



## Kinship Caregiver Follow-Up Assessment

### Questions:

1. Name:

2. Follow Up Completed:

Date

Date

3. Was the Kinship Navigator staff able to contact the caregiver?

Yes

No, the phone was disconnected

No, after leaving two or more messages the caregiver never called back

4. Is the caregiver still caring for a relative's child or children?

Yes

No; no longer caring

5. The help I received from the Kinship Navigator Program reduced the likelihood of my relative children entering the foster care system.

Strongly Agree

Disagree

Agree

Strongly Disagree

Neutral

6. Has the caregiver applied for, or is the caregiver currently receiving, help from any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Ohio Works First Child Only Grant (Cash assistance, monthly) | <input type="checkbox"/> Ohio Direction Card or Food Assistance |
| <input type="checkbox"/> Social Security for Child                                    | <input type="checkbox"/> Ohio Works First Child Care            |
| <input type="checkbox"/> Medical Benefits (Medicaid)                                  | <input type="checkbox"/> Does not receive any JFS benefits      |

7. Has the caregiver applied for, or is the caregiver currently receiving, funds from the KPI Program?

- |   |   |
|---|---|
| <input type="checkbox"/> Currently receives funding                                     | <input type="checkbox"/> Does not receive KPI funds |
| <input type="checkbox"/> Did receive KPI but no longer receives - past the 3 year limit | <input type="checkbox"/> Not eligible for KPI funds |
| <input type="checkbox"/> In the process of applying for KPI                             |   |

8. Did the caregiver contact other community resources referred by the Kinship Navigator program?

- Yes  No

9. Resources the caregiver contacted:

10. How does the caregiver rate his/her current stress level? (1 no stress- 5 extremely stressed)

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="radio"/> 1 No Stress     | <input type="radio"/> 3 Stressed      | <input type="radio"/> 5 Extremely Stressed |
| <input type="radio"/> 2 Little Stress | <input type="radio"/> 4 Very Stressed |  |

11. Overall, how would you rate the help you received from the Kinship Navigator staff?

- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> Poor | <input type="radio"/> Good      |
| <input type="radio"/> Fair | <input type="radio"/> Excellent |

12. Caregiver is in the following stage:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="radio"/> 1-Crisis stage | <input type="radio"/> 2-Assistance and support stage | <input type="radio"/> 3-Information and support stage |
|--------------------------------------|--|---|

13. Staff doing follow-up:

- |  |                          |
|--|--------------------------|
| <input type="radio"/> AA                     | <input type="radio"/> RD |
| <input type="radio"/> MR                     |                          |
| <input type="radio"/> Other (please specify) |                          |

14. Check when complete:

- Follow up completed on Referral Log
- Status Call added to your calendar
- SAMS documentation completed
- Info entered in Survey Monkey
- Add CG Follow-Up to Caregiver Profile
- Service Deliveries completed
- Attempt to Contact mailed if needed