

APPENDIX B

BASELINE QUESTIONNAIRE

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MATHEMATICA
Policy Research, Inc.

Youth Transition Demonstration

Baseline Questionnaire

February 13, 2007

**Karen CyBulski
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YTD BASELINE CONTACT MODULE

IF COLORADO:

FILL SPONSOR WITH "SOCIAL SECURITY ADMINISTRATION"

FILL PROGRAM NAME WITH "COLORADO YOUTH WINS"

IF CUNY:

FILL SPONSOR WITH "SOCIAL SECURITY ADMINISTRATION"

FILL PROGRAM NAME WITH "CUNY YOUTH TRANSITION DEMONSTRATION PROJECT"

IF ERIE:

FILL SPONSOR WITH "SOCIAL SECURITY ADMINISTRATION"

FILL PROGRAM NAME WITH "TRANSITION WORKS"

PROGRAMMER. If site is CUNY go to Hello_PG (always ask for parent at CUNY).

IF AGE < 18 GO TO Hello_PG.

SCRIPTS WHEN YOUTH IS AGE 18 OR OLDER

Hello_SM. Hello, my name is [INTERVIEWER'S FULL NAME]. I am calling on behalf of [SPONSOR/PROGRAM NAME]. May I please speak to (NAME) or (NAME's) legal guardian?

INTERVIEWER NOTE: IF NOT SPEAKING WITH ADULT, CONFIRM THAT (HE/SHE) IS SM'S LEGAL GUARDIAN. OTHERWISE SET CALLBACK IF SM NOT AVAILABLE.

SPEAKING TO SAMPLE MEMBER.....	1			
SM COMES TO THE PHONE	2	}	→	(LegalGuard1)
SPEAKING TO LEGAL GUARDIAN.....	3			
GUARDIAN COMES TO THE PHONE	4	}	→	(Consent_1_0)
WHAT IS CALL ABOUT	5			(WhatAbout_SM)
SM/GUARDIAN BUSY, UNAVAILABLE, NOT HOME ..	6			(CALL BACK)
SM MOVED/LIVES ELSEWHERE	7			(KnowWhere)
SM/GUARDIAN SPEAKS SPANISH [Spanish-speaking interviewer - interim status 410]	8			
SM DOES NOT SPEAK ENGLISH OR SPANISH	9	}	→	(Interpret)
GUARDIAN DOES NOT SPEAK ENGLISH OR SPANISH	10			
SM HAS HEALTH PROBLEM	11			(HealthProb)
SM IN INSTITUTION	12			(Institution)
SM DECEASED	13			(Deceased)
WRONG NUMBER	14			(Locating)
HUNG UP DURING INTRODUCTION	15			(HUDI)

WhatAbout_SM.

(NAME) should have received a letter explaining that we would be calling about a research study that will help people with disabilities become as independent as they can. May I please speak with (NAME) or (NAME's) legal guardian?

INTERVIEWER NOTE: IF NOT SPEAKING WITH ADULT, CONFIRM THAT (HE/SHE) IS SM's LEGAL GUARDIAN. OTHERWISE SET CALLBACK IF SM NOT AVAILABLE.

- SM COMES TO THE PHONE 1 (LegalGuard1)
 - GUARDIAN COMES TO THE PHONE 2 (Consent)
 - SM/GUARDIAN BUSY, UNAVAILABLE, OR NOT HOME 3 (CALL BACK)
 - SM MOVED/LIVES ELSEWHERE 4 (KnowWhere)
 - SM/GUARDIAN SPEAKS SPANISH [Spanish-speaking interviewer - interim status 410] 5
 - SM DOES NOT SPEAK ENGLISH OR SPANISH 6
 - GUARDIAN DOES NOT SPEAK ENGLISH OR SPANISH 7
 - SM/GUARDIAN PHYSICALLY OR MENTALLY SM HAS HEALTH PROBLEM 8 (HealthProb)
- } → (Interpret)

SCRIPTS WHEN YOUTH IS LESS THAN AGE 18

Hello_PG. Hello, my name is [INTERVIEWER'S FULL NAME]. I am calling on behalf of [SPONSOR/PROGRAM NAME]. May I please speak to a parent or guardian of (NAME)?

- SPEAKING TO PARENT 1 (Speaking)
- PARENT COMES TO THE PHONE 2 (SampMemb)
- WHAT IS CALL ABOUT 3 (WhatAbout_PG)
- PARENT BUSY, UNAVAILABLE, OR NOT 4 (CALL BACK)
- PARENT MOVED/LIVES ELSEWHERE 5 (Moved)
- PARENT ONLY SPEAKS SPANISH [Spanish-speaking interviewer - interim status 410] 6
- PARENT DOES NOT SPEAK ENGLISH OR SPANISH 7 (Interpret)
- YOUTH IS DECEASED 8 (Dead)
- NEVER HEAD OF SM 9 (WrongNum)
- HUNG UP DURING INTRODUCTION 10 (HUDI)

WhatAbout_PG.

The parents or guardian of (NAME) should have received a letter explaining that we would be calling about a research study that will help youth become as independent as they can. Can I please speak with a parent or guardian of (NAME)?

- SPEAKING TO PARENT/COMES TO PHONE..... 1 (ComeOn)
- PARENT BUSY, UNAVAILABLE, OR NOT HOME 2 (CALL BACK)
- PARENT MOVED/LIVES ELSEWHERE 3 (Moved)
- PARENT ONLY SPEAKS SPANISH
[Spanish-speaking interviewer - interim status 410] 4
- PARENT DOES NOT SPEAK ENGLISH
OR SPANISH 5 (Interpret)
- HUNG UP DURING INTRODUCTION 6 (HUDI)

LegalGuard1. You should have received a letter explaining asking you to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because you receive benefits from Social Security.

Do you have a legal guardian? A legal guardian is someone who has the legal authority to make decisions on your behalf?

- YES 1 (LegalGuard2)
- NO 0 (SampMemb)

LegalGuard2. Before continuing the interview with you, I need to speak with your legal guardian. Is your legal guardian available?

- GUARDIAN COMES TO THE PHONE 1 (Consent)
- GUARDIAN BUSY, UNAVAILABLE, OR NOT HOME ... 2 (CALL BACK)

COLORADO TEXT:

IF GUARDIAN COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You or (NAME) should have received a letter asking (NAME) to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because (NAME) receives benefits from Social Security. To be in the study your or (NAME) will be asked to answer interview questions three times. I am calling today for the first interview. The interview questions take about 20 minutes to answer and are about (NAME), work and school, and how (he/she) gets along day-to-day. (His/Her) participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or (NAME) the questions now and when I am done, send you a form saying (NAME) want to be in the study. When you complete the form and return it, (NAME) will get a \$10.00 gift card. In addition, (he/she) will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Colorado Youth WINS. These services will help (NAME) get services, understand (his/her) benefits, explore career choices, and get a job. In addition to the extra services, (NAME) will also get to use special rules that will protect the benefits (he/she) gets from Social Security while (he/she) is in the study. Because Colorado Youth WINS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

Most questions are worded so that young people with disabilities can answer for themselves. There are a few questions for parents/guardians that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

When we are done with the interview, I will mail you a form to sign saying that (NAME) agrees to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Do I have your permission to begin the interview?

- YES, CONTINUE..... 1 (GO TO Q.PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- REFUSED 3 (REFUSAL)

Consent. SCRIPT FOR LEGAL GUARDIAN AGE 18 OR OLDER.

PROGRAMMER: WE WILL HAVE TEXT FOR EACH SITE. THIS IS THE
GENERIC TEXT.

IF GUARDIAN COMES TO PHONE: Hello my name is _____. I am calling
on behalf of [PROGRAM NAME].

You or (NAME) should have received a letter asking (NAME) to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because (NAME) receives Social Security benefits. All you [or NAME] needs to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about (NAME), work and school, and how (he/she) gets along day-to-day. (His/Her) participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or (NAME) the questions now and when I am done, send you a form saying (NAME) want to be in the study. When you complete the form and return it, (NAME) will get \$10.00. In addition, (he/she) will get \$10.00 after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from [PROGRAM NAME AND DESCRIPTION]. These services will help (NAME) train for or find a job or get ready for adulthood. In addition to the extra services, (NAME) will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Because [PROGRAM NAME] does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

Most questions are worded so that young people with disabilities can answer for themselves. There are a few questions for parents/guardians that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Do I have your permission to begin?

