

Center for States GovDelivery Subscription Form



THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0531. The control number expires on 9/25/2025.

Stay connected with the Center for States! Join our email community to stay in touch and in the know about what's happening at the Center. You'll receive the latest updates about new resources, services, and events that can help support the work you do with children and families. Your participation is voluntary.

Let us get to know you! Share information about yourself and your work to receive the information that's most relevant to you. Your privacy is important to us and your personal information will be kept private.

1. First Name: [Text]
2. Last Name: [Text]
3. Email*: [Text]
4. State or territory: Select [picklist]
5. What best describes your employer organization? *
 - a. State Child Welfare Agency
 - b. Territorial Child Welfare Agency
 - c. County Child Welfare Agency
 - d. Tribal Child Welfare Agency
 - e. Private Child Welfare Agency Under Contract for Services
 - f. Community-Based Service Provider
 - g. College/University
 - h. Legal Systems/Courts
 - i. Federal Government
 - j. Technical Assistance Provider
 - k. Other
6. What best describes your primary area(s) of work responsibility? *
 - a. Child Welfare Leadership
 - b. Continuous Quality Improvement/Quality Assurance/Data Analysis
 - c. CFSR/PIP/CFSP/APSR
 - d. Policy Development
 - e. Child Welfare Training
 - f. Child Welfare Information Systems
 - g. Indian Child Welfare Act Implementation
 - h. Child Protective Services - Intake

- i. Child Protective Services – Investigation/Assessment
 - j. Primary Prevention
 - k. In-Home Services
 - l. Foster Care – Case Management
 - m. Foster Care – Recruitment/Training/Licensing of Resource Families
 - n. Foster Care – Independent Living/Youth
 - o. Adoption/Guardianship
 - p. Youth Leadership/Participation
 - q. Family Leadership/Participation
 - r. Court Improvement
 - s. Legal Representation (of agency, parents, children)
 - t. Judicial Decision Making
 - u. Social Work Education
 - v. Research and Evaluation
 - w. Student
 - x. Other Area of Child Welfare-Related Work
 - y. None of the Above/Not Applicable
7. What best describes your child welfare agency role?
- a. State Director
 - b. Regional/Area Director
 - c. County Director
 - d. Program Manager/Coordinator
 - e. Supervisor
 - f. Front-line staff/worker
 - g. Student Intern
 - h. Family Leader
 - i. Other
 - j. Not Applicable
8. We would like your feedback to improve our messaging and service delivery. May we contact you (in 3 to 6 months) to schedule a telephone interview or focus group?
- a. Yes
 - b. No

☐ By checking this box, you consent to our [Privacy Policy - Child Welfare Capacity Building Collaborative*](#)