

\*\*\* Please help us inform funders, kinship providers, and policy makers about your needs and circumstances. Your responses are anonymous. We appreciate your time and input.\*\*\*

**What is your gender?** Please circle one.

- Female
- Male

**What is your age?** \_\_\_\_\_

**Circle which national origin/race best describes you?**

- African American
- Asian American or Pacific Islander
- Caucasian
- Hispanic
- Native American
- Other, please specify \_\_\_\_\_

**Are you employed?**

- Yes
- No

*If you answered YES, please circle your current household income.*

- Less than 10,000
- 10,001 to 25,000
- 25,001 to 50,000
- Greater than 50,001

**How many years or months have you been raising the kinship child who has been with you the longest?**

\_\_\_\_\_

**How many kinship children are you currently raising?** \_\_\_\_\_

**For each child, please tell us his/her age.**

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- 
- 
- 

**What is your relationship to your kinship child/children?** \_\_\_\_\_

**What is your legal status with your kinship child/children?** (circle one)

- Guardian
- Temporary Guardianship
- Foster parent
- Permanent Legal Custodianship (PLC)
- Adoption
- Third party custody
- Informal arrangement

**What circumstances led to your raising the child that has been with you the longest?**

- Incarceration
- Department of Human Services (DHS) involvement
- Military services
- Death
- Illness
- Mental Health/Addiction
- Other, please explain

**How likely is it that you will raise your kinship child/children until the age of 18 years old?** (circle one)

- Not Likely
- Somewhat likely
- Definitely
- Don't know

**Please circle any of the challenges below impacting your family.**

- Housing
- Legal Issues/Court processes
- Your own emotional health
- Child's emotional health
- Your own physical health
- Child's physical health
- Child care arrangements
- Your relationship with the child's parent
- Child's relationship with parent
- Access to respite services
- Child's behavior
- Finances
- Delaying your retirement
- Paying for child's medical care
- School related issues
- Long term planning for the child
- Background information of the child
- Clothing
- Parenting issues
- Other, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Where do you currently receive help with raising your child/children?** (circle any that apply)

- Spouse
- Friends
- Support groups
- Public social service agencies (state, county, or city)
- Mental Health Provider
- Other relatives
- Private agency
- Religious organization
- School
- Family support center
- Other, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please indicate which county you reside in:*

\_\_\_\_\_

Please return to Karen Fisk by email at [kfisk@turningpointsforchildren.org](mailto:kfisk@turningpointsforchildren.org)

Or by mailing to:  
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**THE KINSHIP INSTITUTE**

*Presents*

**A**

**Relative Caregiver  
COMMUNITY SURVEY**