YES, CONTINUE..... 1 (GO TO Q.PAR1)
NOT A GOOD TIME 2 (CALL BACK)
REFUSED 3 (REFUSAL)

IF GUARDIAN COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You or (NAME) should have received a letter asking (NAME) to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because (NAME) receives Social Security benefits. All you [or NAME] needs to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about (NAME), work and school, and how (he/she) gets along day-to-day. (His/Her) participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or (NAME) the questions now and when I am done, send you a form saying (NAME) want to be in the study. When you complete the form and return it, (NAME) will get a \$10.00 Target gift card. In addition, (he/she) will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Transition WORKS. These services will help (NAME) develop goals and work on plans to meet those goals. Possible goals can include career exploration, education, and social opportunities. Transition WORKS will help (NAME) find and keep a job that matches (his/her) interests, abilities and goals. In addition to the extra services, (NAME) will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Transition WORKS will work with you to better understand (NAME's) SSA benefits. Because [PROGRAM NAME] does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

Most questions are worded so that young people with disabilities can answer for themselves. There are a few questions for parents/guardians that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Do I have your permission to begin?

- YES, CONTINUE.....1 (GO TO Q.PAR1)
- NOT A GOOD TIME2 (CALL BACK)
- REFUSED3 (REFUSAL)

SampMemb. SCRIPT FOR SM IF AGE 18 OR OLDER.
PROGRAMMER: WE WILL HAVE TEXT FOR EACH SITE. THIS IS THE
GENERIC TEXT.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf
of [PROGRAM NAME].

You should have received a letter explaining asking you to be in a research study
that will help young adults with disabilities become as independent as they can.
The study is being sponsored by the Social Security Administration. We are
calling because you receive Social Security benefits.

All you need to do to be in the study is be interviewed three times. I am calling
today for the first interview. The interview questions take about 15 minutes to
answer and are about your work and school, and how you get along day-to-day.
Your participation is voluntary and all answers will be held in strict confidence. If
you agree, I will ask you the questions now and when I am done, send you a
form saying you want to be in the study. When you complete the form and return
it, you will get \$10.00. In addition, you will get \$10.00 after every research
interview for the study.

The letter also explained that half of the young adults who participate in the
research study will be offered extra services from [PROGRAM NAME AND
DESCRIPTION]. These services will help you train for or find a job or get ready
for adulthood. In addition to the extra services, you will also get to use special
rules that will protect your Social Security benefits while you are in the study.
Because [PROGRAM NAME] does not have space for everyone who might want
to participate, we will randomly select who gets to participate and who does not.
Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide
who gets services and who does not.

The questions have been worded so you can answer for themselves. If you
wish, you can ask [LEGAL GUARDIAN'S NAME] to stay nearby in case you need
help.

May we begin the interview now?

- YES, CONTINUE..... 1 (GO TO Q.1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

COLORADO TEXT:

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter asking you to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because you receive benefits from Social Security. To be in the study your or you will be asked to answer interview questions three times. I am calling today for the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how you get along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Colorado Youth WINS. These services will help you get services, understand your benefits, explore career choices, and get a job. In addition to the extra services, you will also get to use special rules that will protect the benefits you get from Social Security while you are in the study. Because Colorado Youth WINS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that you agree to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Do I have your permission to begin the interview?

- YES, CONTINUE..... 1 (GO TO Q.1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

ERIE TEXT: SCRIPT FOR SM IF AGE 18 OR OLDER.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter explaining asking you to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because you receive Social Security benefits.

All you need to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about your work and school, and how you get along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 Target gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Transition WORKS. These services will help you develop goals and work on plans to meet those goals. Possible goals can include career exploration, education, and social opportunities. Transition WORKS will help you find and keep a job that matches your interests, abilities and goals. In addition to the extra services, you will also get to use special rules that will protect your Social Security benefits while you are in the study. Transition WORKS will work with you to better understand your SSA benefits. Because Transition WORKS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

The questions have been worded so you can answer for themselves. If you wish, you can ask [LEGAL GUARDIAN'S NAME] to stay nearby in case you need help.

May we begin the interview now?

- YES, CONTINUE..... 1 (GO TO Q.1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

SCRIPT FOR PARENTS OF YOUTH UNDER AGE 18. THIS IS THE GENERIC TEXT.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter asking (NAME) to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because (NAME) receives Social Security benefits. All you [or NAME] needs to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about (NAME), work and school, and how (he/she) gets along day-to-day. (His/Her) participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or (NAME) the questions now and when I am done, send you a form saying (NAME) want to be in the study. When you complete the form and return it, (NAME) will get \$10.00. In addition, (he/she) will get \$10.00 after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from [PROGRAM NAME AND DESCRIPTION]. These services will help (NAME) train for or find a job or get ready for adulthood. In addition to the extra services, (NAME) will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Because [PROGRAM NAME] does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

Most questions have been worded so that young people with disabilities can answer for themselves. There are a few questions for parents that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Do I have your permission to begin?

- YES, CONTINUE..... 1 (GO TO Q.PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

SCRIPT FOR PARENTS OF YOUTH AT CUNY.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter asking (NAME) to be in a research study that will help young people with disabilities become more independent. The study is being sponsored by the Social Security Administration. We are calling because (NAME) receives Social Security benefits. All (NAME) needs to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about (NAME), work and school, and how (he/she) gets along day-to-day. (His/Her) participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you and (NAME) the questions now and when I am done, send you a form for you and (NAME) to sign saying you want to be in the study. When you complete the form and return it, (NAME) will get a \$10.00 Metro Card. In addition, (he/she) will get a \$10.00 Metro Card after every research interview for the study.

The letter also explained that half of the young adults who participate will be part of a research study called the Youth Transition Demonstration Project. This is a special program at CUNY colleges in the Bronx. The program meets on Saturdays on either the Hostos Community College or Lehman College campus. It includes recreation classes, workshops, job planning, and opportunities for paid summer work. Parents also attend workshops on Saturdays. These workshops help parents understand benefits from Social Security and the transition to adult life.

(NAME) will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Because the Youth Transition Demonstration program does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not. If (NAME) is selected for the program (he/she) and a parent or guardian will be expected to attend the program on Saturdays.

Most questions have been worded so that young people with disabilities can answer for themselves. There are a few questions for parents that I would like to ask you first. Then I would like to continue with (NAME). It would be helpful for you to stay nearby in case (NAME) needs help.

Do I have your permission to begin?

- YES, CONTINUE..... 1 (GO TO Q.PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

SCRIPT FOR PARENTS OF YOUTH UNDER AGE 18. THIS IS THE COLORADO TEXT.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter asking you to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because you receive benefits from Social Security. To be in the study your or you will be asked to answer interview questions three times. I am calling today for the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how you get along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Colorado Youth WINS. These services will help you get services, understand your benefits, explore career choices, and get a job. In addition to the extra services, you will also get to use special rules that will protect the benefits you get from Social Security while you are in the study. Because Colorado Youth WINS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that you agree to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Do I have your permission to begin the interview?

- YES, CONTINUE..... 1 (GO TO Q.PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

SCRIPT FOR PARENTS OF YOUTH UNDER AGE 18. THIS IS THE ERIE TEXT.

IF SM COMES TO PHONE: Hello my name is _____. I am calling on behalf of [PROGRAM NAME].

You should have received a letter asking you to be in a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. We are calling because you receive benefits from Social Security. To be in the study your or you will be asked to answer interview questions three times. I am calling today for the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how you get along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you or you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Transition WORKS. These services will help (NAME) develop goals and work on plans to meet those goals. Possible goals can include career exploration, education, and social opportunities. Transition WORKS will help (NAME) find and keep a job that matches (his/her) interests, abilities and goals. In addition to the extra services, (NAME) will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Transition WORKS will work with you to better understand (NAME's) SSA benefits. Because Transition WORKS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that you agree to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Do I have your permission to begin the interview?

