

Removing Barriers to Successful Kin Caregiving



NEW YORK CITY **KINCARE** TASK FORCE

June 2009

This study was made possible with support provided by the AARP Foundation through a generous grant from the New York Life Foundation.

The New York City Kincare Task Force

The NYC Kincare Task Force was established in 1992 in recognition that the services needed by caregivers raising relative children require collaboration among many systems far beyond the traditional aging network or the child welfare systems. Our mission is “to promote policies and integrated comprehensive services to effectively address the evolving challenges of kincare families.” The Task Force, a joint effort of the Jewish Board of Family and Children’s Services, a mental health and social service agency, and the Hunter College School of Social Work, has addressed the need for cross-systems exchange. The Task Force provides a channel through which established and newly developing kincare programs benefit from each other’s experiences.

The Task Force’s 20 member agencies/organizations represent a cross section of providers, researchers and consumers from the aging, child guidance, mental health, child welfare and legal networks. The Kincare Task Force creates an opportunity for a collaborative partnership to promote a cross-fertilization of information and ideas, program development, public policy analysis and coalition building. Gaps in service have been identified and brought to the attention of the appropriate agencies.

Its objectives are:

- To coordinate a knowledge exchange between the various systems
- To educate and facilitate cross systems communication
- To identify gaps in service and policy related to kincare families
- To disseminate findings and models of service
- To create an intergenerational network

For further information, please contact the Task Force’s Co-Chair:

Dr. Deborah Langosch, LCSW
Jewish Board of Family and Children’s Services
212-632-4760 or dlangosch@jbfcs.org

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We owe our deepest gratitude to the 137 kinship caregivers who continue to share their experiences with us in hopes that change and improvements will come.

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Overview

Kinship caregivers, usually grandmothers, are increasingly asked to assume full-time responsibility of grandchildren, nieces, nephews, and siblings when parents are unable to raise them. In New York City, approximately 250,000 children are being raised by grandparents and other relatives.¹ These arrangements are commonly referred to as kincare or kinship care, regardless of whether they are sanctioned by court order.



There are two types of kinship care: private/informal care and public/foster/formal care. Most of the 250,000 children raised by a non-parent caregiver are in private kinship care. Only 5,400 children (out of the approximately 17,000 children in New York City's foster care system) are in kinship foster care.² The fact is that nearly a quarter of a million children and their relative caregivers are not part of the city's formal foster care system and therefore are ineligible for kinship foster care payments and services.

Those kinship caregivers who are in the foster care system receive an array of services, including a room and board stipend, respite care, and multiple services for the children, including after-school and counseling services. Children are often in private kinship care for largely the same reasons: abandonment, abuse and neglect or their parents' inability to provide care due to substance abuse, incarceration, death, physical illness, mental illness, poverty, teen pregnancy and military deployment. However, without the money and services provided to formal kinship families, private kinship caregivers are left with very little targeted services and must navigate complex bureaucracies on their own.

Many have accepted the role of primary caregiver for their children at a time when they did not anticipate this responsibility. They had not planned for the added financial burdens, and they had not prepared themselves emotionally for the challenges ahead.

In our survey, kinship caregivers indicated they are treated like pariahs in many city agencies, where many staff apparently believe in the old adage that the "apple does not fall far from the tree." In other words, if a parent cannot raise his or her children, surely that parent's parent or another relative cannot do so either. Issues of perception are endemic to a variety of systems, including child welfare, public assistance, and housing.

However, there is a growing body of research which indicates that children do better in kinship care than in foster care with strangers.³ Children in kinship care benefit from the care they receive from their relatives and often have more stability and fewer behavioral problems.⁴ Future policies at all levels of government should reflect this research and seek to provide more resources and services for kinship caregivers – both in and outside of the formal child welfare system.

In our daily work, the members of the New York City Kinship Task Force, learn firsthand about the difficulties kinship caregivers encounter within these systems. Recognizing the value of this experience, the Mayor's office requested that the Task Force document evidence of these barriers. Therefore we developed and conducted a survey, ultimately interviewing 137 kinship caregivers about their experiences with Human Resources Administration (HRA), the Administration for Children's Services (ACS), Department of Health and Mental Hygiene (DOHMH), the Department of Education (DOE), the New York City Housing Authority (NYCHA), Family Court (FC), and the New York City Department for the Aging/Grandparent Resource Center (DFTA/GRC). While we surveyed caregivers from both private/informal kinship care and foster care systems, the vast majority of our participants, similar to



those within the national kinship population, are caring for the children outside of the foster care system.

Currently New York City agencies provide supportive services to kinship caregivers. The goal of this report is to identify barriers to those services and collaborate to improve services to meet the needs of caregivers. Based on the responses of the caregivers, we have made recommendations to eliminate barriers faced by kinship caregivers within city agencies and systems. The recommendations are organized by agency/system. Several common themes emerged, across agency lines:

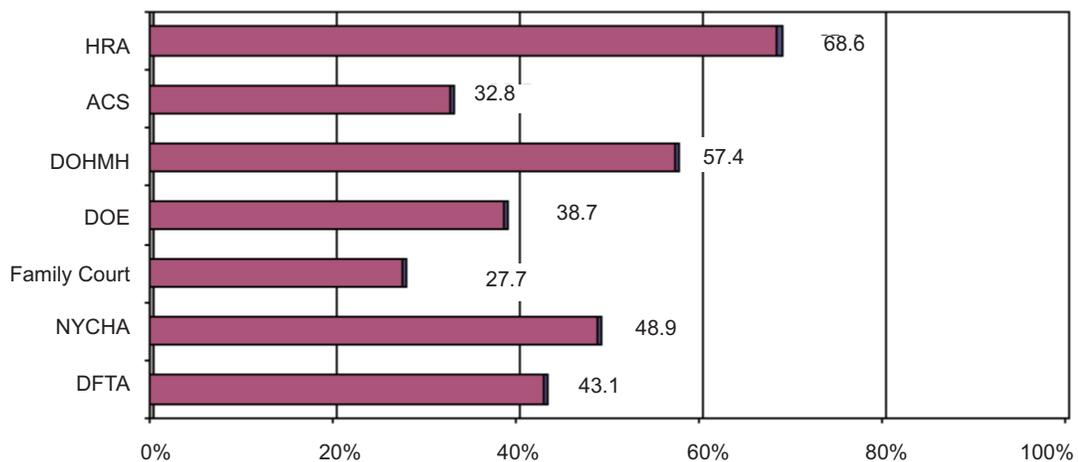
- **Agency staff need greater awareness of the needs of kinship caregivers and the children in their care and their rights to benefits⁵**
- **Agency staff need training about the benefits available to kinship caregivers**
- **Agencies should provide written information about benefits and resources available to kinship families**
- **HRA, NYCHA, and ACS should establish specialized units for kinship caregivers, when financially feasible**

