Community Response Program®
Partnering with families for stronger futures℠

Program Manual

October 2021

CHILD ABUSE & NEGLECT
Prevention Board
WISCONSIN

Acknowledgements

The Community Response Program (CRP) manual benefitted from the professional knowledge and expertise of numerous individuals and organizations. CRP would not have developed into the current model without the support and effort of all the agencies and organizations who implemented the program and provided feedback to the Wisconsin Child Abuse and Neglect Prevention Board.

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Introduction

Overview

The Community Response Program (CRP) aims to provide children with safe, stable and nurturing environments through:

- Service linkages

- Case advocacy

- Skill-building for parents/caregivers

This program focuses on providing support to families who were diverted by child protective services (CPS) following a report of alleged child maltreatment. It fills a gap in the child maltreatment prevention continuum by serving families who have been reported to a county child protective agency for alleged child abuse or neglect but are either screened out or closed after initial assessment.
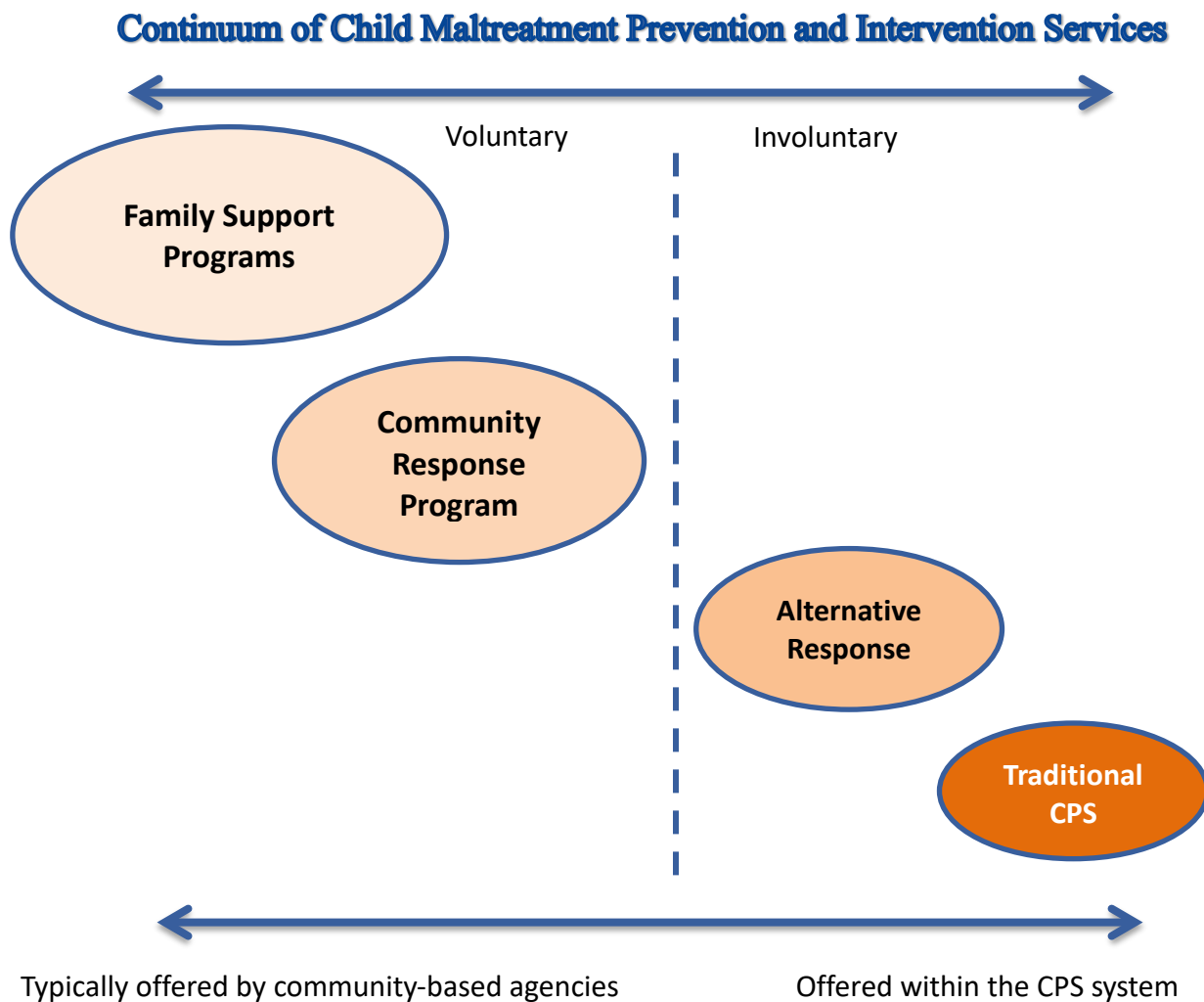
In Wisconsin the majority of referrals of alleged maltreatment are screened out by CPS agencies. Furthermore, most initial assessments of screened in reports determined that children in the home were safe. This group of diverted families constitutes the largest percentage of families who have contact with CPS, yet little is done to systematically engage these families in services that could prevent future contacts with CPS. CRP responds to compelling research indicating that families with closed, unsubstantiated child maltreatment cases are at similar risk of recidivism as families with substantiated cases. The program is a vital prevention program, targeting and engaging this population in services designed to ameliorate risks and promote family strengths associated with child safety and well-being.

CRP intends to reach families that are not actively involved in the child welfare system in an effort to reduce re-referrals to CPS, strengthen families and prevent child maltreatment. By intervening before family circumstances rise to the level of threatened or actual maltreatment, risk factors can be addressed, and protective factors promoted to prevent child abuse and neglect.

CRP and Alternative Response Program

CRP differs from Wisconsin's Alternative Response program. Families served using the Alternative Response (also known as Differential Response) approach have been screened in as a CPS case with alleged maltreatment. Families served by CRP have been referred to CPS but were 1) screened out at the report stage, or 2) the family's case closed after an initial assessment with no identified safety risks, and no further services from the CPS agency. CRP services are typically provided by community-based prevention agencies. There is no oversight by CPS, and participation in the program is voluntary. Although Alternative or Differential Response models vary, most of these assessment tracks are CPS cases maintained within CPS systems. CRP offers services to families not served by the formal CPS system.

Figure 1: Continuum of Child Maltreatment Prevention and Intervention Services

Continuum of Child Maltreatment Prevention and Intervention Services

Voluntary   Involuntary

Family Support Programs

Community Response Program

Alternative Response

Traditional CPS

Typically offered by community-based agencies   Offered within the CPS system

Program Goals and Framework Model

Goals

- Provide comprehensive voluntary services for families diverted from CPS

- Help build a more comprehensive, community-based service continuum to strengthen families at risk for child maltreatment

- Prevent re-reports to CPS by reducing risk factors and building protective factors that strengthen families

- Reduce demands on the CPS system by reaching families early and meeting their needs before a crisis occurs

Framework Model

The CRP is a short-term, prevention program that includes:

- Case management

- Home visits

- Collaborative goal setting between the primary caregiver(s) and the CRP worker

- Comprehensive family assessment and

- Flexible funds for addressing critical financial stressors

CRP works with family members in the household using a family assessment to guide case planning and identify and address multiple, family-defined needs. Staff work with the family to identify immediate needs and assist with connecting the family to formal and informal resources (e.g., parenting supports, mental health treatment, child health and development). CRP not only works to mitigate risk factors but also to identify and build protective factors of parents and caregivers.

A primary focus of the program is assisting families with economic stressors by providing limited financial assistance along with skill building. Decades of research show evidence of a strong correlation between poverty and child maltreatment. This relationship persists across different measures, such as official CPS reports or parent-reported risk behaviors (e.g., high reliance on physical punishment, insufficient supervision, substance use disorder) related to maltreatment. CRP builds adult capabilities by assisting the family with skill-building (e.g., set goals, make plans, follow through and solve problems). These are the building blocks of resilience[1] and will help the family achieve self-sufficiency.

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[1] Shonkoff, J.P. "Strengthening Adult Capacities to Improve Child Outcomes: A New Strategy for Reducing Intergenerational Poverty" http://spotlightonpoverty.org/spotlight-exclusives/strengthening-adult-capacities-to-improve-child-outcomes-a-new-strategy-for-reducing-intergenerational-poverty/

Core Principles and Practices of the CRP Model

THEORETICAL FRAMEWORK
Rooted in Ecological Systems Theory ● CRP needs assessment covers a broad array of strengths and service needs associated with multiple levels of, and systems within, each client's environment. *Maslow's Hierarchy of Needs[a](based off Blackfoot (Siksika) Nation beliefs)* ● CRP recognizes the importance of basic needs (i.e., food, shelter, transportation, clothing, medical care) as a source of family stress and a critical early intervention point. ● Flex funds are available for families in economic crisis.

PROTECTIVE FACTORS FRAMEWORK
● Using the Strengthening Families Approach, CRP aims to strengthen families in five main areas: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social/emotional competence of children. [See: http://www.cssp.org/reform/strengtheningfamilies/about] 　● *Parental Resilience* is core to the Community Response Program and the model is designed to promote caregiver self-efficacy, self-advocacy, self-sufficiency and well-being. Caregivers are supported in identifying their own needs and choosing their own goals for strengthening their families. 　● *Social Connections* for caregivers are facilitated through linkages to informal and formal supports in the community, e.g., resources available through schools, churches, primary care physicians, health departments and/or community centers. 　● *Knowledge of Parenting and Child Development* is enhanced through voluntary participation in community parenting education programs that emphasize strengths-based and evidence-informed interventions. 　● *Concrete Supports* are a core principle of the Community Response Program. Families are connected to economic assistance, and other community organizations and resources to assist in financially stabilizing the family. 　● *Social/Emotional Competence of Children* is fostered through connections to services that support the healthy development of children and promote healthy family relationships. ● CRP follows this framework by connecting families to economic assistance, community organizations and resources that may promote resiliency and social connections, and by working with both caregivers and children to help them develop the skills they need to thrive.

STRENGTHS-BASED PERSPECTIVE[b]	
Principles	*Implementation in Practice*
Client-centered	● Each client has a unique service plan tailored to his/her own strengths, needs and service preferences. ● Home visits meet clients in their comfort zone; clients are offered alternative locations for meeting with workers, if preferred.
Collaborative	● Client identifies and prioritizes his/her own service needs. Worker also communicates observed strengths and needs but works collaboratively with clients to support client-directed decision-making around service plan.

	● Implementation of service plan is facilitated by established relationships between the CRP staff and staff within community organizations.
Empowering	● Intervention focused on helping clients articulate their own strengths and needs and self-direct a plan for achieving their short-term goals. This approach supports self-determination, a key tenet of the strengths-based perspective.
	● Services are voluntary, which puts the power in the hands of the client to engage in services. Outreach by the CRP worker stresses voluntary nature of this program and ensures client understands that there are no consequences for nonparticipation. Door is kept open for clients who initially turn down services.
	● Although clients are referred to CRP after a contact with CPS, the CRP intervention is external to, and separate from, CPS. It is not informed by the CPS event (i.e., CRP worker does not know details of CPS event), nor is any information about the CRP intervention reported back to CPS.
	● Workers advocate for and with their clients to obtain access to services and resources sought by clients.
	● Assessments include identifying families' and communities' strengths; this self-identification of strengths align with the idea of empowerment and the strengths-based perspective.
OTHER PROGRAM PARAMETERS	
Service Population	● Families screened-out at Access or closed after an initial assessment.
Program Duration	● 12-16 weeks, with the possibility for clients to reconnect with program for periodic, brief follow-up services in the future.
Other Inclusion Criteria	● At least one child under 18 must reside in the home.
Evidence-based Practice	● The CRP staff are knowledgeable about available community services and their programmatic evidence base; this information is presented to clients and clients, in turn, make informed choices with respect to their service plans.
	● The CRP staff will keep abreast of new evidence on programs and strategies that support strengthening families and reducing child maltreatment and integrate this new knowledge into their practice.
Flexible Funds	● To address a need that has immediate implications for child well-being and/or family stability

[a] Since initially creating CRP and developing the manual, we have learned that Maslow's Hierarchy of Needs is a based on Blackfoot (Siksika) Nation beliefs.

[b] The strengths-based framework includes eight core principles (e.g., goal-orientation, assessment of strengths, hope-inducing, client-centered, self-determination, collaboration, and individuals' unlimited capacity to grow and change). These principles have been grouped into three larger categories in this table.

Program Administration

The CRP agency is responsible for implementing, monitoring and administering the program model described in this manual.

The main program administration responsibilities include:
- Establish and maintain collaborative relationships with community partners and service providers
- Support CRP staff
- Provide program policies and guidelines for program documentation
- Have the organizational capacity to accurately track and monitor service delivery and program outcomes and readily access collected data
- Provide high-quality supervision that includes access to clinical supervision
- Provide training for staff specific to their job roles and responsibilities
- Understand and be committed to implementing the model to fidelity
- Committed to evaluation and refinement

Network Building

The CRP agency must build a network including new and existing family support, educational, therapy and health services, etc. to assist the participating families in achieving their goals. In building a network, the agency should include both public and private service providers. Multiple techniques to find program information about community services (2-1-1, network brunches, open houses, etc.) can be used.

The network should include direct service providers in the primary services areas (see Table 1, page 23). The network should also include systems and institutions that may currently be working with the families, and community support systems.

