

FOR USE BY PROGRAM STAFF ONLYThis form was: Completed by the caregiver/parent Completed by program staff as part of an interview**Wraparound Fidelity Index Short Form (WFI-EZ)
CAREGIVER FORM**

This survey is for a **caregiver** of a youth in wraparound. We want to ask you about the experiences that you and your family have had as part of the Wraparound program, so we can make it better. You do not have to answer any questions that you don't want to, and you may stop your participation at any time.

Thank you very much for your time.

Youth Information**Form completed on...**

__/__/__

Youth/Family ID (The person who gave you this survey will give you this ID, or fill it in for you):

Wraparound Site Location:

Is your child of Hispanic descent? Yes No**What is the child's race?**

- African American
 Asian/Pacific Islander
 Caucasian
 Mixed Race
 Native-American/Alaska Native
 Other (please specify) _____

Who has legal custody of the child?

- Two birth parents OR one birth parent and one step parent
 Birth mother only
 Birth father only
 Adoptive parent(s)
 Foster parent(s)
 Sibling(s)
 Aunt and/or uncle
 Grandparent(s)
 Friend(s)
 Ward of the state
 Other (please specify): _____

Wrap-Facilitator ID (The person who gave you this survey will give you this ID, or fill it in for you)

What is your child's birthday?

__/__/____ (MM/DD/YYYY)

How old is your child?

Child's Gender: Male Female

How many months have you been participating in Wraparound? _____

What is your relationship to the child?

- Birth parent
 Adoptive parent
 Foster parent
 Live-in partner of parent
 Sibling
 Aunt or uncle
 Grandparent
 Cousin
 Other family relative
 Step parent
 Friend (adult friend)
 Other (please specify): _____

Section A: Basic Information

For the following questions, please respond either "Yes," or "No."

A1: My family and I are part of a team (e.g., "wraparound team," "child and family team"), AND this team includes more people than just my family and one professional.

Yes**No**

A2: Together with my team, my family created a written plan ("plan of care" or "wraparound plan") that describes who will do what and how it will happen.

A3: My team meets regularly (for example, at least every 30-45 days).

A4: Our wraparound team's decisions are based on input from me and my family

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B20: Because of wraparound, when a crisis happens, my family and I know what to do.	<input type="checkbox"/>					
B21: Our wraparound team has talked about how we will know it is time for me and my family to transition out of formal wraparound.	<input type="checkbox"/>					
B22: At each team meeting, my family and I give feedback on how well the wraparound process is working for us.	<input type="checkbox"/>					
B23: I worry that the wraparound process will end before our needs have been met.	<input type="checkbox"/>					
B24: Participating in wraparound has given me confidence that I can manage future problems.	<input type="checkbox"/>					
B25: With help from our wraparound team, we have been able to get community support and services that meet our needs.	<input type="checkbox"/>					

Any additional comments about your family's experiences in wraparound, or about your wraparound experiences in general?

Section C: Satisfaction

For the following statements, please think about your satisfaction with wraparound. Indicate how much you agree with each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C1: I am satisfied with the wraparound process in which my family and I have participated	<input type="checkbox"/>					
C2: I am satisfied with my child or youth's progress since starting the wraparound process	<input type="checkbox"/>					
C3: Since starting wraparound, our family has made progress toward meeting our needs	<input type="checkbox"/>					
C4: Since starting wraparound, I feel more confident about my ability to care for my child/youth at home	<input type="checkbox"/>					

Any additional comments about your satisfaction with wraparound?

Section D: Outcomes

For the following questions, please respond either "Yes," or "No."

Yes **No** **Don't Know**

D1: Since starting wraparound, my child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2: Since starting wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3: Since starting wraparound, my child or youth has had a negative contact with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4: Since starting wraparound, my child or youth has been suspended or expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very much	A good deal	A little bit	Not at All	Don't Know
<i>In the past month, my child or youth has experienced...</i>					
D5: Problems that cause stress or strain to me or a family member	<input type="checkbox"/>				
D6: Problems that disrupt home life	<input type="checkbox"/>				
D7: Problems that interfere with success at school	<input type="checkbox"/>				
D8: Problems that make it difficult to develop or maintain friendships	<input type="checkbox"/>				
D9: Problems that make it difficult to participate in community activities	<input type="checkbox"/>				

Any additional comments about your satisfaction with wraparound, or about what has happened to your child/youth since the start of wraparound?

Again, thank you very much for your time.