- YES, CONTINUE..... 1 (GO TO Q.PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- DID NOT RECEIVE LETTER/DOESN'T RECALL 3 (NoLetter)
- REFUSAL 4 (REFUSAL)

NoLetter. PROGRAMMER: WE WILL HAVE TEXT FOR EACH SITE. BELOW IS THE
GENERIC > 18 TEXT.

The letter explained that (your/NAME's) name was selected from a list of persons who receive SSI or SSDI benefits. The letter also explained that half of the youth who participate in the research study will be offered services from [PROGRAM NAME]. These services will help you train for a job or get ready for adulthood.

The letter also explained that we would be calling to interview you. The questions should take about 15 minutes to answer. All of your answers will be held in strict confidence. You can decide not to be in the study, or you can skip questions, or drop out at any time, without loss of benefits. I can read the letter to you now and we can begin the interview.

- YES, CONTINUE..... 1 (GO TO Q.1)
- NOT A GOOD TIME 2 (CALL BACK)
- WANTS ANOTHER LETTER 3 (SendLetter)
- REFUSAL 4 (REFUSAL)

GENERIC < 18 TEXT

The letter explained that (NAME's) name was selected from a list of youth who receive SSI or SSDI benefits. The letter explained that half of the youth who participate in the research study will be offered services from [PROGRAM NAME]. These services will help (NAME) train for a job or get ready for adulthood.

The letter also explained that we would be calling to interview you. The questions should take about 15 minutes to answer. All of your answers will be held in strict confidence. You can decide that (NAME) will not to be in the study, or you can skip questions, or drop out at any time, without loss of benefits. I can read the letter to you now and we can begin the interview.

- YES, CONTINUE..... 1 (GO TO PAR1)
- NOT A GOOD TIME 2 (CALL BACK)
- WANTS ANOTHER LETTER 3 (SendLetter)
- REFUSAL 4 (REFUSAL)

CUNY TEXT:

The letter explained that (NAME's) name was selected from a list of youth who receive benefits from Social Security. The letter explained that half of the youth who participate in the research study will be offered services from the Youth Transition Demonstration. These services will help (NAME) become more independent.

The letter also explained that we would be calling to interview you. The questions should take about 20 minutes to answer. All of your answers will be held in strict confidence. You can decide that (NAME) will not to be in the study, or you can skip questions, or drop out at any time, without loss of benefits. I can read the letter to you now and we can begin the interview.

- YES, CONTINUE.....1 (GO TO PAR1)
- NOT A GOOD TIME2 (CALL BACK)
- WANTS ANOTHER LETTER3 (SendLetter)
- REFUSAL4 (REFUSAL)

SendLetter. I would be happy to send another letter. Please tell me the address where I should send the letter.

INTERVIEWER NOTE: ADDRESS ENVELOPE FOR REMAIL.

STREET ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP CODE: _____

StartNow. That letter will be mailed today. Can we begin the interview now?

- YES, BEGIN INTERVIEW1 (GO TO Q1)
- NO (INTERVIEWER SCHEDULE CALLBACK
 IN 2 WEEKS) [letter requested - code 831].....2 (CALL BACK)

HealthProb. ENTER TYPE OF HEALTH PROBLEM

- HEARING PROBLEM.....1
- SPEECH PROBLEM2 } → (AmpTTY)
- PHYSICAL PROBLEM3 (CallLater)
- COGNITIVE PROBLEM4 (NeedProxy)

CallLater. Will (NAME) be able to talk on the telephone if I call back next week or will (NAME) need help with the interview?

PROBE: The interview is designed to be answered by young adults with disabilities.

YES/MAYBE WOULD ABLE TO DO NEXT WEEK..... 1 (CALL BACK)

NO, WOULD NEED HELP FROM A PROXY 0 (NeedProxy)

AmpTTY. I can get on a get a phone that will amplify my voice or (NAME's), or we could use a TTY service or instant messenger. Would either of these enable (NAME) to complete the interview?

INTERVIEWER: IF SITE IS CUNY AND THE YOUTH IS DEAF, PLEASE PUT THE CASE IN SUPERVISOR REVIEW.

YES - amplifier phone..... 1 (AmpPhone)

YES - TTY 2 (CallTTY)

YES - instant messenger 3 (IMInterview)

NO 4 (NeedProxy)

AmpPhone. Please hold while I get the amplifier phone.

INTERVIEWER: WHEN HAVE AMPLIFIER PHONE, ASK RESPONDENT TO CALL SM TO THE PHONE.

SM COMES TO PHONE 1 (SampMemb)

CALLBACK..... 2 (CALLBACK)

CallTTY. I will call back in a few minutes after I have the help of a TTY operator.

INTERVIEWER: NEED TO ARRANGE NEXT CALL WITH TTY OPERATOR.

ARRANGE CALL WITH TTY OPERATOR..... 1 (SampMemb)

IF UNSUCCESSFUL, SET CALLBACK 2 (CALLBACK)

IMInterview. **INTERVIEWER: NEED TO COMPLETE BASELINE USING INSTANT MESSENGER.**

SM COMES TO PHONE, BEGIN WITH IM.....1 (SampMemb)
CALLBACK.....2 (CALLBACK)

PROGRAMMER: IF SITE IS COLORADO GO TO A11.

SM DOESN'T SPEAK ENGLISH OR SPANISH
[FINAL STATUS INELIGIBLE - PROGRAM
CAN'T SERVE - 461].....1
SM SPEAKS ENGLISH OR SPANISH.....2

Interpret. Perhaps there is someone who could interpret the questions on behalf of (NAME)/(NAME's) legal guardian. Is there someone there who can translate?

YES, SPEAKING TO INTERPRETER.....1
YES, BUT NOT A GOOD TIME.....2
NO INTERPRETER AVAILABLE3 (Lang)

} → (InterpreterName)

InterpreterName.

IF SPEAKING WITH INTERPRETER: What is your name?
IF NOT SPEAKING WITH INTERPRETER: What is the interpreter's name?

RECORD FIRST AND LAST NAME

BEGIN BASELINE.....1 (SampMemb)
SCHEDULE CALLBACK [INTERIM STATUS 400]2 (CALL BACK)

Lang. What language does (NAME) speak?

CHINESE (CANTONESE).....	1
CHINESE (MANDARIN).....	2
CHINESE (NON-SPECIFIED).....	3
HMONG.....	4
ITALIAN.....	5
JAPANESE.....	6
PORTUGUESE.....	7
RUSSIAN.....	8
VIETNAMESE.....	9
OTHER ASIAN (SPECIFY).....	10
<hr/>	
OTHER (SPECIFY).....	11
<hr/>	

LangCB. Thank you. We will try to arrange for an interpreter to call (NAME).
SCHEDULE CALLBACK [INTERIM STATUS 400]

Deceased. I am very sorry to hear that (he/she) passed away.
Thank you. Please accept my condolences. Good-bye.
[END INTERVIEW - FINAL STATUS 440 - DECEASED]

Institution. ENTER TYPE OF INSTITUTION

HOSPITAL.....	1 (HomeSoon)	
NURSING HOME.....	2	} → (Capable)
ASSISTED LIVING FACILITY.....	3	
GROUP HOME.....	4	
JAIL OR PRISON.....	5 (Release)	

HomeSoon. Do you expect (NAME) to come home from the hospital within a week or two?

YES, APPOINTMENT MADE 1 (CALL BACK)

SM UNABLE TO RESPOND, NEED PROXY2 (NeedProxy)

Release. (NAME) should have received a letter explaining that we would be calling about a research study that will help young adults become as independent as they can. The study is being sponsored by the Social Security Administration. When do you expect (NAME) to get out of jail?

INTERVIEWER: WILL SM BE OUT OF JAIL DURING THE BASELINE DATA COLLECTION FIELD PERIOD?

IF YES, SCHEDULE CALL BACK FOR ANTICIPATED TIME OF RELEASE.

IF NO, CODE NOT AVAILABLE DURING FIELD PERIOD.

APPOINTMENT MADE

[incarcerated -interim status 421] 1

NOT AVAILABLE DURING FIELD PERIOD

[FINAL STATUS - 430].....2

Capable. (NAME) should have received a letter explaining that we would be calling about a research study that will help young adults become as independent as they can. The study is being sponsored by the Social Security Administration. The questions I will be asking are about (NAME), work and school, and how (he/she) gets along day-to-day.

