



WRAPAROUND FIDELITY INDEX, SHORT FORM

CAREGIVER FORM

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

YOUTH & FAMILY INFORMATION

Form completed on:

____ / ____ / ____
MM DD YYYY

Wraparound Site Location:

Youth/Family ID:

Wraparound Care Coordinator ID:

How old is the youth?

What is the youth's gender identity?

- Male Female Non-binary
- Prefer not to say
- Other: _____

Optional – Does the youth also identify as transgender?

- Yes No

Is the youth of Hispanic descent?

- Yes No

Is your family currently enrolled in Wraparound?

- Yes No

How many months have you been in Wraparound?

What is the youth's race?

- American Indian or Alaska Native
- Asian
- African American
- Native Hawaiian/Pacific Islander
- White
- Multi-Racial: _____
- Other: _____

What is your relationship to the youth?

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

Who has legal custody of the youth?

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



SECTION A: WRAPAROUND INVOLVEMENT

For the following statements, please answer "Yes" if you agree or "No" if you disagree.

		Yes	No
A1.	My family and I are part of a team (e.g., Wraparound team or Child and Family Team), AND this team includes more people than just my family and one professional.	<input type="checkbox"/>	<input type="checkbox"/>
A2.	Together with my team, my family created a written plan (e.g., Wraparound Plan or Plan of Care) that describes who will do what and how it will happen.	<input type="checkbox"/>	<input type="checkbox"/>
A3.	My team meets regularly (e.g., at least every 30-45 days).	<input type="checkbox"/>	<input type="checkbox"/>
A4.	Our Wraparound team's decisions are based on input from me and my family.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: EXPERIENCES IN WRAPAROUND

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree", or "Don't Know".

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B1.	My family and I had a major role in choosing the people on our Wraparound team.	<input type="checkbox"/>					
B2.	There are people providing services to my child and family who are <u>not</u> involved in my Wraparound team.	<input type="checkbox"/>					
B3.	At the beginning of the Wraparound process, my family described our vision of a better future to our team.	<input type="checkbox"/>					
B4.	My Wraparound team came up with creative ideas for our plan that were different from anything that had been tried before.	<input type="checkbox"/>					
B5.	With help from members of our Wraparound team, my family and I chose a small number of the highest priority needs to focus on.	<input type="checkbox"/>					
B6.	Our Wraparound plan includes strategies that address the needs of other family members, in addition to my child.	<input type="checkbox"/>					
B7.	I sometimes feel like our team does <u>not</u> include the right people to help my child and family.	<input type="checkbox"/>					
B8.	At every team meeting, my Wraparound team reviews progress that has been made toward meeting our needs.	<input type="checkbox"/>					
B9.	Being involved in Wraparound has increased the support my child and family get from friends and family.	<input type="checkbox"/>					
B10.	The Wraparound process has helped my child and family build strong relationships with people we can count on.	<input type="checkbox"/>					

WRAPAROUND FIDELITY ASSESSMENT SYSTEM



		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B11.	At each team meeting, our Wraparound team celebrates at least one success or positive event.	<input type="checkbox"/>					
B12.	Our Wraparound team does <u>not</u> include any friends, neighbors, or extended family members.	<input type="checkbox"/>					
B13.	My family was linked to community resources I found valuable.	<input type="checkbox"/>					
B14.	My Wraparound team came up with ideas and strategies that were tied to things that my family likes to do.	<input type="checkbox"/>					
B15.	Members of our Wraparound team sometimes do not do the tasks they are assigned.	<input type="checkbox"/>					
B16.	Our Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).	<input type="checkbox"/>					
B17.	I sometimes feel like members of my Wraparound team do not understand me and my family.	<input type="checkbox"/>					
B18.	Our Wraparound plan includes strategies that do not involve professional services (things our family can do ourselves or with help from friends, family, and community).	<input type="checkbox"/>					
B19.	I am confident that our Wraparound team can find services or strategies to keep my child in the community over the long term.	<input type="checkbox"/>					
B20.	Because of Wraparound, when a crisis happens, my family and I know what to do.	<input type="checkbox"/>					
B21.	Our Wraparound team has talked about how we will know it is time for me and my family to transition out of formal Wraparound.	<input type="checkbox"/>					
B22.	At each team meeting, my family and I give feedback on how well the Wraparound process is working for us.	<input type="checkbox"/>					
B23.	I worry that the Wraparound process will end before our needs have been met.	<input type="checkbox"/>					
B24.	Participating in Wraparound has given me confidence that I can manage future problems.	<input type="checkbox"/>					
B25.	With help from our Wraparound team, we have been able to get community support and services that meet our needs.	<input type="checkbox"/>					

Do you have any additional comments about your family's experiences in Wraparound?



SECTION C: SATISFACTION

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

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

SECTION D: OUTCOMES

For the following statements, please answer "Yes" if the statement is true or "No" if the statement is not true.

Since starting Wraparound...	Yes	No	Don't Know
D1. My youth has had a new placement in an institution (e.g., detention, psychiatric hospital, treatment center, group home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. My youth has been treated in an Emergency Room due to a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. My youth has had a negative contact with police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. My youth has been suspended or expelled from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following statements, please select the degree to which your youth experienced each, if any, of the problems.

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

Do you have any additional comments about your satisfaction with Wraparound, or what has happened to your youth since the start of Wraparound?
