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OMB control Number 0990-0421

Expiration Date: October 12, 2020

Caregiver Demographic Form

Site ID: _____

Please provide some information about yourself by completing this questionnaire. We will not report any of your responses by name. Thank you.

| BACKGROUND | | |
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| 1. In what county do you currently live? | _____ | |
| 2. Do you currently describe yourself as male, female or transgender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> None of these | |
| 3. Would you describe yourself as Hispanic or Latino? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. How would you describe your racial background? Select all that apply. | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| 5. What is your current marital status? | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living with someone | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| 6. What is the highest education level completed? Select one. | <input type="checkbox"/> 11 th grade or less <input type="checkbox"/> 12 th grade but no high school diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college or technical school | <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Professional degree (MD, JD, etc.) |
| 7. What is your current employment status | <input type="checkbox"/> Full-time employment for wages <input type="checkbox"/> Part-time employment for wages <input type="checkbox"/> Self-employed for wages <input type="checkbox"/> Presently not employed outside the home, looking for work | <input type="checkbox"/> Presently not employed outside the home, <u>not</u> looking for work <input type="checkbox"/> Disabled/unable to work <input type="checkbox"/> Refused/unknown |
| 8. What is your total household income? | <input type="checkbox"/> \$0 - \$3,000 <input type="checkbox"/> \$3,001 - \$16,500 <input type="checkbox"/> \$16,501 - \$24,000 <input type="checkbox"/> \$24,001 - \$34,500 | <input type="checkbox"/> \$34,501 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$124,999 <input type="checkbox"/> \$125,000 and greater <input type="checkbox"/> I prefer not to say |
| 9. Do you currently receive any public government benefits or benefits from "state-specific name" (e.g., Medicaid, food stamps, SSI, or welfare cash assistance)? | <input type="checkbox"/> Child care subsidies <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Disability benefits <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> Education and training assistance <input type="checkbox"/> Housing voucher or public housing <input type="checkbox"/> Medicaid | |

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| | <input type="checkbox"/> Medicare <input type="checkbox"/> Military medical insurance <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Social Security Insurance (SSI) <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) <input type="checkbox"/> State or local emergency assistance program <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Transportation subsidies <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Veteran's benefits |
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For Focus Groups: CAREGIVING

We are interested in learning more about your role as a caregiver and your relationship to the children for whom you provide care. Please answer the following questions about the minor children (under 18 years) you currently care for who live in your home.

| | | |
|---|---|---|
| 10. What type of caregiver would you say you are? Select all that apply. | <input type="checkbox"/> Adoptive parent or foster-to-adopt parent <input type="checkbox"/> Biological parent <input type="checkbox"/> Step parent <input type="checkbox"/> Relative caregiver or guardian | <input type="checkbox"/> Short-term foster <input type="checkbox"/> Long-term foster <input type="checkbox"/> Therapeutic foster <input type="checkbox"/> Other (please describe) _____ |
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| | | | |
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| 11. How many minor children (under 18 years of age) are you currently caring for that live in your home full time? | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more |
|---|---|--|--|

a. What are the ages of these children?

| | | | |
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| 12. How many of these children are your <u>biological, adopted, or step</u> children? | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more |
|--|---|--|--|

| | | | |
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| 13. For how many of these children are you a <u>kinship caregiver</u> (relative by blood or marriage)? | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more |
|---|---|--|--|

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| 14. How many of the minor children in your care are <u>foster</u> children? | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more |
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| a. Do you currently receive any public government benefits or benefits from "state-specific name" (e.g., Medicaid, food stamps, SSI, or welfare cash assistance) for any of the children involved in your care? | <input type="checkbox"/> Child care subsidies <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> Housing voucher or public housing <input type="checkbox"/> Medicaid <input type="checkbox"/> Military medical insurance <input type="checkbox"/> Social Security Insurance (SSI) <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) <input type="checkbox"/> State or local emergency assistance program <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | | |
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b. If yes, please indicate the name of the child welfare agency