If I called (NAME) at the group facility, would (he/she) be able to answer questions (himself/herself) or would someone need to answer on (his/her) behalf?

SM COULD RESPOND 1 (Facility)

SM COULD NOT RESPOND, NEED PROXY2 (NeedPRoxy)

Facility. I would like to talk to (NAME) over the telephone about this research study. Where is (NAME) living?

NAME OF PLACE: _____

FacAddress. What is the address?

ADDRESS OF PLACE: _____

FacPhone. What is the phone number?

INTERVIEWER: RECORD PHONE NUMBER ON CONTACT SHEET.

PHONE NUMBER OF PLACE: _____

INTERVIEWER: RECORD BEST TIME TO REACH SM ON CONTACT SHEET.

CALL SM AT NEW NUMBER.....1 (CALL BACK)

NeedProxy. Perhaps there is someone who could answer the questions on behalf of (NAME). Is there a (legal guardian family member or friend) who is knowledgeable about (his/her) school and work experiences and how (he/she) gets along day-to-day?

YES, LEGAL GUARDIAN CAN PROXY..... 1 (ProxyName)

YES, PROXY OTHER THAN LEGAL GUARDIAN.....2 (ProxyName2)

NO PROXY AVAILABLE

[FINAL STATUS - NO PROXY 470].....3

ProxyName. May I please have (your/his/her) legal guardian's name?

LEGAL GUARDIAN'S FIRST AND LAST NAME (GO TO ProxyRel)

ProxyName2. Who is the person who is most knowledgeable about (NAME's) school and work experiences and how (he/she) gets along day-to-day?

May I please have (your/his/her) name?

PROXY'S FIRST AND LAST NAME

ProxyRel. How (are you/is proxy) related to (NAME)?

SPOUSE..... 1

PARTNER 2

SIBLING 3

PARENT 4

NIECE/NEPHEW 5

OTHER RELATIVE..... 6

FRIEND 7

OTHER (SPECIFY) 8

Speaking. **INTERVIEWER: ARE YOU SPEAKING TO PROXY? IS PROXY AVAILABLE?**

SPEAKING TO PROXY..... 1 (ProxyStart)

NOT SPEAKING TO PROXY,
 PROXY NOT AVAILABLE,
 NEED TO GET MORE INFORMATION 2 (ProxyThere)

ProxyStart. I'd like to begin the interview now.

BEGIN BASELINE IN ETO..... 1 (GO TO Q.1)

SCHEDULE CALLBACK 2 (CALL BACK)

ProxyThere. Does (NAME OF PROXY) live at this phone number or do I need to call somewhere else to speak with (him/her)?

PROXY LIVES AT THIS NUMBER -
 SCHEDULE CALLBACK 1 (CALL BACK)

PROXY LIVES ELSEWHERE 2 (ProxyPhone)

ProxyPhone. May I please have (his/her) telephone number?

TELEPHONE NUMBER: _____

ProxyAddr. And (his/her) address?

STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

(GO TO Thanks)

KnowWhere. (NAME) should have recently received a letter explaining that we calling about a research study that will help young adults with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration.

Do you know how we can reach (NAME)?

YES 1 (NewPhone)
YES, NEED CALLBACK..... 2 (CALLBACK)
NO [send to searching - interim status 530] 3

NewPhone. Could you please give me the number where I can reach (him/her)?

INTERVIEWER: RECORD PHONE NUMBER AND ADDRESS ON CONTACT SHEET.

TELEPHONE NUMBER: _____

New Address. May I please have (her/his) address?

STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

Thanks. Thank you very much for your time. (exit case)

PARENT MODULE

PAR1. INTERVIEWER: CODE IF ALREADY KNOWN.

To begin I'd like to ask some questions about you.

How are you related to (NAME)?

BIOLOGICAL/ADOPTIVE MOTHER	1
BIOLOGICAL/ADOPTIVE FATHER	2
FOSTER MOTHER	3
FOSTER FATHER.....	4
STEP MOTHER.....	5
STEP FATHER.....	6
GRANDMOTHER	7
GRANDFATHER	8
AUNT.....	9
UNCLE	10
OTHER RELATIVE (SPECIFY).....	11

NONRELATIVE (SPECIFY)	12

PAR1a. What is your name?

FIRST NAME: _____

LAST NAME: _____

PAR2. Does (NAME) live with you?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

5P. What is (your/NAME's) home address?

INTERVIEWER: IF R REFUSES PROBE FOR ZIP CODE.

PROBE: What street does (he/she) live on? In what town?

ADDRESS: _____

APARTMENT: _____

CITY: _____

STATE: |__|__|

ZIP CODE: |__|__|__|__|__|__|_|

PROGRAMMER: CHECK IF SM HAS AN ELIGIBLE ZIP CODE. IF INELIGIBLE, GO TO 5aP, ELSE GO TO Q.6P.

5aP. I'm sorry (NAME) does not live in an area that is served by the Youth Transition Demonstration. Thank you for your time.

[final status OUT OF AREA - INELIGIBLE]

6P. And, what is (your/NAME's) home telephone number?

(|__|__|__|)-|__|__|__|_|
AREA CODE

NO HOME TELEPHONE NUMBER.....0

DON'T KNOWd

REFUSEDr

45P. The next questions are about where (NAME) lives and who (he/she) lives with.

What type of place does (NAME) live in?

- HOUSE1
- APARTMENT2
- TRAILER3
- PUBLIC HOUSING4
- GROUP HOME5
- NURSING HOME6
- ASSISTED LIVING FACILITY7
- OTHER INSTITUTION (SPECIFY).....8

- OTHER RESIDENTIAL (SPECIFY).....9

- DON'T KNOWd
- REFUSEDr

} (GO TO Q.48P)

44P. Who does (NAME) live with?

INTERVIEWER: BE SURE TO CODE RESPONDENT IF (HE/SHE) LIVES WITH YOUTH.

PROGRAMMER: IF CODE EQUALS 21 ONLY ONE RESPONSE CAN BE ENTERED

PROBE: Does (NAME) live with anyone else?

CODE ALL THAT APPLY

BIOLOGICAL/ADOPTIVE MOTHER	10
STEP/OTHER MOTHER	11
FOSTER MOTHER	12
GRANDMOTHER	13
AUNT	14
SISTER.....	15
BIOLOGICAL/ADOPTIVE FATHER	16
STEP/OTHER FATHER	17
FOSTER FATHER.....	18
GRANDFATHER	19
UNCLE	20
BROTHER.....	21
SPOUSE OR PARTNER	22
LEGAL GUARDIAN	23
SM'S CHILD	24
FOSTER SIBLING	25
COUSIN.....	26
FRIEND	27
ROOMMATE	28
SOMEONE ELSE	29
SM LIVES ALONE.....	30
DON'T KNOW	d
REFUSED	r

44aP. Of the people that (NAME) lives with, who are the head of the household?

PROGRAMMER: DISPLAY ONLY ITEMS CODED IN QUESTION 44P THROUGH CODE 14.

INTERVIEWER: **CODE PARENTS IF ALREADY KNOWN. CODE UP TO TWO RESPONSES.**

- BIOLOGICAL/ADOPTIVE MOTHER 1
- STEP/OTHER MOTHER 2
- FOSTER MOTHER 3
- GRANDMOTHER 4
- AUNT 5
- SISTER 6
- BIOLOGICAL/ADOPTIVE FATHER 7
- STEP/OTHER FATHER 8
- FOSTER FATHER 9
- GRANDFATHER 10
- UNCLE 11
- BROTHER 12
- SPOUSE OR PARTNER 13
- LEGAL GUARDIAN 14
- SM IS HEAD OF HOUSEHOLD 15
- DON'T KNOW d
- REFUSED r

46P. Including (NAME), how many people live with (him/her)?

- |_|_| NUMBER OF PEOPLE
- DON'T KNOW d
- REFUSED r

47P. Do any of the people who live with (NAME) have a disability?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.48P)

47aP. Who has a disability?