Getting Started

Implementing CRP in your community involves organizational planning, building a network of partners, establishing a referral process with your county child protective services and hiring and training staff.

The program can be implemented within a community-based agency or a county social/human services department.

Completing the following steps on the checklist will assist in a successful implementation

- ❑ Establish a relationship with county child welfare/child protective services to determine:
    - ○ target population and criteria for referrals
    - ○ referral process
- ❑ Network with systems of care (comprehensive system of health services, social services and community supports) in your community that CRP can draw upon to support its families
- ❑ Determine the capacity to adequately staff the program and set manageable caseloads
- ❑ Hire and train staff
- ❑ Finalize the Memorandum of Understanding with the county. (This step is only required when CRP is implemented with a community-based agency that does not currently have an agreement with the county.)
- ❑ Finalize internal processes (e.g., how will the supervisor assign referrals, provide contact information to direct staff, etc.)
- ❑ Staff are equipped with the needed materials and information to start serving families

The Community Response Program and Child Protective Services

A partnership between the local CPS agency and the agency implementing CRP is vital to enhance the community's capacity to meet the needs of its vulnerable families. Regular communication between both agencies is essential for successful program collaboration and ensuring fidelity of the program model.
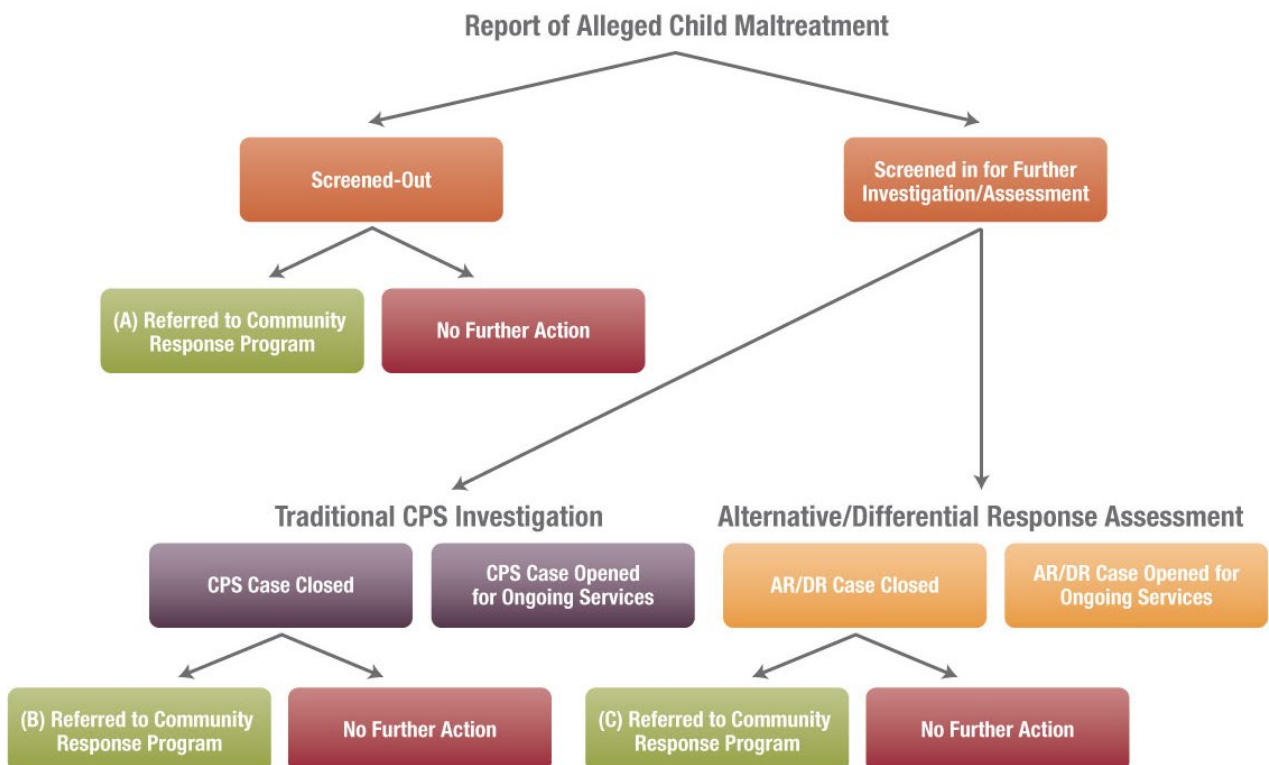
Referral Process and Procedure

The client referral process should be determined by the county CPS agency and the agency providing CRP. Both agencies should agree on what type of cases will be referred (screened out, case closed, age of child, and other criteria, if applicable), what information will be sent with the referral, how often cases will be referred (weekly, bi-weekly) and how data will be sent securely. For best practice, the program recommends including the following information with referred cased:

- Primary caregivers name
- Address
- Phone number
- Date of birth
- eWiSACWIS case number (county CPS agency may track this separately)

Once the referral process has been defined, a detailed MOU between agencies should be generated (sample MOU provided in appendix C).

Figure 2: Process for the CRP Referrals

Report of Alleged Child Maltreatment

Screened-Out
Screened in for Further Investigation/Assessment

(A) Referred to Community Response Program
No Further Action

Traditional CPS Investigation
Alternative/Differential Response Assessment

CPS Case Closed
CPS Case Opened for Ongoing Services
AR/DR Case Closed
AR/DR Case Opened for Ongoing Services

(B) Referred to Community Response Program
No Further Action
(C) Referred to Community Response Program
No Further Action

Intake and Engagement
Model Requirements:

- The engagement period should be spread over a three-week period from the date the referral is received. All three contact techniques should be used:
  - telephone call
  - mailed letter
  - home visit
- If a family asks how they were selected for the CRP, the family should be informed that they were referred through CPS. However, it is unnecessary to include this language on every correspondence during the engagement process. It is also a breach of confidentiality to mention the family was referred by CPS in situations where others could learn about the CPS referral (i.e. on a voice message or information left at the referral's residence when the referral was not home).

Intake Stage
After the supervisor receives the referral list from CPS, he/she will assign the referrals to staff.

Family Case Assignment
Families are typically assigned by the supervisor to specific workers based on the location of the client and on the current caseload of each worker, giving consideration to assigning new referrals to the worker with the fewest cases. The CRP supervisor will add the date the referral was assigned on the Community Response Program (CRP) Referral Form before providing the referral form and information to the assigned worker.

Caseload
The recommended maximum caseload is approximately 20 families for each full-time staff member. Each caseload should be a mixture of cases the CRP staff is attempting to engage, cases actively open and new referrals. The supervisor may maintain a smaller caseload. The supervisor determines when each worker has reached his/her maximum caseload (service capacity). When a worker has reached his/her service capacity, the supervisor should stop assigning new cases until the worker has slots available. When assigning new cases, the supervisor starts at the top of the weekly referral list and assigns out only the number of families for which there are open slots.

Waitlist
It is important that staff connect with families as soon as referrals are sent. No waitlist should be created.

Data Entry Instructions on New Referrals

In general, data is collected by the CRP workers on paper copies. The assigned worker will receive the referral form from the supervisor. The worker will use this form to document dates, types of contacts and outcome prior to enrollment. Information from the paper forms will be entered into spreadsheets. Client information is confidential, and the paper forms and the spreadsheets should be secured each evening. Each referral from CPS should be assigned a unique and unidentifiable number. This number will be the family ID on the spreadsheets.

Family Engagement Stage

Engagement is difficult and requires consistent effort. Typically, a worker will have better success engaging a family during a face-to-face interaction. Initial contacts with a family need to be active and persistent. All contact information is used until confirmed that it is incorrect (e.g. phone number disconnected, letter returned with no forwarding address, etc.).

At a minimum, the following contacts should be made over a three-week period:

a. If all contact information is accessible, three phone contacts are made, two letters sent, and one home visit. Phone calls and the home visit should vary on times and days.

b. If the phone number is disconnected or incorrect, two letters are sent, and one home visit conducted.

c. If there is no address listed, or the address is incorrect, three phone contacts are made at varied times on varied days.

In the event the CRP worker is unable to make direct contact with a client after all of the above actions are taken and three weeks have passed since the referral was received, the worker closes the case. The worker completes case closing process, documenting the reason for case closure on the referral form.

Outreach Protocol

Staff could use the following outreach protocol for engaging referrals.

a. A phone call is made to the family three to four days after the referral is received to introduce the program and schedule an appointment to determine if the family will accept services.

   i. If the referral answers the phone, introduce yourself and the program.

   ii. If the family does not answer and there is an option to leave a voice message, leave a brief message with your name, agency name and phone number.

   iii. If someone answers the call but the referred family member is not available, ask if you can leave a message and when a good time is to call back.

iv. If the number is disconnected or the person who answers the phone informs you that you have the wrong number, make note of this on the referral form and no additional phone contact should be attempted with the phone number.

v. Document the date and time of the phone call on the referral form.

b. If the family was not available at the time of the first call, send the introductory letter. Document the date the letter was mailed on the referral form.

c. Attempt a second call to the family no later than five days after the letter was mailed. Use the same script and procedure for leaving a message as noted above.

d. A home visit is made to the family three to four days after the second call.

i. The purpose of the visit is to determine if the family wants to accept services, and if so, to set up a time for a more in-depth home visit or start the intake process immediately.

ii. If the family is home when the worker conducts the home visit, the worker attempts to engage the family in the program (see sample scripts, Appendix D) The family can choose to set up an appointment time for the initial home visit or meet immediately.

iii. If the family is not home at the home visit, the worker should leave information for the referral. A program flier, brochure or other material could be left on a porch, in a screen door or outside the front door. Due to federal law, it cannot be put in a mailbox. The materials left for the referral should include contact information and program information, but must not mention receiving a referral from CPS.

iv. If the family does not answer the door the worker may talk with neighbors and the mail carrier (if present) to try and learn more information about when the referral is typically home. The worker does not have to go out of his/her way to find a neighbor or mail carrier. This technique is a best practice from UW Survey Center.

v. If someone else answers the family's door and the referral is not home, the worker will briefly describe the program to the individual answering the door in order to build rapport. The worker provides the program flier, brochure or other material and lets that person know that he or she will be back to try and connect with the client.

e. If the referred family has not contacted the worker after the home visit, a third call should be made three to four days after the home visit.

f. If at the end of three weeks from the date the referral was received, if the CRP worker has not been able to contact the family, a final letter should be mailed. If during the engagement process, the worker discovered the address was incorrect and a current address is not known, the worker should make a final phone contact

instead of sending a final letter. The letter will state that if the referral does not call by a specific date, it will be assumed that he/ she does not wish to participate in services and the case will be closed. If the referred family does not call by the specified date, mark the case closed on the referral form.

If a worker suspects that any of the above contacts would pose a threat to a family member (e.g., as in suspected domestic violence situations), the worker conducts outreach to the family by whatever means he/she feels is appropriate and records any differences in outreach protocol.

At all points of outreach and engagement, including the service provision period, families are assured that their participation is voluntary and that their input is critical. The prevention program cannot work if families are unwilling to engage or if they see the services as irrelevant to their situation. It is essential to ensure that each family understands its purpose and to explain the potential benefit of prevention for the family.

When first talking with or meeting with a family, the worker should be clear about the nature of the program. Families may want to understand why a CPS report led them to be referred to CRP. Workers can explain that the program was created because many families reported to CPS, but not served by CPS, have been shown to be facing many stressors in their life. The worker should focus on the positives, that the family was referred to the program because of its strengths and that CRP builds on those strengths to assist families with family-identified needs. The worker cannot provide any details about the CPS referral. It may be helpful to let the family know that CPS only provides names and addresses for referrals.

During the intake process, explain to the family that the process includes asking many questions about their current family and situation. It is important to be able to answer questions about why specific questions on the forms are being asked (e.g., to determine whether to pursue particular resources for the family). The program is client-centered and it is important for a participating family to understand it has the authority to choose its goals. The worker is clear about his/her role and asks questions to clarify expectations of the family. It is critical that the CRP worker and the family are on the same page in terms of what is expected of each other and the nature of the prevention services, including its limitations.

Prior to a family's enrollment, if the worker explains the nature of the prevention services and the family chooses not to participate, they are considered as declining services. The worker documents the reason for case closure on the referral form.

A family's case begins on the date of the intake (the date the family and the CRP worker start completing the intake paperwork). Case length is determined from the date of intake to the date of case closure. Typically, cases last 12-16 weeks but can be extended to a maximum of 20 weeks if a family needs more time to work on goals.

Figure 3: The CRP Process Overview

The CRP Process Overview flowchart showing:

Family is contacted by CRP staff / Three outreach approaches are used (phone, mail and knock on door) → CRP offered to a family

CRP is voluntary → Family is willing to participate / Family declines services

Set ongoing visits and contacts / Work with family to accomplish goals / Revisit and revise goals as needed → Complete intake (assessments and other paperwork) / Meet with the family to set goals / Work with family to acheive goals

Case Closure → Final meeting with family to discuss status of goals / Close case, send final letter and feedback form / Close case and send final letter

Program Delivery

Model Requirements:

- CRP is a short-term program and should be delivered within 12-16 weeks with at least one home visit.

