

Service Provider Survey

The Center on the Family with support from the Children's Trust Fund, is collecting information on programs providing services in the areas of family strengthening and child abuse and neglect prevention. We appreciate your assistance with this survey. Please mail or fax (808-956-4147) the completed form to us by **Thursday February 28, 2002**.

Name of Program (e.g. WIC) _____ Year Established _____

Name of Agency (e.g. Dept. of Health) _____

Director or Contact Person _____ Title _____

Street Address _____

City _____ Zip Code _____ Email _____

Phone _____ Fax _____

On the attached map of high school complexes, please **shade in the area(s)** in which your program provides services.

1. Which best describes the services provided by your program? (Select all that apply)
 - Family Support (relationships, resource management, training, etc.)
 - Parenting Support (child development, discipline, etc.)
 - Health Support (child or parent nutrition, disabilities, substance abuse, mental health, etc.)
 - Early Care and Education Support (childcare, preschools, language/motor development, social/emotional development, etc.)
 - Other (Describe) _____

2. Does your organization provide child neglect/abuse *prevention* services? Yes No
If yes please indicate the types of service you provide:
 - Telephone consultation services or hotlines
 - Home visitations (e.g. to provide emotional support, guidance toward positive parenting)
 - Resource center for parents and family
 - Educational training (e.g. parenting classes, early pre-natal training)
 - Childcare (e.g. crisis nurseries, respite care)
 - Other (Describe) _____

3. How many individuals (children & adults) receive services from your program annually? _____

4. Whom does your program serve? (Select all that apply)
 - parents adult caregivers
 - Children: 0-5 yrs 6-11 yrs 12-17 yrs
 - pregnant teens teen mothers teen fathers teen families

5. Approximately what **percent** of the total children served are:
____ % Immigrants ____ % in foster care ____ % special needs (physical, mental, or emotional)

6. Approximately what **percent** of the total families served are:
____ % Immigrants
____ % have adult members with special needs (physical, mental, or emotional)
____ % have elderly members with disabilities

7. Does your organization provide respite care? Yes No

If yes, please indicate the groups receiving respite care from your organization:

- Children with disabilities, chronic or terminal illness
- Children in danger of abuse or neglect
- Children who have experienced abuse or neglect
- Adults with special needs (physical, mental, or emotional)
- Elderly with disabilities

8. Do you keep a waiting list of individuals who want services, but cannot receive them? Yes No

a. If yes, how many people are presently on your waiting list? _____

b. If no, about how many individuals have you been unable to accommodate in the last six months? ____

c. To what services do you refer the wait list clients? _____

d. What would it take for your program to accommodate all those needing your services?

9. Approximately what percent of those served by your agency are receiving financial subsidies (i.e., WIC, Food Stamps, Welfare, etc.)? _____% of families served _____% of children served

10. Where are the majority of your services provided? at your Agency Clients' Home

Other: (Please specify) _____

11. Can your program serve **more** individuals with your present resources? Yes No

If yes, the reason for the under-utilization is due to: (Select all that apply.)

- lack of transportation among those needing services.
- location of the program.
- people are unable to afford our services.
- people haven't heard about us.
- Cannot compete with free programs

Other: _____

12. How many staff/service providers do you have? _____

13. Among your service provider staff (professionals and paraprofessionals), please enter the **number** of individuals with the following degrees completed (record the highest degree):

____ High school ____ Associate degree from a community college ____ Bachelor's degree ____ Master's degree or higher

14. What is the number of years your current staff (professionals and paraprofessionals) has been employed with your program? Number of staff employed for ____ Under 1 yr, ____ 1-2 yrs, ____ 3-4 yrs, ____ 5 yrs or more

15. How would you rate the overall quality of family strengthening and child abuse and neglect *prevention* resources in your community? Excellent Good Average Fair Poor

16. What aspects of your program are you particularly proud of (i.e., cultural curriculum, program licenses or accreditation, staffing expertise, etc.). Please describe them here and if needed on the reverse side of the page.