CODE ALL THAT APPLY

BIOLOGICAL/ADOPTIVE MOTHER	1
STEP/OTHER MOTHER	2
FOSTER MOTHER	3
GRANDMOTHER	4
AUNT	5
SISTER.....	6
BIOLOGICAL/ADOPTIVE FATHER	7
STEP/OTHER FATHER	8
FOSTER FATHER.....	9
GRANDFATHER	10
UNCLE	11
BROTHER	12
SPOUSE OR PARTNER	13
LEGAL GUARDIAN	14
SM'S CHILD	15
FOSTER SIBLING	16
COUSIN.....	17
FRIEND	18
ROOMMATE	19
SOMEONE ELSE OVER AGE 18 (SPECIFY)	20
<hr/>	
DON'T KNOW	d
REFUSED	r

PROGRAMMER: IF Q.44P EQUALS 1 OR 7 (FATHER OR MOTHER), SET Q.48P EQUAL TO 0 (NOT IN FOSTER CARE), ASK Q.59P.

IF Q.44P EQUALS 2 OR 9 (FOSTER MOTHER OR FOSTER FATHER), SET Q.48P EQUAL TO 1 (IN FOSTER CARE), ASK Q.59P, ELSE ASK Q.48P.

48P. Is (NAME) living in a foster care arrangement?

YES 1
NO 0
DON'T KNOW d
REFUSED r

PROGRAMMER: HOW TO FILL MOTHER AND FATHER FOR QUESTIONS 59P-62P.

IF Q.44aP EQUALS 15 ASK Q.31P (SM LIVES ALONE)

IF Q.45P EQUALS 5, 6, 7 or 8, ASK Q.31P (SM LIVES IN INSTITUTION OR GROUP SETTING)

IF TWO RESPONSES ARE CODED IN Q.44aP, ASK Q.59P AND Q.61P.

FILL LOWEST CODE IN "MOTHER" AND HIGHEST CODE IN "FATHER"

IF ONE RESPONSE IS CODED IN Q.44aP AND CODE IS LESS THAN "7" – THE HEAD OF HOUSEHOLD IS FEMALE -FILL RESPONSE IN "MOTHER" AND ASK Q.59P

IF ONE RESPONSE IS CODED IN Q.44aP AND CODE IS 7 OR HIGHER – THE HEAD OF HOUSEHOLD IS MALE OR UNDETERMINED GENDER - FILL RESPONSE IN "FATHER" AND ASK Q.61P

59P. The next questions are about (NAME's) (MOTHER).

Did (NAME's) (MOTHER) graduate from high school?

YES 1
NO 0
DON'T KNOW d
REFUSED r

} → (GO TO Q.60P)

59aP. Did (NAME's) (MOTHER) graduate from a 2-year or a 4-year college?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

60P. Is (NAME's) (MOTHER) working now at a job for pay?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

60aP. What does (NAME's) (MOTHER) do at her job?

- SPECIFY: _____
- DON'T KNOW d
 - REFUSED r

PROGRAMMER: IF FATHER IS BLANK, GO TO Q.31P

61P. Now I'd like to ask about (NAME's) (FATHER).

Did (NAME's) (FATHER) graduate from high school?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.62P)

61aP. Did (NAME's) (FATHER) graduate from a 2-year or a 4-year college?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

62P. Is (NAME's) (FATHER) working now at a job for pay?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

} → (GO TO Q.31P)

62aP. What does (NAME's) (FATHER) do at her job?

- SPECIFY: _____
- DON'T KNOW d
- REFUSED r

31P. (NAME) is included in this study because (he/she) is receiving SSI benefits. With what physical, sensory, learning or other disabilities or problems has (NAME) been diagnosed?

PROBE: Does (he/she) have any other disabilities or learning problems? (That could include a speech problem.)

INTERVIEWER: DO NOT READ CATEGORIES.

	<u>CODE ALL THAT APPLY</u>
ASTHMA.....	10
ATTENTION DEFICIT DISORDER (ADD) (ADHD).....	11
AUTISM.....	12
BLINDNESS	13
CEREBRAL PALSY.....	14
DEAFNESS	15
DEAFNESS AND BLINDNESS	16
DOWN SYNDROME	17
DYSLEXIA.....	18
EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED).....	19
HARD OF HEARING/HEARING IMPAIRMENT	20
HEALTH IMPAIRMENT (SPECIFY)	21
<hr/>	
LEARNING DISABILITY (LD).....	22
MENTAL RETARDATION (EMR, TMR, SMR, MR)	23
PHYSICAL OR ORTHOPEDIC IMPAIRMENT	24
SPEECH/COMMUNICATION IMPAIRMENT	25
SPINA BIFIDA	26
TRAUMATIC BRAIN INJURY (TBI).....	27
VISUAL IMPAIRMENT/PARTIAL SIGHT	28
DEVELOPMENTAL DELAY	29
OTHER (SPECIFY)	30
<hr/>	
DON'T KNOW	d
REFUSED	r

57P. Is (NAME) now covered by any government-assisted or public health insurance such as Medicare, Medicaid, (IF COLORADO: or Child Health Plan Plus, IF CUNY: Child Health Plus, or Family Health Plus).

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

58P. Is (NAME) now covered by private health insurance from an employer or union, or that (NAME's) family buys directly?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

13P. Next, I would like to ask about special education. Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a school, at home, or at a hospital.

Does (NAME) now receive any special education services or benefits?

PROBE: Do not include gifted or talented programs.

- YES 1 (GO TO Q.63P)
- NO 0
- DON'T KNOW d
- REFUSED r

16P. Did (NAME) ever receive special education services or benefits?

PROBE: Do not include gifted or talented programs.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

63P. Does (NAME) or does anyone in (his/her) household receive assistance from temporary assistance to needy families, TANF, or [COLORADO: Colorado Works; CUNY: Family Assistance]?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

63aP. Does (NAME) or does anyone in (his/her) household receive assistance from food stamps?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

64P. Please tell me which group best describes the total income of all persons in (NAME's) household last year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was (his/her) household income last year . . .

PROBE IF IN FOSTER CARE: Please answer about the foster family (NAME) was with last year.

- Less than \$10,000, 1
- \$10,000 or more, but less than \$25,000, 2
- \$25,000 or more, but less than to \$50,000, 3
- \$50,000 or more, but less than \$75,000, 4
- \$75,000 or more, but less than \$100,000, 5
- Or was it \$100,000 or more? 6
- DON'T KNOW d
- REFUSED r

ASK4CHILD. The next questions are about (NAME), (his/her) schooling, and work experience. They have been worded so that young people with disabilities can answer for themselves. It would be helpful for you to stay nearby in case (NAME) needs help.

Is it possible for me to talk with (him/her) now?

INTERVIEWER: IF YOUTH NOT HOME, SCHEDULE A CALLBACK.

INTERVIEWER: IF YOUTH IS AT A DIFFERENT NUMBER, RECORD NUMBER ON CONTACT SHEET. THANK RESPONDENT AND CALL YOUTH AT NEW NUMBER.

YES, YOUTH COMES TO PHONE1 (GO TO Q.CHILD)

NO, YOUTH UNABLE TO RESPOND0

REFUSED TO GIVE CONSENT2

ASK4CHILD2. Okay. I can ask you these questions. As we go along, if you feel that (NAME) would be able to answer the questions, you can put (him/her) on the phone.

(GO TO Q.1)

CHILD. SCRIPT FOR YOUTH UNDER AGE 18.

Hello. My name is (INTERVIEWER'S NAME). I am calling about a research study that will help youth with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. Your ([mother/father] has given me permission to talk to you) and has already answered a few questions about your family. Now, I would like to tell you about the study and see if you want to be part of it.

All you need to do to be in the study is be interviewed three times. I am calling today for the first interview. The interview questions take about 15 minutes to answer and are about your work and school, and how you get along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you the questions now and when I am done, send a form for you and your parents to sign saying you want to be in the study. When you complete the form and return it, you will get \$10.00. In addition, you will get \$10.00 after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from (PROGRAM NAME AND DESCRIPTION). These services will help you train for or find a job or get ready for adulthood. In addition to the extra services, you will also get to use special rules that will protect (his/her) Social Security benefits while (he/she) is in the study. Because (PROGRAM NAME) does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

Most questions have worded so that young people with disabilities can answer for themselves. If you want, you can ask your (mother/father) to stay nearby in case you need help.

Can we begin?

YES, BEGIN INTERVIEW 1
NOT A GOOD TIME 2 (CALL BACK)
REFUSED 3 (REFUSED)

CUNY TEXT:

Hello. My name is (INTERVIEWER'S NAME). I am calling about a research study that will help youth with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. Your ([mother/father] has given me permission to talk to you) and has already answered a few questions about your family. Now, I would like to tell you about the study and see if you want to be part of it.

To be in the study you will be asked to answer interview questions three times. Today is the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how (he/she) gets along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 MetroCard. In addition, you will get a \$10.00 MetroCard after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from the Youth Transition Demonstration Project. This is a special program at CUNY colleges in the Bronx. The program meets on Saturdays on either the Hostos Community College or Lehman College campus. It includes recreation classes, workshops, job planning, and opportunities for paid summer work. Parents also attend workshops on Saturdays.

In addition to the extra services, you will also get to use special rules that will protect the benefits you get from Social Security while you are in the study. Because the Youth Transition Demonstration program does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that you agree to be a part of the study.

Most questions have worded so that young people with disabilities can answer for themselves. If you want, you can ask your (mother/father) to stay nearby in case you need help.

Can we begin?

COLORADO TEXT:

Hello. My name is (INTERVIEWER'S NAME). I am calling about a research study that will help youth with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. Your ([mother/father] has given me permission to talk to you) and has already answered a few questions about your family. Now, I would like to tell you about the study and see if you want to be part of it.

To be in the study you will be asked to answer interview questions three times. Today is the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how (he/she) gets along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Colorado Youth WINS. These services will help you get services, understand your benefits, explore career choices, and get a job. In addition to the extra services, you will also get to use special rules that will protect the benefits you get from Social Security while you are in the study. Because Colorado Youth WINS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that (NAME) agrees to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Most questions have worded so that young people with disabilities can answer for themselves. If you want, you can ask your (mother/father) to stay nearby in case you need help.

Can we begin?

ERIE TEXT:

Hello. My name is (INTERVIEWER'S NAME). I am calling about a research study that will help youth with disabilities become as independent as they can. The study is being sponsored by the Social Security Administration. Your ([mother/father] has given me permission to talk to you) and has already answered a few questions about your family. Now, I would like to tell you about the study and see if you want to be part of it.

To be in the study you will be asked to answer interview questions three times. Today is the first interview. The interview questions take about 20 minutes to answer and are about you, work and school, and how (he/she) gets along day-to-day. Your participation is voluntary and all answers will be held in strict confidence. If you agree, I will ask you the questions now and when I am done, send you a form saying you want to be in the study. When you complete the form and return it, you will get a \$10.00 Target gift card. In addition, you will get a \$10.00 gift card after every research interview for the study.

The letter also explained that half of the young adults who participate in the research study will be offered extra services from Transition WORKS. These services will help you develop goals and work on plans to meet those goals. Possible goals can include career exploration, education, and social opportunities. Transition WORKS will help you find and keep a job that matches (his/her) interests, abilities and goals. In addition to the extra services, you will also get to use special rules that will protect your Social Security benefits while you are in the study. Transition WORKS will work with you to better understand your SSA benefits. Because Transition WORKS does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

When we are done with the interview, I will mail you a form to sign saying that (NAME) agrees to be a part of the study. We will review that form when we complete the interview, or we can do it first if you prefer.

Most questions have worded so that young people with disabilities can answer for themselves. If you want, you can ask your (mother/father) to stay nearby in case you need help.

Can we begin?

PROGRAMMER: IF NAME IS ON THE DATA FILE, FILL Q.1 WITH NAME AND GO TO Q.2.

1. **IF RESPONDENT IS THE YOUTH:** To begin, I'd like to start with some easy questions. They will be about you. The first question is . . .

IF RESPONDENT IS PROXY: (To begin/Next) I'd like to ask you some questions about (NAME).

What is (your/NAME's) full name?

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

PROGRAMMER: PUT INTRODUCTIONS ON SCREEN IF Q.1 WAS SKIPPED.

2. **IF RESPONDENT IS THE YOUTH:** To begin, I'd like to start with some easy questions. They will be about you. The first question is . . .

(Are you/Is [NAME]) a girl or a boy?

IF RESPONDENT IS PROXY: (To begin/Next) I'd like to ask you some questions about (NAME).

INTERVIEWER: CODE IF ALREADY KNOWN.

Is (NAME) male or female?

GIRL/FEMALE 1

BOY/MALE 2

3. How old (are you/is [NAME])?

|_|_| YEARS OLD

PROGRAMMER: RANGE IS 14 TO 26.

PROGRAMMER: IF AGE EQUALS 26, THEN GO TO Q5a.

PROGRAMMER: PLEASE ADD A CONSISTENCY CHECK ON AGE AND DATE OF BIRTH.

PROGRAMMER: IF DATE OF BIRTH IS ON THE DATA FILE AND AGE AGREES WITH THE AGE CALCULATED FROM DATE OF BIRTH, FILL Q.4 WITH DATE OF BIRTH AND GO TO Q.5.

PROGRAMMER: IF AGE DISAGREES WITH THE AGE CALCULATED FROM DATE OF BIRTH, THEN ASK Q.4.

4. What is (your/NAME's) birthday?

PROBE: When were you born?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

PROGRAMMER: IF Q.5P WAS ANSWERED, GO TO Q.7.

5. What is (your/NAME's) address?

PROBE: Where street do you live on? In what town?

INTERVIEWER: IF R REFUSES, PROBE FOR ZIP CODE.

ADDRESS: _____

APARTMENT: _____

CITY: _____

STATE: |_|_|

ZIP CODE: |_|_|_|_|-|_|_|_|_|

PROGRAMMER: CHECK IF SM HAS AN ELIGIBLE ZIP CODE. IF INELIGIBLE, GO TO Q.5a, OTHERWISE GO TO Q.6.

5a. **IF NOT IN ZIP CODE:** I'm sorry (you do/[NAME] does) not live in an area that is served by the Youth Transition Demonstration. Thank you for your time.

IF AGE 26: I'm sorry the Youth Transition Demonstration can only serve young adults up to age 25. Thank you for your time.

[final status - INELIGIBLE]

6. What is (your/NAME's) home telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

NO HOME TELEPHONE NUMBER0
DON'T KNOWd
REFUSEDr

7. What is (your/NAME's) cell phone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

NO CELL PHONE NUMBER0
DON'T KNOWd
REFUSEDr

8. What is (your/NAME's) email address?

_____@_____

NO EMAIL ADDRESS0
DON'T KNOWd
REFUSEDr

9. These next questions are about school.

(Are you/Is [NAME]) attending or enrolled in school?

PROBE: (Do you/Does [NAME]) go to school?

PROBE: At school they teach (you/him/her) how to do things, like how to read, write, or do math.

PROBE, IF NO: When was the last time (you/he/she) went to school?

PROBE IF SUMMER: Will (you/he/she) be going back to school in the fall?

- YES 1
- NO 0 (GO TO Q.14)
- DON'T KNOW d
- REFUSED r

10. What is the name of (your/NAME's) school?

PROBE: Where (do you/does [NAME]) go to school?

PROGRAMMER: FILL LIST OF SCHOOLS BY COUNTY HAVE AN OTHER SPECIFY OPTION.

- DON'T KNOW d
- REFUSED r

11. What type of school (are you/is [NAME]) attending? Is it a . . .

- Regular high school, 1
 - Special high school for persons with disabilities, 2
 - Post-secondary, vocational, technical, business or trade school, 3
 - 2-year college or community college, 4
 - 4-year college or university, 5
 - Or something else? (SPECIFY) 6 (GO TO Q.12)
 - SPECIAL EDUCATION NOT IN A SCHOOL 7 (GO TO Q.17)
 - HOME SCHOOLED 8
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.15)
- } → (GO TO Q.12)

12. What grade in high school (are you/is [NAME]) attending?

PROBE IF SUMMER: What is the last grade (you/NAME) completed in school?

- 9TH GRADE/FRESHMAN IN HIGH SCHOOL 1
 - 10TH GRADE/SOPHOMORE IN HIGH SCHOOL 2
 - 11TH GRADE/JUNIOR IN HIGH SCHOOL 3
 - 12TH GRADE/SENIOR IN HIGH SCHOOL 4
 - UNGRADED SCHOOL 5
 - HOME SCHOOLED 8
 - OTHER GRADE (SPECIFY) 9
-
- DON'T KNOW d
 - REFUSED r

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, GO TO Q.17.

