

| GetCare Data Specifications for Kinship Caregiver Program | |
|---|---|
| Updated March 2024 | |
| 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 |
| | If have Other identified check Ethnicity, if not Leave Blank |
| Ethnicity | Ethnicity (Choose the corresponding ethnicity from list if known) |
| | Declined to State |
| | 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. (Located in Kinship Programs Intake Assessment under KNP/KCSP intake) |

| GetCare Service Enrollment and Unit Information for Kinship | | | | | |
|---|----------------------------------|--|---------------------|---------------------------------|--|
| Updated March 2024 (updates highlighted) | | | | | |
| Scope of Work | Program (Funding) | Service Detail | Assessment Required | Level of service recording | Definition |
| Support Group | OAA THIE GPRG/KCSP/ARPA/LOC | 1 Session | None | Non-registered (aggregate) only | 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 (aggregate) recording per month. |
| Supplemental Services/KCSP | OAA THIE GPRG/KCSP/ARPA/LOC | Basic Needs: Food, Clothing, Supplies | kinship Intake | Client level with enrollment | 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 | Client level with enrollment | 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 and clients served may be entered as Non-registered (aggregate). |
| Access Assistance | OAA THIE GPRG/KCSP/KNVA/ARPA/LOC | 1 Contact | None | Client level with enrollment | These are typically more involved communication and support beyond information-giving where assistance or follow-up is provided. May involve coordination of services via phone calls, emails or in person contact. 1 Unit = 1 Hour; time may be recorded in quarter hour increments. |
| Case Coordination | OAA THIE GPRG/KCSP/KNVA/ARPA/LOC | 1 Hour | kinship Intake | Client level with enrollment | These are typically more involved communication and support beyond information-giving where assistance or follow-up is provided. May involve coordination of services via phone calls, emails or in person contact. 1 Unit = 1 Hour; time may be recorded in quarter hour increments. |