The Survey and Findings

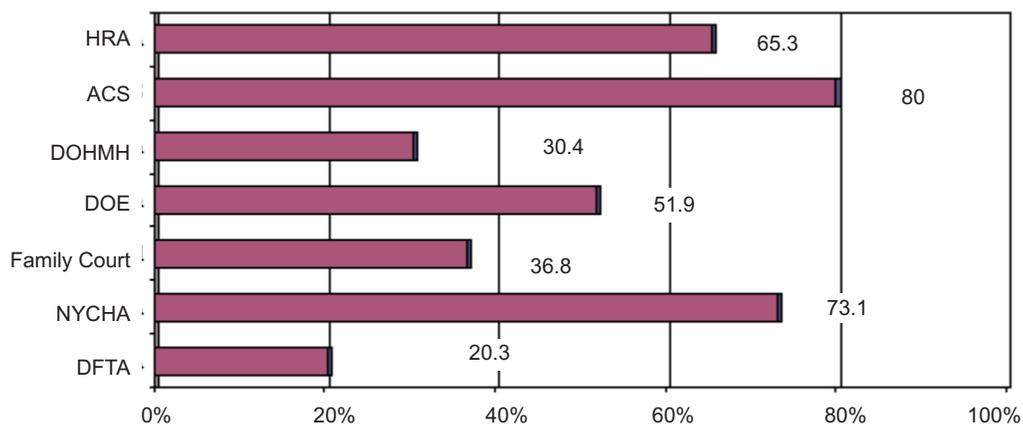
In the fall of 2007, faced with growing numbers of kinship families requesting assistance, the New York City KinCare Task Force invited the Mayor's Office Family Coordinator to a meeting in order to focus attention upon the scope and the serious nature of the kinship situation. Documentation about caregivers' experiences was requested in order to improve policies and practices at city agencies and service organizations. As a result, we designed a survey to capture the complex factors affecting kinship caregivers' attempts to access information and services. Specifically, we focused on their experiences with the Human Resources Administration (HRA), the Administration for Children's Services (ACS), the Department of Health and Mental Hygiene (DOHMH), the Department of Education (DOE), the New York City Housing Authority (NYCHA), the Family Court (FC), and the New York City Department for the Aging Grandparent Resource Center⁶ (DFTA/GRC). See the Appendix 3, page 17, for a brief description of these agencies and systems.

The survey participants included attendees at grandparent support groups, a grandparent health forum, and a grandparent-empowerment training program in the fall of 2007. Additional participants were contacted by phone. Social workers, support group leaders, and graduate social work students assisted in administering the survey at the events. In addition to assisting participants complete the survey, survey administrators also conducted exploratory interviews to document detailed stories about caregivers' experiences navigating various service systems. In these interviews, caregivers commented freely and without limitation.

The 137 survey participants were caring for 228 children under the age of 17. Almost all participants were female (96%) and unemployed (89%), and approximately 80% were raising relative children outside the formal foster care system. Over one-half participated in grandparent support groups. Although three-quarters of the relative caregivers were seniors (60+), the ages ranged from 44 to 88 years of age. African American/Black participants composed 76% of those surveyed, followed by White/Caucasian (18%), and Hispanic/Latino (7%). Forty percent (40%) were raising two children or more, with the average child being 11 years of age. Over one-third were raising young children under 10 years of age (36%). Most participants were from the Bronx (34%) or Brooklyn (32%) with other participants from Manhattan (21%), Queens (10%), and Staten Island (4%).



Graph 1: Services/Benefits Applications in the past 2 years



Graph 2: Services/Benefits Applications where problems were indicated.

Almost all relative caregivers accessed at least three public agencies over the past two years. Only 3.5% had not accessed any services within the past two years. The graphs above represent those who accessed services (Graph 1), and of those accessing services, who had difficulties in doing so (Graph 2).

Surveyors also asked about the adequacy of financial assistance. Approximately 70% reported they barely manage to cover their expenses and 13% reported they simply could not make ends meet. Only five of the 135 respondents to this question reported that money was not a problem. Likewise, approximately 70% reported they needed some assistance, whether it was a referral, case assistance or case management. These survey results strongly reinforce the findings from other reports and studies of kinship families, including three recent New York-specific reports: *Kinship Care in New York: A Five-Year Framework for Action 2008* by the New York State Kinicare Coalition;⁷ and *Enabling Kin caregivers to Raise Children: 2005 Report by the New York State Kinicare Coalition and AARP*;⁸ and *AARP New York Report on Barriers to Successful Kin Caregiving of Children (2004)*.⁹ While the 2008 and 2005 reports were based upon statewide summits, in the 2004 AARP report, representatives from kinicare agencies across New York State were asked a series of questions pertaining to five core systems: public assistance/TANF child-only grants, medical and/or mental health, education, legal, and child welfare. Participants in this survey were professionals serving kinship caregivers and the survey was conducted in 2004; yet, many of the identified barriers are strikingly similar to the findings in this report. For example, in the 2004 report, many professionals noted that agency workers needed training on the benefits available and on the needs of kinship caregivers.

Organized by agency, our findings and recommendations are described in the following pages.

Human Resources Administration (HRA)

The information provided by different staff varied. One staff person told me I was eligible for the service and the other staff person told me I was ineligible – even though my situation had not changed in the slightest.

I was denied Food Stamps because my income through SSI was too high. If my SSI income is too high, then why can't I manage?

Of the 94 participants who accessed services with HRA, 83% applied for Medicaid, 78% for Food Stamps, and 38% for cash grants. Overall participants were most dissatisfied with the staff when applying for cash grants (42%) and Food Stamps (36%). When given the opportunity to indicate what difficulties they faced, 66 gave specific responses. Most indicated that workers were hard to reach and uncaring (23% each for a combined total of 46%). They also stated that benefits were too low (32%); that it was difficult to get help (14%); and that his/her fixed income was too high to qualify for benefits (12%).¹⁰

The biggest complaint revolved around the workers. Significantly more caregivers reported HRA staff as rude, unhelpful, slow, difficult to reach, and judgmental than for any other agency surveyed. The overall experience was of humiliation, degradation and confusion.