13. This next question is about special education. Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a school, at home, or at a hospital.

(Are you/Is [NAME]) now receiving any type of special education services or benefits?

PROBE: Do not include gifted or talented programs.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

(GO TO Q.17)

14. What was the highest grade or year of school that (you/NAME) finished?

- 8TH GRADE OR LESS 1
 - 9TH GRADE/FRESHMAN IN HIGH SCHOOL 2
 - 10TH GRADE/SOPHOMORE IN HIGH SCHOOL 3
 - 11TH GRADE/JUNIOR IN HIGH SCHOOL 4
 - 12TH GRADE/SENIOR IN HIGH SCHOOL 5
 - COLLEGE OR TECHNICAL SCHOOL 6
 - UNGRADED SCHOOL 7
 - HOME SCHOOLED 8
 - OTHER GRADE (SPECIFY) 9
-
- DON'T KNOW d
 - REFUSED r

15. (Do you/Does [NAME]) have a high school diploma, a GED, also known as a graduate equivalency degree, a certificate of completion, or do you have none of these?

- HIGH SCHOOL DIPLOMA 1
- GED 2
- CERTIFICATE OF COMPLETION 3
- NONE OF THESE 4
- DON'T KNOW d
- REFUSED r

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, ASK Q.17.

16. This next question is about special education. Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a school, at home, or at a hospital.

Did (you/NAME) ever receive any type of special education services or benefits?

PROBE: Do not include gifted or talented programs.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

17. The next questions are about job training and work experiences (you have/[NAME] has) had during the last year, that is since last (MONTH ONE YEAR AGO).

In the last year, did (you/NAME) receive any training in job skills, vocational education, career counseling, or help in finding a job?

PROBE: (You/NAME) may have received these services through an internship, an apprenticeship, a vocational rehabilitation program, a workforce development center or one-stop career center.

YES 1
NO 0
DON'T KNOW d
REFUSED r

19. Next, please think about work (you have/[he/she] has) done for pay outside the home. Don't include chores that (you get/[NAME] gets) paid to do at home.

(Have you/Has [NAME]) ever worked for pay? This could include being a babysitter or working for a neighbor.

YES 1 (GO TO Q.20)
NO 0
DON'T KNOW d
REFUSED r

18. In the last year, (have you/has [NAME]) done any volunteer work or community service activities?

PROBE: You don't get paid for volunteer work.

PROBE: Please include community service that is part of a school class or other group activity.

YES 1
NO 0
DON'T KNOW d
REFUSED r

(GO TO Q.23)

20. (Have you/Has [NAME]) worked for pay in the last year or so?

PROBE: When was the last time (you/he/she) worked for pay?

YES	1	
NO	0	} → (GO TO Q.23)
DON'T KNOW	d	
REFUSED	r	

21. [Have you/Has NAME] worked for pay in the last month or so?

PROBE: When was the last time (you/he/she) worked for pay?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

22. PROGRAMMER: IF SM HAS NOT WORKED IN THE LAST MONTH (Q.21 = 0), ASK:

What did (you/NAME) do at (your/his/her) last job?

PROGRAMMER: IF SM HAS WORKED IN THE LAST MONTH (Q.21 = 1), ASK:

What (do you/does [NAME]) do at (your/his/her) job?

ASSEMBLY WORK, SORTING, STUFFING.....	1
ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER	2
CAMP COUNSELOR	3
CASHIER.....	4
CHILD CARE, INCLUDING BABYSITTING	5
CLEANING – E.G., JANITOR, MAID.....	6
CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST	7
COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT	8
DELIVERY – E.G., FOOD, NEWSPAPERS.....	9
FARM LABORER – ANIMALS AND FIELDS	10
FINANCIAL SERVICES-BANK TELLER	11
FOOD SERVICE – BUSBOY, WAITER, COOK.....	12
GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING	13
GAS STATION ATTENDANT.....	14
HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE	15
MARKETING ADVERTISING.....	16
MECHANIC (AUTO REPAIR).....	17
RETAIL SALES	18
SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN.....	19
SORTING, STUFFING	20
SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT	21
STOCK CLERKS – GROCERY, DRUG STORE.....	22
USHER – MOVIE THEATER.....	23
OTHER (SPECIFY)	24
<hr/>	
DON’T KNOW	d
REFUSED	r

23. The next questions are about computers.

(Do you/Does [NAME]) use a computer or the internet?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.27)

24. On average, how often (do you/does [NAME]) use a computer or the internet? Would you say that (you/NAME) use a computer or the internet almost every day, at least once a week, at least once a month, or less often than that?

PROBE: When was the last time (you/NAME) used a computer. And when was the time before that?

- ONCE A DAY 1
- AT LEAST ONCE A WEEK 2
- AT LEAST ONCE A MONTH..... 3
- LESS THAN ONCE A MONTH..... 4
- DON'T KNOW d
- REFUSED r

THERE ARE NO QUESTIONS 25 OR 26 IN THIS VERSION

PROGRAMMER: IF RESPONDENT IS NOT YOUTH, GO TO Q.30.
QUESTIONS 27-29a ARE ASKED DIRECTLY OF THE YOUTH.

27. The next questions are about your plans and goals for the next 5 years. For each one please tell me which statement is what you will most likely do in the next 5 years.

First, I'd like you to think about where you will be living. In the next 5 years, do you plan to be living with your parents or guardians, do you plan to be living on your own with help from a counselor or aide, or do you plan to be living on your own without help?

- WITH PARENTS OR GUARDIANS..... 1
- ON OWN WITH HELP 2
- ON OWN WITHOUT HELP 3
- DON'T KNOW d
- REFUSED r

28. Next, I'd like you to think about your plans for school. In the next 5 years, do you plan to graduate from high school, do plan to attend college or a technical school, or do you have no plans for school.

- GRADUATE FROM HIGH SCHOOL..... 1
- ATTEND COLLEGE OR A TECHNICAL SCHOOL.....2
- HAVE NO PLANS FOR SCHOOL.....3
- DON'T KNOWd
- REFUSEDr

29. Next, I'd like to you to think about your plans for getting a job. In the next five years, do you plan to work part-time for pay, do you plan to work full-time for pay, or do you have no plans for getting a job?

- WORK FULL-TIME FOR PAY 1
- WORK PART-TIME FOR PAY2
- NOT PLANS FOR GETTING A JOB3
- DON'T KNOWd
- REFUSEDr

30. Now, I would like to ask you about (your/NAME's) health.

In general, would you say that (your/NAME's) health is . . .

- Excellent, 1
- Very good,2
- Good,3
- Fair, or4
- Poor?5
- DON'T KNOWd
- REFUSEDr

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, ASK Q.32.

31. You are included in this study because you are receiving SSI benefits. With what physical, sensory, learning or other disabilities or problems (have you/has [NAME]) been diagnosed?

PROBE: (Do you/Does [NAME]) have any other disabilities or learning problems? (That could include a speech problem.)

PROBE: Why (do you/does [NAME]) get SSI? Why (do you/does [NAME]) go to a special school?

INTERVIEWER: DO NOT READ CATEGORIES.

CODE ALL THAT APPLY

ASTHMA.....	1
ATTENTION DEFICIT DISORDER (ADD) (ADHD).....	2
AUTISM	3
BLINDNESS	4
CEREBRAL PALSY.....	5
DEAFNESS	6
DEAFNESS AND BLINDNESS	7
DOWN SYNDROME	8
DYSLEXIA.....	9
EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED).....	10
HARD OF HEARING/HEARING IMPAIRMENT	11
HEALTH IMPAIRMENT (SPECIFY).....	12
<hr/>	
LEARNING DISABILITY (LD).....	13
MENTAL RETARDATION (EMR, TMR, SMR, MR)	14
PHYSICAL OR ORTHOPEDIC IMPAIRMENT	15
SPEECH /COMMUNICATION IMPAIRMENT	16
SPINA BIFIDA	17
TRAUMATIC BRAIN INJURY (TBI).....	18
VISUAL IMPAIRMENT/PARTIAL SIGHT	19
DEVELOPMENTAL DELAY	20
OTHER (SPECIFY)	21
<hr/>	
DON'T KNOW	d
REFUSED	r

32. (Do you/Does [NAME]) use a wheelchair, scooter, walker, crutches or cane to move around?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

34. Some people use things to help them read, hear or speak, such as large print or Braille, a screen reader, hearing aid, American sign language or ASL, TTY or TTD, or speech recognition software.