- Comprehensive assessment is conducted, and the family determines their goals. The family needs to complete the Community Response Program (CRP) Intake Form, Community Response Program (CRP) Financial Intake Form and the Family Assessment of Strengths Tool (FAST) within the first three visits or contacts.

- Through the course of the prevention program, the worker should have at a minimum bi-weekly contact with the participating family. Contacts can include phone calls, home visits or face-to-face visits in a convenient location.

The intensity and timeline of a case will depend on the participating family's goals, needs and willingness to meet with the worker. The program should be delivered in the family's home or in a convenient location, as determined by the family. The program encourages at least one visit in the home however it is more important to meeting where the family is comfortable. Having the family decide on the meeting place assists with family engagement. In practice, the worker may need to visit the family's home multiple times to build rapport and complete the necessary paperwork.

Case Management

Case management is a term that encompasses several components of care provided to families and is a key approach to program delivery.

The goal of case management is to help a family progress towards its goals in order to reduce the risk of child maltreatment in the future.

Case Management Tasks:

- Complete an assessment with the family to gain insight from them on its family system, including the fiscal system

- Have the family identify its needs, review options and support its decision of which path to choose

- Allow the family to set the goals by being a guide

- Assist the family as needed to advocate for itself

- Partner with the family to complete referrals to community agencies and support systems

- Talk with the family about stress and challenges that may be road blocks to solutions. Reflect with the family on the normalization of these stressors

Comprehensive Assessment

CRP is a family centered practice with a collaborative goal setting approach. The family may be struggling with many issues and the worker should aid the family in identifying the stresses that are impacting parenting, time available to spend with the child(ren) or interactions with the child(ren). The CRP worker will use the provided forms to aid in this process. The worker should not provide solutions during this assessment stage.

It may take several contacts with the family to build rapport, complete the intake and family assessment paperwork and partner with the family to choose three to five goals to pursue. This process must include at least one in-home visit with the primary caregiver. In practice this process takes additional contacts that may be conducted in the home, at a convenient location or over the phone.

To better facilitate relationship engagement, the worker begins the intake process by asking general questions about the client's current situation, displaying empathy and compassion and using active listening. This technique develops relationships and helps the worker get a well-rounded picture of the participant's situation and stressors. Questions should not be probing or judgmental in nature. The goal of the meeting with the family is to learn what the family identifies as its stressors. The CRP worker should stay calm, listen and not rush to solutions. The worker should also remember that most families do not want to be told they need parenting skills or that the worker "understands" their situation.

Forms

If the family accepts services and is enrolled in the program, the following forms should be completed:

1. Community Response Program (CRP) Intake Form - worker should not just read questions from the form to the client. Often times, the introductory conversation answers many of the intake form questions.

2. Community Response Program (CRP) Financial Intake Form - the worker may ask the participant to fill it out or the CRP worker may read the questions and the participant answers verbally while the worker records responses on the paper form if he/she has not received this information through initial conversations. The participant may look at the comments the CRP worker is writing while the worker is entering his/her responses. The process of completing the forms can be viewed as a collaborative exercise.

3. Family Assessment of Strengths Tool (FAST) - the worker may ask the participant to fill it out or the CRP worker may read the questions and the participant answers verbally while the worker records on the paper form. The participant should review the final completed assessment and can make changes. This should be a collaborative exercise. The FAST should be completed during by the third contact with the family. The FAST will also be administered during case closure.

If a participant is unwilling to answer or feels uncomfortable answering a particular item, the response is left blank. For purposes of data evaluation, it will be assumed that blank responses indicate that a participant was unwilling to answer the question.

Goal Setting

Goal setting reflects a method and a task that occur during case management. The intention of goal setting is to recognize a family's expertise in setting its goals to progress towards stabilization. It may take several contacts with the family to build rapport, complete the intake and family assessment paperwork and identify goals. Through the goal setting process, the family and the CRP worker will discuss and identify services for the family. **This is a collaborative process between the worker and the primary caregiver in the family, whereby the participant gives significant input into determining service needs**, and the worker may suggest other areas of need that arise from the assessment forms. For example, if the participant strongly agreed with the statement "I worry that the childcare available to my family is not reliable," the worker may want to ask the participant if this is an area he/she would like to discuss more.

Similarly, the prioritization of goals is determined based on the urgency of the need from the family's perspective, but also the feasibility of addressing the need as gauged by the worker. For example, a family may determine that obtaining housing assistance is its most pressing need, but the worker may have knowledge that housing assistance is currently unavailable with a long waitlist. The worker will inform the family of the current housing assistance

benefit waitlist and provide some guidance and options. The worker may suggest that applying for housing assistance is a good task and discuss other available resources in the community for low-rent housing options. Ultimately, the family will decide on the goal. The CRP worker's job is to provide the context about community resources to inform the family.

A sample goal and progress form is provided in Appendix A. The family's goals need to be documented and discussed at each visit. The family will determine the status.

Goal Setting Values:

- Partnership with the family

- Empowering the family to advocate for change

- Encouraging self-determination

- Educating the family on its options

- Assuming the family wants to be successful

- Recognizing a family's expertise of its needs

Goal Setting Tasks:

- Brainstorm with the family areas it feels need to be changed and areas in which it would like more information

- Brainstorm solution focused options with the family to address its needs and wants

- Partner with the family to choose three to five goals to pursue

- Support the family as it devises a plan to attain the goals chosen (who, what, where, when, why and how)

Additional Tools for Goal Setting

During the comprehensive assessment process, the staff worker may also want to gather additional information from the family on their finances. The optional Income and Benefits Inventory Form includes a comprehensive list of possible public and informal benefits. Completing this form can spark a conversation regarding income and spending. Some additional tools for goal setting with the family around financial goals include two forms from the University of Wisconsin-Extension:

- Make a Monthly Spending Plan:
  http://fyi.uwex.edu/financialcapability/files/2012/02/Make-a-Monthly-Spending-Plan.pdf

- Personal Money Management Wheel:
  https://fyi.uwex.edu/financialcapability/files/2013/10/BFC-money-management-fact-sheets-10.13-1_Part2.pdf

Sample conversation:

Background: Initial conversation with a single mother of one child. The mother was referred to CPS for leaving her small child at home.

> Primary caregiver: I'm going to lose my job if I can't find daycare for Anna. My sister just told me today she can't take Anna anymore. I can't ask my mother to help and I have no other family in the area. My sister is always causing me problems. She has it so easy and doesn't understand how hard my life is.

> The CRP worker: It sounds like all of these events have impacted your life and you have a lot going on. (Some suggested questions: What other child care options have you tried? What has worked well? What would you like to happen? What is the ideal setting you would like for your daughter?)

Ongoing Visits and Contacts

After the initial comprehensive assessment and goal setting phase, the CRP worker should make a minimum bi-weekly contact with the participating family. These visits or contacts should be positive in nature and focus on the goals and tasks the family chose to work towards. The worker may ask about progress towards a goal or if there was a concrete task the family was planning on completing (applying for benefits, signing child up for childcare, etc.). These conversations provide the family with opportunity for skill-building (set goals, make plans, follow through and solve problems).

A strengths-based, trauma-informed approach should be used when administering this program. The CRP worker should recognize the family's progress at each visit and validate the family's strengths on an on-going basis. If a family is doing well in a certain area, work with the family to figure out how this could be translated to other areas (i.e. family has strong advocacy skills, how could those skills apply to other goal areas?). Also, the worker should not go into a visit or contact the family with a checklist.

There is a balance the CRP worker needs to maintain. He/she needs to remain professional but also be compassionate with the families. For example, if at a follow-up visit the family informs the worker that it did not make any progress on child care, the worker should not ask why the family did not get their child into child care. Instead, the worker should ask questions such as how is the child care process going? Are there any things I can help with?

Many families will experience challenges and barriers as they work towards their goals. The CRP worker's job is not to solve all these challenges and barriers but to work alongside the family. Supporting the family during problem solving situations empowers the family and builds its confidence that it can tackle future problems.

Another aspect to keep in mind is that families miss and/or cancel appointments. The worker should not interpret missed appointments or cancellations as the family not wanting to participate in the program.

After a missed appointment or visit, a follow-up phone call should be made. Start the conversation with the family with "we missed you at" and ask the family if there is a more convenient time or location. Families may have many reasons for not following through with services or not keeping appointments. **It is important for the CRP worker to form a collaborative working relationship with the family and explore possible barriers with the family.** It may look like the family lacks follow through, however, there may be a valid reason it is not connecting with services or the worker. Often times this may illustrate strength in the family. It is important to recognize when a family is making positive choices. For example, if a family is having difficulty engaging with school staff regarding a child's behaviors, take the time to learn about how the family experiences the school system. The parents/caregivers know their children best and may feel they are not being consulted regarding their child's needs. When the CRP worker is able to learn about the family's experience, he/she is better able to recognize strengths and protective factors within the family.

Sample questions or conversation starters:
Background: The CRP family is not progressing in goal areas and does not seem to be taking steps that have been discussed during home visits and phone calls.

> The CRP worker: It sounds like you weren't able to connect with the child care center since we last spoke. What are the barriers you are facing? Is there something that we should do differently? If this isn't working for you, what might work better?

> The CRP worker: How do you feel you are progressing with this goal? What has been working well? What are the barriers you are facing? Is there another area that is more of a priority right now? (recognizing that needs and priorities may change)

Background: The CRP family is missing visits and not returning calls.

> The CRP worker: We missed you at our last visit, it seems like you might have a lot on your plate right now. Is there a time/place that would work better for you? Would it be helpful if I called prior to stopping by?

Prevention Service Areas

A worker should brainstorm with the family about the areas it needs to strengthen and areas in which it would like more information. The family identifies the areas and goals. During the intake process (while the family is explaining their situation and brainstorming about goals), the CRP worker should be listening for risk factors and thinking about protective factors that can assist in strengthening the family. The worker will use case management as the key approach to program delivery. Family Team Meetings may be utilized as a strategy (see information at end of section) to assist the family with accessing formal systems and informal resources to reach goals. Role-playing or rehearsing with the family could be a technique used to teach the family to advocate.

Primary Service Areas

The CRP agency may provide direct services or partner with community resources to provide appropriate and effective referrals for the family. CRP recommends that written agreements be developed with the direct service providers. These agreements should establish a systemic referral procedure and the working relationship between the two entities. Agreements are not a program requirement; therefore, the agency will need to decide when an agreement will be beneficial

Table 1: CRP Service Areas (listed in alphabetic order)

Service Area	Examples
Domestic violence services	Assist with transportation to appointments, connection to benefits, advocating for services and a safety plan, etc.
Employment/Job assistance	Connect with job center; assist with filling out applications, job counseling, education (complete GED, assist with technical college or trade school, etc.), assist with certification or license completion (completing paper work, assisting with fees, etc.)
Family medical needs	Assist with transportation to appointments, connection to benefits, advocating for services (immunizations, well-baby check-ups, dental care, etc.)
Financial support	Financial decision making skills (budgeting, prioritizing, bill paying, etc.), public benefits (assessing potential eligibility, assisting with renewal process, liaison with county economic support, etc.), taxes, utilities, child care or head start assistance, etc.

Household or family needs	Connect to community resources, assistance with transportation to community resources, advocating for the family's needs, etc.
Housing	Work with landlords, connecting to housing/rental assistance, assist with relocating to a more economical location (rental cost or proximity to employment, etc.)
Mental health services	Assessments, assist with transportation to appointments, connect to benefits, advocate for services, etc.
Parent education and child development	Assessments, assist with transportation to appointments, connect to benefits and services, advocate for services, parent education classes[a], etc.
Substance abuse services	Assessments, assist with transportation to appointments, connect to benefits, advocate for services, etc.

[a] Best practice is to refer families to evidence-based or evidence-informed parent education programs that are strengths-based and grounded in the Protective Factors Framework.

Additional Service Areas

Transportation, access to technology and legal services are services that most families will require to help them make progress on goals. Many families will need assistance with transportation to and from appointments or repairs to their vehicle. Many families in the program will also need access to technology to fill out applications, forms or other online resources. The worker may be able to provide this access through the local library or other community resource, having access to technology at the CRP agency, or bringing a laptop or other mobile device to the home visit and assisting the family during the visit. Legal services may need to be accessed depending the family's goals. In most geographic areas there may be a legal assistance available for clients who cannot afford an attorney to assist the family with public benefits, housing and/or other issues. Check with the local bar association.

Family Team Meetings

The CRP worker may use Family Team Meetings as a strategy to promote optimal family functioning[2]. The goal is to empower families and their informal support systems to help themselves without unnecessary government involvement.

Family Team Meetings are carefully structured group discussions that help families with challenges and develop their own action plans. These meetings use highly trained volunteers or professional facilitators who bring together parents, extended family members, friends,

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[2] Family Teaming: A Family Engagement Strategy for Improving Child Welfare Practice – http://www.wafca.org/.

pastors, teachers, employers and others identified by the family and/or facilitator. The action plans that emerge from these meetings are a shared responsibility of everyone involved.

Community Services Referral Procedure

The worker should make warm referrals to community services/resources and follow up as needed. Workers should seek out agencies for referrals when the CRP agency does not provide the direct service and should have information on community partners' program services, eligibility, hours and program capacity. The worker can call community programs directly to facilitate the appointments and services and are able to attend appointment with participants, at the participant's request.

