

CFPM Caregiver Questionnaire

Thank you for answering the questions on this questionnaire. Many of the questions will ask you about a child in your care who is involved in Child Welfare Services, sometimes called "CPS", and the social worker at << Insert Agency Name >> who has been working with the child. They are named below.

Insert sticker here with
social worker name and child
first name and last initial.

Please think about these two individuals above whenever you are asked about "this social worker" or "this child." **Your responses will not be provided to the child's social worker, cannot be used in court, and will not affect the child welfare case.**

Section A

Please think about your experiences with the social worker named at the beginning of the questionnaire, and your response to the following statements. Please your response.

1. **In the last 3 months, this social worker has taken the time to listen to things I have to share about this child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

2. **In the last 3 months, this social worker has kept me informed about appointments, meetings and court dates.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

3. **In the last 3 months, this social worker has asked about relatives and other people in the life of the child and our family who might be helpful to the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

4. **In the last 3 months, this social worker has asked me about supports and services that I think the child needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

5. In the last 3 months, this social worker has asked me about supports and services that I think our *family* needs.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

6. In the last 3 months, this social worker has tried to learn about the values, beliefs, culture and traditions of the child and our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

7. In the last 3 months, this social worker has respected the values, beliefs, culture and traditions of the child and our family when making decisions about supports and services for us.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

8. In the last 3 months, this social worker has tried to understand the things that have had a major impact on the child and our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

9. In the last 3 months, this social worker has been honest.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

10. In the last 3 months, this social worker has been respectful.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

11. In the last 3 months, this social worker has made an effort to understand the grief and pain the child may be feeling as a result of being placed in foster care.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

12. In the last 3 months, this social worker has made an effort to understand how the grief and pain this child may be feeling is affecting our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

Section B

These questions ask you about the people in your life, such as family members and other people in your community or tribe who work closely with you and support you and the child during the Child Welfare Services case. These are people other than the Child Welfare Services social worker or other child welfare staff. The social worker may sometimes call this group of people a "circle of support." Please think about the people who have played an important role in helping and supporting the child and your family during the child's involvement with Child Welfare Services **over the past 3 months**.

13a. Please indicate whether each person below has been helping the child and your family by marking Yes, No, or NA. Mark N/A (Not Applicable/Does not apply) if the person is deceased; or you don't have a brother, a sister, etc.; or if the person is not in your life.

Person Category	13a. Is this person a part of your circle of support?		
	Yes	No	N/A
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your adult child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your cousin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbor(s)/co-worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family of the child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's counselor(s) or therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/advisor, minister, pastor or priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder(s), leader(s), member(s) of your community or tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13b. Which 3-5 persons in your circle of support have been the most helpful to the child and your family during your involvement with Child Welfare Services over the past 3 months? (You may mark up to 5 boxes below.)

Relationship Codes		
<input type="checkbox"/> 1. Your mother	<input type="checkbox"/> 8. Your stepmother	<input type="checkbox"/> 14. Child's father/mother
<input type="checkbox"/> 2. Your father	<input type="checkbox"/> 9. Your stepfather	<input type="checkbox"/> 15. Family of child's father/mother
<input type="checkbox"/> 3. Your sister(s)	<input type="checkbox"/> 10. Your aunt(s)	<input type="checkbox"/> 16. Child's teacher
<input type="checkbox"/> 4. Your brother(s)	<input type="checkbox"/> 11. Your uncle(s)	<input type="checkbox"/> 17. Child's counselor(s) or therapist(s)
<input type="checkbox"/> 5. Your grandparent(s)	<input type="checkbox"/> 12. Your friend(s)	<input type="checkbox"/> 18. Spiritual leader/advisor, minister, pastor or priest
<input type="checkbox"/> 6. Your adult child(ren)	<input type="checkbox"/> 13. Your neighbor(s)/ co-worker(s)	<input type="checkbox"/> 19. Elder(s), leader(s), member(s) of your community or tribe
<input type="checkbox"/> 7. Your cousin(s)		

14. In the last 3 months, the child's circle of support and I have worked together to find solutions to the problems that the child and our family have faced.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

15. In the last 3 months, the child's circle of support has helped me do what I need to support permanency for the child.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

16. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for the child that respect the child's way of life, preferences and priorities.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

17. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for our family that are respectful of our family's way of life, our preferences and our priorities.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

18. In the last 3 months, when I'm in meetings with Child Welfare Services about the child, the child's circle of support and I have had the opportunity to express our goals for the child and our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

Section C

These questions ask about how you feel about your family's future in relation to the child in your care. Think about the child involved with Child Welfare Services that was named at the beginning of the questionnaire when you answer these questions. Please ☒ your response.

19. In the last 3 months, I have gotten the support I needed to help me with my feelings in caring for this child.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

20. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her living situation.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

21. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her *family* situation.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

22. I believe that this child will have family and other loving relationships to support him/her through his/her life.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

23. I feel I can influence the decisions that are being made about this child's future.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

24. I believe that in the future this child will live permanently in *my family* without Child Welfare Services being involved.

- a. Yes → CONTINUE TO QUESTION #25
- b. Maybe → CONTINUE TO QUESTION #25
- c. No → SKIP TO QUESTION #28

25. I believe that friends and family will give the help and support needed for this child to be a permanent part of our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

26. I believe our family can handle most of the difficulties we might face in caring for this child as a permanent member of our family.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

27. I feel I can make plans for the future of this child and our family and take steps to make those plans come true.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

If you answered Questions 25-27, skip to Question #29.

28. I believe that in the future this child will be able to live permanently in *a family* without Child Welfare Services being involved.

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

Section D

These questions are about activities that you and other important people participate in with the social worker and child involved with Child Welfare Services from page 1 of the questionnaire. Please answer yes or no to the following questions:

29. I have participated in one or more team meetings with this social worker about this child.

- a. Yes
- b. No

30. I have told this social worker about people who are important sources of support for this child and our family.

- a. Yes
- b. No

31. The people I identified as important sources of support are helping our family care for and support this child.

- a. Yes
- b. No

32. The people I have identified as important sources of support have participated with me in one or more team meetings with this social worker.

- a. Yes
- b. No

Section E

33. Which best describes your caregiving relationship to this child?

- a. Relative Caregiver
- b. Non-Relative Extended Family Member Caregiver
- c. County Licensed Foster Parent
- d. Foster Family Agency Foster Parent
- e. Other

Please specify:

34a. Is this child Hispanic, Latino, or Spanish?

- a. Yes
- b. No

34b. What is this child's race?
(Please mark one or more)

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify:

35. How many children do you currently have placed with you who are involved with Child Welfare Services?

<input type="text"/>	<input type="text"/>
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 Number of children

36. What is your gender?

- a. Male
- b. Female

37. What is your age?

<input type="text"/>	<input type="text"/>
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 years

38a. Are you Hispanic, Latino, or Spanish?

- a. Yes
- b. No

38b. What is your race?
(Please mark one or more)

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify: