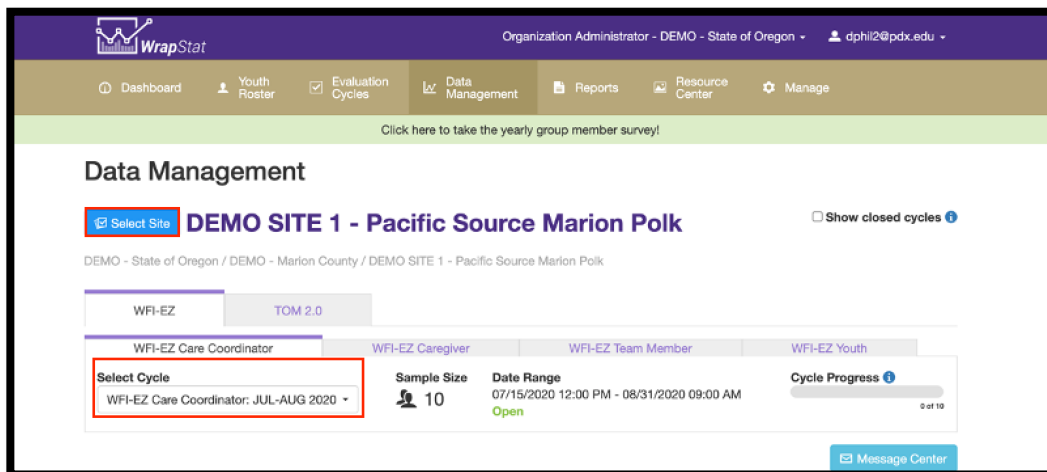


Entering WFI-EZ Forms in WrapStat

Navigate to Data Management and then the WFI-EZ Tab.



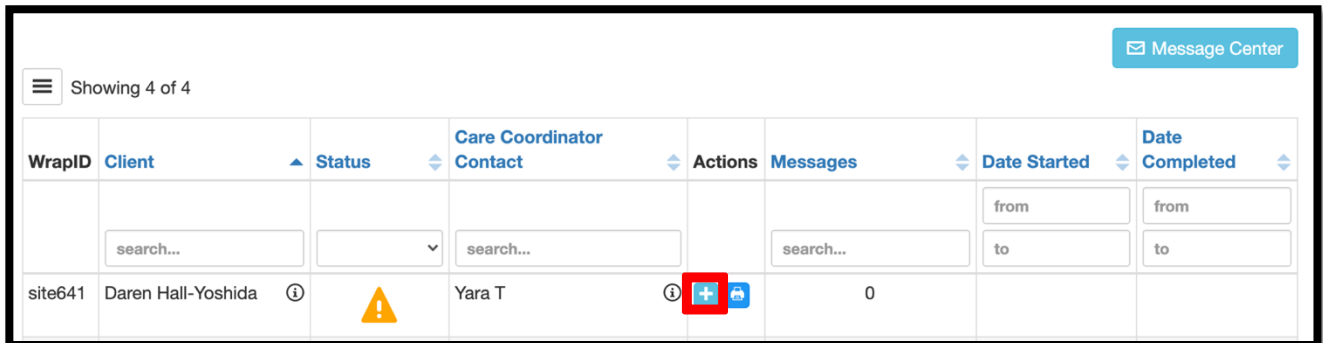
From there, select the subtab for the form you have to enter:

- WFI-EZ Care Coordinator
- WFI-EZ Caregiver
- WFI-EZ Team Member
- WFI-EZ Youth

Remember: only youth who are included in the current Evaluation Cycle will be listed here.

- Your site may have more than one Evaluation Cycle, so prior to looking for the name in your list, select the correct Evaluation Cycle from the Select Cycle drop-down list.
- The example WFI-EZ form shown in this Tip Sheet is the Caregiver WFI-EZ form. The same process should be followed for all WFI-EZ form types.

- Find the name of the Caregiver, Team Member, Youth, or Care Coordinator whose WFI-EZ you need to enter.
- Click on the light blue plus sign icon in the Actions column.