Release of Information and Confidentiality

As the participating family identifies its goals, the primary caregiver, other adults and children over the age of 12 in the family will need to sign authorizations for release of information for the service providers working with the program. Depending on the participating family's goals and situation, this could include a therapist, counselor, doctor, county income maintenance staff, etc. Many agencies will have their own authorization for release of information form. The CRP worker may need to assist the participating family in obtaining, explaining, signing and returning the appropriate forms.

As the worker builds rapport and trust with the participants, he/she must keep in mind that he/she is a mandatory reporter and cannot guarantee complete confidentiality. The CRP worker may need to re-refer the family to CPS. If a re-referral to CPS is required, note this in the family's file.

Flexible (Flex) Fund Criteria

Flexible Funds are a core component of the program used to address a need that has immediate implications for child well-being and/or family stability and is directly caused by a shortage of economic resources. Flex Funds are to be used as a last resort on an emergency basis to help provide support and stability to the family when all other formal and informal resources have been explored and are unavailable to meet the needs of the family in a timely manner.

Flex Funding is intended to help families to achieve the following outcomes:

- Reduce financial hardship
- Increase safety
- Increase education
- Maintain or secure employment
- Maintain or secure housing
- Maintain quality childcare environment

Each CRP agency is responsible for documenting and monitoring Flex Funds requests and approvals. Flex Funds are required to be reported on monthly expenditure reports.

Flex Funds Requirements

- The family must be a program participant and complete the intake process.

- A worker, with input from the family, must complete a Flex Fund request form. The form must include:

  - A signature from an adult family member; (verbal consent may be provided if a face-to-face meeting will add undo time on the process)

  - Confirmation that ALL community resources have been explored and exhausted

  - Confirmation that the family does not have a way of providing for the goods and services without Flex Funds

  - Provide the family with the opportunity to pay a portion of the expense

  - The CRP supervisor's or coordinator's signature

- The CRP and funding agency should develop a protocol and practice to approve Flex Funds assistance requests. Best practice is to set a dollar amount threshold that if exceeded, would require additional approval (i.e. $500).

- Funds are provided directly to the vendor, not to the individual.

- In conjunction with a Flex Fund payment, the worker provides assistance to move the family towards self-sufficiency, so it can successfully make it through the next economic crisis that might present itself. At a minimum, ask the family how it plans to cover this expense in the future. If the family does not have a plan for covering future expenses, the worker should go through the Making a Monthly Spending Plan form.

- If the Flex Fund payment was approved and provided to the family, record the amount and the purpose of the funds at case closure.

Examples:

Flex Funds should be used on goods or services that align with program goals and one of the outcomes listed above. Examples of possible goods and services include, but are not limited to:

- Respite services

- Essential household items (e.g. providing beds for a family who has recently left a shelter, kitchen appliances needed for economical food preparation and safe food storage)

- Payment of rent or security deposit to end homelessness or to avoid imminent eviction

- Childcare expenses
    - Enrollment fees
    - Arrears payment in order to gain access to childcare again or for a specific, urgent economic-related need
- Employment-related supplies: uniforms, shoes, tools
- Education/Training
    - General Education Development, Certified Nursing Assistant, Commercial Driver's License and other trade classes
    - Books, tools and materials
- Energy bills including reconnection fee or disconnection prevention
    - Look into Emergency Assistance, Homelessness Prevention and Rapid Re-Housing Program for disconnection notices
- Birth certificates for members of the household when the birth certificates are needed to apply for a specific benefit (e.g. SNAP or low-income housing)
- Health and healthcare: case-by-case
- Transportation
    - Gas cards to assist with transportation to work, finding work, appointments/services identified in the family's goals, etc.
    - Bus tickets or taxi vouchers to assist with transportation to work, finding work, appointments/services identified in the family's goals, etc.
    - Car repairs for work, school or finding work
    - Car repairs necessary to address children's needs and safety
- Fees for other economic programs
    - Credit counseling
    - Bankruptcy fees - for required bankruptcy counseling or filing fee if client is not eligible for fee-waiver but is still unable to pay for it
- Alcohol and other drug abuse classes to get a driver's license back for transportation to and from work
- Moving costs for relocation (e.g. to a home on a bus line) or to transport large items (e.g. client has belongings in storage, free appliances from donations).

- Diapers/basic household supplies – the CRP Agency can use a small portion of the Flex Funds budget to purchase a limited amount of diapers and basic household supplies to have on hand in the office to disburse to families in urgent need. These expenses are only logged directly to client case files when the estimated value is $25 or more. A separate Flex Funds application is not completed when families receive diapers or household supplies.

Case Closure

Model Requirements:

- There are several sections of the forms that should be revisited at the point of case closure, including FAST and the goals status

- At case closure, the worker informs the family that it is welcome to contact him/her at benefits renewal time or any time if they have questions about community resources

As the program comes to an end, adhere to the following case closure protocol.

Closing Procedures

- If the family has remained engaged and completed the program:
  - Complete one or two wrap up sessions with the family. Ask the family about its experience and to name areas in which they feel better able to manage situations and areas in which they need or want more assistance. At this meeting, allow for time to recognize the goals the family achieved, goals that are in process and other resources/referrals the family received.
  - Ask the family to complete the FAST (post-services). The worker may want to remind the family that it previously answered the same questions and it is being asked the same questions again to see if there have been any changes.
  - Ask the family to complete the Community Response Program Feedback Form. This can be completed during the visit or the agency can provide the family with a stamped envelope to return the completed survey.
  - Send closing letter.
- If family becomes unengaged after a period of participation prior to completion of CRP:
  - Send two-week letter.
  - With no response from two-week letter, send closing letter.
- If a family decides to stop participating in services after actions have been taken related to a service plan, this decision should be recorded on the Case Closure Form as "Family decided to close case".

When do you know it is time to end?

When one or more of the following apply:
- Goals (or a significant portion of the goals) are met
- Family is no longer engaged (may re-engage at a more appropriate time)[3]
- No progress being made
- Refer to more appropriate service and closed
- Program time limit
- Family chooses to discontinue
- Family moves
- Determine the CRP is a duplication of services
- Goals change

Documentation

All contacts with enrolled families during the CRP are recorded and totaled on the Case Closure Form.

At the point of case closure, workers revisit each service need/goal with the family, discuss if progress or completion has occurred and the worker will document on the Goals Form. Many workers find it beneficial to discuss any work or progress of each goal during visits or phone calls.

Reporting

CRP recommends gathering information from each family served and measuring dosage and family outcomes. The forms (Appendix A) are tools used in previous program evaluations. See the definitions section or data definitions and reporting options

- Community Response Program Referral Form – a form to provide basic information on the referred family to the Community Response Program. This form is also used to keep track number and type of outreach.
- Community Response Program Intake Form – used to collected basic demographic, family and economic information from families who choose to participate.
- Family/Household Members Information Form – to identify all of the individuals living in the household.
- Community Response Program Financial Intake Form – questioned to identify economic stressors and start discussion financial goals.

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[3] Period of nonparticipation may vary depending on the family and situation, at a minimum a family could be considered unengaged after three unreturned calls within seven business days and one missed visit, without an explanation.

- Family Assessment of Strength Tool (FAST) – questions about different constraints, used as a pre and post assessment.
- Community Response Program Case Closure Form – a form to capture the number and type of family contacts, type and number of goals and the reason for case closure.
- Community Response Program Feedback Form – provided to families who participated after the case is closed to allow the family to provide feedback.
- Community Response Program Flex Funds Form – only used with participating families who accessed flexible funds.
- Income and Benefits Inventory – can be used to inventory the type of income and benefits of the participating family.
- Sample Community Response Program Family Contacts Log – a sample form to track the type and number of contacts while they participate in CRP.
- Sample Community Response Program Goal and Progress Forms – a form to track the number and type of goals the family selected to work on. There is also space on the form to track process during visits.

Supervision

The CRP worker and supervisor must have at a minimum two face-to-face meeting each month, and access through email or phone on an as needed basis for problem solving of difficult cases, service coordination questions, Flex Funds approval, monitor staff training and to assure the worker is taking self-care measures. The supervisor may also include group supervision depending on the agency's size and resources.

Self-Care

Self-care promotes a healthy life balance for workers. A supervisor should assure the worker is implementing skills and strategies to maintain his/her own personal, familial, emotional and spiritual needs while attending to the needs and demands of clients to minimize the risk or rate of secondary trauma or burnout. The agency should provide the worker with access to a therapist/clinical staff for guidance.

Reflective Supervision

Reflective Supervision is a model of supervision that may be utilized by CRP. Reflective Supervision is a technique that focuses on relationship building and examining personal assumptions and biases. Reflective Supervision is an approach to supervision that includes reflection of work content as well as personal reactions to situations and how those pieces interact with each other[4].

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[4] Franklin, L.D. (2011). Reflective supervision for the green social worker: Practical applications for supervisors. *The Clinical Supervisor*, *30*. 204-214.

Tools/Resources

- A possible tool to aid a supervisor to discuss self-care, compassion satisfaction, fatigue and burnout is the Professional Quality of Life Elements Theory and Measurement (ProQOL tool). More information and the free tool can be found at http://www.proqol.org/

- University of Wisconsin-Milwaukee Child Welfare Partnership, Resource Toolkit for Home Visiting and other Early Childhood Professionals: http://uwm.edu/mcwp/home-visiting-early-childhood/

- Use MindTool's Burnout Self-Test to check an individual for burnout: https://www.mindtools.com/pages/article/newTCS_08.htm

Direct Staff

The CRP staff are professional and paraprofessional family support staff. A person's education degree or discipline should not be emphasized over experience and interpersonal skills. During the hiring process the CRP agency could use the Core Competencies for Family Support Professionals as a tool to identify a good candidate who has the combination of strengths and characteristics that will allow him/her to succeed.

Once a worker is hired, he/she should be provided ample time for training before being assigned cases. Many CRP agencies will also have the new worker shadow an experienced worker or the supervisor on a number of visits or calls before being assigned cases. The education, experience and skills that the new worker brings will determine the initial training requirements.

The CRP worker should be knowledgeable in local resources, family engagement practices and case management.

Core/Foundational Training Areas:
- Community Response Program Components
    - Protective and Risk Factors (basics)
    - Strengths-based Perspective
    - Financial Decision Making
    - Flex Funding
    - Case Management
    - Data and Documentation

- Wisconsin Child Welfare Pre-Service: http://wcwpds.wisc.edu/pre-service-outside-pds-online.htm
    - Introduction to Child Welfare (there are five modules, Worker Safety may be the most pertinent)
    - Safety
    - Engaging Families
    - Development and Dynamics of Human Behavior
    - Access and Initial Assessment (optional)

These are specific trainings available for staff in Wisconsin.

Complementary Trainings (should be completed in first 18-months):
- Bringing the Protective Factors Framework to Life in Your Work (complete six courses)
- Stewards of Children/Darkness to Light
- Marks that Matter, Sentinel Injuries, and other opportunities for Child Abuse Prevention (https://s3-us-west-2.amazonaws.com/sentinelinjury/story_html5.html)
- Trauma Informed Care (basic)
- Adverse Childhood Experiences
- Client Violence De-Escalation Training
- Motivational Interviewing
- Family Teaming

Key Terms and Definitions

Best Practice: Professional guidelines developed for the CRP through practice wisdom, emulating similar programs and the implementation evaluation process. These guidelines are not mandatory; they are effective solutions for achieving program goals.[5]

Case Management: Guidance and services provided to a family in a strengths-based, solution-focused manner to aid the family in needs assessment, advocating for services, education on options, goal setting and goal achievement. Case Management includes family members, natural support systems and community support systems.

CRP start date: The date the CRP worker and family meet and start completing the intake materials.

Goal Setting: Partnership with a family in a strengths-based, family centered practice to identify needs that are uniquely important to a family regarding change. Goals should be realistic and attainable.

Homelessness: An individual who lacks a fixed, regular, and adequate nighttime residence, for example:

- a supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill)
- an institution that provides a temporary residence for individuals intended to be institutionalized
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- doubled up due to economic hardship or similar reason
- living alone as a minor not in the physical care of a parent or guardian (unaccompanied youth)

This definition is from the McKinney-Vento Act.

Initial Assessment: CPS determines at least one allegation meets the requirements of Wis. Stats. § 48.981 for child abuse and/or neglect. CPS screens in the case and assesses for child safety, risk conditions and determine if maltreatment occurred.[6]

Intake: The referral decides to participate in CRP and begins the intake process (paperwork and initial home visit).

Program Requirements: Activities, strategies and/or components of the CRP that are requisites for the purpose of model fidelity or accountability.

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[5] Kessler, M.L, et al. (2005). Moving Best Practice to Evidence-Based Practice in Child Welfare. *Families in Society: The Journal of Contemporary Social Services. 86*(2).

[6] Department of Children and Families, Wisconsin Child Abuse and Neglect Report, https://dcf.wisconsin.gov/reports?accactive=1

Protective Factors: Five fundamental characteristics of strong families. These strengths are a set of relationships and processes that support and protect families, particularly during times of adversity and change. The five protective factors are: Parental Resilience, Social Connections, Knowledge of Parent and Child Development; Concrete Supports in Times of Need and Social and Emotional Development of Children.

Re-referral from CPS: An individual who has been referred to the CRP at least a second time from CPS. More than likely, the individual has been referred to CPS again, and CPS either screened out the case or closed the case after initial assessment.

Risk Factors: Characteristics of the child, family or community associated with child maltreatment but which may or may not be direct causes.

Screened out: CPS determines all allegations do not meet the requirements of Wis. Stats. § 48.981 for child abuse and/or neglect, therefore the case is screened out and a child protective worker does not conduct an assessment.

Self-Care: Taking care of oneself in order to avoid or minimize the risk of compassion fatigue, burnout or secondary trauma.

Self Re-referral: An individual who was previously referred to the CRP and currently seeking to participate in the CRP. The individual may have previously participated in the CRP at the time of the referral or declined to participate at the time of the previous referral.

Warm Referral: "Warm hand-off" by which the CRP either directly introduces the client to the provider or prepares the client for the referral (i.e. assists the client with gathering all the paperwork, explains eligibility and/or application process for the provider, etc.) The reason behind the "warm hand-off" is both to establish an initial face-to-face contact between the client and the provider and to confer the trust and rapport the client has developed with the CRP staff.

Appendix A – Forms

Includes:

- Community Response Program (CRP) Referral Form
- Community Response Program (CRP) Intake Form, Family/Household Members Information Form
- Community Response Program (CRP) Financial Intake Form
- Family Assessment of Strength Tool (FAST)
- Community Response Program (CRP) Case Closure Form
- Community Response Program (CRP) Feedback Form
- Community Response Program (CRP) Flex Funds Form
- Income and Benefits Inventory (optional)
- Sample Community Response Program (CRP) Family Contacts Log (optional)
- Sample Community Response Program (CRP) Goal and Progress Forms (optional)

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Community Response Program (CRP) Referral Form

Today's date: __/__/____ *CRP intake staff initials*: _____	

Name: Primary caregiver: _____ _____ _____
   Age: _____ (first, middle, last) *eWISACWIS Case Head I.D.* (if applicable/known): _____

   If applicable, partner: _____ _____ _____   Family ID Number: _____
   Age: _____ (first, middle, last)

Contact information:	Address:	Phone numbers:	E-mail:
		Eligible for Medical Assistance case management services? ☐ Yes ☐ No ☐ Unknown *Notes:*	

For CRP Supervisor:

Date assigned to CRP worker: __/__/____ *Notes:*	*Date received self re-referral:* __/__/____

For CRP Staff (*Dates, type of contact and outcomes of attempted contacts prior to enrollment***)**

Date	*Type of contact*	*Outcome*	*Date*	*Type of contact*	*Outcome*
__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP	__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP
__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP	__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP
__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP	__/__/____	☐ call ☐ letter sent ☐ home visit	☐ Not available ☐ Declined CRP ☐ Accepted CRP

CRP decision after family accepts CRP (check all that apply)	☐ At capacity/unable to serve at this time ☐ CRP staff enroll family in program [Date of enrollment/acceptance]: __/__/____ ☐ Family referred back to CPS prior to CRP enrollment [Date]: __/__/____ ☐ Family referred elsewhere prior to CRP enrollment [Specify where]: ☐ Family deemed ineligible for further CRP intervention [Reason(s)]:
CRP staff referred family back to CPS:	☐ yes ☐ no
Case Closed if unable to contact or family declined	DATE: [__/__/____] ☐ Unable to contact: date sent closure letter __/__/____ ☐ Family declined services

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Community Response Program (CRP) Intake Form

Verify and/or update provided referral information.

Today's date: ___/___/____ ***CRP intake staff initials***: _____	

Name: Primary caregiver: _____ _____ _____   Age: _____
(first, middle, last)

Contact information:	Address:	Phone numbers:	E-mail:

Sex: ☐ Male ☐ Female   **Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married   ☐ Partner

Primary caregiver employment status:	**Primary caregiver education level:**
☐ Full-time ☐ Part-time ☐ Not working	☐ HS degree/GED ☐ Less than HS ☐ More than HS

Primary caregiver Race/ethnicity (check all that apply):	***Primary home language:***
☐ American Indian or Alaskan Native ☐ Asian ☐ Multi-racial ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Southeast Asian ☐ Other (specify):	☐ English ☐ Spanish ☐ Hmong ☐ Unknown ☐ Other (specify):

Caregiver Disability: ☐ Yes ☐ No ☐ Unknown Notes:	***Caregiver/partner pregnant?*** ☐ Yes ☐ No ☐ Unknown

Number of adults living in household:	***Number of children(age 18 and under) living in household:***

Family structure: Living with spouse/partner: ☐ Yes ☐ No ☐ Unknown	***Age of youngest child:*** (record 0 if child is less than 12 months old)

Residence: ☐ Own ☐ Rent ☐ Other Notes:	***Child Disability***: ☐ Yes ☐ No ☐ Unknown Notes:

Spouse/Partner employment status:
☐ Full-time ☐ Part-time ☐ Not working

Spouse/Partner education level: ☐ HS degree/GED ☐ Less than HS ☐ More than HS	**Annual Income:** ☐ Less than $20,000 ☐ $20,000 to $34,999 ☐ $35,000 to $49,999 ☐ $50,000 to $64,999 ☐ $65,000 to $74,999 ☐ over $75,000 ☐ Unknown

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Family/Household Members Information Form

Include all family and/or household members who may participate in or benefit from CRP

Other family or household members:					
Name	Relation	Sex	Age	Living in household	Notes
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	
		☐ Male ☐ Female		☐ Yes ☐ No	

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Community Response Program (CRP) Financial Intake Form

Do you own or rent the place you live in (house, apartment, mobile home)?	☐ Own ☐ Rent ☐ Other (specify):	
Do you own a car, even if you are still making payments on it? (do not count a leased car)	☐ Yes ☐ No If yes, do you think your car would sell for more than $4,500? ☐ Yes ☐ No ☐ Don't know (DK)	
Thinking of the monthly bills that are due ….	Check if you are currently receiving this type of bill:	Have you received calls from a creditor or collector about this bill in the past month?
Rent/mortgage	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Utilities	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Phone	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Cable/Internet	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Car or other vehicle	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Credit card bills	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Car title loan	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Other bills (e.g., child support, student loan)	☐ Yes ☐ No ☐ DK	☐ Yes ☐ No ☐ DK
Do you have a checking or savings account?	☐ Yes ☐ No	If yes, about how much is in the account today? $ checking $ savings
How many times have you taken an advance ("Payday") loan on a paycheck within the last three months?	**#** ☐ Don't know	
Do you have any concerns about losing your housing within the next three months?	☐ Yes ☐ No ☐ Don't know	
In regards to filing a tax return for [previous calendar year]:	☐ I already filed ☐ I am planning to file ☐ I am not planning to file/didn't file ☐ Don't know	
If you filed or are planning to file a tax return for [previous calendar year]:	☐ I did or will use a tax preparation service ☐ I did not or will not use a tax preparation ☐ Don't know/undecided	
Last time you filed, did you receive a refund of over $1,500	☐ Yes ☐ No ☐ Don't know	

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Family Assessment of Strength Tool (FAST)

Directions: The following statements are about parenting and raising children. Please decide to what extent you agree or disagree with each statement and check the best response.		Strongly Disagree	Disagree	Agree	Strongly Agree
Parenting Questions					
1	When it comes to raising kids, I have a lot of confidence in my abilities.	1	2	3	4
2	I worry a lot about the mistakes I may make as a parent.	4	3	2	1
3	I wish I felt more positive about being a parent.	4	3	2	1
4	I feel good about my parenting abilities.	1	2	3	4
5	I think being a parent is generally more work than pleasure.	4	3	2	1

Directions: The following statements are about your family's child care situation. Please decide to what extent you agree or disagree with each statement and check the best response. If you do not have any need for child care at this time, please skip this section.		Strongly Disagree	Disagree	Agree	Strongly Agree
Child Care Questions					
6	I have concerns about the quality of child care available to my family.	1	2	3	4
7	I worry that the child care available to my family is not reliable.	4	3	2	1
8	I have several people in my life to help with emergency or last-minute child care.	1	2	3	4
9	I can easily find a child care arrangement that I know is safe for my children.	4	3	2	1

Slack, K.S. and Berger, L.M. (2016). The Family Assessment of Strengths Tool (FAST). Madison, WI: School of Social Work and the Institute for Research on Poverty, University of Wisconsin-Madison.

CHILD ABUSE & NEGLECT
Prevention Board

Directions: The following statements are about your social support network and neighborhood. Please decide to what extent you agree or disagree with each statement and check the best response.	Strongly Disagree	Disagree	Agree	Strongly Agree
Social Supports Questions				
10	There are people in my life who give me emotional support when I need it.	1	2	3	4
11	I do not know many people who I can talk to about my problems.	4	3	2	1
12	There are people in my life who encourage and support me in meeting my goals.	1	2	3	4
13	There are plenty of people in my life who I can ask for help with small favors.	1	2	3	4
14	In this neighborhood, people reach out and help each other.	1	2	3	4
15	I feel safe in this neighborhood.	1	2	3	4
16	I worry about my children's safety in this neighborhood.	4	3	2	1
17	My neighbors help look out for each other's children.	1	2	3	4

Directions: The following statements are about your economic situation. Please decide to what extent you agree or disagree with each statement and check the best response.	Strongly Disagree	Disagree	Agree	Strongly Agree
Economic Questions				
18	I'm usually able to save a little money from month to month.	1	2	3	4
19	I can usually afford to pay my bills on time.	1	2	3	4
20	I can usually afford the cost of feeding my family good, healthy meals.	1	2	3	4
21	If I suddenly needed $100 for an emergency, I could come up with it.	1	2	3	4
22	I am making good progress with my financial situation.	1	2	3	4

Directions: The following statements are about your relationship with your spouse or romantic partner. Please decide to what extent you agree or disagree with each statement and check the best response. If you do not have a spouse or romantic partner, please skip this section	Strongly Disagree	Disagree	Agree	Strongly Agree
Questions about Spouse or Partner **(Leave blank if no current spouse/partner)**				
23	My spouse/partner respects me.	1	2	3	4
24	My spouse/partner expresses affection or love for me.	1	2	3	4
25	My spouse/partner encourages or helps me to do things that are important to me.	1	2	3	4
26	My spouse/partner listens to me when I need someone to talk to.	1	2	3	4
27	My spouse/partner makes me feel like everything I do is wrong.	4	3	2	1
28	My spouse/partner trusts me.	1	2	3	4
29	My spouse/partner and I have many more good days than bad days.	1	2	3	4

Directions: The following statements refer to how you might feel or act on any given day. Please decide how often you feel or do what each statement describes, and check the best answer.		Strongly Disagree	Disagree	Agree	Strongly Agree
	Mood Questions				
30	I don't spend enough time thinking over a situation before I act.	1	2	3	4
31	I say and do things without considering the consequences.	1	2	3	4
32	I get into trouble because I don't think before I act.	1	2	3	4
33	I can do just about anything I really set my mind to.	1	2	3	4
34	There is really no way I can solve some of the problems I have.	4	3	2	1
35	I often feel helpless in dealing with the problems in my life.	4	3	2	1
36	What happens to me in the future mostly depends on me.	1	2	3	4
37	In the past week, I had trouble keeping my mind on what I was doing.	1	2	3	4
38	In the past week, I felt lonely.	1	2	3	4
39	In the past week, I felt sad.	1	2	3	4
40	In the past week, I have felt calm and in control.	4	3	2	1
41	In the past week, I have been happy and content.	4	3	2	1
Directions: Please indicate whether each of the following statements is true for you or not.		**YES**		**NO**	
42	In the past 12 months, have you felt any time that you might need treatment for a mental health problem?	Y		N	
43	In the past 12 months, have you felt at any time that your spouse or partner might need treatment for a mental health problem?	Y		N	

Slack, K.S. and Berger, L.M. (2016). The Family Assessment of Strengths Tool (FAST). Madison, WI: School of Social Work and the Institute for Research on Poverty, University of Wisconsin-Madison.

Directions: Please indicate whether each of the following statements is true for you or not. "Drugs" includes prescribed medications.		YES	NO
Alcohol and Other Drugs Use Questions			
44	In the past month, have you spent more time drinking or using drugs than you meant to?	Y	N
45	In the past month, has a family member, or friend, or anyone else told you they objected to your alcohol or drug use?	Y	N
46	In the past month, have you found yourself thinking a lot about wanting to drink or use drugs?	Y	N
47	In the past month, have you used drugs or alcohol to relieve sadness, anger or boredom?	Y	N
48	In the past month, have you had concerns about the alcohol or drug use of a spouse or partner?	Y	N
49	In the past 12 months, have you felt any time that you might need treatment for an alcohol or drug abuse problem?	Y	N
50	In the past 12 months, have you felt at any time that your spouse or partner might need treatment for an alcohol or drug abuse problem?	Y	N

Directions: The following statements are about your own childhood. Please decide to what extent you agree or disagree with each statement and check the best response.		Strongly Disagree	Disagree	Agree	Strongly Agree
Childhood Experiences Questions*					
51	Growing up, I felt that my parents (or primary caregivers) loved me and thought I was important.	4	3	2	1
52	Growing up, there was always someone there to protect me.	4	3	2	1
53	There were people in my family who looked out for each other.	4	3	2	1
54	I remember a lot of laughing in my family when I was a child.	4	3	2	1
55	As a child, there were adults in my family who were a source of strength and support for me.	4	3	2	1

*These questions should only be asked during the first time the FAST is administered. Do not ask these questions when closing the case.

