FFPSA Candidacy - County Survey

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**FFPSA Candidacy County Survey**

The North Carolina Department of Health and Human Services, Division of Social Services is asking counties to provide estimates of potential candidacy groups for use in developing the state's plan for the Family First Prevention Services Act. Only one response is needed for each county.   
  
  
  
UNC-CH is assisting the division with data collection. If you have any questions about the survey, please contact Joy Stewart at jstewart@unc.edu.

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County:

▼ Alamance (1) ... Yancey (0)

Does your county provide voluntary prevention services directly to at-risk children?

* Yes (1)
* No (2)

If yes, please estimate the **number** of children who received voluntary prevention services directly from your county between July 2018 and June 2019. (Number format required, enter 0 to indicate none.)

* Number (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Of these children, please indicate the **percentage** by referral type or source below (Number format required, enter 0 to indicate none.)

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|  | Percentage? (1) |
| Self-referral or walk-in (1) |  |
| Referred by other agencies (2) |  |
| From screened out reports (3) |  |

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Of the children who were screened out for an abuse and neglect assessment between July 2018 and June 2019, please estimate the **number** who were referred to community-based voluntary prevention services? (Number format required, enter 0 to indicate none.)

* Number (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of the children assessed for abuse and neglect between July 2018 and June 2019, what **percentage** of them were referred to community-based voluntary prevention services? (Number format required, enter 0 to indicate none.)

* Percentage (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of the children with closed in-home services cases between July 2018 and June 2019, what **percentage** of them were referred to community-based voluntary prevention services after case closure? (Number format required, enter 0 to indicate none.)

* Percentage (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Of youth in foster care at some point between July 2018 and June 2019, please estimate the **number** who were pregnant and/or parenting. This includes any youth in DSS custody regardless of placement type or living arrangement. (Number format required, enter 0 to indicate none.)

* Number (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of children in foster care at some point between July 2018 and June 2019, please estimate the **number** who have a sibling residing in the removal home. This includes children who remained in the home at the time of removal as well as those who may have been added to the household later.

* Number (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter the contact information for the person completing this form so that we may follow-up with any questions:

* Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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