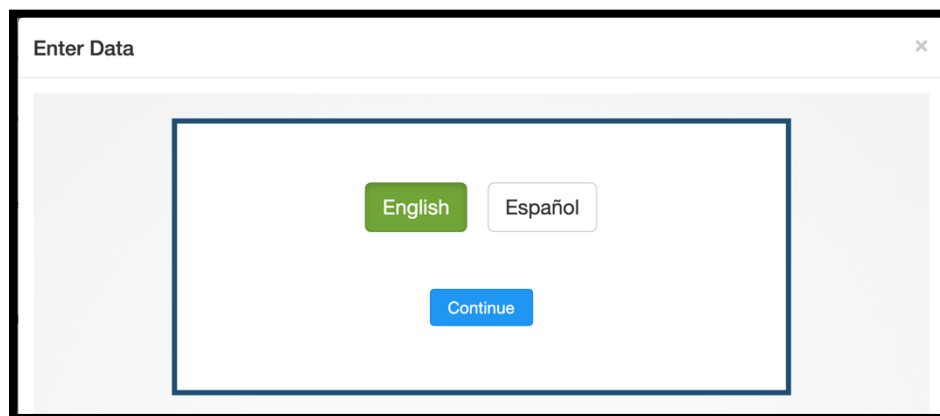


Showing 4 of 4

Message Center

WrapID	Client	Status	Care Coordinator Contact	Actions	Messages	Date Started	Date Completed
	search...	▼	search...		search...	from	from
site641	Daren Hall-Yoshida ⓘ	⚠	Yara T ⓘ	⊕ ⓘ	0	to	to

- Select either English or Spanish, depending on which language the form is in, and then click the blue **Continue** button



Enter Data

English Español

Continue

- Click on **No**, indicating that you are not the Youth, Caregiver, Team Member, or Care Coordinator (depending on which form you are entering.)

Enter Data

WFI-EZ: Caregiver Form

WRAPAROUND FIDELITY INDEX, SHORT FORM
CAREGIVER FORM

This survey is for a **caregiver** of a youth in Wraparound. We want to ask you about the experiences that you and your family have had as part of the Wraparound program so we can make it better. You do not have to answer any questions that you don't want to, and you may stop your participation at any time.

Are you the caregiver of a youth in Wraparound?

Yes

No

If the WFI-EZ was not completed:

- Click on No if the Youth, Caregiver, Team Member, or Care Coordinator included in the sample did not complete the WFI-EZ.
- Next, click on the reason Why Not?, why the WFI-EZ was not completed.
- Click on the blue Next button.

You have indicated that you are a staff member entering data on behalf of a WFI-EZ respondent.

Was the WFI-EZ administered?

Yes

No

Why not?

Caregiver declined to participate

Caregiver did not respond to phone call or e-mail invitations

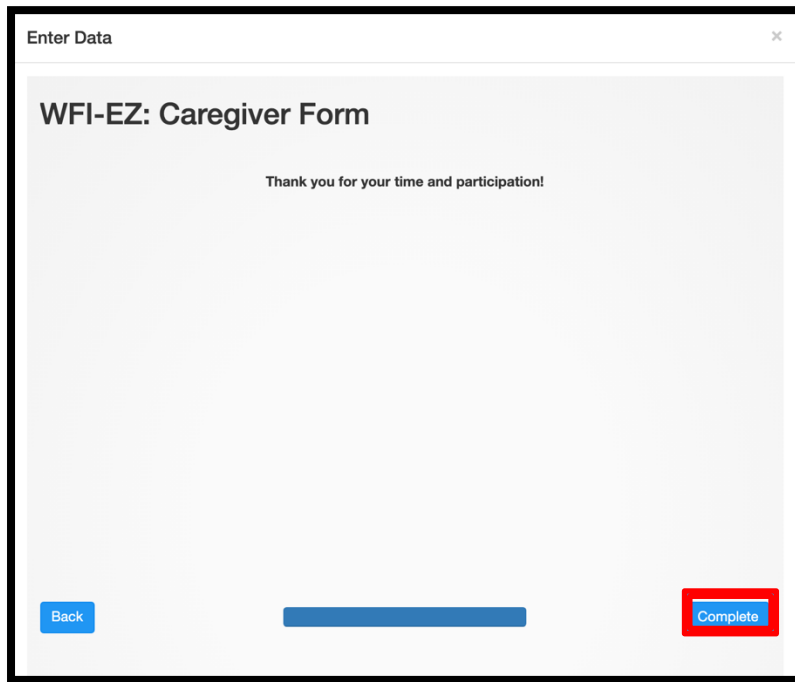
Caregiver contact information is incorrect

Youth is currently institutionalized (hospital, inpatient facility, juvenile justice)