Slack, K.S. and Berger, L.M. (2016). The Family Assessment of Strengths Tool (FAST). Madison, WI: School of Social Work and the Institute for Research on Poverty, University of Wisconsin-Madison.

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Community Response Program (CRP) Case Closure Form

Today's date: __/__/____   *CRP intake staff initials*: _____

FLEX FUNDING PROVIDED TO FAMILY: Yes ☐ No ☐
If yes, verify that a copy of the Community Response Program Flex Funds Form is in the participants file.

TOTAL Number of Family Contacts during the participation:
(do not count the number of contacts made before the family agreed to participate in CRP)
Telephone:_____
Home Visit: _____
Other face-to-face visits:_____
Referral: _____
Family Team Meetings: _____

Total and type of goal:

No.	Type of Goal	No.	Type of Goal	No.	Type of Goal
	Stable Housing		Income & benefits		Parenting
	Transportation		Education/training		Child care/education
	Utilities		Employment/job skills		Family violence
	Health Care		Material/basic needs		Mental Health
	Legal issue		Budgeting/financial		Alcohol/drug use
	Other		Resources, referrals and supports		

REPORT TO CPS MADE BY CRP STAFF PERSON AFTER FAMILY ENROLLMENT IN CRP: Yes ☐ No ☐
[IF YES, DATE: __/__/____] REASON(S): _____

<u>**DATE OF CASE CLOSURE: [__/__/____]**</u>
CASE CLOSE REASON:
☐ All service goal(s) attained   ☐ Most of service goal(s) attained
☐ Family moved out of area   ☐ Family decided to close case
☐ Family no longer engaged
☐ Service time limit reached
☐ Other: _____

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Community Response Program (CRP) Feedback Form

"Please read each statement below, and check the response that indicates whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. If you are unsure, you can say that, too."	Strongly Agree 1	Somewhat Agree 2	Somewhat Disagree 3	Strongly Disagree 4	Unsure 5
I know how to manage stress.	☐	☐	☐	☐	☐
I know how to "speak up" for what my family and children need.	☐	☐	☐	☐	☐
As a result of this program, I am now accessing benefits or job services that I previously wasn't.	☐	☐	☐	☐	☐
I am aware of how children change as they learn and grow.	☐	☐	☐	☐	☐
I know parenting skills that fit my children's ages.	☐	☐	☐	☐	☐
Even with our busy schedules, my family finds time to be together.	☐	☐	☐	☐	☐
I feel good about my ability to take care of my children	☐	☐	☐	☐	☐
I am able to meet my family's needs with the money and resources I currently have.	☐	☐	☐	☐	☐
Program staff at the community response program treated me with respect.	☐	☐	☐	☐	☐
I have relationships with people who provide me with support when I need it.	☐	☐	☐	☐	☐
The program helped me and my family reach our goals.	☐	☐	☐	☐	☐
My family is able to share our concerns and feelings in productive ways.	☐	☐	☐	☐	☐
The program helped improve my family relationships.	☐	☐	☐	☐	☐
I know who to call and where to go in the community when I need help.	☐	☐	☐	☐	☐
I was able to use the information and contacts my support worker gave me.	☐	☐	☐	☐	☐
The referrals I received helped improve my situation.	☐	☐	☐	☐	☐
I have people to talk to when I have worries about my children or my parenting.	☐	☐	☐	☐	☐
I know how to seek help from the agencies in my community to get things that my family needs	☐	☐	☐	☐	☐
When we make decisions like moving or changing jobs, we base them on what is best for all family members.	☐	☐	☐	☐	☐
I made positive changes in my life because of this program.	☐	☐	☐	☐	☐
Are there things that should be changed in the program to make it better and more helpful in the future?	If yes, please describe (use other side of page if needed):				

THANK YOU FOR TAKING THE TIME TO HELP US IMPROVE OUR SERVICES!

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Community Response Program (CRP) Flex Funds Form

Family Name: **Date:**

You are requesting flex fund for?
Describe financial need and how this will assist with your goal(s):

1. Is the family a CRP participant? ❑ Yes or ❑ No, if no, the family is not eligible for flex funds

2. Are there any other resources that would be able to assist the family? If yes, how much of the expense can be absorbed by other resources?

3. Can the family assist in paying for a portion of the expense? ❑ Yes or ❑ No
   - Amount family has agreed to pay: _____

4. What is the family's plan to be able to cover this expense in the future, should it arise?

5. Is this expense a necessity to address an imminent need?
   ❑ Yes or ❑ No, if no, the family is not eligible for flex funds
   If yes, this flex funding will support the following outcomes? (Check any that apply).

   ☐ Reduce financial hardship   ☐ Maintain or secure housing   ☐ Maintain or secure employment
   ☐ Increase Safety   ☐ Improve family functioning
   ☐ Increase Education   ☐ Maintain quality child care environments

Amount requested:	
Amount leveraged by community partners:	
Amount family has agreed to pay:	
Amount approved:	

_____   _____   _____
CRP Family's Signature   Date

_____   _____
CRP Staff Person   Date

_____   _____
CRP Supervisor   Date

Page intentionally left blank.

First Name: _____ Last Name: _____ Today's Date: / /

Income and Benefits Inventory Note: optional form

Participant willing to complete this assessment

☐ Yes Date Completed: ____/____/____

☐ No

"Please tell me whether you currently receive any of the following sources of income":

Outcome at case closure:
R=received benefit
P=pending application
I=ineligible
D=declined benefit
U=Unknown
N=Did not apply

	Currently receiving?	If yes: Most recent monthly amount?	If no: Potential eligibility?	Outcome at case closure:
Receive TANF or W-2 grant?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Food stamps (Food Share/SNAP)?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Free or reduced price school meals?	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Emergency Food Assistance Program?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Badger Care, BC-Plus, Medical Assistance (MA), or other health insurance? Record type:	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
MA Mileage Reimbursement?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Child support (i.e., court-ordered)?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Wisconsin Shares (child care paid by state) or help from the county or city with child care payments?	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Disability benefits (e.g. SSI or OAS-DI)? Record type:	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Worker's Compensation as a result of a job-related injury?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Caretaker supplement (for parents receiving SSI)	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Child care subsidies or help from the county or city with child care payments?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Public housing or housing voucher or subsidy? Record type:	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Rent assistance?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
WIC (Women, Infants, and Children's assistance)?	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Earned Income Tax Credit (EITC) or state earned income credit within past 12 months?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N

	Currently receiving?	If yes: Most recent monthly amount?	If no: Potential eligibility?	Outcome at case closure:
Homestead Tax Credit?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Unemployment Insurance (UI)?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
	Currently receiving?	If yes: Most recent monthly amount?	If no: Potential eligibility?	Outcome at case closure:
Social security benefits (SSA) or any other private or government retirement pension?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Utility assistance (e.g., Energy Assistance)?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Crisis assistance or emergency assistance?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Foster child payments or adoption subsidies?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Kinship Care payments?	☐ Y ☐ N	$	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Clothing bank/Goodwill voucher use	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Food pantry/community meal use	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Holiday basket/gift sponsorship	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Safelink telephone	☐ Y ☐ N	$ n/a	☐ Y ☐ N	☐ R ☐ P ☐ I ☐ D ☐ U ☐ N
Work earnings within the last 30 days, including self employment, before taxes or other deductions?	☐ Y ☐ N	$	Looking for work? ☐ Y ☐ N	Found a job/is working ☐ Y ☐ N ☐ Unknown
Spouse/partner's work earnings within the last 30 days, including self-employment, before taxes or other deductions?	☐ Y ☐ N	$	Looking for work? ☐ Y ☐ N	Found a job/is working ☐ Y ☐ N ☐ Unknown
Other household adult's work earnings within last 30 days, including self-employment, before taxes or other deductions?	☐ Y ☐ N	$	Looking for work? ☐ Y ☐ N	Found a job/is working ☐ Y ☐ N ☐ Unknown
Any other sources of income? (Specify):	☐ Y ☐ N	$	☐ Y ☐ N	Notes:

Monthly disposable income based on Income and Benefits Inventory (sum of column 3): $ _____ /month

From month to month, is this amount about the same, or is it usually higher or usually lower?

☐ about the same   ☐ usually higher ☐ usually lower

Note: optional form

Sample Community Response Program (CRP) Family Contacts Log

Date:	Type of Contact:	Date:	Type of Contact:
	☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____		☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____
	☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____		☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____
	☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____		☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____
	☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____		☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____
	☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____		☐ Telephone ☐ Other face-to-face visit ☐ Home Visit ☐ Referral ☐ Office visit ☐ Other ☐ Family Team Meeting Notes: _____

TOTAL:
Telephone: _____   Home Visit: _____
Other face-to-face visits: _____   Referral: _____
Family Team Meetings: _____

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Sample Community Response Program (CRP) Goal and Progress Forms

Summary of Goals

CRP Worker Name: _____
Primary Caregiver Name: _____

	Goal:	Status at Case Closure:
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐ Goal Completed ☐ Significant Progress Made ☐ Some Progress Made ☐ No change, still a need ☐ No longer a goal for the family ☐ Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐ Goal Completed ☐ Significant Progress Made ☐ Some Progress Made ☐ No change, still a need ☐ No longer a goal for the family ☐ Progress made, but goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐ Goal Completed ☐ Significant Progress Made ☐ Some Progress Made ☐ No change, still a need ☐ No longer a goal for the family ☐ Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐ Goal Completed ☐ Significant Progress Made ☐ Some Progress Made ☐ No change, still a need ☐ No longer a goal for the family ☐ Goal not complete due to resource gap
Date:_____ **Goal Type:** _____ (see types on next page)	_____	Date: _____ ☐ Goal Completed ☐ Significant Progress Made ☐ Some Progress Made ☐ No change, still a need ☐ No longer a goal for the family ☐ Goal not complete due to resource gap

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For every goal listed on page 4, fill this form out.

GOAL: _____

Type of goal: (Select all that apply)

☐ Stable Housing ☐ Transportation ☐ Utilities   ☐ Income & benefits ☐ Education/job skills ☐ Employment ☐ Legal issue

☐ Parenting ☐ Child care ☐ Family violence   ☐ Debt/Credit ☐ Mental Health ☐ Health care ☐ Alcohol/drug use

☐ Budgeting/financial planning ☐ Other (describe): _____

Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress Notes: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress: _____	Date: _____ Referral to: _____ Purpose of referral: _____

Date: _____ Progress: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress: _____	Date: _____ Referral to: _____ Purpose of referral: _____
Date: _____ Progress: _____	Date: _____ Referral to: _____ Purpose of referral: _____

Appendix B - Data Instructions

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Forms

- CRP Referral Form
- CRP Intake Form
- CRP Financial Intake Form
- CRP Income and Benefits Inventory (optional form)
- FAST
- CRP Case Closure Form
- CRP Feedback Form
- Sample CRP Family Contact Log
- Sample CRP goal and progress Form
- Community Response Program Goal Form (optional form)

Spreadsheets

Each referral from CPS should be assigned a unique and unidentifiable number. This number will be the family ID on all data collection spreadsheets. The CRP agency or CPS should maintain a list of all families referred to CPS.

- CRP Contacts Form
- CRP Intake Form
- CRP Financial Intake
- CRP Goals
- CRP Feedback
- CRP FAST

How forms fit together for participants who participant in the CRP

1. The CRP Intake form is a means of generating discussion between the worker and the family member completing the form about the family's service needs. This form generates more detailed information about a family's situation which is necessary to know when screening for potential eligibility for various benefits. The CRP worker states the purpose of the form before it is completed in order to minimize inaccurate answers. If the family member knows at the onset that the questions on this form will help the worker decide whether to refer a family for additional assistance or services, the family member may feel more comfortable responding truthfully to these questions. The CRP worker will assure the family member that choosing not to answer a question is preferable to inaccurately answering questions; however, advise the family that missing and inaccurate information will make it more difficult to identify potential service options for which the family might be eligible. This form may be revisited a number of times during the CRP. At the time of case closure, it should be updated.

    - The Family/Household members Information Form is used to gather the names and some demographic information about all family members. This is used in concert with the other information on the Intake Form to assist the CRP worker on assessing the families' needs.

2. The Financial Intake form is designed to help identify families that are struggling with particular types of economic hardship. There is no particular subset of items or cut-off score that is viewed as an indicator of a family's level of need; rather the completion of this scale can generate a discussion between the worker and the family member completing the form about whether a family needs help in these areas.

3. The Income and Benefits Inventory (optional form) will not necessarily be fully completed during one family visit. This form is a way to gather information from the family and potentially link the family to services.

4. Family Support Assessment Tool (FAST) is used to capture the family's perspective about their situation, identify family strengths and determine goals. This information is important to engaging the family in continued participation with the CRP and facilitates a collaborative process to develop service needs. The client rates how strongly he/she agrees or disagrees with statements regarding his/her stress, parenting and relationships.

Spreadsheets and Data Definitions

1. The CRP Contacts spreadsheet includes data mainly from the CRP Referral form , and CRP Case Closure form . The only drop down option on the spreadsheet is for the final outcome of attempted contacts prior to enrollment.

