

Kinship Caregiver Family Resource Scale Instructions

Instructions for Kinship Specialist:

1. This is a set of instructions on how to administer the Kinship Caregiver Family Resource Scale to the kinship caregiver. The first page is information on family and child identification and should be completed by the Kinship Specialist completing the Kinship Support Plan. Always complete or update the information on the first page for each Family Resource Scale completed.
2. The Family Resource Scale (FRS) questionnaire should be completed by the kinship caregiver(s), one per kinship household, within the first 30 days of the kinship caregiver accepting Kinship Navigator services and readministered at a minimum of every 90 calendar days. If the caregiver(s) needs help in understanding the questions or how to complete the FRS, the Kinship Specialist can assist the caregiver(s) in completing the form. This may be especially important for caregivers for whom English is not their first language, if the caregiver has difficulty with reading or understanding the items on the FRS, etc. It will be important to explain to the kinship caregiver(s) the purpose of the FRS to gain insight into their needs for support.
3. The FRS is intended for assessment of the kinship caregiver's current family needs at a point in time. Based upon a thorough discussion with the caregiver, the FRS will guide the development of the Kinship Support Plan and in reviewing progress of the support plan every 90 days. The Kinship Specialist will review the completed FRS and ask follow-up questions to consider how placement of a child(ren) may or has impacted the caregiver's ability to meet the child's needs when priority needs have been identified in the assessment.

Kinship Caregiver Family Resource Scale

Family and Child Information

Kinship Caregiver(s) Name:

Child Name: _____

Child State ID: _____

Additional Children placed with the Caregiver(s):

Others in Home:

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Instructions for Kinship Caregiver: This questionnaire is designed to assess what resources you need for your family. For each item, please check the response that best describes how well each need is met on a regular basis (month to month). You will NOT be penalized for any answers in any way. Though we may not be able to help you with all the items, we hope that this will help us to understand your needs so that we may try to make sure that you, your family, and the child(ren) are safe. You will be asked to complete this scale about every three months to make sure that your support plan continues to meet your family's ongoing needs.

Kinship Caregiver Name: _____ **Date:** _____

To what extent are the following resources adequate for your family:	Does not Apply	Not at All	Seldom	Some-times	Usually	Always
1. House or apartment (stable housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Food for 2 meals a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Money to buy necessities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heat for house or apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Money to pay utility bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Money to pay monthly bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enough clothes for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Good job for self or spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Money to buy supplies for your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Public assistance (SSI, TANF, Medicaid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical insurance for child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical insurance for yourself and spouse/ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dental care for self or spouse/ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Dental care for your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Dependable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Furniture for your home or apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Time to get enough sleep/rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Time to be alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Time for family to be together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Time to be with your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Time to be with your spouse/ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Access to a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Babysitting for your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Child care for your child(ren) while at work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Time to socialize with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Time to keep in shape or looking the way you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toys for your child (ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Money to buy things for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Money to save	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Travel/vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

Have there been any changes in who lives in your home or a change in your child care provider since the last time you completed this scale? ☐ Yes ☐ No