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.
   ____________________________________________________________________________
   ____________________________________________________________________________