G	
Final outcome of attempted contacts prior to enrollment	Dat
Decline	▾
Accept	
Decline	
At capacity	
Unable to reach	

Accept: the referred family agrees to participate in the CRP;

Decline: the referred family chooses not to participate in the CRP;

At capacity: the CRP site is unable to serve the referral due to each CRP worker being at capacity

Unable to reach: the CRP worker

2. CRP Intake spreadsheet: includes data mainly from the CRP Intake Form. This spreadsheet includes many drop downs to aid in data collection (income range, CPS

allegation, race/ethnicity, etc.). The last drop down is the reason for case closure:

All service goals attained: if at the time of case closure, when the CRP worker and the family recap the goals and status, it is decided that all goals have been attained.

Most service goals attained: if at the time of case closure, when the CRP worker and the family recap the goals and status, it is decided that most goals have been attained.

Family moved out of the area: if the family moves out of the CRP service area.

Family decided to close the case: use if the family makes the decision to close the case. A family may make this decision for many reasons.

Family no longer engaged: Use this option when the family has missed a number of visits, contacts, the CRP worker is no longer able to contact the family and/or is no longer making progress on their goals.

Service time limit reached: If the maximum 20 weeks have been reached.

Other:

3. The CRP Income spreadsheet: includes data mainly from the CRP Income and Benefits Inventory form. The spreadsheet is for recording the status of the family receiving the benefit at the start and end of the case.

Received: if the family received the benefit before CRP or started receiving the benefit by case closure.

Pending: if the family has applied for the benefit but the status is unknown at the time of case closure.

Ineligible: if the family is ineligible to apply for the benefit (i.e. a married couple can't apply for child support)

Declined/denied: if the family applied for the benefit but was denied the benefit.

Unknown:

Did not apply: the family decides not to apply for the benefit.

4. The CRP Financial Intake spreadsheet: includes data mainly from the CRP Participant Financial Intake form.

5. The CRP Goal spreadsheet: includes data mainly from the CRP Case Closure form and goals progress. Each goal should be reported on a separate line.

Goal Completed:

Significant Progress Made:

Some Progress Made:

No change, still a need:

No longer a goal for the family:

Goal not completed due to service gap:

Goals – Definitions and Examples

There are currently 17 goal categories on the CRP Case Closure form (see list below). The list below provides some definition and examples for each category. Most goals will fit into one of the goal categories, but if the goal does not appear to align with a goal category or it could fit into a number of categories, a simple question to assist is, what is the outcome the family wants to achieve with the goal. If the family wanted to work on managing stress, and the CRP worker connected the family with a resource or support group in the community, the goal could fit into "Resources, Referrals and Supports".

The "Other" category should rarely be used.

1. Stable housing: examples include rent, first-month deposit, items to maintain housing

2. Transportation: gas cards, bus vouchers, car repairs

3. Utilities: heat, water, etc.

4. Health care: includes any health care expenses or assessments for the entire family (caregiver and children); family planning, accessing health care, disability assessment, etc.

5. Mental health: access mental health, assessments, connecting to mental health providers, mental health support groups for either children or caregivers

6. Legal issues: connecting to legal advocates, or seeking legal advice through other community resources

7. Income and benefits: applying for or determining eligibility for any type of public assistance or benefits, such as, birth to three, energy assistance, food share, W-2, SSI/SSID, kinship, safe link telephone, etc. (Appendix D: Income and Benefits Inventory form provides a larger list)

8. Education/training: any activities for the adults/caregivers regarding education or training, such as but not limited to, GED, post-secondary school, literacy class, English class, certificate program, etc.

9. Employment/job skills: activities regarding employment related activities, such as but not limited to, job searching, filling out job applications, mock interviewing or resume building, etc.

10. Budgeting/financial: activities for the family regarding their finances, such as but not limited to, pulling their credit source, getting them connected with second chance banking, setting up a bank account, attending a

11. Parenting: parenting class, support group, parental stress hotline,

12. Child care/education: child care, head start, IEP meeting, parent teacher meetings, summer enrichment programs, etc.

13. Material/basic needs: food, telephone, holiday gifts, diapers, basic household items, etc.

14. Resources, referrals and supports: activities to connect the family to community resources, informal supports, community activities, etc.

15. Family violence: if the family is experiencing family or interpersonal violence, goals or activities may include connecting to the local domestic abuse shelter, anger management support group, etc.

16. Alcohol/drug use: this may include connecting the family to counseling, support groups or treatment programs, etc.

17. Other: use sparingly and only when goal does not fit into one of the 16 categories list above.

Appendix C – Release of Information and Sample MOU

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Alternative Response Program

Wis. Stats.§48.981(3m)(c)3[7] provides that Alternative Response (AR) counties are to refer families to the CRP when there is no reason to suspect that child abuse or neglect occurred. In addition, the Addendum to the Child Protective Services Access and Initial Assessment Standards: Program Requirements and Guidelines for Child Protective Services Alternative Response Pilot Program VI.C.3 Screening Out an Access Report: Community Response Program Pathway states "If the Alternative Response Pilot Program site has within its community an established Community Response Program, a referral for services must be made to this program."

The CRPs in AR counties should include language in their MOA that fulfills the statutory requirements and Program Requirements and Guidelines for Child Protective Services Alternative Response Pilot Program. If a county with AR decides to refer all screened out cases to the CRP, the CRP should prioritize the cases with children ages five and younger.

Provisions that Allows for Release of CPS Information

Wis. Stats. §48.981(7) provides that CPS information is confidential. However, Wis. Stats.§48.981(7)(a) allows for disclosure of this confidential information as stated below:

> "All reports made under this section, notices provided under sub. (3)
> (bm) and records maintained by an agency and other persons, officials
> and institutions shall be confidential. Reports and records may
> be disclosed only to the following persons: ...
>
> 6. A multidisciplinary child abuse and neglect or unborn child abuse
> team recognized by the county department or, in a county having a
> population of 500,000 or more, the department or a licensed child
> welfare agency under contract with the department...
>
> 17. A federal agency, state agency of this state or any other state or
> local governmental unit located in this state or any other state that has
> a need for a report or record in order to carry out its responsibility to
> protect children from abuse or neglect or to protect unborn children
> from abuse."

---

[7] "If the agency or county department determines that there is no reason to suspect that abuse or neglect has occurred or is likely to occur, the agency or county department shall refer the child's family to a service provider in the community for the provision of appropriate services on a voluntary basis···"
http://docs.legis.wisconsin.gov/statutes/statutes/48/XX/981/3m

These statutory provisions allow CPS reports and records to be released without consent:
- To a multidisciplinary child abuse and neglect or unborn child abuse team recognized by the county department.
- To any governmental agency or other governmental unit that has a need for the report or record in order to meet its responsibility to protect children from abuse or neglect.

Wisconsin statute allows for CPS to release the records (under specific situations, as described above); however, the CRP worker will pursue familial consent (see Release of Information and Confidentiality).

Released Information

Wis. Stats. §48.981(1)(f) defines "record" to mean "any document relating to the investigation, assessment and disposition of a report under this section."

CPS screening reports are subject to Wis. Stats. §48.981 confidentiality provisions and release authority under the definition of records under Wis. Stats. §§48.981(7)(1)(f) and (7)(a) because they are documents relating to the investigation of a report under Wis. Stats. §48.981. Screening documents are related to investigations because it is the screening information that is used to determine whether there is an investigation.

The parties agree to maintain all information confidentially as required by applicable federal and state laws, administrative codes and regulations, and related administrative memos and handbooks, including but not limited to, Wis. Stats. Chs. 19, 48, 51, 55 and 938, Titles IV-B and IV-E of the Social Security Act and the Child Abuse Prevention and Treatment Act (CAPTA).

Alcohol and Other Drug Abuse Confidentiality

It should be noted that certain information within CPS reports and records may be confidential under other laws that supersede Wis. Stats. §48.981(7)(a). One example is federal alcohol and other drug abuse(AODA) confidentiality provisions; however, the applicable law may allow release of that specific information by consent. Once a family is contacted and agrees to participate in the CRP they may be willing to consent to the release of additional information, if needed, for case planning purposes.

SAMPLE - Memorandum of Understanding

Coordinated Response to Child Abuse and Neglect

The Multidisciplinary Mission:
The (name) County Division of Children and Family Services hereby reaffirms the (name) multidisciplinary team to be recognized pursuant to Wisconsin State Statutes 48.981 (7)(a)(6) and pursuant to 2003 Wisconsin Act 292 Section 8. 118.125 (2)(n). The parties to this agreement are vested with the authority to promote and protect child safety and to provide services which will improve the well-being of children and their families.

Agency Agreement:
WHEREAS, the parties of this agreement agree that they are mutually served by the establishment of a multi-agency, multi-professional child abuse and neglect response team. The multidisciplinary team will consist of a representative of _____ (hereinafter County) and _____ (hereinafter CRP Agency).

WHEREAS, the parties agree that all the members signing this agreement are essential to effective staffings and team meetings. The parties agree to designate participants to attend weekly or as needed.

WHEREAS, the objectives of (team name) team meetings are agreed to be:

- Swift movement of the screened out child maltreatment cases through the social services to Community Response Program.
- Improved communication and coordination of agency responses to child maltreatment.

WHEREAS, the parties agree that (team name/meetings) require case specific sharing of records, and that confidentiality is inherent in many of the involved reports therefore there will be clear measures taken to protect confidentiality, and no staffing will occur without all present abiding by the confidentiality agreement. Parties agree to ensure that all of their employees who may participate in team meetings understand that confidentiality agreement and how to protect written or verbal confidential information consistent with each party's legal mandates. It is further understood that may be an individual case which requires that a particular agency be asked to take the lead in addressing a quality of care issue based on the agency's clear connection with the case a hand.

It is also understood that a participating agency may use information obtained at a meeting in accordance with the mandated responsibilities of that agency. In cases where petitions are filed by the (county name) County District Attorney's office or (county name) County Corporation Counsel, the person whom has reported the information may be noted in the petition and be called as a witness. Any notes or reports given by an individual to the County that documents or supports reports of child maltreatment may be included in the petition to the court. If the (county name) County District Attorney's office decides to prosecute, the law requires them to give parents a copy of these documents. If (county name) County Corporation Counsel files a petition, interested parties will receive copies of information included in the petition.

WHEREAS, the purpose of this Agreement is to set out the various obligations of the above parties regarding the transfer of the confidential records among the parties.

NOW THEREFORE, in consideration of the above recitals, and for other good and valuable consideration, the parties agree as follows.

A. The parties to this agreement are vested with the authority to carry out their responsibility to protect children from abuse or neglect or protect unborn children from abuse.

B. The Community Response Program will:

- Reach out to families who traditionally have been brought to the attention of child protection services but had no identified safety risks and were therefore not in need of child protection services.
- Partner with child protection services to reach out to families earlier when they are facing stress in an effort to reduce future referrals to child protection services and ultimately to prevention child abuse and neglect.
- Facilitate the maintenance of open lines of communication among government and community agencies, therapists and the child and family

C. The parties agree to the following criteria for appropriate referrals to the Community Response Program:

- (add referral criteria)

D. CRP Agency agrees to the following:

- Administer and staff the Community Response Program.
- Supervise Community Response Program staff.
- Seek out and provide training opportunities.
- Accept referrals of the Community Response Program participants to other CRP Agency programs.
- Provide support and information to the Community Response Program Coordinators.
- Compile and submit all required reports; share information with the County.
- Have flexible funds available to distribute to families for one time financial needs not met by other community resources.
- Evaluate the Community Response Program for effectiveness using compiled data for program improvements.
- Inform the County staff of funder dictated program changes and work collaboratively to incorporate those changes in addition to making general program improvements.
- Promote program sustainability by investigating and searching for additional funding options.
- In the event that a family is found to have an open CPS case while participating in the Community Response Program, the Community Response Program worker will obtain permission in writing from the family to communicate with the County CPS worker about their case. The Community Response Program worker will have open communication and complete transparency with the County. The role of the Community Response Program

is to provide supplemental services (parenting, financial services and economic supports) while the family works with CPS.

- CRP staff will complete mandated reporter training and report suspected child abuse and neglect

E. The County agrees to the following:

- To provide appropriate referrals to the Community Response Program.
- The County child protective services program manager sends the name, address, phone number and type of allegation for each referral to the Community Response Program. The referrals will be sent (include details on the frequency and process for sending referrals), copying the back-up designees on the email.
    o Back-up designee is (CPS staff title)
- The Community Response Program supervisor is the staff assigned to receive the report. The Program will designate a back-up designees and will supply the county child protective service program manager with these staff name and email address.
    o Back-up designee is (CRP staff title)
- CPS management staff will be available for consultation to the Community Response Program Coordinators.
- To include Community Response Program Coordinators in appropriate agency/unit meetings.
- To invite Community Response Program staff to county provided professional development opportunities as space allows and as long as there isn't an additional cost to the county to do so.
- To work with the CRP Agency staff to make program improvements.
- To provide support and information as able to the Community Response Program Coordinators on specific referrals, when requested.

F. The parties agree to maintain all information confidentially as required by applicable federal and state laws, administrative codes and regulations, and related administrative memos and handbooks, including but not limited to Wisconsin State Statute Chapters 19, 48, 51, 55 and 938, 42 U.S. C. Titles IV-B and IV-E of the Social Security Act and the Child abuse Prevention and Treatment Act (CAPTA), 42 C.F.R. Part 2.

