



## Kinship Caregiver Needs Assessment

Complete this questionnaire with all NEW Kinship Caregivers.

1. Date Assessment Completed:

Date:

Date

MM/DD/YYYY

### Section 1: Caregiver's Demographic Information

2. Name:

3. Last 4 digits of Social Security #:

4. What is your date of birth?

	Month	Day	Year
Birthdate:	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Caregiver gender:

Male

Female

6. Primary Phone Number:

7. Address:

8. What county does the family reside?

- Lucas
- Wood
- Fulton
- Henry
- Ottawa
- Sandusky
- Erie
- Williams
- Defiance
- Paulding
- Michigan resident
- Other

9. Email Address:

10. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- White
- Black or African-American
- Some other race (please specify)
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races

11. CG's Health Insurance Provider:

12. Does the CG have any chronic health conditions?

13. How does the Caregiver rate their overall health?

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

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

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

15. Caregiver's education level:

- Less than high school
- High school diploma/GED
- Some college
- College graduate
- Advanced degree

16. Caregiver's employment status:

- Employed                       Unemployed                       Part-time Student  
 Retired                       Disabled                       Full-time Student

17. If the caregiver is employed, does he/she work part-time or full-time?

- Part-time                       Full-time

18. Does family live in subsidized housing?

- Yes                       No

19. Does CG participate in the HEAP or PIPP program for gas or electricity?

- Yes                       No

20. Caregiver's current marital status:

- Single                       Divorced                       Widowed  
 Married                       Separated

21. Caregiver's primary language:

- English                       Spanish                       Other

22. Number of caregiver's own children in the household:

- 0                       3                       6  
 1                       4                       7  
 2                       5                       8

23. How many total people live in the home?

- 2-4                       5-7                       8 or more

24. Caregiver's relation to the kinship child(ren):

- Grandparent                       Brother/Sister                       Great Grandparent  
 Aunt/Uncle                       Cousin                       Other

25. Reason why caregiver is raising the Kinship child(ren): Check all that apply.

- Substance Abuse                       Death                       Other disabilities  
 Abandonment                       Incarceration  
 Neglect/Abuse                       Mental health issues

26. Has Lucas County Children Services (LCCS) been involved?

- Yes                       No

27. If LCCS has been involved, is the case currently open?

- Open LCCS case  Closed LCCS case

28. Has children services from another county been involved?

- Yes; case still open  No  
 Yes; case is now closed  N/A

29. What type of custody does the Caregiver have over the kinship child(ren)?

- Physical Possession Only  Grandparent Power of Attorney  Permanent Custody (Adoption)  
 Legal Custody  Legal Guardianship

30. How long has the caregiver cared for the kinship child(ren)?

- Less than 1 month  7-12 months  5 years or more  
 1-3 months  1-3 years  
 4-6 months  3-4 years

31. Number of kinship children:

- 1  4  7  
 2  5  8  
 3  6

32. How did the caregiver hear about the Area Office on Aging's Kinship Navigator Program?

- Friend/Family member  Community agency professional  Word of mouth  
 Community outreach (health fair, school fair, etc.)  Media/Internet

## Section 2: Children's Demographic Information

33. Children's Health Insurance Provider:

- Medicaid: provider unknown  Medicaid: Molina  Private Insurance  
 Medicaid: Buckeye  Medicaid: Paramount  
 Medicaid: Caresource  Medicaid: United Healthcare

### Child 1:

34. What is your child's name?

35. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

36. What is your child's gender?

- Female
- Male

37. Is your child White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races
- Some other race (please specify)

38. What school does your child attend?

39. What grade is your child in?

**Child 2:**

40. What is your child's name?

41. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. What is your child's gender?

- Female
- Male

43. Is your child White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- White
- Black or African-American
- Some other race (please specify)
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races

44. What school does your child attend?

45. What grade is your child in?

**Child 3:**

46. What is your child's name?

47. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

48. What is your child's gender?

- Female
- Male

49. Is your child White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- White
- Black or African-American
- Some other race (please specify)
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races

50. What school does your child attend?

51. What grade is your child in?

**Child 4:**

52. What is your child's name?

53. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

54. What is your child's gender?

- Female
- Male

55. Is your child White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races
- Some other race (please specify)

56. What school does your child attend?

57. What grade is your child in?

**Section 3: Caregiver and Family Needs Assessment**

58. What is the primary challenge you are facing in caring for the kinship child(ren)?

- Finding Financial Resources
- Finding Educational/School Services
- Finding Child Care
- Other (please specify)
- Finding Mental/Behavioral Health Services
- Finding Legal Resources or Custody Information
- Being generally informed and knowing what resources are available to Kinship Caregivers

