

## Appendix

### WASHINGTON STATE KINSHIP CAREGIVERS SURVEY

The information will help Washington State understand the needs and circumstances of those who have taken on the responsibility of raising a kinship child. We appreciate your time and input. The bullet points below are information to keep in mind as you take the survey. **Your answers to this survey are anonymous! We do not ask for your name.**

- For questions asking about the kinship child in your care, please answer for the kinship child that has been with you the longest. If two (or more) kinship children came into your care at the same time, please answer for the oldest.
- Child(ren) refers to kinship children of any age in your care.

#### **PART I: Please share about the children you are currently raising.**

1. How many children are you currently raising? \_\_\_\_\_

2. For each child, please tell us his/her age (write 0 if they are under one year old).

1<sup>st</sup> Child's age \_\_\_\_\_

4<sup>th</sup> Child's age \_\_\_\_\_

2<sup>nd</sup> Child's age \_\_\_\_\_

5<sup>th</sup> Child's age \_\_\_\_\_

3<sup>rd</sup> Child's age \_\_\_\_\_

6<sup>th</sup> Child's age \_\_\_\_\_

3. Of the children you are raising, how many are **NOT** your own birth children? \_\_\_\_\_

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*The next few questions ask about children you are raising for whom you are not the birth parent.*

4. How many years have you been raising the child who has been with you the longest?  
\_\_\_\_\_years

5. What is your relationship with this child?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Sibling      | <input type="checkbox"/> Adoptive parent                           |
| <input type="checkbox"/> Grandparent  | <input type="checkbox"/> Family friend (godparent, neighbor, etc.) |
| <input type="checkbox"/> Cousin       | <input type="checkbox"/> Other, please explain: _____              |
| <input type="checkbox"/> Aunt/uncle   | _____  |
| <input type="checkbox"/> Niece/nephew |  |

6. *An informal arrangement refers to kinship care provided without involvement with CPS or the formal child welfare system.*

If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation.

*(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Parental consent agreement          | <input type="checkbox"/> Non-parental custody (sometimes referred to as third-party custody) |
| <input type="checkbox"/> Durable power of attorney           | <input type="checkbox"/> Guardianship  |
| <input type="checkbox"/> Informal arrangement (no paperwork) | <input type="checkbox"/> Adoption  |
| <input type="checkbox"/> Family decision                     | <input type="checkbox"/> Other, please explain: _____  |
| <input type="checkbox"/> Health care consent waiver          | _____  |

7. *If you are a formal kinship caregiver, your kinship child had to be placed in your home because of CPS investigation or involvement with the child welfare system.*

What is your legal or formal relationship with the child you have been raising the longest?

*(Please check only one)*

- Guardian
- Foster parent (kinship caregiver that is licensed as a foster parent)
- Unlicensed caregiver
- Parental custody (sometimes referred to as a third-party custody)
- Adoption
- Guardian
- Other, please explain: \_\_\_\_\_

8. What is the circumstance(s) that led to your raising the kinship child that has been with you the longest? (*Please check up to two circumstances*)

*(Please refer to the instructions above if more than one child was placed at the same time)*

- |  |   |
|--|---|
| <input type="checkbox"/> Age of birth parent                         | <input type="checkbox"/> Parental physical health         |
| <input type="checkbox"/> Birth parental financial circumstance       | <input type="checkbox"/> Death of birth parent / guardian |
| <input type="checkbox"/> Birth parental substance use                | <input type="checkbox"/> Birth parent deportation         |
| <input type="checkbox"/> Birth parent left community for work/school | <input type="checkbox"/> Birth parent military service    |
| <input type="checkbox"/> Birth parent incarceration                  | <input type="checkbox"/> Birth parental homelessness      |
| <input type="checkbox"/> Incident of child/abuse neglect             | <input type="checkbox"/> Child's injury                   |
| <input type="checkbox"/> Birth parental behavioral health            | <input type="checkbox"/> Other, please explain: _____     |
-

9. Please check **three** issues that present the greatest challenges related to raising the kinship children who are currently in your care. *(Please check **only three** items)*

- |  |  |
|--|--|
| <input type="checkbox"/> Housing   | <input type="checkbox"/> Child's behavior                      |
| <input type="checkbox"/> Legal problems  | <input type="checkbox"/> Finances                              |
| <input type="checkbox"/> Your own emotional health   | <input type="checkbox"/> Delaying your retirement              |
| <input type="checkbox"/> Child-care arrangements   | <input type="checkbox"/> Paying for child's medical care       |
| <input type="checkbox"/> Your own physical health  | <input type="checkbox"/> Child's relationship with own parents |
| <input type="checkbox"/> Child's emotional health  | <input type="checkbox"/> Child's education                     |
| <input type="checkbox"/> Your own relationship with the child's birth parents  | <input type="checkbox"/> Other, please explain: _____          |
| <input type="checkbox"/> Lack of access to respite care services (someone to watch the child to allow a temporary break from caregiving) | _____  |

10. The following are services and resources for which you may have needs that are not being met. Please check the **three** services or resources for which you have the greatest unmet needs regarding the children in your care. *(Please check **only three** items)*

