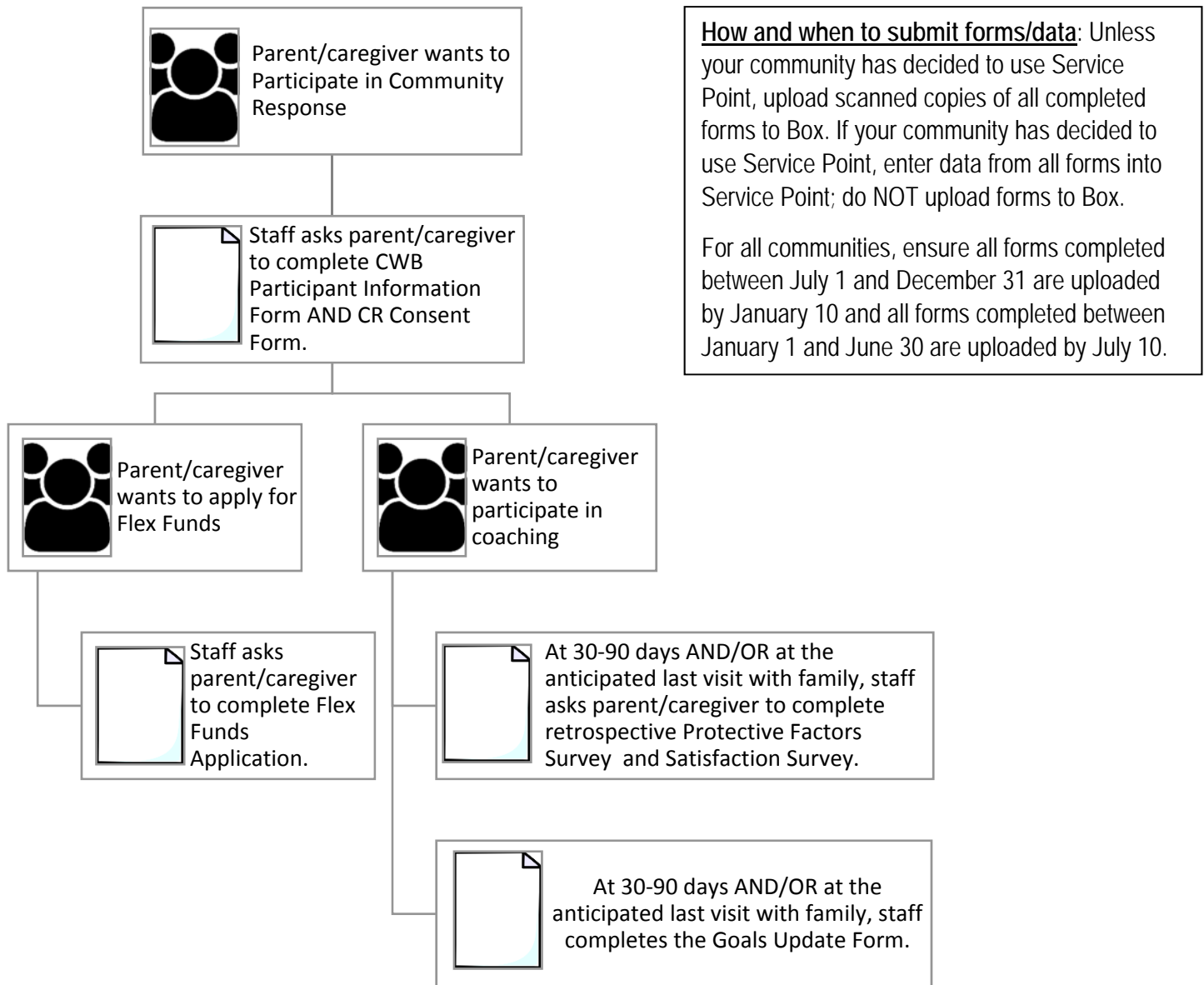


COMMUNITY WELL-BEING COMMUNITY RESPONSE EVALUATION PACKET

INSTRUCTIONS FOR STAFF WORKING WITH FAMILIES

This evaluation packet contains all forms that will be used to evaluate of Community Response during the 2017-2018 evaluation year. The 2017-2018 evaluation year starts July 1, 2017 and ends June 30, 2018. Figure 1, below, describes when and by whom each form should be completed, and how to submit forms/data.

Figure 1: When and by Whom Forms should be Completed



Today's Date: ____/____/____

COMMUNITY WELL-BEING (CWB) PARTICIPANT INFORMATION FORM

INSTRUCTIONS FOR STAFF: For **family-focused strategies** funded through Nebraska Children and Families Foundation (e.g. PCIT, PIWI, TEAMS, Common Sense Parenting) please ask participants to complete **ONLY** part 1 below. For **Community Response**, please ask participants to complete **BOTH** part 1 and 2, below.

1. Demographics

Participant ID - First & Last Initial and Birth Month and Day (Example: bj0705) Number of Children in Household Under 18 County

What is your gender?

