

# Refugee Family Support (RFS) Intake

## For Office Use Only:

Family meets the following criteria:  Pregnant or child under 6  Lives in Sacramento County  Arrived in the U.S. **after 8/1/2021**

This program is funded by First 5 Sacramento, which works with Applied Survey Research (ASR) to evaluate programs and the impact they have on children and families. The information you provide on intake forms and surveys will help us understand how these services are working for you and your family that came to the United States, and to better coordinate care across funded programs. Your personal information is protected by state and federal law and is **kept confidential**. Please initial here if you agree to participate in this evaluation.

Initial: \_\_\_\_\_

1. Full Name: \_\_\_\_\_

2. Date of arrival to United States: \_\_\_\_\_

3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

4. Country of Origin: \_\_\_\_\_

5. Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Zip Code: \_\_\_\_\_

8. Gender:  Male  Female  Prefer not to answer

9. Race/Ethnicity: (Select all that apply)

10. Language most comfortable with: (Select only one)

- Afghan  Iranian  Multiracial  
 Arab  Pakistani  Other  
 Indian  Ukrainian

- Arabic  Farsi  Punjabi  Urdu  
 Dari  Hindi  Russian  Other: \_\_\_\_\_  
 English  Pashto  Ukrainian

11a. How many people in your immediate family? \_\_\_\_ b. How many are pregnant? \_\_\_\_ c. 0-2 yrs old? \_\_\_\_ d. 3-5 yrs old \_\_\_\_

**Because your well-being is important to us, we would like to take a few moments to see how you are doing and learn which connections may be most beneficial for you.**

12. Please let us know if you agree or disagree with the following statements

Disagree

Neutral

Agree

- |   |                              |                          |                          |
|---|------------------------------|--------------------------|--------------------------|
| a. I know what program to contact in my community when I need help with basic needs (e.g., housing, food, employment) | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am able to handle the stresses of day-to-day parenting.  | <input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the past 2 weeks, I have felt down, sad or blue most of the time.   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past 2 weeks, I have felt nervous, had too many thoughts, or suddenly scared for no reason.                 | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I am open to speaking with a professional about my or my child's feelings/worries.                                 | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have people in my life who provide me with support when I need it.   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

13. Since arriving in the United States, how much of a problem have the following been for you:

Not a Problem

Somewhat of a Problem

A Big Problem

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Worries about my family that are not in the United States   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Difficulties with employment (finding work, low pay, bad working conditions)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulties adjusting to the cultural life in the United States (lack of access to the foods you like, difficulties with different social norms, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Difficulties in the immigration/asylum process  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Discrimination because of my language, race or appearance (i.e. religious or cultural garb)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Difficulties accessing health and welfare services (medical/dental appointments; welfare assistance)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Worried about not having enough money for food, clothing, or housing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Difficulty with transportation (obtaining a driver's license, car, or using public transportation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Difficulty learning or practicing the English Language  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other challenges or difficulties you may have (please specify below)  |                          |                          |                          |

# Refugee Family Support Follow-Up

1. Has any of your contact information changed? (Confirm/fill in email address, phone, zip code.)

Check box if Persimmony record updated

Because your well-being is important to us, we would like to take a few moments to make sure that you are doing well.

2. Since participating in our program, has your...

	Gotten worse	Stayed about the same	Gotten better	N/A
a. Knowledge of what program to contact in your community when you need help with basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to handle the stresses of day-to-day parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall stress level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to navigate life in the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Connections to others in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you receive any of the following services? If yes, did it help a little, somewhat, or a lot?

	Helped a little	Helped somewhat	Helped a lot	N/A (Did not receive)
a. Housing vouchers or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Basic needs (such as food, diapers, car seat, crib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Educational workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help with translation or filling out forms (for services, job applications, or something else)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Successfully connected to health or welfare services (medical/dental appointments; welfare assistance, job resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help with transportation services or rides (bus vouchers, rides, Uber/Lyft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other services or referrals _____				

4. Can you provide an example of how the services you were linked to helped you and/or your family?

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# Refugee Family Support Follow-Up (Sample Phone Script)

Hello this is \_\_\_\_\_ from \_\_\_\_\_. A few weeks ago, you worked with one of our staff to find services. We would like to follow up to see if you got the help you needed and to see how things are going. Do you have a few minutes to talk?

(If yes, proceed with questions. If no, ask if there is another time to call back stating that their well-being is important to us and their input can help improve our program).

## 1. First, has any of your contact information changed?

Probe: is this your correct email address? Is this still the best phone number to reach you? Have you moved or do you have a new address? [ IF YES > Update Persimmony record with correct information and check box on follow up assessment.

## 2. Next, we want to ask you some questions about your experiences since participating in this program. For each question, we would like to know if things have *gotten better*, *stayed about the same*, or *gotten worse*.

a. Has your knowledge about what program to contact in your community when you need help with basic needs gotten better, stayed about the same, or gotten worse?

**Gotten Better**       **Stayed about the same**       **Gotten worse**       **Don't know/Not Applicable**

b. Has your ability to handle the stresses of day-to-day parenting gotten better, stayed about the same, or gotten worse?

**Gotten Better**       **Stayed about the same**       **Gotten worse**       **Don't know/Not Applicable**

c. Has your overall stress level gotten better, stayed about the same, or gotten worse?

**Gotten Better**       **Stayed about the same**       **Gotten worse**       **Don't know/Not Applicable**

d. Has your ability to navigate life in the US gotten better, stayed about the same, or gotten worse?

**Gotten Better**       **Stayed about the same**       **Gotten worse**       **Don't know/Not Applicable**

e. Have your connections to other people in your community gotten better, stayed about the same, or gotten worse?

**Gotten Better**       **Stayed about the same**       **Gotten worse**       **Don't know/Not Applicable**

## 3. Next, we would like to know about any of the services or support you may have received from the Refugee Resource Program. For each one, we will ask you if the support helped you a little, somewhat, or a lot.

a. Did you receive any **housing vouchers or assistance, such as a referral to another organization**?  No  Yes

[ IF YES ] would you say the vouchers/assistance  helped just a little,  helped somewhat, or  helped a lot

b. Did you receive any **basic needs** items, such as food, diapers, a car seat, crib, or something else?  No  Yes

[ IF YES ] did these supplies  help just a little,  help somewhat, or  help a lot

c. Did you receive any **emotional support**, such as counseling while in the program?  No  Yes

[ IF YES ] would you say these services  helped just a little,  helped somewhat, or  helped a lot

d. Did you attend any of the **educational workshops** provided by the program?  No  Yes

[ IF YES ] would you say the workshops  helped just a little,  helped somewhat, or  helped a lot

e. Did you receive any help with **translation** or filling out forms?  No  Yes

[ IF YES ] would you say that this support  helped just a little,  helped somewhat, or  helped a lot

f. Did you receive any help with **transportation** such as rides or vouchers?  No  Yes

[ IF YES ] would you say that this support  helped just a little,  helped somewhat, or  helped a lot

g. Did you receive any other referrals or connections to services we didn't already mention?  No  Yes

[ IF YES ] would you say that this support  helped just a little,  helped somewhat, or  helped a lot

## 4. Do you have any examples you can share with us about how the resources your navigator connected you to helped you and/or your family?

**Thank participant for their time. Ask if there is anything else they need, etc.**