The purpose of this survey is to obtain your insight about how to better understand the needs of our children and families. Your feedback is very important and will be kept confidential. Thank you for taking the time to answer these questions. This information is very helpful, as we continue to develop a partnership to care for and educate our children together. If you would prefer to complete this form directly with one of our staff members, we can arrange a time to talk with you about this information.

Please fill out only one survey per family.

1. What descriptor best describes you?
   a. Parent  
   b. Foster Parent  
   c. Grandparent/Guardian  
   d. Teen parent  
   e. Other____________

2. Your gender/sex:
   a. Male  
   b. Female

3. Your age:
   a. 15 and under  
   b. 16-21  
   c. 22-27  
   d. 28-33  
   e. 34-39  
   f. 40-45  
   g. 46-51  
   h. 52-58  
   i. Over 60

4. Your ethnicity/race:
   a. White  
   b. African-American  
   c. Asian/Pacific Islander  
   d. Native American  
   e. Alaskan  
   f. Hispanic  
   g. Other____________

5. What is the primary language spoken in your home?
   a. English  
   b. Spanish  
   c. Other__________
6. What is your marital status?
   a. Single
   b. Married
   c. Divorced
   d. Separated
   e. Living with my partner
   f. Widowed
   g. Other__________

7. Who lives in your home?
   Mother, child, and one sibling

8. Number of children in the home?
   Ages | Child(ren)
   -------------------
   0 to 2 years old | 1
   3 to 5 years old | 1 (Child)
   6 to 13 years old
   14 to 17 years old

9. What is your education and employment status (check all that apply)?

<table>
<thead>
<tr>
<th>Mother</th>
<th>Education Status</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some High School</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School Graduate</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Vocational School</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some College</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associate Degree</td>
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<tr>
<td></td>
<td>Bachelor Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate Degree/Advanced Graduate Degree</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother</th>
<th>Employment Status</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employed full-time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employed full-time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seeking employment</td>
<td></td>
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<tr>
<td></td>
<td>Unemployed</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Pursuing Education/Professional Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other ____________</td>
<td></td>
</tr>
</tbody>
</table>

10. Does your family live:
    a. Alone as a family
    b. With relatives
    c. With friends
    d. In a shelter
    e. Homeless
    f. Other________
11. Do you have health insurance?
   a. Yes
   b. No

12. Does your child(ren) have health insurance?
   a. Yes
   b. No

13. If you don’t have insurance, are you eligible for Medicaid?
   a. No
   b. Yes
   c. Don’t know

14. Does your family have reliable transportation?
   a. No
   b. Yes, car
   c. Yes, carpool or ride sharing
   d. Yes, public transportation
   e. Other________________

15. What type(s) of childcare are you currently using?
   a. No other childcare used
   b. Older siblings
   c. Relatives
   d. Babysitter in the home
   e. Babysitter outside the home
   f. Other________________

About how many hours per week is your child (ren) in child care? ____ 40+ hours ________________

16. What is your annual household income?
   a. Less than $10,000
   b. $10,000 - $14,999
   c. $15,000 - $24,999
   d. $25,000 - $34,999
   e. $35,000 - $44,999
   f. $45,000 - $54,999
   g. Over $60,000

17. Do you receive Public Assistance?
   a. No
   b. Medicaid
   c. Social Security
   d. Food Stamps
   e. Housing
   f. Workers Compensation
   g. Unemployment Benefits
   h. Other________________
18. Where would you like to receive support (Circle all that apply):
   a. Education
   b. Employment services
   c. Food and nutrition support
   d. Health-related or medical help
   e. Budgeting or stretching income
   f. Housing improvements
   g. Resources in community
   h. Emergency rent, utility or shelter help
   i. Transportation
   j. Divorce Support Group
   k. English as a Second Language

19. Which community resources do you use or wish to use (Check all that apply):

<table>
<thead>
<tr>
<th>Resource</th>
<th>Use Currently</th>
<th>Would like to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community organizations</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Crisis intervention &amp; counseling</td>
<td></td>
<td></td>
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<tr>
<td>Education, literacy &amp; mentoring</td>
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<tr>
<td>Employment &amp; training</td>
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<tr>
<td>Mental health services</td>
<td></td>
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<tr>
<td>Information &amp; referral</td>
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<tr>
<td>Substance abuse treatment</td>
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<td></td>
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<tr>
<td>Emergency assistance (food, etc)</td>
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<td></td>
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<tr>
<td>Child welfare &amp; foster care</td>
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<td></td>
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<tr>
<td>Law enforcement</td>
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<tr>
<td>Culture &amp; art</td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family support services</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Public health services (IHS)</td>
<td></td>
<td></td>
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<tr>
<td>Legal aid</td>
<td></td>
<td></td>
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<tr>
<td>Recreation</td>
<td></td>
<td></td>
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<tr>
<td>Youth Boys and Girls Club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Churches &amp; Spiritual organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. How would you like to be involved in your child’s school experience?
   a. Helping in the classroom
   b. Helping with field trips and special events
   c. Serving on Parent Committee
   d. Translating, verbal or written
   e. Special Projects
   f. At Home Projects
   g. Other ____________________________