strongly Disagree
		Neutral Disagree
		Agree
		Strongly Agree
		n entering the foster care system.
12.		p I received from the Kinship Navigator Program reduced the likelihood of my relative
		No
		Yes
11.		you attend a Kinship Caregiver Support Group?
4.4		
		Does not apply
		No
		Yes
10.		E Kinship Navigator Program provided information helpful in dealing with a family member experiencing mental health concerns?
	b.	No
Э.	a.	Yes
۵		regiving because the birth parent is experiencing mental health concern.
		Does not apply
		No No
		nistory of substance abuse? Yes
8.		E Kinship Navigator Program provided information helpful in dealing with a family member