They found the information was incorrect, insufficient, or delivered too late. Several caregivers reported feeling humiliated after meeting with a worker and felt that they were negatively judged for applying for assistance. One participant stated that while she found the assistance she needed and was grateful for it, the process to obtain the assistance was exceedingly difficult. Many also reported they were not informed when or why their benefits were going to be reduced or terminated or when their workers changed. Likewise, they were not informed why they were ineligible for benefits in the first place.

Caregivers also reported their benefits were too low. As one grandparent stated, "I don't get enough in Food Stamps, only \$40 for three people so I prefer not even to deal with them."¹¹ Caregivers were also dissatisfied with the amount received as a non-parent caregiver grant.¹²

RECOMMENDATIONS

- Provide an informational brochure for distribution at all social service centers about non-parent caregiver grants¹³
- Provide appropriate and thorough training to all HRA workers, supervisors, and staff about benefits available to kinship caregivers
- Provide sensitivity training to all HRA workers, supervisors, and staff on working with kinship caregivers
- Utilize standard and uniform nomenclature to denote TANF grants for non-parent caregivers for easy recognition by workers, social service providers, and kinship caregivers¹⁴
- Create a specialized unit within HRA dedicated to serving kinship caregivers in each borough with staff available
- Increase outreach to kinship caregivers to ensure they are knowledgeable about available benefits
- Mandate notice to kinship caregivers via mail when workers change
- Increase benefit amounts for kinship caregivers¹⁵
- Provide concise and clear information to kinship caregivers on their rights when they are denied services

Administration for Children's Services (ACS)

While only 33% percent of participants accessed services with ACS, eighty percent of those accessing services reported difficulties with ACS. Of the 45 participants who reported, 49% had sought foster care funds, 24% homemaker services, 22% daycare, and 24% preventive care. Approximately 60% were dissatisfied with both homemaker and daycare services and approximately 45% were dissatisfied with foster care stipends. Approximately 41% reported that proffered services were not helpful. However, respondents were most satisfied with ACS (70%) when receiving preventive services.



I asked ACS a long time ago for assistance in getting daycare services for my granddaughter so I can go back to work full time. I'm still waiting for an answer.

When asked to expand upon their dissatisfaction with ACS, complaints spanned all types of services. Many reported that ACS workers were uncaring, rude and disrespectful and did not follow-up with promised services for the children. Several caregivers reported that ACS case workers refused to work with the caregivers in gaining custody of their kin, to fully explain the legal process and their options, or provide services to maintain custody. They were not told what role ACS would play with the family or what services would be provided. Many also found it completely unreasonable that once they took their kin out of foster care or obtained legal custody of their kin, they found they were not eligible for any subsidy. They reported that the financial consequences of their choices were not made clear to them.¹⁶ Several others stated they simply needed more information from ACS; they did not know about benefits or subsidies and felt they were given inconsistent information from different caseworkers.

When my daughter couldn't take care of her child, I stepped in to cover her responsibilities. I didn't even know I could have received a stipend from ACS because I was never told.

RECOMMENDATIONS

- Provide kinship caregivers with clear and concise information, both in conversation and via written material, about their options regarding children when ACS is involved in the placement of a child with a relative
- Routinely provide sensitivity training to caseworkers on working with kinship caregivers
- Train caseworkers about services and community resources available to kinship caregivers
- Provide kinship caregivers with referrals to local agencies that provide services to kinship caregivers
- Establish a specialized kinship care unit within ACS for informal and formal caregivers in order to obtain information in a centralized location about services ACS provides

New York City Housing Authority (NYCHA)

My grandchild is in a wheelchair. However, we were placed on the second floor of an apartment building that had no elevator. We need different housing but we can't get it.



Of the 67 participants with NYCHA claims, approximately 60% accessed services through NYCHA for Section 8 vouchers, 33% for housing within the NYCHA housing complexes, and 28% for other services. Participants were thankful for the Grandparent Family Apartments in NYCHA, finding the apart-

ments and staff wonderful and wishing there were more supportive housing complexes for kinship caregivers.¹⁷ Approximately 66% of all respondents were dissatisfied with services both for Section 8 and the NYCHA housing complexes. Approximately 50% of all respondents did not find either service helpful. Other concerns included long wait times for services (28%), inadequate repairs (24%), inadequate space for their families (20%), uncaring staff (18%), and high rents (18%).

Kinship caregivers in New York City housing find it very difficult to have their requests fulfilled and their concerns addressed, including requests for larger apartments and repairs. Many are placed on a lottery list where the chances for obtaining larger apartments are slim and often years pass before they are given larger apartments. Caregivers with children report very slow responses in making repairs and getting rid of rodents, insects, mold, and asbestos – significant health hazards that put children at risk. Several grandparents reported long waiting periods, sometimes years, for NYCHA to re-paint the apartment, repair refrigerators, fix or replace broken tiles, and remedy dangerous and unsanitary conditions in the apartment.

RECOMMENDATIONS

- Prioritize kinship caregivers for obtaining larger apartments where the apartment is necessary to accommodate a larger family
- Reduce the time it takes to address issues that affect the quality of life and health of the family
- Train caseworkers on the appropriate process for requesting larger apartments and obtaining repairs
- Provide kinship caregivers with the appropriate information and written documents with tracking numbers so they may follow-up on all requests for services, repairs and larger apartments¹⁸
- Establish a specialized unit within NYCHA dedicated to serving kinship caregivers.

Family Court



Of the 38 participants who responded to questions about Family Court, approximately 68% sought legal representation and approximately 61% sought legal information.¹⁹ Over 90% of social service agencies serving kinship caregivers agree that low-income caregivers should have free legal representation.²⁰

Seventy-six percent of respondents were satisfied with the legal services they received and 80% were satisfied with the information they received. Approximately 27% found the legal services were not helpful with approximately 19% reporting that legal representation was not helpful.

Many kinship caregivers reported that their experience in family court was daunting and overwhelming. Several reported they did not have a lawyer because they could not afford one and as a result were not given information about their legal rights as caregivers.²¹ They found court proceedings to be brief where judges and referees were apt to make quick decisions on limited amounts of information. Many reported that receiving legal information and representation would have made a huge difference in their case.

I found all the paperwork for court to be very confusing and overwhelming. I would have liked to have a lawyer help me fill out my petition.

RECOMMENDATIONS

- Maintain or increase funding for programs providing culturally competent legal representation and advice for kinship caregivers in legal proceedings²²
- Mandate court-appointed legal counsel for kinship caregivers in custody and guardianship proceedings
- Maintain funding for an information table with personnel in each courthouse to provide information and referrals for services for kinship caregivers²³
- Provide legal clinics in all five boroughs where kinship caregivers may consult one-on-one with an attorney before filing any court papers²⁴

Department of Health & Mental Hygiene (DOHMH)

My grandchild had to wait three months before we could even get an initial appointment. She needed help immediately but I just couldn't get it for her.