Woman Man Another Gender: _____ Prefer not to say

What is your race/ethnicity? (check all that apply)

White Black or African American Hispanic or Latino Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Other: _____

→ Are you part of a federally recognized tribe? **Y** or **N**

Prefer not to say

Optional:

Are you receiving any of the following resources?

Medicaid Title XX Free and Reduced Lunch

Do you have a disability?

Yes No Prefer not to say

Do any of your children have a disability?

Yes No Prefer not to say

→ If yes, how many of your children? _____

2. Contact Info and Current Services and Supports

| | | | |
|-------------------------|---------------|------------------------------|-----------------|
| Name (First) | Name (Middle) | Name (Last) | |
| Phone Number | Email Address | Birth Date ____/____/____ | |
| Current/Mailing Address | City | State | County Zip |

I am **currently** receiving the following services and supports... (check any that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Opportunity Passport | <input type="checkbox"/> Flex Fund (in the past 12 mo.) | <input type="checkbox"/> Youth Leadership Council |
| <input type="checkbox"/> Bridge to Independence Services | <input type="checkbox"/> Other Indep. Living/Life Skills Services | <input type="checkbox"/> Housing Services |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring) | <input type="checkbox"/> Mentoring Services |
| <input type="checkbox"/> Family Finding Services | <input type="checkbox"/> Transportation Services (e.g. IntelliRide) | <input type="checkbox"/> Food Services (e.g. local pantries) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance Use Services |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Credit Repair Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Support Services Fund (in the past 12 mo.) | <input type="checkbox"/> Other: _____ | |

I am **currently** receiving the following types of public assistance... (check any that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Aid to Dependent Children |
| <input type="checkbox"/> Childcare Subsidy/Title XX | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Housing Voucher/Section 8 | <input type="checkbox"/> TANF | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other: _____ | | |

What is your most urgent need right now?

Do you have enough people to count on when you need someone to give you good advice?

Yes → About how many? _____ No Prefer not to say

Community Well Being: Community Response Consent Form Authorization for Sharing Information

| Parent(s)/Caregiver(s) Served: First & Last Name |
|--|
| |
| |
| |

The following information is collected as part of Community Response evaluation.

- ✓ Flex Fund Application (if applicable)
- ✓ Child & Family Information
 - Demographic Information
 - Contact Information
 - Current Services & Supports
- ✓ Family Surveys (if applicable)
 - FRIENDS Protective Factors Survey
 - Community Response Goals Update Form
 - Satisfaction Survey

I hereby grant permission for _____ (Community Response Agency) to share this information with Nebraska Children and their contracted evaluators including Munroe-Meyer Institute, as part of the evaluation of this program that is funded in part by Nebraska Children. You are not required to share this information. If you decide not to have this information shared, it will not affect you or your standing in our program in any way. For evaluation reporting purposes, your information will always be combined and will not be identifiable at the individual family level.

| Parent/Guardian Signature | Date | Witness | Date |
|---------------------------|------|---------------------------|------|
| | | | |
| | | Staff position of witness | |
| | | | |

If you have questions about the evaluation, please contact Barbara Jackson at Munroe-Meyer Institute at 402-559-5765 or Catherine Brown at Nebraska Children and Families Foundation at 703-819-4585.

COMMUNITY RESPONSE FLEX FUND APPLICATION FORM

Date of Request: ____/____/____

How can we help?

1. What is your need? About how much does it cost? Please include as many details as you can.

2. I think that these funds will help me as a parent and/or caregiver because....

Documents needed

You will be asked to provide documentation for certain needs such as rent support or unpaid bills, so bring them with you if you can. **Examples include: Shut-off notices from utility companies, eviction notices, unpaid medical bills, estimate of health services**

A few questions about you

Name: _____
First Middle Last

| | | | | | |
|--------------------------------|---------------------------------|--------------|-------------------------------------|------------|--|
| Phone Number | Email Address (optional) | | Birth Date ____/____/____ | | |
| Current/Mailing Address | City | State | County | Zip | |

Where should we send your payment? _____
Business Name Business Contact Person Name

_____ Business Address _____ City _____ State _____ Zip _____ Business Phone Number

Do **NOT** complete this section. This will be filled out by the Central Navigator in your community.

Date of Payment: ____/____/____ **Payment method:** Check (check #_____) Gift Card Other:

| | | | |
|-----------------------------|-------------------------------------|---|-------------------------------|
| Housing amount \$ | Detailed need (ex: rent, utilities) | Employment amount \$ | Detailed need (ex: uniform) |
| Daily living \$ | Detailed need (ex: food) | Physical/Mental/Dental Health amount \$ | Detailed need (ex: co-pay) |
| Education amount \$ | Detailed need (ex: textbooks, fees) | Parenting amount \$ | Detailed need (ex: childcare) |
| Transportation amount \$ | Detailed need (ex: car repairs) | Other amount \$ | Detailed need |

Nebraska Children and Families Foundation PROTECTIVE FACTORS SURVEY- RETROSPECTIVE

Participant ID: _____

Today's Date: ____ / ____ / ____

First & Last Initial and Birth Month and Day (Example: bj0705)

