

# Quality Parenting Initiative (QPI) & Department of Human Services Questionnaire

Please complete this brief survey about information you received within 72 hours of the most recent child's placement in your home. Thank you for your participation!

Completed surveys may be sent to: [pstevens@qpiylc.org](mailto:pstevens@qpiylc.org) or QPI PO Box 563, Harleysville, PA 19438-9998 or delivered to <https://goo.gl/forms/4PRhPtr2qN4GrpJn1>.

PLEASE CHECK HERE IF YOU ARE A KINSHIP HOME.

1. Was this placement: (please check one)?
  - Emergency
  - Planned
2. Were you given the child's correct name?
  - Yes
  - No
3. Were you given the child's correct birthdate?
  - Yes
  - No
4. I received (please check all that apply):
  - Name of the child's doctor
  - All medication for the child
  - Medical Assistance information for the child
  - Notification of the child's medical conditions (e.g. asthma, allergies, substance abuse)
  - Information about upcoming doctor visits
5. Were you given the child's mental health information?
  - Yes
  - No
  - a. Were you given information about upcoming therapy appointments?
    - Yes
    - No
6. Were you informed about upcoming birth family visits?
  - Yes
  - No
7. Were you informed about any behavior issues or special living arrangements that were needed?
  - Yes
  - No
8. Were you given an emergency contact for your CUA or case manager?
  - Yes
  - No
9. Were you given school information?
  - Yes
  - No
  - a. Were you given information about school transportation?
    - Yes
    - No
10. Did the child arrive with clothes and personal belongings?
  - Yes
  - No
  - a. If this was a move, did the child clothes arrive in a suitcase?
    - Yes
    - No

11. Other comments (please use back side if needed):