

GetCare Data Specifications for Kinship Caregiver Program	
Updated April 2023	
Field	GetCare Description/Example
Client ID	GetCare ID assigned by GetCare System
Last Name	Smith
First Name	Jonathan
Middle Name	William
Street Address	511 15th Avenue S
City	Federal Way
Zip Code	98104
Date of birth	Example: 1/30/1928
Race	*Race (Check all that apply)
	Unknown
	American Indian/Alaska Native
	Asian
	Black/African American
	Latino/Latino/Hispanic
	Native Hawaiian/Other Pacific Islander
	White
	Declined to State
Ethnicity	Ethnicity (Choose the corresponding ethnicity from list if known)
	Leave Blank
	Hispanic or Latino
	Not Hispanic or Latino
Income	At or below 100% Federal Poverty Level
	Declined to state income
	Yes
	No
Live Alone	Household Composition (Lives Alone)
	Declined to state
	Lives Alone
	Other
	Institutionalized
	With Domestic Partner
	With Non-Relative(s)
	With Other Relative(s)
	With Parent(s)
	With Spouse
Gender	Sex/Gender
	Unknown
	Female
	Male
	Other
	Declined to Disclose
Limited English	English Fluency
	Declined to state
	Needs Translation
	Fluent
	Limited
Disability Status	Disability Type
	Declined to state
	Physical Disability
	No Disability
	Intellectual/Developmental disability (ID/DD)
	Mental illness
	Traumatic brain injury
	Dementia
	Memory Loss
	Other, specify
Homeless	Homeless?
	Unknown
	Yes
	No
Veteran	Veteran
	Declined to state
	Veteran
	No
	Child
	Spouse
Urban/Rural	Urban/Rural (Auto-populates based on Zip code)
	Rural
	Urban
	Declined to state
Sexual Orientation	Sexual Orientation
	Declined to state
	Bisexual
	Lesbian/Gay
	Heterosexual
	Questioning

GetCare Data Specifications Required for Kinship	
Field	GetCare Description/Example (Located in the Contacts Ribbon under Caregiver Relationship)
Relationship	Relationship
	Declined to State
	Grandparent
	Other Relative
	Non-Relative
	Spouse
	Adult Child/In-Law
	Domestic Partner
	Adult Grandchild
	Ex-Spouse
	Grandchild
	Other Elderly Non-Relative
	Other Elderly Relative
	Parent/Parent In-Law
	Relationship Missing
	Relative Child
	Sibling/Sibling In-Law
Care Receiver Last Name	Enter in Care Receiver record.
Care Receiver First Name	Enter in Care Receiver record.
Care Receiver Date of Birth	Enter in Care Receiver record.
Number of Children	Number of unduplicated kinship children age 18 and younger being raised by kinship caregiver(s) in household. (Loaded in Kinship Programs Intake Assessment under KNP/KCSP Intake)

GetCare Service Enrollment and Unit Information for Kinship Effective 10/1/2021				
Scope of Work	Program (Funding)	Service Detail	Assessment Required	Definition
Support Group	OAA THIE GPRG/KCSP/ARPA/LOC	1 Session	None	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.
Supplemental Services/KCSP	OAA THIE GPRG/KCSP/ARPA/LOC	Basic Needs: Food, Clothing, Supplies	Kinship Intake	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 THIE GPRG/KCSP/ARPA/LOC	Basic Needs: (Housing: Rent, Deposit, etc)	Kinship Intake	
Access Assistance	OAA THIE GPRG/KCSP/KNV/ARPA/LOC	1 Contact	None	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.
Case Coordination	OAA THIE GPRG/KCSP/KNV/ARPA/LOC	1 Hour	Kinship Intake	Guidance in development
Service Month	Date – mm/dd/yyyy			Use first day of month for reporting period, e.g., 1/1/2023