Agency: _____

CWB Community: _____

Program Staff Name: _____

Strategy Name: _____

Example: Community Response (Long Term), Together Everyone Achieves More Success (TEAMS)

Part 1. Please *circle* the number that describes how often the statements are true for you or your family – **first think of NOW**, and in the row below reflect back on what was true **BEFORE**. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time, ranging from never to always. The number 4 means that the statement is true about half the time.

| | | Never | Very Rarely | Rarely | About Half the Time | Frequently | Very Frequently | Always |
|---|--------|-------|-------------|--------|---------------------|------------|-----------------|--------|
| 1. In my family, we talk about problems. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. When we argue, my family listens to "both sides of the story." | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. In my family, we take time to listen to each other. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. My family pulls together when things are stressful. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. My family is able to solve our problems. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

| | | Never | Very Rarely | Rarely | About Half the Time | Frequently | Very Frequently | Always |
|--|--------|-------|-------------|--------|---------------------|------------|-----------------|--------|
| 6. I have others who will listen when I need to talk about my problems. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. When I am lonely, there are several people I can talk to " | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I would have no idea where to turn if my family needed food or housing. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I wouldn't know where to go for help if I had trouble making ends meet. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

PARENT/CAREGIVER COMPLETES AT OR NEAR END OF CR PARTICIPATION

| | | | | | | | | |
|---|--------|---|---|---|---|---|---|---|
| 10. If there is a crisis, I have others I can talk to. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. If I needed help finding a job, I wouldn't know where to go for help. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

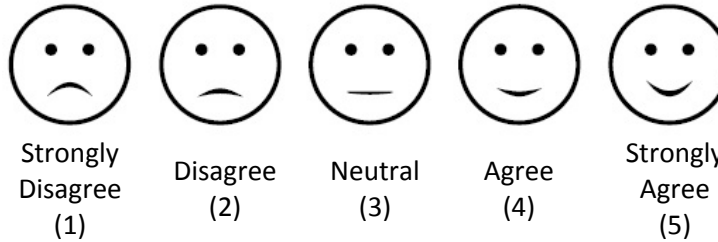
Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child you hoped would most benefit from your participation.

| | | Strongly Disagree | Mostly Disagree | Slightly Disagree | Neutral | Slightly Agree | Mostly Agree | Strongly Agree |
|--|--------|-------------------|-----------------|-------------------|---------|----------------|--------------|----------------|
| 12. There are many times when I don't know what to do as a parent. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I know how to help my child learn." | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. My child misbehaves just to upset me. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

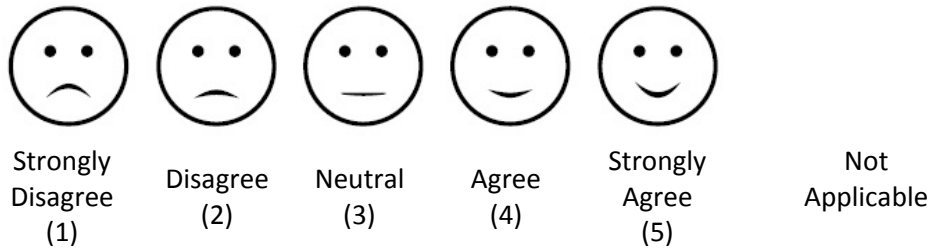
Part IV. Please tell us how often each of the following happens in your family.

| | | Never | Very Rarely | Rarely | About Half the Time | Frequently | Very Frequently | Always |
|---|--------|-------|-------------|--------|---------------------|------------|-----------------|--------|
| 15. I praise my child when he/she behaves well. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. When I discipline my child, I lose control. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. I am happy being with my child. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. My child and I are very close to each other. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I am able to soothe my child when he/she is upset. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I spend time with my child doing what he/she likes to do. | NOW | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | BEFORE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

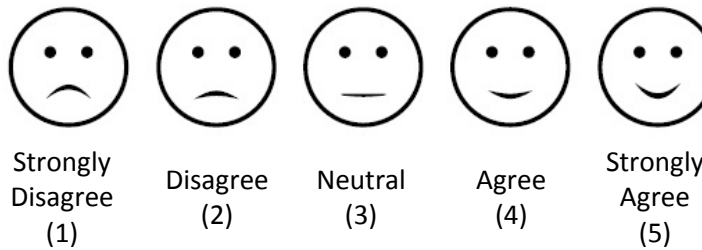
1. I felt respected and valued as a participant. Circle the option that best describes your opinion.



2. I have learned new techniques that improve my interactions with my child or children. Circle the option that best describes your opinion, or note if not applicable.



3. I feel my family relationships are better than before. Circle the option that best describes your opinion.



4. What could we have done differently to make things better?

5. What were the benefits to you and your family?

I hereby grant permission for _____
 (Agency Name)

to share this survey and the results of the Protective Factors Survey with Nebraska Children and their contracted evaluators, Munroe-Meyer Institute, as part of the evaluation of this program that is funded in part by Nebraska Children.

| Parent Signature | Date | Witness | Date |
|------------------|------|---------|------|
| | | | |