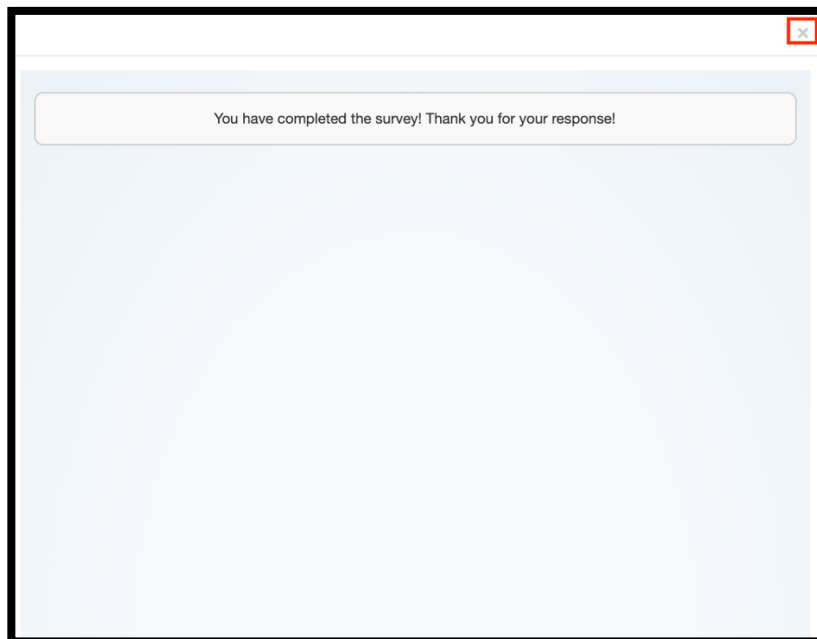
Other (Please specify)

Next

- On the next screen, click the blue Complete button.



- Click the **x** button in the upper right corner of the next screen to close the data entry window.



- This is one of the variables that enables WrapStat to calculate your program's response rate for Evaluation Cycles.
- This information needs to be entered for everyone who is included in the WFI-EZ sample and didn't complete a WFI-EZ.

If the WFI-EZ was completed:

- On the first question, click **No** indicating that you are not the caregiver of the youth in wraparound.
- The **Yes** option should only be used by Caregivers, Youths, Team Members, and Care Coordinators who are entering their own WFI-EZ via a link sent to them from within WrapStat by text or email message.
- On the second question, click on **Yes** if you have a WFI-EZ form to enter.
- Click on the blue **Next** button.

The screenshot shows a web form titled "Enter Data" with a close button (X) in the top right corner. The main heading is "WFI-EZ: Caregiver Form". Below this is the subtitle "WRAPAROUND FIDELITY INDEX, SHORT FORM" and "CAREGIVER FORM". A paragraph of text explains the survey's purpose: "This survey is for a caregiver of a youth in Wraparound. We want to ask you about the experiences that you and your family have had as part of the Wraparound program so we can make it better. You do not have to answer any questions that you don't want to, and you may stop your participation at any time." The first question is "Are you the caregiver of a youth in Wraparound?". It has two radio button options: "Yes" and "No". The "No" option is selected and highlighted with a red box. Below this is a second question: "You have indicated that you are a staff member entering data on behalf of a WFI-EZ respondent. Was the WFI-EZ administered?". It also has two radio button options: "Yes" and "No". The "Yes" option is selected and highlighted with a red box. At the bottom right of the form, there is a blue "Next" button, also highlighted with a red box. A progress bar is visible at the bottom center of the form.

Youth & Family Information

- Select the relationship to youth indicated on the WFI-EZ.
- Click the blue Next button.

WFI-EZ: Caregiver Form

Youth & Family Information

Wraparound Site Location: DEMO SITE 1 - Pacific Source Marion Polk
Youth/Family ID: site639
Youth's Age: 14

What is your relationship to the youth?

Birth parent

Adoptive parent

Foster parent

Live-in parent of partner

Sibling

Aunt or Uncle

Grandparent

Cousin

Other family relative

Step-parent

Friend (adult friend)

Other (Please specify)

Section A: Wraparound Involvement

- Click on the boxes to indicate the answers on the WFI-EZ you are entering.
- Click the blue **Next** button.

WFI-EZ: Caregiver Form

Section A: Wraparound Involvement

For the following statements, please answer "Yes" if you agree or "No" if you disagree.

A1. My family and I are part of a team (e.g., Wraparound team or Child and Family team), AND this team includes more people than just my family and one professional.	Yes	No
A2. Together with my team, my family created a written plan (e.g., Wraparound Plan or Plan of Care) that describes who will do what and how it will happen.	Yes	No
A3. My team meets regularly (e.g., at least every 30-45 days).	Yes	No
A4. Our Wraparound team's decisions are based on input from me and my family.	Yes	No

[Back](#) [Next](#)

Section B: Experience in Wraparound

- The first tab of Section B has items B1-B13.
- Click on the boxes to indicate the answers on the WFI-EZ you are entering.

