

DCYF End User Screener Survey

Thank you for your interest in telling us about your experience receiving DCYF services. To ensure that you are eligible for this study, please complete the brief survey below. If you are eligible, we will email you a link to sign up to take part in the research at a time that works for you. If you are eligible and participate in the study, you can receive a gift card of up to \$50.

* 1. Do you live in Washington State?

☐ Yes

☐ No

* 2. Are you receiving or have you received in the last 2 years any of the following **in-home services** (select all that apply)

☐ Crisis Family Intervention (CFI)

☐ **Family Preservation Services (FPS)**

☐ Functional Family Therapy (FFT)

☐ Incredible Years (IY)

☐ Intensive Family Preservation Services (IFPS)

☐ Parent Child Interaction Therapy (PCIT)

☐ **Positive Parenting Program (Triple P)**

☐ Promoting First Relationships (PFR)

☐ Safecare☐ Other (please specify)☐ None of the above

* 3. Are you receiving or have you received in the last 2 years any of the following **Professional Services?** (select all that apply)

☐ Alternatives for Families Cognitive Behavioral Therapy☐ Chemical Dependency Assessment and Treatment☐ **Cognitive Behavioral Therapy (CBT)**☐ Counseling, Therapy, Crisis Response or Treatment with Intake Assessment☐ **Developmental Assessment**☐ Dialectical Behavioral Therapy (DBT)☐ Domestic Violence Evaluation/Treatment☐ **Parenting Assessment**☐ Parenting Instruction☐ Psychiatric Services☐ Psychological Services☐ Sexual Deviancy Evaluation (Adults Only)

☐ Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

☐ Other (please specify)

☐ None of the above

* 4. Are you receiving or have you received in the last 2 years any of the following **other contracted services**?

☐ Behavior Rehabilitation Services (BRS)

☐ Child Placing Agency

☐ Emergent Initial Family Time

☐ **Emergent Placement Services**

☐ Family Time/Sibling Visit Services

☐ Foster Parent Pre-Service Co-Trainer

☐ **Health & Safety Visit Out of State**

☐ Independent Living

☐ Medically Fragile

☐ Network Administration

☐ Resource Assessment Center

☐ Respite Care and Foster Care Child Support Aide Services

☐ **Responsible Living Skills Program (RLSP)**

☐ **Sexually Aggressive Youth Treatment (SAY)**

- ☐ Short-term Case Aide Support Services
- ☐ Special CPA Group Receiving Care Services
- ☐ Adoption Purchase Services

☐ **Behavior Rehabilitation Services**

- ☐ Case Aide Services
- ☐ Concrete Goods
- ☐ Foster Parent Pre-Service Co-Trainer
- ☐ Interpretive Services
- ☐ Residential & Outpatient Substance Abuse Treatment Facilities
- ☐ Other (please specify)

☐ None of the above

* 5. What is your gender?

☐ Male

☐ **Female**

☐ Non binary

☐ Other (please specify)

* 6. What is your racial background?

☒ **White**

☐ Black or African American

☐ Hispanic or Latino

☐ Asian or Asian American

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

☐ Other (please specify)

* 7. Are you a refugee?

☐ Yes

☒ **No**

* 8. Are you an immigrant?

☐ Yes

☒ **No**

* 9. Are you a member of the LGBTQ2+ community?

☐ Yes

☒ **No**

* 10. Do you have a disability?

☐ Yes

☒ **No**

* 11. Do you require interpretive services?
(including ASL)

☐ Yes

☒ **No**

* 12. From what organization did you hear about
this study?

Facebook

* 13. What language would you like to conduct the
interview in?

☒ **English**

☐ Spanish

* 14. Would you like to take part in a 30 minute
interview (for a \$25 gift card), conduct a 10-minute
survey (for a \$25 gift card), or both (for a \$50 gift
card)

☐ Interview

☐ Survey

☒ **Both Interview and survey**

* 15. Thank you for completing this survey. Please enter your email. If you are eligible to take part in the research, we will send you a link to set up a time to complete your interview or survey (or both) that works for you.

lynmelody300@gmail.com

Done

Powered by



See how easy it is to [create a survey](#).

[Privacy & Cookie Notice](#)