Data Specifications for Kinship & Family Caregiver Programs
Updated January 2020

Field Name	Data Type, Codes, and Max Length	Description/Example
Client ID	Text – 15 characters	Unique identification number assigned by agency.
Last Name	Text - 20 characters	Smith
First Name	Text - 15 characters	Jonathan
Middle Name	Text - 15 characters	William
Street Address	Text - 255 characters	511 15th Avenue S
City	Text - 35 characters	Federal Way
Zip Code	Text - 5 characters	98104
Date of birth	Date – mm/dd/yyyy	1/30/1928
Race	Integer	What is the client's race?
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	6	White
	7	Other
	8	Multi-Racial
Ethnicity	Text	What is the client's ethnicity?
	u	Unknown
	y	Hispanic or Latino
	n	Not Hispanic or Latino
Income	Integer	Refer to Income Guidelines for $ amounts for the categories listed below.
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Does the client live alone?
	u	Unknown
	y	Yes
	n	No
Gender	Text	What is the client's gender?
	u	Unknown
	f	Female
	m	Male
	o	Other (e.g. transgender)
Limited English	Text	Does the client have limited proficiency in English?
	u	Unknown
	y	Yes
	n	No
Number of Children	Integer	**Required for Kinship programs only:** Enter the number of children under age 18 who live with the Kinship Caregiver
Disability Status	Text	Does the client have a disability?
	u	Unknown
	y	Yes
	n	No
Homeless	Text	Description:
	u	Unknown
	y	Yes
	n	No
Relationship	Integer	What is the relationship of the caregiver to the care recipient?
	0	Unknown
	1	Husband

Field Name	Data Type, Codes, and Max Length	Description/Example
	2	Wife
	3	Son/Son-in-Law
	4	Daughter/Daughter-In-Law
	5	Grandparent (**Kinship**)
	6	Other Relative
	7	Other Non-Relative
	8	Other Elderly Relative Caregiver (**Kinship**)
	9	Other Elderly Non-Relative Caregiver (**Kinship**)
Kinship	Text	Is this a grandparent or older adult caring for a child(ren) under age 18?
	u	Unknown
	y	Yes
	n	No
Veteran	Text	Is the client a veteran?
	u	Unknown
	y	Yes
	n	No
Sexual Orientation	Integer	What is the sexual orientation of the client?
	0	Unknown
	1	Bisexual
	2	Gay
	3	Heterosexual
	4	Lesbian
	5	Questioning
	6	Other
*TCAREID	Text – 10 characters	3849321
CR Last Name	Text	Care receiver last name: Smith
CR First Name	Text	Care receiver first name: Alice
CR DOB	Date – mm/dd/yyyy	**Required for Kinship programs only**: Care receiver date of birth 1/30/2000
Service Month	Date	Use first day of month for reporting period, e.g., 1/1/2016
Service Type	Code	Enter the code for the type of caregiver service provided.
	f1	FCSP – Counseling
	f2	FCSP – Support Groups
	f3	FCSP – Training
	f4	FCSP – Respite
	f5	FCSP – Supplemental Services
	f6	FCSP – Consultation (non-TCARE)
	f7	FCSP – TCARE Care Plan
	f8	FCSP – Access/Assistance
	f9	FCSP – Access/Information Contact
	f10	FCSP – TCARE Intake/Demographics
	f11	FCSP – TCARE Screen
	f12	FCSP – TCARE Assessment
	f13	FCSP – TCARE Consultation
	k6	Kinship – Support Groups
	k7	Kinship – Supplemental Services
	k8	Kinship – Access/Assistance
	k9	Kinship – Access/Information Contact
Units Provided	Integer	Enter the # of units provided during the service month for this service type. See Service Type Definitions for the type of unit associated with each service.

*Note: TCAREID field name is one word, no space

1. I&A Programs will submit data on two types of units:

   o **Information Contacts:** These are typically information calls, but could be any situation in which information is provided to a client, and the client does not

require assistance or follow-up from I&A. Identifying information for the client may not be available, in which case the units may be summed up and associated with an unknown or anonymous client.

- o **Assists:** An "assist" is when I&A helps the client access services and follows up to ensure services were received. Each time a client receives assistance during the reporting period, it will be reported as an "assist."

2. Data files need to contain all of the required field headers although information may not be needed for that service. For an example: client may receive FCSP – Access/Assistance so ADL/IADL information is not needed (only needed for care coordination).

3. Providers have the option of sending two separate data files, one for each service type, or combining them into one, however, one file is preferable. If the services are delivered through two separate contracts, the provider must submit a separate data file for each contract.

4. Race and ethnicity are two separate categories.

FCSP and Kinship Service Definitions

Service Type	Code	Unit Type	Definition
FCSP - Counseling	f1	Session	Counseling addresses _emotional_ support to the caregiver provided by licensed mental health professionals through formal therapy sessions.
FCSP – Support Groups	f2	Session	Support Groups rely on group process to assist family caregivers in developing new competencies, coping strategies related to their caregiver experience, and expanding / sustaining networks of support.
FCSP - Training	f3	Session	Caregiver trainings provide instruction on a wide range of topics of importance to family caregivers. The most common training modules focus on teaching caregivers to take better care of themselves and tips and skills for improving care of their loved ones. Examples include "Powerful Tools for Caregiving," "A Matter of Balance," and "Living Well with Chronic Conditions."
FCSP - Respite	f4	Hour	This refers to services offered through the King County Respite Care Program, which is managed by ADS and Chinese Information and Service Center. The Respite Care Program offers a temporary break for caregivers by providing in-home care, adult day care, and short-term nursing home stays to their care receivers.
FCSP – Supplemental Services	f5	Item: each purchase made for the caregiver	One-time or short-term purchase of goods and services that help a caregiver maintain their loved one's independence. _Note: ADS is now administering these funds for clients as requested by FCSP providers. Upon verification that supplemental services were received by the client, FCSP providers will include these services on their data file._
FCSP – Consultation (non-TCARE)	f6	Session	Consultation services are primarily _educational_ in nature and help the caregiver and/or family to develop caregiving strategies to help them navigate services and make decisions about care options. Consultation may also include brief emotional support provided by staff who are not licensed mental health professionals. Do not include TCARE consultation/care planning here; these should be counted under the TCARE categories.

Service Type	Code	Unit Type	Definition
FCSP – TCARE Care Plan	f7	Activity	Completing the TCARE care plan with agreement date. Do not include minor Care Plan updates done between assessments. This category is only meant to count Care Plans done immediately after an assessment or reassessment.
FCSP – Access/Assistance	f8	Assist	An "assist" is when program staff help the client access services and follow up to ensure services were received. Each time a client receives assistance for a particular issue during the reporting period, it should be reported as an "assist."
FCSP – Access/Information Contact	f9	Contact	These are typically information calls, but could be any situation which information is provided to a client, and the client does not require assistance or follow-up. Identifying information for the client may not be available in which case the units may be summed up and associated with an unknown or anonymous client.
FCSP – TCARE Intake/Demographics	f10	Activity	Gathering and entering demographic information into the TCARE system.
FCSP – TCARE Screen	f11	Activity	Entering screening or rescreening information into the TCARE system. Screen or rescreen must be marked as complete.
FCSP – TCARE Assessment	f12	Activity	Entering assessment or reassessment information into the TCARE system. Assessment or reassessment must be marked as complete.
FCSP – TCARE Consultation	f13	Activity	Meeting with the caregiver to discuss services and completing the consultation worksheet in TCARE.
Kinship – Support Groups	k6	Session	Support Groups rely on group process to assist kinship caregivers in developing new competencies, coping strategies related to their caregiver experience, and expanding / sustaining networks of support.
Kinship – Supplemental Services	k7	Item: each purchase made for the caregiver	One-time or short-term purchase of goods and/or services to pay for emergent needs incurred by eligible kinship caregivers at the time a child(ren) come to live with them, as well as after the initial period.
Kinship – Access/Assistance	k8	Assist	An "assist" is when program staff help the client access services and follow up to ensure services were received. Each time a client receives assistance for a particular issue during the reporting period, it should be reported as an "assist."
Kinship – Access/Information Contact	k9	Contact	These are typically information calls, but could be any situation which information is provided to a client, and the client does not require assistance or follow-up. Identifying information for the client may not be available in which case the units may be summed up and associated with an unknown or anonymous client.

Data File Guidelines

- Each client should have a unique identifier or Client ID. This ID # should be used consistently for the same client. ID #'s should not be reused. If a change to your data system causes ID #'s to change (e.g., you purchased a new software system) please let ADS staff know in advance of the change.

- Field names must be at the top of each column and must **exactly match** those in the data specifications.

- Fields may be in any order. You are not required to use them in the order listed above. The one exception is that the Client ID field must be the first column.

- If you do not have information for a particular field, and that field doesn't have a corresponding code or category for Unknown (usually "0" or "U"), please leave the field blank.

- Include only clients who had services during the reporting period. If a client did not have services in the reporting month, they should not appear on the report. Do not keep them on the report with a unit of "0".

- If a client had services using more than one service type (i.e. support groups and training), include a separate row for each service type. The provider has the option of sending two separate data files, one for each service type, or combining them into one data file. One data file is preferable. If the services are delivered through two separate contracts, the provider must submit a separate data file for each contract.

Submitting Data Files

- Providers will upload data files to City of Seattle's secure ftp server. Contact your contract specialist for information on how to access this server. If you do not have access, please send your file through a secure email.

- Please send your program specialist an email letting them know that you have uploaded the file.

- Data files may be submitted in either spreadsheet (Excel) or delimited (e.g., csv) format.

- Use a unique name for each file that clearly identifies the provider, the program and the service month. For example: CISC_FCSP_Jan2020.xls.

- Data files are **due by the 10th working day** of the month. Payment of invoices is contingent upon receipt of all required reports, including monthly data files.

- Program Specialists may request the agency resubmit corrected data files if the files contain errors in formatting or content.