Of the 78 participants who responded to questions about health and mental health, 74% accessed services relating to health while 56% accessed mental health services. Overall, comments about the services caregivers received were positive. Respondents felt the services they received and staff at health and mental health clinics were

helpful. However, they also reported that the clinics and staff did not provide the caregivers with all the services and information they felt they needed. Thirty-six percent felt there was a lack of available services and 28% reported a lack of communication and information. This concern was especially felt by caregivers of children on Medicaid. Several caregivers felt they were not included in any of the decisions made on behalf of the child, especially for mental health programs and services. They reported difficulties in finding appropriate and timely mental health services for children, which are especially critical due to children's exposure to complex trauma.²⁵

RECOMMENDATIONS

- Train staff who administer the Child Health Plus Program, School Health, and the Medicaid Program on needs of kinship caregivers
- Delegate authority to all kinship caregivers to access health and mental health records
- Provide training to staff on the rights of kinship caregivers, specifically what rights they have to medical information and treatment
- Provide kinship caregivers with a list of current mental health clinics and services that accept Medicaid and Medicare

Department of Education (DOE)

Of the 53 participants who responded to the questions about education, 67% accessed special education services, 54% special services (defined in the survey as occupational therapy, physical therapy and



speech therapy) and 42% general education. Approximately 78% of respondents found the services and staff to be helpful. One grandparent noted that school staff were of great assistance in obtaining supportive services for her grandchild. For those who identified difficulties, several caregivers reported problems in enrolling children in school. One caregiver stated that her grandchild lost a year of schooling in the process of transferring from another school. Respondents felt the biggest problems were unhelpful services, uncaring staff, and the difficulty in obtaining needed services. Twenty-three percent of the respondents reported the staff were unhelpful and that they were dissatisfied with the services. Many reported that their children had behavioral or other educational issues and felt the school did not adequately respond to the children's needs. This included waiting for several months for speech therapy to waiting two years to obtain school busing for an after-school program. Overall, they reported difficulties in navigating the system in order to obtain counseling, special education services, and after school programs.

It was so hard to place my grandchild in another school. It took two years to get him reassigned to another school, and he lost an entire year of schooling.

RECOMMENDATIONS

- Train school staff and district personnel to recognize kinship caregivers as persons in parental relation²⁶
- Train teachers, counselors, school staff, and school district personnel on the needs and rights of kinship caregivers
- Train school district personnel on the enrollment requirements for children in the care of kin to facilitate easier enrollment
- Facilitate caregivers' access to needed services for children, including after school and counseling services
- Provide on-site information on referrals for kinship caregivers at schools

Department for the Aging Grandparent Resource Center (DFTA/GRC)



Overall, comments were positive for the Grandparent Resource Center (GRC). Of the 59 respondents who accessed aging services, approximately 70% contacted the GRC for referrals while 64% contacted them for information on support groups. Approximately 29% were seeking case management. Eighty-five percent of respondents were satisfied with services from the GRC and found the staff to be helpful. Caregivers reported they would like to see more up-to-date referrals and programs for respite care.²⁷

RECOMMENDATIONS

- Continue to provide written flyers with information on available services
- Expand sensitivity trainings
- Provide updated resource guides
- Provide educational, respite, and recreational opportunities for kinship caregivers

Conclusion

Kinship caregivers, filling a void left by the absence of biological parents, have accepted responsibility for children at their own expense, both financial and emotional, in order to provide them with loving and nurturing homes. Yet, the overwhelming conclusion of this study is that their efforts to obtain necessary benefits and services for these children are often met with unhelpful staff at city agencies, bureaucratic red tape, paltry benefits, and misinformation. While the New York City Kinship Task Force recognizes the current financial crisis, we implore the City to recognize the magnificent service kinship caregivers perform, and implement the recommendations in this report. We note there would be little financial impact in enacting many of our recommendations and any financial impact would be de minimis in comparison to the benefits provided to kinship families and the potential costs to the formal foster care system. Given that private kinship care can produce better outcomes for children than public foster care and creates fewer costs to the city and state, helping kinship caregivers to care for children is simply the best child welfare policy available. It is our hope that kinship caregivers are given the assistance, guidance, support, and respect they deserve.

Footnotes

- ¹ The 2000 Census Report, released in 2002, states there are over 400,000 children in New York State living in a household headed by a grandparent (297,239) or other relative caregiver (111,806). There are approximately 230,000 grandparents living with their grandchildren in New York City and 83,382 grandparents are responsible for the daily care of their grandchildren. There is no accurate data on the total number of children living with a relative caregiver in New York City at this time. However, based on statewide statistics, it can be assumed that at least several thousand relative caregivers also provide care in New York City. www.census.gov
- ² In New York City, the New York City Children's Services ("NYCCS"), formerly known as the Administration for Children's Services ("ACS"), is the agency charged with ensuring the safety of children. See <http://www.ci.nyc.ny.us/html/acs/html/about/about.shtml>. For purposes of this report, we will refer to this agency as the Administration for Children's Services or ACS, as this was the name of the agency when the survey was completed.
- ³ See Rubin, DM, Downes KJ, O'Reilly A, Mekonnen, R, Luan X, Localio AR, "Impact of Kinship Care on behavioral well-being for children in out-of-home care," *Archives of Pediatric & Adolescent Medicine* (June 2008).
- ⁴ See http://www.clasp.org/publications/is_kinship_care_good.pdf.
- ⁵ This recommendation is also made in the 2004 report where kinicare professionals were surveyed. Four years later, training of workers remains a top complaint for those interacting with them.
- ⁶ The Grandparent Resource Center is one program run by the NYC DFTA. For more information about the myriad of services offered through DFTA, including a variety of senior services and wellness programs, please visit <http://www.nyc.gov/html/dfta/html/home/home.shtml>.
- ⁷ Available at: http://www.nysnavigator.org/files/sf/2008_aarp_kincare_report.pdf
- ⁸ Available at: <http://www.nysnavigator.org/sf/documents/2005report.pdf>
- ⁹ The report was prepared by Anita M. Stowell-Ritter and is available at: <http://www.aarp.org/research/family/grandparenting/are-search-import-932.html>
- ¹⁰ Relative caregivers also offered suggestions for assistance that would benefit them and the children, including half-price Metro cards and immediate authorization for both Food Stamps and Medicaid for children in their care.
- ¹¹ Unlike a non-parent caregiver grant, the entire household's budget is counted in determining whether a family will receive Food Stamps. <http://www.otda.state.ny.us/main/directives/2008/INF/08-INF-16.pdf>
- ¹² Non-parent caregiver grants are provided to non-parent caregivers and only the child's income and resources are counted in determining the award, not those of the caregiver. See 18 NYCRR § 369.1(b); 18 NYCRR § 381.7; 18 NYCRR § 370.2(c)(b)(iv).
- ¹³ In 2005, OTDA (Office of Temporary Disability Assistance) issued an informational letter regarding benefits for kinship caregivers. This letter was reissued in 2007. <http://www.otda.state.ny.us/main/directives/2005/INF/05-INF-24.pdf>
- ¹⁴ In 2005, OTDA issued an informational letter regarding this issue, stating that non-parent caregiver is the appropriate term. This letter was reissued in 2007. <http://www.otda.state.ny.us/main/directives/2005/INF/05-INF-24.pdf>
- ¹⁵ See Part Y (p. 93-95) of chapter 57 of the Laws of 2009. (S.57/A.157)
- ¹⁶ A subsidy is only available once an Article 10 petition for abuse or neglect is filed in family court and the child is ordered removed from the parents' care or if the child is voluntarily placed in foster care. A foster parent may receive up to \$709 per month, depending upon the age of the child. The amount increases if the child has special or exceptional needs, up to \$1,729 per month. The rate increases exponentially for each child. The maximum amount a kinship caregiver may receive for a child-only grant is \$414 per month. The numbers increase for two to four children accordingly: \$501, \$691, and \$825. The grant does not take into account the age or special needs of the child. Therefore, one foster parent caring for a child with special needs could