- |   |   |
|---|---|
| <input type="checkbox"/> Legal services and advice                            | <input type="checkbox"/> Drug or alcohol treatment services for your child, parent or yourself                |
| <input type="checkbox"/> Counseling for your child                            | <input type="checkbox"/> Recreational and social activities for the child                                     |
| <input type="checkbox"/> Parenting classes for you                            | <input type="checkbox"/> Respite care (someone to watch the child to allow a temporary break from caregiving) |
| <input type="checkbox"/> Medical care for the child                           | <input type="checkbox"/> Child-care   |
| <input type="checkbox"/> Services for infant and toddlers                     | <input type="checkbox"/> Finding a support group for yourself   |
| <input type="checkbox"/> Services for children with special health care needs | <input type="checkbox"/> Affordable and adequate housing  |
| <input type="checkbox"/> Transportation                                       | <input type="checkbox"/> Financial support  |
| <input type="checkbox"/> Working with child's school or teachers              | <input type="checkbox"/> Other, please explain: _____   |
| <input type="checkbox"/> Adequate special education service for your child    | _____   |

11. Where do you currently receive help with raising your kinship children? *(Please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Spouse or partner                            | <input type="checkbox"/> Public social services (state, county, city, or tribal) |
| <input type="checkbox"/> Friends                                      | <input type="checkbox"/> Behavioral health services                              |
| <input type="checkbox"/> Support groups                               | <input type="checkbox"/> Community health clinic                                 |
| <input type="checkbox"/> Religious organizations                      | <input type="checkbox"/> Other relatives   |
| <input type="checkbox"/> School                                       | <input type="checkbox"/> Other, please explain: _____                            |
| <input type="checkbox"/> Family support center                        | _____  |
| <input type="checkbox"/> Private agency and/or community organization |  |

12. There are a number of services, resources, laws, and policies that affect your ability to care for your children. What do you believe is the **single most important** thing that needs to change to help you and others in your situation?

\_\_\_\_\_

**PART II: Please remember your name is not on this survey and the information you provide is anonymous. However, this information will be very helpful.**

*Please tell us about yourself.*

13. Choose the category that best describes your current situation:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Married  | <input type="checkbox"/> With a Partner |
| <input type="checkbox"/> Single   | <input type="checkbox"/> Widowed        |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated      |

14. Are you employed?

- Yes  
 No

→ If yes, approximately how many hours do you work each week? \_\_\_\_\_/week

15. Including yourself, how many persons over age 18 currently live in your home? \_\_\_\_\_

16. How many persons under age 18 currently live in your home? \_\_\_\_\_

17. How many of these persons do you financially support? \_\_\_\_\_

18. In which county do you live? \_\_\_\_\_

19. In what year were you born? \_\_\_\_\_

20. What is your gender?

Male

Female

Other, please specify: \_\_\_\_\_

21. Are you of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin: \_\_\_\_\_

22. What is your race? (*Please check all that apply*)

White

Korean

Black or African American

Vietnamese

American Indian or Alaska Native

Native Hawaiian

Asian Indian

Guamanian or Chamorro

Chinese

Samoan

Filipino

Other Asian: \_\_\_\_\_

Japanese

Other Pacific Islander: \_\_\_\_\_

23. Are you, or other adults contributing to the household, currently receiving income or income assistance from any of the following sources? *(Please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Wages, Salary   | <input type="checkbox"/> Food Stamps  |
| <input type="checkbox"/> Social Security   | <input type="checkbox"/> State medical assistance for your child(ren)                                   |
| <input type="checkbox"/> Social Security Disability (SSI) Payments               | <input type="checkbox"/> Child Care Assistance (Working Connections Child Care)                         |
| <input type="checkbox"/> Pension   | <input type="checkbox"/> Support services provided by the Division of Children and Family Services/DCYF |
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> Tribal per capita payment  |
| <input type="checkbox"/> Non-Needy Relative TANF grant ("child-only grant")      | <input type="checkbox"/> Tribal treaty income   |
| <input type="checkbox"/> Monthly foster care reimbursement                       | <input type="checkbox"/> Other, please explain: _____   |
| <input type="checkbox"/> Adoption support subsidy                                | _____   |
| <input type="checkbox"/> Relative Guardianship Assistance Program subsidy (RGAP) |   |
| <input type="checkbox"/> TANF grant for yourself and children                    |   |

24. What is your total annual household income from all sources?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$5,000    | <input type="checkbox"/> \$40,000 to \$49,999 |
| <input type="checkbox"/> \$5,000 to \$9,999   | <input type="checkbox"/> \$50,000 to \$59,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$70,000+            |
| <input type="checkbox"/> \$30,000 to \$39,999 |   |

25. Where do you think your kinship child(ren) will be living one year (12 months) from now?

<input type="checkbox"/> With me	<input type="checkbox"/> Parent/guardian
<input type="checkbox"/> Foster parent	<input type="checkbox"/> Another relative
<input type="checkbox"/> Other, please specify: _____	

26. Are you participating in a kinship navigator program?

Yes  No

27. How did you learn about this survey?

- Family/friend
- Department of Child, Youth, and Families (DCYF) or Department of Social and Health Services (DSHS)
- Local community non-profit
- Other: (please specify) \_\_\_\_\_

28. What resources and/or services have been the most helpful to you as a kinship caregiver raising a child?

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29. Is there anything else you would like to share with us about your needs and/or experience as a kinship caregiver?

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**Thank you for participating in this survey!**