



Demographic Information

(Use with form CR1)

Family ID _____ Zip Code _____ Intake Date ___/___/___

Care Recipient Information

Child A Male Female DOB ___/___/___ Caregiver's relationship code ___ Child's ethnicity code ___

Child B Male Female DOB ___/___/___ Caregiver's relationship code ___ Child's ethnicity code ___

Child C Male Female DOB ___/___/___ Caregiver's relationship code ___ Child's ethnicity code ___

Child D Male Female DOB ___/___/___ Caregiver's relationship code ___ Child's ethnicity code ___

Caregiver's Relationship Code

A = Birth parent	B = Adoptive parent	C = Grandparent	D = Sibling
E = Other kinship care	F = Other	G = Foster care provider	

Ethnicity Code

A = Native American	B = African American	C = Hispanic	D = Asian	E = Pacific Islander
F = Caucasian	G = Bi-racial	H = Other		

Caregiver Information

Ethnicity	A = Native American	B = African American	C = Hispanic	D = Asian
	E = Pacific Islander	F = Caucasian	G = Bi-racial	H = Other

Marital Status	A = Married or sharing household with committed partner	B = Single	C = Divorced	D = Widowed
		E = Separated		

Housing	A = Own	B = Rent	C = Transitional (shelter, temporarily with friends/relatives)	D = Homeless
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Family income	A = \$0-\$9,999	B = \$10,000-\$19,999	C = \$20,000-\$29,999	D = \$30,000-\$39,999
	E = \$40,000-\$49,999	F = \$50,000-\$59,999	G = \$60,000-up	

Education	A = Less than H.S./GED	B = H.S. or GED	C = Some College	D = 4 yr. Degree/ higher
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ARCH Evaluation Form CR1 for Crisis Respite (Initial Evaluation)

Family ID _____ Care begin date ___/___/___ Care end date ___/___/___

1) What were the main reasons that you were seeking crisis care? Crisis related to—

- a Housing, b Employment, c Alcohol/drug, d Mental health, e Parenting difficulties, f Domestic violence, g Caregiver/family medical, h Self care, i Risk of abuse or neglect, j Legal, k Education, l Other

Describe "other" if applicable: _____

2) How long did you need crisis respite on this occasion before contacting us?

- a Less than a day, b One to two days, c More than two days but less than a week, d More than a week, but less than a month, e More than a month

3a) Have you used our services before? Yes No 3b) If yes, how many times (estimate if necessary) _____

Table with 8 columns (Not at all stressed to Extremely stressed) and 6 rows of questions regarding parental stress and child safety during crisis care.

10) If our program had not been available, what alternative plans would you have needed to make?

- a Missed school, work or job interview/opportunity. b Delay attending to my own or other family member's medical needs. c Kept child with me in a situation that may have been inappropriate for a child. d Left child with someone that I did not feel comfortable with as a caregiver for my child(ren). e Kept the child with me in an environment where he/she may have been exposed to danger. f Left child in the care of another child (if this were your alternative, age of caregiving child: _____). g Left child unattended. h Requested a foster care placement. i Other (describe) _____. j I would prefer not to answer.



ARCH Evaluation Form CR1 for Crisis Respite (Initial Evaluation)

11) Did the care you received permit you to work on problems in any of the following areas? *If you checked "yes," please tell us how well you were able to resolve the problem.*

		Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
A. Housing	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
B. Employment	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
C. Alcohol/drug treatment	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
D. Mental health	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
E. Parenting	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
F. Domestic violence	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
G. Medical	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
H. Self care (rest, etc)	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
I. Risk of abuse or neglect	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
J. Legal	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
K. Education	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7
L. Other	<input type="checkbox"/> no <input type="checkbox"/> yes	1	2	3	4	5	6	7

If "other," please describe:

	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
12) Was the amount of time that your child spent in crisis care sufficient for you to deal with the issues that led you to need care?	1	2	3	4	5	6	7
	Highly Unlikely	Quite Unlikely	Somewhat Unlikely	Not Sure	Somewhat Likely	Quite Likely	Highly Likely
13) If our program had not been available, how likely is it that your child might have been placed in foster care or some other form of out-of-home care?	1	2	3	4	5	6	7
	Never	Very Seldom	Occasionally	Half of the Time	Often	Most of the Time	All of the Time
14) Without services from this program, are you able to access safe and reliable child care in an emergency?	1	2	3	4	5	6	7

15) Do you think that you may use our services again in the future? Yes No Maybe

Thank you for completing this questionnaire.