**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.**

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| **BACKGROUND** |
| 1. **In what county do you currently live?**
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **What is your sex**
 | * Male
* Female
* Other
 |
| 1. **How would you describe your racial background? Select all that apply.**
 | * American Indian or Alaska Native
* Asian
* Black or African American
 | * Native Hawaiian or Other Pacific Islander
* White
 |
| 1. **Would you describe yourself as Hispanic or Latino?**
 | * Yes
* No
 |
| 1. **What is your current marital status?**
 | * Single
* Married
* Living with someone
 | * Separated
* Divorced
* Widowed
 |
| 1. **What is the highest education level completed? Select one.**
 | * 11th grade or less
* 12th grade but no high school diploma
* High school diploma or GED
* Some college or technical school
 | * Associate degree
* Bachelor’s degree
* Master’s degree
* Doctorate degree
* Professional degree (MD, JD, etc.)
 |
| 1. **What is your current employment status**
 | * Full-time employment for wages
* Part-time employment for wages
* Self-employed for wages
* Presently not employed outside the home, looking for work
 | * Presently not employed outside the home, not looking for work
* Disabled/unable to work
* Refused/unknown
 |
| 1. **What is your total household income?**
 | * Less than $25,000
* $25,000 to $34,999
* $35,000 to $49,999
* $50,000 to $74,999
 | * $75,000 to $99,999
* $100,000 to $149,999
* $150,000 or more
* I prefer not to say
 |
| 1. **Do you currently receive any public government benefits (e.g., Medicaid, food stamps, SSI, or welfare cash assistance)?**
 | * Yes
* No
 |
| **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.**  |
| 1. **What type of caregiver would you say you are? Select all that apply.**
 | * Adoptive parent or foster-to-adopt parent
* Biological parent
* Step parent
* Relative caregiver or guardian
 | * Short-term foster
* Long-term foster
* Therapeutic foster
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. **How many minor children (under 18 years of age) are you currently caring for that live in your home full time?**
 | * None
* 1
* 2
 | * 3
* 4
 | * 5
* 6 or more
 |
| * 1. **What are the ages of these children?**
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **How many of these children are your biological, adopted, or step children?**
 | * None
* 1
* 2
 | * 3
* 4
 | * 5
* 6 or more
 |
| 1. **For how many of these children are you a kinship caregiver (relative by blood or marriage)?**
 | * None
* 1
* 2
 | * 3
* 4
 | * 5
* 6 or more
 |
| 1. **How many of the minor children in your care are foster children?**
 | * None
* 1
* 2
 | * 3
* 4
 | * 5
* 6 or more
 |
| * 1. **Are you involved with child welfare for any of the children involved in your care?**
 | * Yes
* No
 |
| * 1. **If yes, please indicate the name of the child welfare agency**
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |