

ADS / GetCare Data Cross-Walk Specifications for Kinship Caregiver Program
Updated April 2023

Field	Data Type, Codes and Max Length	ADS Description/Example	GetCare Description/Example
Client ID	text - 15 characters	Unique identification number assigned by agency	GetCare ID assigned by GetCare System
Last Name	text - 20 characters	Smith	Smith
First Name	text - 15 characters	Jonathan	Jonathan
Middle Name	text - 15 characters	William	William
Street Address	text - 255 characters	1511 15th Avenue S	1511 15th Avenue S
City	text - 35 characters	Federal Way	Federal Way
Zip Code	text - 5 characters	98104	98104
Date of birth	Date - mm/dd/yyyy	Example: 1/30/1928	Example: 1/30/1928
Race	Integer	What is the client's race?	*Race (Check all that apply)
	0	Unknown	Unknown
	1	American Indian or Alaska Native	American Indian/Alaska Native
	2	Asian, Asian American	Asian
	3	Black, African, African-American	Black/African American
	4	Hawaiian Native or Pacific Islander	Native Hawaiian/Other Pacific Islander
	5	White	White
	7	Other	if have Other identified select Ethnicity, if not Leave Blank
	8	Multi-Racial	Check all that apply
			Latinx/Latino/Hispanic
			Declined to State
Ethnicity	Text	What is the client's ethnicity?	Ethnicity (Choose the corresponding ethnicity from list if known)
	u	Unknown	Leave Blank
	y	Hispanic or Latino	Hispanic or Latino
	n	Not Hispanic or Latino	Not Hispanic or Latino
Income	Integer	See Income Guideline, for corresponding \$ amounts	At or below 100% Federal Poverty Level
	0	Unknown	Declined to State Income
	1	Very Low (< 30% Median)	Yes
	2	Low (< 50% Median)	No
	3	Moderate (< 80% Median)	No
	4	Above Moderate (> 80% Median)	No
Live Alone	Text	Does the client live alone?	Household Composition (Lives Alone)
	u	Unknown	Declined to State
	y	Yes	Lives Alone
	n	No	Other
	n	No	Institutionalized
	n	No	With Domestic Partner
	n	No	With Non-Relative(s)
	n	No	With Other Relative(s)
	n	No	With Parent(s)
	n	No	With Spouse
Gender	Text	What is the client's gender?	Sex/Gender
	u	Unknown	Unknown
	f	Female	Female
	m	Male	Male
	o	Other (e.g. transgender)	Other
			Declined to Disclose
Limited English	Text	Does the client have limited proficiency in English?	English Fluency
	u	Unknown	Declined to state
	y	Yes	Needs Translation
	n	No	Fluent
			Limited
Disability Status	Text	Does the client have a disability?	Disability Type
	u	Unknown	Declined to State
	y	Yes	Physical Disability
	n	No	No Disability
	y	Yes	Intellectual/Developmental disability (ID/DD)
	y	Yes	Mental illness
	y	Yes	Traumatic brain injury
	y	Yes	Dementia
	y	Yes	Memory Loss
	y	Yes	Other, specify
Homeless	Text	Is the client homeless or living in temporary shelter?	Homeless?
	u	Unknown	Unknown
	y	Yes	Yes
	n	No	No
Veteran	Text	Is the client a veteran?	Veteran
	u	Unknown	Declined to State
	y	Yes	Veteran
	n	No	No
Urban/Rural		Urban/Rural	Urban/Rural (Auto-populates based on Zip code)
			Rural
			Urban
			Declined to state
Sexual Orientation	Integer	What is the sexual orientation of the client?	Sexual Orientation
	0	Unknown	Declined to state
	1	Bisexual	Bisexual
	2	Gay	Lesbian/Gay
	3	Heterosexual	Heterosexual
	4	Lesbian	Lesbian/Gay
	5	Questioning	Questioning
	6	Other	Leave Blank

ADS / GetCare Data Cross-Walk Specifications Required for Kinship Programs			
Updated April 2023			
Field	Data Type, Codes and Maximum Length	ADS Description/Example	GetCare Description/Example (Located in the Contacts Ribbon under Caregiver Relationship)
Relationship	Integer	What is the relationship of the caregiver to the care recipient?	Relationship
	0	Unknown	Declined to State
	5	Grandparent	Grandparent
	6	Other Relative	Other Relative
	7	Other Non-Relative	Non-Relative
	9	Other Elderly Non-Relative Caregiver	Other Elderly Non-Relative
	8	Other Elderly Relative Caregiver	Other Elderly Relative
	11	Spouse	Spouse
	12	Adult Child/Child-in-Law	Adult Child/In-Law
	13	Partner/Domestic Partner	Domestic Partner
	6	Other Relative	Adult Grandchild
	7	Other Non-Relative	Ex-Spouse
	6	Other Relative	Grandchild
	6	Other Relative	Parent/Parent In-Law
			Relationship Missing
	6	Other Relative	Relative Child
	6	Other Relative	Sibling/Sibling In-Law
Kinship	Text	Is this a grandparent or older adult caring for a child(ren) under age 18?	No longer collecting
	u	Unknown	
	y	Yes	
	n	No	
Care Reciever Last Name	Text	Care reciever last name: Smith	Care Reciever Last Name (enter in Care Reciever record)
Care Reciever First Name	Text	Care reciever last first name: Alice	Care Reciever First Name (enter in Care Reciever record)
Care Reciever Date of Birth	Date - mm/dd/yyyy	Care reciever date of birth: 1/30/2000	Care Reciever Date of Birth (enter in Care Reciever record)
A Care Reciever needs a record in GetCare to link to a client.			
Number of Children	Integer	Enter the number of children under age 18 who live with the Kinship Caregiver	Number of unduplicated kinship children age 18 and younger being raised by kinship caregiver(s) in household. (Located in Kinship Programs Intake Assessment under KNP/KCSP Intake)

ADS / GetCare Service Enrollment and Unit Information for Kinship Caregiver							
Updated April 2023							
ADS Previous Way of Recording Service				GetCare Service Recording effective 10/1/2021			
ADS Service Type	Code	Unit Type	Definition	GetCare Scope of Work	GetCare Program (Funding)	GetCare Service Detail	Assessment Required
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. Record number of sessions and participants in non-registered recording per month.	Support Group	OAA TIII GPRG/KCSP/ARPA/LOC	1 Session	None
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.	Supplemental Services/KCSP	OAA TIII GPRG/KCSP/ARPA/LOC	Basic Needs: Food, Clothing, Supplies	Kinship Intake
Kinship – Access/Assistance	k8	Assist		Supplemental Services/KCSP	OAA TIII GPRG/KCSP/ARPA/LOC	Basic Needs: (Housing: Rent, Deposit, etc)	Kinship Intake
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.	Access Assistance	OAA TIII GPRG/KCSP/KNAV/ARPA/LOC	No longer available effective 10/1/2021.	None
	New!!!		Guidance in development	Case Coordination	OAA TIII GPRG/KCSP/KNAV/ARPA/LOC	1 Hour	Kinship Intake
Service Month	Date – mm/dd/yyyy		Use first day of month for reporting period, e.g., 1/1/2023	Service Month	Date – mm/dd/yyyy	Use first day of month for reporting period, e.g., 1/1/2016	