GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Primary Caregiver Feedback Survey

Primary Caregiver Name:_____

Case Manager: _____

Date: _____

County: _____

Foster Homes are re-evaluated annually or more should circumstances warrant. This form is used to give caregivers an opportunity to formally review their experience working with the Division, and to share their view on the fostering experience

1. 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

2. 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

3. Did you receive your reimbursements timely?

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

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

If yes, have been able to contact us when needed? *If no, skip to next question.*

☐ Less than expected ☐ As expected ☐ More than expected ☐ Consistently More

5. Think about the support you receive from DFCS in caring for the children placed in your home. How well are we supporting your family?

☐ Less than expected ☐ As expected ☐ More than expected ☐ Consistently more

*6. What/when was the last training you participated in?*_____
Was it what you needed most?

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

- How were you notified about the trainings?

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

- What additional trainings are desired/needed:

7. What can the case manager/resource developer do?

7a. Is there any other feedback you would like to share?

8. Today, what is your overall satisfaction as a caregiver?

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

9. Comments / Testimonial/Kudos:

10. *Has the Division provided timely notification of judicial and administrative hearings?*

☐ Less than Expected ☐ As Expected ☐ Better than Expected ☐ Consistently Better

11. *Has the Division provided you the opportunity to participate in case planning/ decision making?*

☐ Less than Expected ☐ As Expected ☐ Better than Expected ☐ Consistently Better

12. *Has the Division provided you the opportunity to participate in visitation planning?*

☐ Less than Expected ☐ As Expected ☐ Better than Expected ☐ Consistently Better

13. *Have you filed any grievances since your last evaluation?*

☐ Yes ☐ No

14. *Has the Division conducted monthly in-home visits with you and the children placed in your home?*

☐ Less than Expected ☐ As Expected ☐ Better than Expected ☐ Consistently Better

Primary Caregiver Signature