receive more per month than a kinship caregiver caring for four children, all of whom may have some sort of special needs. See http://www.ocfs.state.ny.us/main/policies/external/OCFS_2008/ADMs/08-OCFS-ADM-09%20Maximum%20State%20Aid%20Rates%20Effective%20July%202008%20through%20March%202031%202009.pdf.

¹⁷ To learn more about this program, please visit: http://www.pssusa.org/grandparent_apartments.html.

¹⁸ The Kinship Navigator program (www.nysnavigator.org) and the 13 other OCFS programs are excellent resources for kinship caregivers as to their options regarding the care and placement of their kin. Also, member organizations of the NYC Task Force, located in Appendix 1 on page 14 are also a valuable resource for kinship caregivers. http://www.ocfs.state.ny.us/main/policies/external/OCFS_2007/INFs/07-OCFS-INF-05%20NYS%20Kinship%20Navigator%20Program.pdf

¹⁹ The Family Courts are incredibly overwhelmed. In New York State, over 700,000 cases are filed in the Family Courts each year, with just 149 judges to hear those cases; only 47 of these judges are in New York City. See: www.courts.state.ny.us/admin/stateofjudiciary/soj2008.pdf. In 2007, New York City Family Court judges had caseloads of approximately 2,200 each. See: <http://www.cccnewyork.org/publications.fctonepager2009.pdf>.

²⁰ Anita M. Stonewall-Ritter, *AARP New York Report on Barriers to Successful Kin Caregiving of Children*, 2004, available at: <http://www.aarp.org/research/family/grandparenting/aresearch-import-932.html>

²¹ Under § 262 of the Family Court Act, in custody cases, parents who cannot afford an attorney, have a right to have an attorney appointed to them by the court. Grandparents and other kinship caregivers do not share this right even if they have been caring for the child for many years, unless they have a prior order of custody or guardianship and are now the respondents in a custody or guardianship proceeding against the parent. It is within the discretion of the judge whether to appoint counsel to the kinship caregiver when he or she petitions for custody or guardianship of the child. Consequently, many kinship caregivers find the process of obtaining custody themselves particularly overwhelming without an attorney.

²² Only a handful of organizations in New York City provide legal representation to kinship caregivers, including MFY Legal Services and the Family Center.

²³ Currently Legal Information for Families Today (“LIFT”) operates Education & Information Sites in the Bronx, Kings, New York, and Queens County Family Courts. At these Sites, LIFT provides informational services to all litigants and provides written materials and referrals specific to kinship caregivers.

²⁴ Currently MFY Legal Services conducts three legal clinics per month in Kings County Family Court. At these clinics, kinship caregivers meet one-on-one with an MFY attorney to review their case and assist them with drafting and filing the necessary court papers. After this initial meeting, the caregiver may contact MFY in order to retain legal representation, if necessary.

²⁵ At this time, a caregiver’s right to participate in the mental health treatment of a child may depend upon his or her legal status as a caregiver. Legal custodians generally do not have the right to consent to mental health treatment (N.Y. M.H.L. § 33.21) or the right to obtain mental health records (N.Y. M.H.L. § 33.16).

²⁶ A person in parental relation may enroll a child in school so long as the person can prove the child resides within the district. N.Y. Gen. Ob. Law 5-1555; N.Y. Ed. Law §3212.

²⁷ The New York State Kinship Navigator provides information and referral services for all kinship caregivers. They may call a “warm”line at 877-4KinInfo (454-6463) or can visit the website at www.nysnavigator.org to obtain referrals for services and legal fact sheets. The Navigator was not addressed specifically in our survey.

Appendix I

New York City Kincare Task Force Members

Jewish Board of Family and Children's Services Co-sponsor, NYC Kincare Task Force

The Kinship Care Program offers comprehensive, wrap-around services for relative caregivers living in NYC. We provide emotional support, information about financial, medical and practical services, case management, advocacy, legal liaison and a weekly Brooklyn support group. Contact: Diana Masri, LMSW at dmasri@jbfcs.org or 718-676-4319, x417.

The Brooklyn Grandparents' Coalition is a consortium of the current 14 programs in Brooklyn providing services to relative caregiving families. Through our collaborative efforts, we identify gaps in services to our families and respond by providing forums, educational newsletters and respite events. For more information contact: Dr. Deborah Langosch, LCSW at dlangosch@jbfcs.org or 212-632-4760. Website is: www.Brooklyngrandparents.org.

Hunter College School of Social Work Co-sponsor, NYC Kincare Task Force

Hunter College School of Social Work (HCSSW) of the City University of New York (CUNY) is the oldest publicly sponsored graduate social work program in the City of New York. The school's mission is to provide graduate and post-graduate education for social work practice. For more information please contact: Maria Hodges at mhodges@hunter.cuny.edu or 212-452-7107. The website for the school is: <http://www.hunter.cuny.edu/socwork/>

NYS Kinship Navigator

NYS Kinship Navigator is a statewide information and referral service available via www.nysnavigator.org and 877-454-6463. The Navigator provides assistance in a wide range of areas, including legal information, entitlements, and caregiving. For more information please contact Gerard Wallace at gwallace@cfcrochester.org or 845-594-6398.