59. Has the caregiver received, or is the caregiver currently receiving, help from Job and Family Services?

- Ohio Works First Child Only Grant (Cash assistance, monthly)
- Social Security for Child
- Medical Benefits (Medicaid)
- Ohio Direction Card or Food Assistance
- Ohio Works First Child Care
- Does not receive any JFS benefits

60. Has the caregiver received, or is the caregiver currently receiving, funds from the KPI Program?

- Currently receives funding
- Did receive KPI but no longer receives - past the 3 year limit
- In the process of applying for KPI
- Does not receive KPI funds
- Not eligible for KPI funds

61. Has the caregiver received, or is the caregiver currently receiving, assistance from other AOoA programs?

- Senior Farmers Market Coupons
- Home Delivered Meals
- Other (please specify)
- Long Term Care Services
- Caregiver Support Program

62. If Caregiver is over age 60:

	Yes	No
Does CG receive senior commodities?	<input type="checkbox"/>	<input type="checkbox"/>
Does CG have a Golden Buckeye Card?	<input type="checkbox"/>	<input type="checkbox"/>
If a homeowner, do they receive a Homestead Tax Exemption?	<input type="checkbox"/>	<input type="checkbox"/>

63. Has the caregiver received, or is the caregiver currently receiving, mental health or counseling services?

- A Renewed Mind
- Cullen Center
- Harbor
- Other (please specify)
- Unison
- Zepf
- NAMI

64. Has the child received, or child currently receiving, mental health or counseling services?

- A Renewed Mind
- Cullen Center
- Harbor
- Unison
- Other (please specify)
- Zepf
- NAMI
- School Counseling Program

65. Has the child received, or is the child currently receiving, special educational services?

- Individualized Education Plan (IEP)
- Tutoring
- Other special education services (please specify)

66. Is caregiver in need of food resources?

- Yes
- No

67. Is caregiver in need of clothing resources?

- Yes
- No

68. Is caregiver in need of furniture resources?

- Yes
- No

69. Does caregiver have a reliable form of transportation?

- Yes
- No

70. Caregiver was mailed the following community resources by the Kinship Navigator program:

- |   |  |
|---|--|
| <input type="checkbox"/> ODJFS Booklet: Ohio Resource Guide for Relatives Caring for Children | <input type="checkbox"/> Community Centers or Senior Centers           |
| <input type="checkbox"/> Kinship Permanency Incentive Program brochure                        | <input type="checkbox"/> Community workshops or events                 |
| <input type="checkbox"/> Kinship Navigator Program Newsletter, event flyers, etc.             | <input type="checkbox"/> School services/counseling, special education |
| <input type="checkbox"/> Parenting Smarts Resource Guide                                      | <input type="checkbox"/> Food Banks                                    |
| <input type="checkbox"/> AOoA Older Adult Resource Guide                                      | <input type="checkbox"/> Clothing Banks                                |
| <input type="checkbox"/> 60+ Resource Sheet   | <input type="checkbox"/> Child care (YWCA CCR&R, Head Start, etc.)     |
| <input type="checkbox"/> Legal Resources (LAWO, juvenile court, etc.)                         | <input type="checkbox"/> Low Income Housing Information                |
| <input type="checkbox"/> Mental health/counseling services (NAMI, Harbor, Zepf, Unison, etc.) | <input type="checkbox"/> Bus Pass (60+)                                |
| <input type="checkbox"/> United Way Imagination Library Form                                  | <input type="checkbox"/> HEAP Application                              |

Other (please specify)

71. Caregiver is in the following stage:

- 1-Crisis stage                       2-Assistance and support stage                       3-Information and support stage

72. Staff doing assessment:

- AA     MR     RD  
 Other (please specify)

73. Check when complete:

- CG added to Referral Log
- CG added to "Active" Spreadsheet
- CG added to mailing list
- Follow up with CG added to your calendar
- Welcome Packet Mailed to CG
- SAMS documentation completed
- Service Deliveries completed in SAMS and on SD Spreadsheet
- Assessment Entered in Survey Monkey
- Create Caregiver Profile on N:Drive; Add Electronic Copy of CG Assessment and CG Referral Form to
- CG added to KPI Tracker
- CG added to Constant Contact E-Blast List
- Follow-Up with Referral Source if needed

74. What is your child's name?

75. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

76. What is your child's gender?

- Female  
 Male

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 Black or African-American  
 Some other race (please specify)
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79. What grade is your child in?

80. What is your child's name?

81. What is your child's date of birth?

	Month	Day	Year
Birthday:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Male

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