G. This MOU is effective upon the last date of signature by all parties.

H. This MOU may be amended upon mutual written agreement of all parties.

I. This MOU may be terminated by any party upon 60 days written notice to the other two parties.

Signatures

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Appendix D - Sample Scripts, Letters and Other Communication

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Sample Phone Scripts

Please note, these are suggested scripts and not intended to be read verbatim. When leaving messages and/or attempting to engage with a family, it is always best practice to know your audience and adjust language to best fit the situation.

1st Phone Call:

1. Referral does not answer and there is an option to leave a message:
   Sample voice mail: Hi, my name is (name); I'm calling from (name of your agency). Please call me back at (phone number). Thanks.
2. Referral not able to take call but someone in the home answers the phone:
   Sample script: Hi, my name is (name); I'm calling from (name of your agency). Is Mary Smith available?

   No: Ok, can I leave you my name and number for her to call me back?
   Sure: (Name) from (Agency), (phone number), and it's about Community Resource.
3. Referral answers the call or is available to talk:
   Sample script: Hi, my name is (name); I'm calling from (name of your agency). Is Mary Smith available?

   Yes: Hi Ms. Smith, my name is (name) and I'm calling from the (Agency). Have you heard of us? I'm calling because we have a free program that that partners with families to access community resources and services. If you are interested, we would meet either at your home or you could come here and then we complete some paperwork and to discuss goals that could strengthen your family and current situation. Is this something you might be interested in?

   > **I'm not sure, how did you get my name?** The (County) Child Protection Services sends us names and phone numbers weekly of families who might benefit from services for this program.

   > > **What kind of resources?:** Well, first we'd set up an appointment to meet. We usually come to you, but you could come to my office or somewhere you would feel comfortable if you'd prefer. We review all the income and benefits you're receiving and look for areas where you might be eligible for other community programs or more income and help with ways to save money. Is this something you'd be interested in?

   > > **Yes**:   Great! When are you available to meet this week?
   > > **Schedule the appointment**. Repeat the date, time and location.

No, I'm not interested: Ok, we usually send some program materials, that way if you change your mind you have our information. Is your address (verify address)?

> **Yes**: Ok, I'll send it out today. This program is available to your family at any time, so feel free to call. We are available for questions as well, if anything should change. Would you like my number now?
> **Sure**: Its (phone), and I'm (name) from (Agency). ok
>
> **Don't send me anything**: ok, thanks for your time.

For the 2nd phone call:
Use the same script and procedure for leaving a message as noted above but you may also mention that you mailed out a letter or that you will be stopping by their home.

For the 3rd phone call:
Use the same script and procedure for leaving a message as noted above.

Sample first letter

(Date)

Name
Address
City, WI 53545

Dear Jane,

Hello. My name is (name). I work with the Community Response Program at (Agency). In working with families, I am amazed at all the challenges parents face today. For this reason, we would like to invite you to participate in our program to further assist you and your family with making connections within the community for resources and/or programming in order to strengthen your family.

The (county) area has so much to offer to parents and their children, but unfortunately many families are unaware of all of the programs. I would like to partner with you to find resources that can help strengthen and encourage your life as a family. The resources that I can offer will be specific to your family and goals. This is a voluntary program and you will lead in setting goals for your family. The services, benefits and community resources I can connect you with include financial resources, parenting, and child care.

Community Response Program is a volunteer and free program to assist families. I will be contacting you so that we can discuss a time for me to stop by or until then, please feel free to contact me anytime. You can reach me at (phone). I look forward to working with you and your family.

Partnering with you,

(Name)
(Title)

Optional language regarding the CPS referral:
Child Protective Services Worker NAME, CPS Worker with _____ County Human Services, has made a referral for your family to participate in the Community Response Program. My role is to further assist you and your family with making connections within the community for resources and/or programming in order to strengthen your family.
Or
I have been introduced to your family through a recent referral to _____ County Child Protective Services, even though they will not be getting involved with your family, I would like the opportunity to help you find resources that can help support and strengthen your family.

Home Visit Sample Script

No answer: Leave sealed envelope with program flier and your business care inside door, do not touch mailbox.

An adult answers: Hi, My name is (name) and I'm from the (Agency). Is Mary Smith available?

> **No**: Ok, can you give her this material? She's eligible for a free program from (Agency). My information is in there, so she can call me if she's interested. Thanks! Have a great day!

> **Yes**: Hi Ms. Smith. Have you heard of us, (Agency)? You and your family have been referred to participate in our free program that offers assistance through service linkages, case advocacy and connections to both formal and informal resources. If you are interested, we would meet either at your home or you could come to our office and to complete an assessment and discuss goals that could strengthen your family and current situation. Is this something you might be interested in?

>> **I'm not sure, how did you get my name?** The (County) Child Protection Services sends us names and phone numbers weekly for this program.

>>> **What kind of resources?:** Well, first we'd set up an appointment to meet. We usually come to you, but you could come to my office if you'd prefer. We review all the income and benefits you're receiving and look for areas where you might be eligible for other community programs or more income and help with ways to save money. Is this something you'd be interested in?

>>>> **You can come in**: Ok, great! (GO TO INTAKE)

>>>> **Not now**: ok, when are you available to meet this week? **Schedule the appointment**. Repeat the date, time and location.

>>> **No, I'm not interested**:   Ok, here is a packet of our information. If you change your mind, my number is inside. Thanks for your time!

> **No, I'm not interested**:   Ok, here is a packet of our information. If you change your mind, my number is inside. Thanks for your time!

Sample final engagement letter

(date)

Name
Address
City, WI 54601

Dear _____,

Hello. My name is (name). I work with the Community Response Program at (Agency). In these tough times, many families could benefit from additional help. I was hoping to meet and speak with you about the programs and services in (County) that are available to you and your family.

Unfortunately, I have been unable to reach you. If you would like to meet with me to hear about the resources in our community, please feel free to call me at (phone). If I do not hear from you within the next seven days (**include date**), I will assume that you do not wish to meet with me. You can still call me with any questions you may have in the future.

Meeting with me is not required and my services and completely free. I would be more than happy to work with you and your family.

Partnering with you,

(Name)
(Title)

Sample Closing Letter (for families who engaged)

Clients Name
Client's Address
Client's State and Zip
Date

Dear Ms./Mr.   ,
You and your family began in our Community Response Program beginning on (date). During this time, we have worked on (list major goals). Together, we have connected with (list community resources collaborated with).

The Community Response Program works with families for a short period of time, and at this time your enrollment with Community Response Program is completed.

It has been a pleasure working with you and your family. If you have questions, need additional information, please do not hesitate to call or send an email.

Thank you,

Name:
Title:
Agency:
Agency Address:
Email Address:
Phone Number:

Sample Two Week Letter

Clients Name
Client's Address
Client's State and Zip
Date

Dear Ms./Mr.   ,
This letter is being sent to you regarding your participation in the Community Response Program. The Community Response Program is a voluntary program that we discussed on (date). It was a pleasure previously working with you and your family but unfortunately I have not been able to connect with you.

If you are still interested in participating in Community Response Program, please contact me to let me know and to talk about the best way and time to reach you.

If I do not hear from you by (two weeks), I will assume you are not interested in participating in Community Response Program at this time and will close your file. If in the future you become interested in Community Response Program, you can contact me at the number listed below.

If you have questions or need more information, please call or send an email to me. I look forward to hearing from you.
Thank you,

First and last Name:
Title:
Agency:
Agency Address:
Email Address:
Phone Number:

Home Visit Safety

(Adapted from: Weinger, S. (2001). *Security risk: Preventing client violence against social workers*. Washington, DC: NASW Press)

Tips To Ensure Safety:

- Keep supervisor updated on unusual incidents and/or concerns related to safety

- Keep your itinerary current and accessible to your supervisor. Make sure to sign in and out for all home visits and lunch breaks.

- Before your visit, make sure your vehicle is in good working order, the gas tank is full, keep the doors locked, and wear your seat belt. Lock all valuables in the trunk leaving nothing in view inside the car. Park in a well-lighted location which will allow for quick exit

- Always bring a working cell phone. Have 911 and the office phone on your speed dial.

- Schedule visits early in the day if at all possible. Most crimes occur from mid-afternoon to early evening. Try to bring a 2nd staff person if scheduling evening home visits.

- Become knowledgeable of the neighborhood where your client lives. If the client lives in a high crime area, or an area you feel is unsafe, consider using the "buddy" system.

- Once at the location, make a visual assessment of the situation before leaving the car. If concerned about safety you may want to call your client and ask them to accompany you to the building.

- Once in the client's home, be respectful. Remember that you are a guest. Ask where they would like you to sit and offer to take off your shoes. The client may perceive your visit as intrusive and threatening.

- Dress appropriately. Do not wear your best clothing that would make you conspicuous and that does not fit the surroundings.

- Leave jewelry, credit cards, and your check book at the office. Carry only a necessary amount of money with you.

- Bring only necessary amount of paperwork and laptop.

- Walk confidently; be alert and aware of your environment. Smile and say hello to neighbors that you walk past.

- Alert client to your visit, if at all possible, and ask them to notify others in the house of your scheduled appointment to avoid surprises.

- Always identify yourself and do not enter the dwelling until you are invited in.

- Visually scan the room and note who else may be in the house.

- Do not conduct the interview in the kitchen where there may be readily available weapons.

- Choose a seat that is close to a door and ensure that there is an easy exit route.

- Do not sit down unless your clients are sitting. Try and avoid soft furniture and furniture that is low to the ground if at all possible.

- Know when to terminate the visit. If you believe the environment is unsafe, or your client or others in the home are under the influence of alcohol, drugs, or engaging in illegal behavior, leave immediately.

- Avoid arguments. Try to deescalate emotionally charged conversations. Remember, if your "gut feelings" tell you that things are getting out of control, leave immediately.

- Evening visits should generally include two workers, especially if the visit is unplanned and/or for the purpose of investigation

Sample External Agency Release of Information

I, _____, give my permission for the staff of the (Agency) Community Response Program, to exchange information about myself and/or my minor children for whom I have custody with other community agencies outside of (Agency) programs. Sharing information with outside agencies will enable Community Response Program to more effectively address my needs, to identify program eligibility, locate other resources and support services in the community, and improve service delivery. I understand that the release of such confidential information is only for referral of services.

I give my permission for the following information to be shared with respect to myself and/or my minor children (check all that apply):

Agencies or Agency Representatives that will be sharing information

Name	Address

Information to be released is:

☐ Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, children, dependents, household relationships, homeless status, military veteran status, and/or whether I or my children have a disability)
☐ Public Benefits
    ○ SSI, SSD
    ○ W-2 eligibility, status and history
    ○ Badger Care
    ○ Child Care
    ○ Medicare/Medicaid
    ○ FoodShare
    ○ Rent Assistance
☐ Income information (may include sources and amounts of household income, employment information, and/or work skills)
☐ Housing Information (may include address, type of housing and/or reason for homelessness)
☐ Education information
☐ Legal history/information
☐ Other

_____

_____

Upon my consent, information collected may be shared with other community organizations and agencies. The purpose of such communication is to enable Community Response Program to locate and more fully advocate for services that are not currently provided by (Agency). I may revoke this consent at any time in writing, but I understand that if I do not do so, the consent will remain in effect for the duration of Community Response Program services to me and/or my minor children.

_____   _____
Participant Signature   Date

_____   _____
Community Response Program Signature   Date

Possible Direct Services Referrals to Families in CRP

List of possible referral agencies that provide direct services to families who participate in CRP:

- Domestic Violence
  - Advocates
  - Shelters
  - Therapist specializing in DV for both batterers and survivors
  - Crisis/emergency services
- Alcohol and Substance Use Disorder
  - Detoxification Centers
  - In-patient and Out-patient Recovery Centers
  - Half-Way Houses
  - Support Groups
  - Therapists specializing in Substance Use Disorder
  - Healthcare Providers specializing in Substance Use Disorder (i.e. methadone clinics)
  - Crisis/emergency services
- Homeless shelters
  - Day Centers
  - Short-term Housing
  - Long-term Housing
- Family Resource Centers
- Economic Maintenance
- Childcare providers
- Childcare Resource and Referral organizations
- Healthcare providers accepting a variety of insurances
- Dental providers accepting a variety of insurances
- Pharmacies accepting a variety of insurances
- Therapists specializing in a variety of needs accepting a variety of insurances
- Employment Centers
- Local Schools and Colleges
- Landlords
- Systems or institutions who may be working with families
  - Schools
    - Teachers
    - Social Workers
    - Principals
    - Special Education Teachers
  - Law Enforcement
    - Probation and Parole Officers
    - Jails/ Jail Staff

- Income Maintenance Workers
  - W2
  - Foodshare
  - SSDI/SSI
- County Health and Human Services
  - Birth to Three
  - Family Services
- Headstart
- Family-based organizations
- Community Support Systems
  - Lawyers and legal aids
  - Banks
  - Transportation services
    - Buses
    - Taxis
  - Thrift stores or free clothing providers
  - Food pantries
  - Post Offices (obtaining PO boxes if no mailbox)
  - Faith-based organizations
- Local UW Cooperative Extension office