AARP New York has over 2.7 million members in New York State. AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a

whole. AARP New York is a key convener of the New York State Kincare Coalition, whose activities are funded by the AARP Foundation through a generous grant from the New York Life Foundation. For more information please contact Beth Finkel at bfinkel@aarp.org or 212-407-3717.

The Brookdale Foundation

The Brookdale Foundation Group's Relatives as Parents Program (RAPP), initiated in 1996, encourages the creation or expansion of supportive services for relatives who are primary caregivers of children by providing seed grants and technical assistance to community-based, non-profit organizations across the country. RAPPs currently provide extensive supportive services, primarily to relative caregivers caring for children outside the foster care system, in 47 states, the District of Columbia, and Puerto Rico.

Columbia University School of Social Work

Columbia University School of Social Work provides academic programming towards the Master in Social Work degree. For more information please contact Ovita Williams at ofw1@columbia.edu or 212-851-2309. Additional information about Columbia University School of Social Work can be found on the school's website at <http://www.columbia.edu/cu/ssw/>.

The Family Center

The Family Center's kincare program is called a Second Time Around. As the name implies it provides individual, family and group counseling, legal services, and permanency planning services to grandparents. The young people are also matched with a buddy through the Volunteer and Buddy Program who acts as additional role models for the children. Overall, throughout our city, thousands of older relatives have become parents again and they represent a second chance for children in need of a safe and loving home. For more information please contact Margaret Ngunang at mngunang@thefamilycenter.org or 212-766-4522, x134.

Fordham University, School of Social Services

Empowerment training for grandparent caregivers is a program offered through the Graduate School of Social

Service, Fordham University and supported by the Grandparent Resource Center, NYC Department for the Aging. It's a series of 14 classes which deal with many aspects of empowerment for grandparents within the family and the community. Classes are offered twice a week at Fordham. The program was developed in 1998 by Dr. Carole Cox, Professor of Social Work, and has been offered annually since then. For further information, contact Dr. Carole Cox at 212-636-6649 or ccox@fordham.edu or Leslie Warren at 212-442-1071. Classes will begin again in the Fall of 2009.

JASA Grandparent Connection Program

The JASA Co-Op Grandparent Connection is a Relatives as Parents Program (RAPP) caregiver program for grandparents and other kin raising their relative's children in Co-op City and the surrounding community. The program provides information and referral, supportive services and recreational/educational activities for the caregivers and the children in their care. The program offers a variety of services geared toward supporting the caregivers, the children and the family unit. Semi-monthly support group meetings are held for the caregivers and monthly support group meetings are held for children (8-12) and adolescents (13 -18). Quarterly educational forums are held for the caregivers. Program participants also enjoy a variety of intergenerational activities. For more information please contact Hattie L. Lucas, MSW at 718-379-0433 x3002 or hlucas@jasa.org.

Legal Information for Families Today (LIFT)

LIFT is an innovative non-profit organization that helps unrepresented people advocate for themselves in New York City's Family Courts. LIFT works with kinship caregivers across our direct service programs which include: 1) Family Court-based Education & Information Sites where families receive answers from bilingual (English/Spanish) coordinators to their questions about family law and procedure, as well as referrals to community-based social and legal service organizations; (2) the Family Law Information Hotline (212-343-1122) through which families receive similar services as at the EI Sites; (3) 31 multilingual Legal Resource Guides on the substantive topics that most frequently arise in Family Court which includes an activity book for children, as well as a guide called, "The Rights of Relatives in Family Court" and can be downloaded from our website: www.LIFTonline.org; (4) the Grandparents' Legal Education Program through which community-based legal information workshops are conducted for kinship caregivers about their rights in Family Court; and (5) the Family Legal Center, which offers intensive legal information, emotional support, and financial literacy training to unrepresented parents and grandpar-

ents involved in child support, custody, and visitation cases.

MFY Legal Services, Inc. Kinship Caregiver Law Project

MFY Legal Services, Inc.'s Kinship Caregiver Law Project helps bring greater permanency to children's lives and stabilizes families by providing free legal assistance to grandparents and others who care for related children. The project provides free legal advice and representation to caregivers in guardianship, custody, adoption, and visitation matters. The project links kinship caregivers with a pro bono attorney from a private firm and retains several cases for project staff as well. The project recruits, trains and mentors pro bono attorneys and also provides advice and counsel to kinship caregivers at Family Court, community based organizations and through our help line. You may reach us at 212-417-3850 on Mondays and Wednesdays from 10 a.m. - 4 p.m. For more information please contact Ramonita Cordero at 212-417-3774.

Presbyterian Senior Services

The center is located in a residence for Grandparents raising Grandchildren. Our center offers a wide range of services which includes an after school program and summer day camp. The services include support groups, individual/ family counseling, case management, educational workshops, seminars, homework assistance, recreational activities, and legal services. Our goal is to assist each grandparent with reaching her /his full potential as a caregiver raising a minor child and to enable the child to gain the emotional skills and educational tools for success. For more information please contact Michelle Chapple at mchapple@pssusa.org or 718-620-1262, x1212.

Appendix 2

Special Contributors

This report and stakeholders' event would not have been possible without the following individuals:

Dr. Deborah Langosch, Ph.D, LCSW
Director, Kinship Care Program
Jewish Board of Family and Children's Services

Gerard Wallace
Director
New York State Kinship Navigator

Beth Finkel
Senior Manager, Programs and Services
AARP New York

Christine Collins
AARP New York Intern

Amy Pallonis
AARP New York Intern

Andrea Bacher
AARP New York Social Work Intern

Dolores Schaefer
Director of Development
MFY Legal Services, Inc.

Amy Roehl
Staff Attorney and Greenberg Traurig LLP Equal Justice Works Fellow
MFY Legal Services, Inc.

Maria Hodges, LCSW
Hunter College School of Social Work

Appendix 3

Agencies that Serve Kinship Caregivers

HRA

The New York City Human Resources Administration/ Department of Social Services (HRA/DSS) provides temporary help to individuals and families with social service and economic needs to assist them in reaching self-sufficiency. HRA serves more than three million New Yorkers through essential and diverse programs and services that include: temporary cash assistance, public health insurance, food stamps, home care for seniors and the disabled, child care, adult protective services, domestic violence, HIV/AIDS support services and child support enforcement. See <http://www.nyc.gov/html/hra/html/home/home.shtml> for more information.