WFI-EZ: Caregiver Form						
Section B: Experience in Wraparound						
For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree", or "Don't Know".						
B1. My family and I had a major role in choosing the people on our Wraparound team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B2. There are people providing services to my child and family who are not involved in my Wraparound team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B3. At the beginning of the Wraparound process, my family described our vision of a better future to our team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B4. My Wraparound team came up with creative ideas for our plan that were different from anything that had been tried before.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B5. With help from members of our Wraparound team, my family and I chose a small number of the highest priority needs to focus on.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B6. Our Wraparound plan includes strategies that address the needs of other family members, in addition to my child.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B7. I sometimes feel like our team does not include the right people to help my child and family.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B8. At every team meeting, my Wraparound team reviews progress that has been made toward meeting our needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B9. Being involved in Wraparound has increased the support my child and family get from friends and family.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B10. The Wraparound process has helped my child and family build strong relationships with people we can count on.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B11. At each team meeting, our Wraparound team	Strongly Agree				Strongly Disagree	Don't Know

- Click the blue **Next** button.

- The second tab of Section B has items B14-B25.
- Click on the boxes to indicate the answers on the WFI-EZ you are entering.

WFI-EZ: Caregiver Form

Section B: Experience in Wraparound

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree", or "Don't Know".

B1. My family and I had a major role in choosing the people on our Wraparound team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B2. There are people providing services to my child and family who are <u>not</u> involved in my Wraparound team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B3. At the beginning of the Wraparound process, my family described our vision of a better future to our team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B4. My Wraparound team came up with creative ideas for our plan that were different from anything that had been tried before.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B5. With help from members of our Wraparound team, my family and I chose a small number of the highest priority needs to focus on.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B6. Our Wraparound plan includes strategies that address the needs of other family members, in addition to my child.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B7. I sometimes feel like our team does <u>not</u> include the right people to help my child and family.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B8. At every team meeting, my Wraparound team reviews progress that has been made toward meeting our needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B9. Being involved in Wraparound has increased the support my child and family get from friends and family.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know

- Enter any comments that are written on the WFI-EZ form in the box at the bottom of the screen.

B20. With help from our Wraparound team, we have been able to get community support and services that meet our needs.

Strongly Agree Agree Neutral Disagree Strongly Disagree Don't Know

Do you have any additional comments about your family's experiences in Wraparound?

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- Click the blue **Next** button.

Section C: Satisfaction

- Click on the boxes to indicate the answers on the WFI-EZ you are entering.

WFI-EZ: Caregiver Form

Section C: Satisfaction

For the following statements, please think about your satisfaction with Wraparound. Indicate how much you agree with each statement.

C1. I am satisfied with the Wraparound process in which my family and I have participated.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C2. I am satisfied with my youth's progress since starting the Wraparound process.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C3. Since starting Wraparound, our family has made progress toward meeting our needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C4. Since starting Wraparound, I feel more confident about my ability to care for my youth at home.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know

Back
Next

- Click the blue **Next** button.

Section D: Outcomes

- Click on the boxes to indicate the answers on the WFI-EZ you are entering.

WFI-EZ: Caregiver Form

Section D: Outcomes

For the following statements, please answer "Yes" if the statement is true or "No" if the statement is not true.
Since starting Wraparound...

D1. My youth has had a new placement in an institution (e.g., detention, psychiatric hospital, treatment center, group home).	Yes	No	Don't Know
D2. My youth has been treated in an Emergency Room due to a mental health problem.	Yes	No	Don't Know
D3. My youth has had a negative contact with police.	Yes	No	Don't Know
D4. My youth has been suspended or expelled from school.	Yes	No	Don't Know

For the following statements, please select the degree to which your youth experienced each, if any, of the problems.
In the past month, my youth has experienced....

D5. Problems that cause stress or strain to me or a family member.	Very Much	A Good Deal	A Little Bit	Not at All	Don't Know
D6. Problems that disrupt home life.	Very Much	A Good Deal	A Little Bit	Not at All	Don't Know
D7. Problems that interfere with success at school.	Very Much	A Good Deal	A Little Bit	Not at All	Don't Know
D8. Problems that make it difficult to develop or	Very	A Good	A Little	Not at	Don't

