



Caregiver Feedback Survey

The Primary and Secondary Caregiver must complete their own **individual** survey.
Check either the Primary or Secondary Caregiver box, based on your individual role.

☐ Primary Caregiver Name: _____ Date: _____

☐ Secondary Caregiver Name: _____ Date: _____

Case Manager: _____ County/CPA: _____

Foster Homes are re-evaluated annually or more should circumstances warrant.

This form is used to give you an opportunity to formally review your experience working with the Division (DFCS), and to share your view on the fostering experience.

1. Have you had any placements within the current re-evaluation period ? ☐ Yes ☐ No (If no, skip to question 3)

2. During the last 30 days, have you had a need to contact DFCS or CPA?

Which organization have you needed to contact?

☐ DFCS ☐ CPA

☐ Yes, I have contacted them:

☐ If no, skip to the next question.

☐ Less than expected

☐ As expected

☐ More than expected

☐ Consistently More

3. Have you received a copy of the Caregiver Passport? ☐ Yes ☐ No

4. Have you received the Child Passport for each child that's been placed in your home during the past year?

☐ Yes ☐ No ☐ Yes, but not for all children (Please explain below)

5. Considering the children currently placed in your home, and your ability to parent them, how well-matched would you say you are?

- ☐ Not matched well I am overwhelmed
 ☐ Matched well, but have had some minor adjustments
 ☐ Matched according to my initial preferences
 ☐ No children currently placed

6. Considering the children currently placed in your home, how well were you informed about their needs at the time of placement?

- ☐ Less than expected
 ☐ As expected
 ☐ More than expected
 ☐ Consistently more
 ☐ No children currently placed

7. Did you receive your reimbursements timely?

- ☐ Reimbursements are consistently late
 ☐ Reimbursements are seldom late
 ☐ Reimbursements are always received timely
 ☐ N/A

8. Think about the support you receive from DFCS or CPA in caring for the children placed in your home, how well are we supporting your family?

Which organization have you needed to contact? ☐ DFCS ☐ CPA.

They are supporting our family: ☐ More than expected ☐ As expected ☐ Less than expected ☐ No Contact

9. Have the continued development trainings increased your ability to parent children in care? ☐ Yes ☐ No

9a. How were you notified about the trainings? (Select all that apply)

☐ Email ☐ Mail ☐ Phone ☐ In Person ☐ Other _____

9b. What additional trainings are desired/needed?

10. Are there any additional supports needed?

10a. What can the child's case manager do to provide additional support?

10b. What can the Resource Development worker do to provide additional support?

Comments / Testimonials / Kudos:

11. Has the Division (DFCS) provided timely notification of judicial and administrative hearings? ☐ Yes ☐ No

If Yes, it has been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

12. Has the Division (DFCS) provided you the opportunity to participate in case planning/decision making?

☐ Yes ☐ No If Yes, it has been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

13. Has the Division (DFCS) provided you the opportunity to participate in visitation planning? ☐ Yes ☐ No

If so, has it been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

14. Have you filed any grievances since your last re-evaluation? ☐ Yes ☐ No

If yes, what was the nature of the grievance?

14a. Was the grievance resolved to your satisfaction? ☐ Yes ☐ No ☐ N/A

14b. Was the grievance regarding?

☐ DFCS Policies and Procedures ☐ CPA Policy and Procedures

DFCS Families Only

15. Has the child's DFCS case manager conducted a monthly face-to-face in home visit? ☐ Yes ☐ No

15a. Has the DFCS Resource Development case manager contacted you monthly? ☐ Yes ☐ No

15b. Has the DFCS Resource Development case manager conducted in home quarterly visits? ☐ Yes ☐ No

CPA Families Only

16. Has the child's DFCS case manager conducted a monthly in home visit? ☐ Yes ☐ No

16a. Has the CPA case manager conducted monthly in home visits? ☐ Yes ☐ No

*Either the Primary and Secondary Caregiver must sign their own **individual** survey, based on your individual role.*

Primary Caregiver Signature _____ Date _____

Secondary Caregiver Signature _____ Date _____
