The Center on the Family is collecting information on programs providing services in the areas of family strengthening and child abuse and neglect prevention. As well as information on programs providing services to pregnant women and children. We appreciate your assistance with this survey. Please fax (808-956-4147) the completed form to us by Monday March 4, 2002.

Name of Program (e.g. Aiea GRADS) __________________________________________________ Year Established ________________

Name of Agency (e.g. Dept. Education) ______________________________________________________________________________

Director or Contact Person _________________________________ Title__________________________________________________

Street Address _______________________________________________________________________________________________

City _______________________ Zip Code _______________ Email ____________________________________________________

Phone __________________________________  Fax _______________________________________

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 (teens and infants) receive services from your program annually (give number based on 2000-2001 school years)? _________

4. Whom does your program serve? (Select all that apply)
   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/infants served are:
   ___ % Immigrants ___ % in foster care ___ % special needs (physical, mental, or emotional)
   ___ % Hawaiian/Part-Hawaiian with special needs
   Define the child/infant's special needs: __________________________________________________

6. Approximately what percent of the total families (teen parent and child) served are:
   ___ % Hawaiian/Part-Hawaiian
   ___% Immigrants
   ___ % have teen/adult members with special needs (physical, mental, or emotional)
   ___ % have elderly members with disabilities
7. 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 (teens and infants)? _______
   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 (teens and infants)?_______________________________
      ____________________________________________________________________________________
   d. What would it take for your program to accommodate all those (teens and infants) needing your services?
      ____________________________________________________________________________________
      ____________________________________________________________________________________

1. Approximately what percent of those served by your agency are receiving financial subsidies (i.e., WIC, Food
Stamps, Welfare, etc.)?                _____% of families served (teen parent and child)
                                           _____% of Hawaiian/part Hawaiian

2. Do you provide any services outside of the school (i.e. Teen homes)?     ❑ Yes     ❑ No
   If yes specify the location?_____________________________________________________________
   ____________________________________________________________________________________

3. Can your program serve more individuals (teens and infants) 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 haven't heard about us.
   Other:  ______________________________________________________________________________

4. How many GRADS staff do you have?   _______

5. Among your GRADS service provider staff, 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
   _____ cultural specialist/kupuna  _____ rich community experience

6. What is the number of years your current GRADS staff has been employed with your program? Number of staff
   employed for ____Under 1 yr, ____1-2 yrs, ____3-4 yrs, ____5 yrs or more

7. Are there enough parenting support services to meet the need in your community?
   ❑ Very adequate  ❑ Somewhat adequate  ❑ Somewhat inadequate  ❑ Very inadequate

8. 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

9. Does your mission/vision include any Hawaiian values or cultural practices?  ❑ Yes  ❑ No
   If yes, please describe the practice: _____________________________________________________
   ____________________________________________________________________________________

10. 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.
    ____________________________________________________________________________________
    ____________________________________________________________________________________