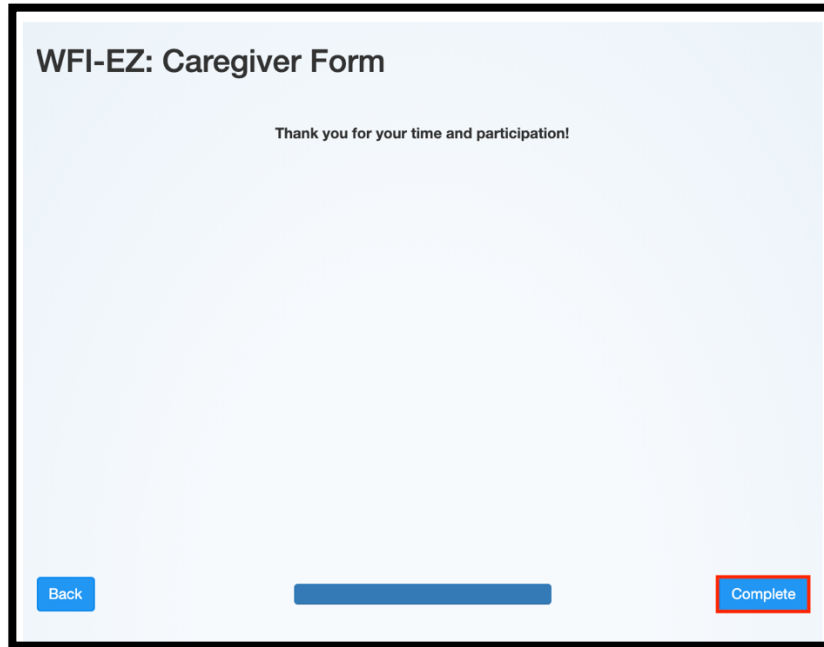
- Enter any comments that are written on the WFI-EZ form in the box at the bottom of the screen.

community activities. Much Deal Bit All Know

Do you have any additional comments about your satisfaction with Wraparound, or what has happened to your youth since the start of Wraparound?

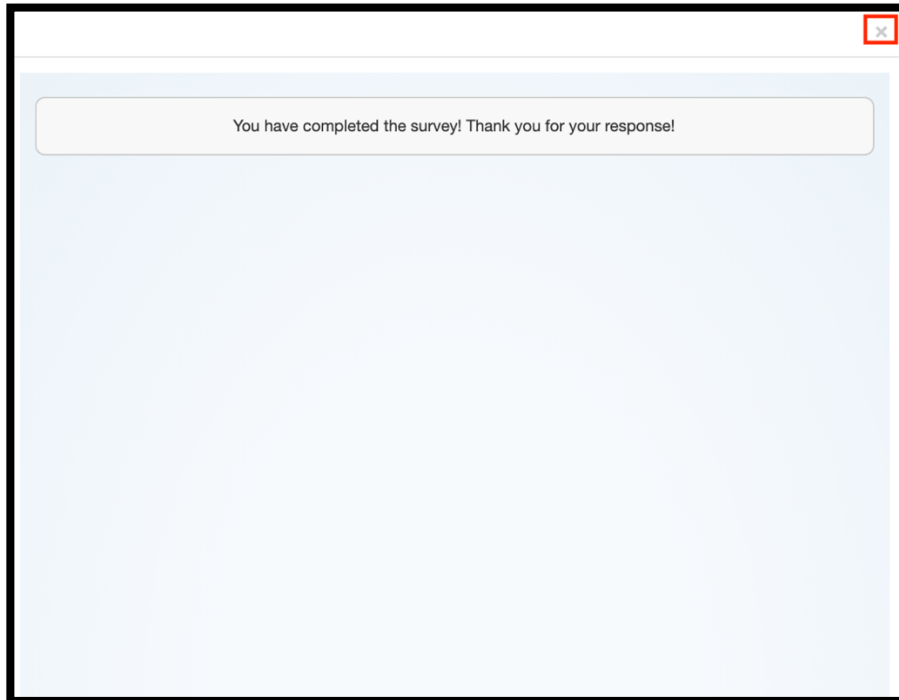
- Click the blue **Next** button.

- Click the blue Complete button.



The screenshot shows a mobile application screen titled "WFI-EZ: Caregiver Form". The main content area contains the text "Thank you for your time and participation!". At the bottom of the screen, there are three buttons: a blue "Back" button on the left, a blue horizontal bar in the center, and a blue "Complete" button on the right. The "Complete" button is highlighted with a red rectangular border.

- Click the x at the top right of the screen to close the WFI-EZ entry screen.



The screenshot shows a mobile application screen with a light blue background. At the top right corner, there is a small red square button with a white 'x' icon. Below this, a light gray rounded rectangular box contains the text "You have completed the survey! Thank you for your response!". The rest of the screen is empty.