ACS

The New York City Administration for Children's Services is charged with protecting New York City's children from abuse and neglect. Children's Services provides neighborhood-based services to help ensure children grow up in safe, permanent homes with strong families. Services provided include child care, Head Start, preventative services, youth development, and youth leadership programs. See <http://www.nyc.gov/html/acs/html/home/home.shtml> for more information.

NYCHA

The New York City Housing Authority (NYCHA) aims to provide decent and affordable housing in a safe and secure living environment for low and moderate-income residents throughout the five boroughs. To fulfill this mission, NYCHA must preserve its aging housing stock through timely maintenance and modernization of its developments. NYCHA also administers a citywide Section 8 Leased Housing Program in rental apartments. Simultaneously, we work to enhance the quality of life at NYCHA by offering our residents opportunities to participate in a multitude of community, educational and recreational programs, as well as job readiness and training initiatives. See <http://www.nyc.gov/html/nycha/html/home/home.shtml> for more information.

FAMILY COURT

The Family Court hears matters involving children and families. Its jurisdiction includes: custody and visitation, support, family offense (domestic violence), persons in need of supervision, delinquency, child protective proceedings (abuse and neglect), foster care approval and review, termination of parental rights, adoption and guardianship. Relative caregivers often turn to the Family Court in order to obtain formal recognition of their status as caregivers by obtaining orders of custody, letters of

guardianship, or orders of adoption. They may need legal assistance if a parent is contesting the caregiver's petition or if the parents' whereabouts are unknown and legal assistance is necessary to find and serve the parent. See <http://www.courts.state.ny.us/courts/nyc/family/index.shtml> for more information.

DOHMH

Information on Health/Mental Health Services in NYC is vital to successful care of children who have experienced physical or emotional trauma. The New York City Department of Health and Mental Hygiene (NYC DOHMH) is responsible for public health along with issuing birth certificates, dog licenses, and conducting restaurant inspection and enforcement. Its mission is to protect and promote the health of all New Yorkers. The Department works to prevent and control illnesses by getting the information needed to design, monitor and evaluate programs, building effective programs and coordinating community outreach. See <http://www.health.state.ny.us/> and <http://www.nyc.gov/html/doh/html/home/home.shtml> for more information.

DOE

The New York City Department of Education provides a free public education to all students who reside within New York City limits. It is the largest system of public schools in the United States, serving about 1.1 million students in about 1,500 schools. See <http://schools.nyc.gov/default.htm> for more information.

DFTA

The Grandparent Resource Center (GRC) at the New York City Department for the Aging is a major source of information for kinship caregivers. Grandparents and other relative caregivers rely on the GRC for up-to-date information, referrals to community-based organizations and case assistance. DFTA's The Grandparent Resource Center—the first of its kind in the nation—was established in 1994 in response to the growing trend of grandparents raising their grandchildren. The GRC provides a number of supportive services that include information and referral, recreational activities, educational workshops, advocacy, and case assistance to people who are raising grandchildren and other young relatives and need services to help them with this new role. The Center sponsors a network for grandparent support group facilitators to exchange ideas, collaborate on events, and receive specialized training. See <http://www.nyc.gov/html/dfta/html/care-giver/grandparents.shtml> for more information.

Appendix 4

Survey Questions

Please tell us a little about yourself. Please put a check mark (✓) next to your answer for each question or write in your answer in the space provided. Please do not put your name on this survey so that the information will be kept anonymous.

1. Are you currently raising any grandchildren/relative children under the age of 18? ___Yes ___No

2. What borough do you live in?

- ___ Manhattan
- ___ Bronx
- ___ Brooklyn
- ___ Queens
- ___ Staten Island

3. What is your gender? ___Female ___Male

4. How many grandchildren/relative children do you currently have responsibility for? _____

5. How old are they? Please list all ages _____

6. How old are you? _____

7. How long have you been caring for your grandchildren/relative children? _____

8. Are you currently employed? Yes, full-time ___ Yes, part-time ___ No ___

9. Do you currently attend a support group? ___ Yes ___ No ___ Unsure

10. Are any of your grandchildren/relative children currently in kinship foster care (ACS)?

Yes ___ No ___

11. What language do you speak at home? _____

12. What is your race/ethnicity? (Check all that apply)

- ___ Hispanic (of any race)
- ___ Asian
- ___ White or Caucasian
- ___ Black or African American
- ___ American Indian or Alaskan Native
- ___ Native Hawaiian or Pacific Islander
- ___ Other: Please specify: _____

13. Overall, how well would you say you are able to manage on your income? Would you say you

- ___ Can't make ends meet
- ___ Just manage to get by
- ___ Have enough money with a little extra
- ___ Money is not a problem

14. Which of the following do you need most assistance with? Check all that apply.

- Information about services and how to get them (referral) Yes No Unsure
- Brief help with a specific issue, usually by phone (Case assistance) Yes No Unsure
- On-going help with advocacy and accompaniment to HRA, court appointments, etc. (Case management) Yes No Unsure

On the next seven pages, we will be asking you about your experiences asking for assistance from seven city agencies. Although this looks lengthy, we will be covering the same six questions for each agency.

HRA BENEFITS AND ENTITLEMENTS

15. In the past 2 years have you asked for assistance from Public Assistance/HRA? Yes No Unsure

If no, why not? _____

15a. Have you asked specifically for help for:

- Medicaid Yes No Unsure
- Food stamps Yes No Unsure
- Cash assistance (child alone grants) Yes No Unsure
- Homecare/CASA Yes No Unsure
- Other Yes No Unsure

If other, please specify _____

15b. Did you receive any of the following:

	Yes	No	Unsure	How long did it take?
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cash assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Homecare/CASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

15c. How satisfied were you with the help you received from HRA for:

	Not at all	Somewhat	Very Satisfied
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare/CASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15d. How helpful were the staff from HRA for:

	Not at all	Somewhat	Very Satisfied
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare/CASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15e. What difficulties, if any, did you have in getting help from HRA?

ACS/CHILD WELFARE

16. In the past 2 years have you asked for assistance from ACS? Yes No Unsure

If no, why not? _____

16a. Have you asked specifically for help for: Yes No Unsure
Financial /kinship foster care stipends Yes No Unsure
Home maker services Yes No Unsure
Daycare Yes No Unsure
Family or preventive services Yes No Unsure
Other (please specify) _____ Yes No Unsure

16b. Did you receive any of the following benefits? How long did it take?

Financial /kinship foster care stipends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	_____
Home maker services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	_____
Daycare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	_____
Family or preventive services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	_____

16c. How satisfied were you with the help you received from ACS for:

	Not at all	Somewhat	Very Satisfied
Financial /kinship foster care stipends	_____	_____	_____
Home maker services	_____	_____	_____
Daycare	_____	_____	_____
Family or preventive services	_____	_____	_____
Other	_____	_____	_____

16d. How helpful were the staff from ACS for:

	Not at all	Somewhat	Very Satisfied
Financial /kinship foster care stipends	_____	_____	_____
Home maker services	_____	_____	_____
Daycare	_____	_____	_____
Family or preventive services	_____	_____	_____
Other	_____	_____	_____

16e. What difficulties, if any, did you have in getting help from ACS?

HEALTH AND MENTAL HEALTH

17. In the past TWO years have you asked for assistance from Health or Mental Health clinics?

Yes No Unsure

If no, why not? _____

17a. Have you asked specifically for help with:

	Yes	No	Unsure	Which clinic?
Health clinics	___	___	___	_____
Mental health clinics	___	___	___	_____
Substance abuse services	___	___	___	_____
Other (please specify) _____	___	___	___	_____

17b. Did you receive help from any of the following:

	Yes	No	Unsure	How long did it take?
Health clinics	___	___	___	_____
Mental Health clinics	___	___	___	_____
Substance abuse services	___	___	___	_____
Other	___	___	___	_____

17c. How satisfied were you with the help you received:

	Not at all	Somewhat	Very Satisfied
Health clinics	___	___	___
Mental Health clinics	___	___	___
Substance abuse services	___	___	___
Other	___	___	___

17d. How helpful were the staff:

	Not at all	Somewhat	Very helpful
Health clinics	___	___	___
Mental Health clinics	___	___	___
Substance abuse services	___	___	___
Other	___	___	___

17e. What difficulties, if any, did you have in getting help?

DEPARTMENT OF EDUCATION (DOE)

18. In the past two years have you asked for assistance from the Department of Education?

___ Yes ___ No ___ Unsure

If no, why not? _____

18a. Have you asked specifically for help for:

	Yes	No	Unsure
Special education	___	___	___
Related/Special services (OT, PT, Speech, etc.)	___	___	___
GED	___	___	___
General education	___	___	___
Other (please specify) _____	___	___	___

18b. Did you receive any of the following:

	Yes	No	Unsure	How long did it take?
Special education	___	___	___	_____
Related/Special services (OT, PT, Speech, etc.)	___	___	___	_____
GED	___	___	___	_____
General education	___	___	___	_____

18c. How satisfied were you with the help you received from DOE for:

	Not at all	Somewhat	Very Satisfied
Special education	___	___	___
Related/Special services (OT, PT, Speech, etc.)	___	___	___
GED	___	___	___
General education	___	___	___

18d. How helpful were the staff from DOE for:

	Not at all	Somewhat	Very Helpful
Special education	___	___	___
Related/Special services (OT, PT, Speech, etc.)	___	___	___
GED	___	___	___
General education	___	___	___

18e. What difficulties, if any, did you have in getting help?

HOUSING

19. In the past 2 years have you asked for assistance from Public Housing/NYCHA ?

___ Yes ___ No ___ Unsure

If no, why not? _____

19a. Have you asked specifically for help for:

	Yes	No	Unsure
Section 8	___	___	___
NYCHA services (lease issues, repairs, applications)	___	___	___
Other (please specify) _____	___	___	___

If no, why not? _____

19b. Did you receive any of the following:

	Yes	No	Unsure	How long did it take?
Section 8	___	___	___	_____
NYCHA services	___	___	___	_____
Other (please specify) _____	___	___	___	_____

19c. How satisfied were you with the help you received from NYCHA for:

	Not at all	Somewhat	Very Satisfied
Section 8	___	___	___
NYCHA services	___	___	___
Other	___	___	___

19d. How helpful were the staff from NYCHA for:

	Not at all	Somewhat	Very Helpful
Section 8	___	___	___
NYCHA services	___	___	___
Other	___	___	___

19e. What difficulties, if any, did you have in getting help from NYCHA?

FAMILY COURT

20. In the past 2 years have you asked for assistance from Family Court?

Yes No Unsure

If no, why not? _____

20a. Have you asked specifically for help for:

	Yes	No	Unsure
PINS	_____	_____	_____
Legal representation (guardianship, adoption, etc.)	_____	_____	_____
Legal information	_____	_____	_____
Other (please specify) _____	_____	_____	_____

20b. Did you receive any of the following:

	Yes	No	Unsure	How long did it take?
PINS	_____	_____	_____	_____
Legal representation	_____	_____	_____	_____
Legal information	_____	_____	_____	_____
Other	_____	_____	_____	_____

20c. How satisfied were you with the help you received from legal/family court:

	Not at all	Somewhat	Very Satisfied
PINS	_____	_____	_____
Legal representation	_____	_____	_____
Legal information	_____	_____	_____
Other	_____	_____	_____

20d. How helpful were the staff from legal/family court:

	Not at all	Somewhat	Very Helpful
PINS	_____	_____	_____
Legal representation	_____	_____	_____
Legal information	_____	_____	_____
Other	_____	_____	_____

20e. What difficulties, if any, did you have in getting help from legal/family court?

DEPARTMENT FOR THE AGING/GRANDPARENT RESOURCE CENTER (DFTA)

21. In the past 2 years have you asked for assistance from the Department for the Aging?

Yes No Unsure

If no, why not? _____

21a. Have you asked specifically for help for:

	Yes	No	Unsure
Information on support groups	___	___	___
General information/referrals	___	___	___
Case assistance/management	___	___	___
Other (please specify) _____	___	___	___

21b. Did you receive any of the following:

	Yes	No	Unsure	How long did it take?
Information on support groups	___	___	___	_____
General information/referrals	___	___	___	_____
Case assistance/management	___	___	___	_____
Other (please specify) _____	___	___	___	_____

21c. How satisfied were you with the help you received from DFTA for:

	Not at all	Somewhat	Very Satisfied
Information on support groups	___	___	___
General information/referrals	___	___	___
Case assistance/management	___	___	___
Other (please specify) _____	___	___	___

21d. How helpful were the staff from DFTA for:

	Not at all	Somewhat	Very Helpful
Information on support groups	___	___	___
General information/referrals	___	___	___
Case assistance/management	___	___	___
Other (please specify) _____	___	___	___

21e. What difficulties, if any, did you have in getting help from DFTA?

Thank you so much for sharing your experiences and taking the time to complete this very important survey.