(Do you/Does [NAME]) use anything like this?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.36)

35. What (do you/does [NAME]) use?

- LARGE PRINT OR BRAILLE 1
 - SCREEN READER 2
 - ADAPTED COMPUTER KEYBOARD 3
 - HEARING AID OR HEARING DEVICE 4
 - AMERICAN SIGN LANGUAGE (ASL) 5
 - TTD/TTY 6
 - SPEECH RECOGNITION SOFTWARE 7
 - OTHER (SPECIFY) 8
-
- DON'T KNOW d
 - REFUSED r

36. (Do you/Does [NAME]) need the help of other persons with personal care needs such as eating, bathing, dressing, or getting around inside the home?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.38)

37. (Do you/Does [NAME]) need the help or supervision of other persons with . . .

	YES	NO
a. Bathing or showering?	1	0
b. Dressing?	1	0
c. Eating?	1	0
d. Getting in or out of bed or chairs?	1	0
e. Walking?	1	0
f. Getting outside?	1	0
g. Using the toilet, including getting to the toilet?	1	0
h. Getting around inside the home?	1	0

33. A personal care attendant is someone people hire to help them in daily tasks such as bathing, dressing, and eating that they cannot do because of a disability or health condition.

(Do you/Does [NAME]) receive any services from a personal care attendant, other than a family member or friend?

PROBE: This does not include personal care assistance that (you receive/[NAME] receives) from staff at school as a part of the cost of attending that school.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

38. For the next set of activities, please tell me how often (you/NAME) (do/does) the activity by (yourself/himself/herself).

The first (next) activity is (ACTIVITY). (Do you/Does [NAME]) do it by (yourself/himself/herself) most of the time, some of the time, or none of the time.

IF NONE OF THE TIME: Could (you/NAME) ACTIVITY by yourself it if (you/he/she) had the chance?

	MOST	SOME	NONE	IF NONE, ASK: Could you ACTIVITY if you had the chance?	
				YES	NO
a. Deciding how to spend (your/his/her) money				1	0
b. Picking clothes to wear	1	2	3	1	0
c. Making snacks or sandwiches	1	2	3	1	0
d. Riding public transportation alone.....	1	2	3	1	0
e. Deciding how to spend (your/his/her) free time	1	2	3	1	0

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, ASK Q.49.

40. The next questions are about where you live and who you live with.

(Do you/Does [NAME]) live alone or do you live with other people?

LIVE ALONE..... 1 (GO TO Q.49)

LIVE WITH OTHER PEOPLE.....0

41. (Do you/Does [NAME]) live in a house or apartment with (your/his/her) family (or foster family)?

YES 1

NO0

42. (Do you/Does [NAME]) live in a group home or other residential family with other people with disabilities and someone whose job it is to help (you/him/her)?

YES 1 (GO TO Q.48)

NO 0

43. Where (do you/does [NAME]) live?

HOUSE OR APARTMENT WITH FRIENDS 1

HOUSE OR APARTMENT WITH ROOM MATES 2

NURSING HOME 3

ASSISTED LIVING FACILITY 4

OTHER INSTITUTIONAL SETTING (SPECIFY)..... 5

} → (GO TO Q.48)

OTHER RESIDENTIAL SETTING (SPECIFY) 6

DON'T KNOW d

REFUSED r

44. Who (do you/does [NAME]) live with?

PROBE: (Do you/Does [NAME]) live with anyone else?

CODE ALL THAT APPLY

BIOLOGICAL/ADOPTIVE MOTHER	10
STEP/OTHER MOTHER	11
FOSTER MOTHER	12
GRANDMOTHER	13
AUNT	14
SISTER.....	15
BIOLOGICAL/ADOPTIVE FATHER	16
STEP/OTHER FATHER	17
FOSTER FATHER.....	18
GRANDFATHER	19
UNCLE	20
BROTHER.....	21
SPOUSE OR PARTNER	22
LEGAL GUARDIAN	23
SM'S CHILD	24
FOSTER SIBLING.....	25
COUSIN.....	26
FRIEND	27
ROOMMATE	28
SOMEONE ELSE	29
DON'T KNOW	d
REFUSED	r

THERE IS NO QUESTION 45 IN THIS VERSION

46. Including (yourself/NAME), how many people live with (you/him/her)?

|__|__| NUMBER OF PEOPLE

DON'T KNOWd

REFUSEDr

47. Do any of the people who live with (you/him/her) have a disability?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → (GO TO Q.48)

47a. Who has a disability?

CODE ALL THAT APPLY

- BIOLOGICAL/ADOPTIVE MOTHER 1
 - STEP/OTHER MOTHER 2
 - FOSTER MOTHER 3
 - GRANDMOTHER 4
 - AUNT 5
 - SISTER 6
 - BIOLOGICAL/ADOPTIVE FATHER 7
 - STEP/OTHER FATHER 8
 - FOSTER FATHER 9
 - GRANDFATHER 10
 - UNCLE 11
 - BROTHER 12
 - SPOUSE OR PARTNER 13
 - LEGAL GUARDIAN 14
 - SM'S CHILD 15
 - FOSTER SIBLING 16
 - COUSIN 17
 - FRIEND 18
 - ROOMMATE 19
 - SOMEONE ELSE (SPECIFY) 20
-

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, ASK Q.49.

PROGRAMMER: IF Q.44 EQUALS 1 OR 7 (FATHER OR MOTHER), SET Q.48 EQUAL TO 0 (NOT IN FOSTER CARE), ASK Q.49.

IF Q.44 EQUALS 3 OR 9 (FOSTER MOTHER OR FOSTER FATHER), SET Q.48 EQUAL TO 1 (IN FOSTER CARE), ASK Q.49, ELSE ASK Q.48.

48. (Are you/Is [NAME]) in foster care?

YES 1
NO 0
DON'T KNOW d
REFUSED r

PROGRAMMER: IF Q.44 or Q.44P EQUALS 24 (CHILD), SET Q.49 EQUAL TO (YES – YOUTH HAS CHILDREN), ASK Q.50.

49. (Do you/Does [NAME]) have any children?

YES 1
NO 0
DON'T KNOW d } → (GO TO Q.52)
REFUSED r }

50. (You mentioned earlier that you live with your son/daughter).
How many children [do you/does NAME] have?

|_|_| NUMBER OF PEOPLE

51. How old is (your/NAME's) (youngest) child?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

|_|_| YEARS

52. (Are you/Is [NAME]) currently married?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

53. (Do you/Does [NAME]) consider yourself to be of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

54. I'm going to read a list of race categories, please choose one or more races that best describes (your/NAME's) race? (Are you/Is [NAME]) . . .

INTERVIEWER: IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE YOUTH REPRESENTS AND CODE EACH.

PROBE: (Are you/Is [NAME]) white Hispanic or black Hispanic?

CODE ALL THAT APPLY

- American Indian or Alaska Native 1
 - Asian..... 2
 - Black or African American 3
 - Native Hawaiian or Other Pacific Islander 4
 - White 5
 - OTHER (SPECIFY) 6
-
- DON'T KNOW d
 - REFUSED r

55. What language (do you/does [NAME]) usually speak at home?

- ENGLISH..... 1
- SPANISH..... 2
- OTHER LANGUAGE (SPECIFY) 3

- DON'T KNOW d
- REFUSED r

PROGRAMMER: IF PARENT MODULE WAS ANSWERED, ASK Q.65.

57. The next questions are about (your/NAME's) parents and (your/his/her) household. You may need someone's help to answer these questions.

First, I'd like to ask you about health insurance. Health insurance helps pay for medical expenses, like when you go to the doctor.

(Are you/Is [NAME]) now covered by any government-assisted or public health insurance such as Medicare, Medicaid, (IF COLORADO: or Child Health Plan Plus, IF CUNY: Child Health Plus, or Family Health Plus).

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

58. (Are you/Is [NAME]) now covered by private health insurance from an employer or union, or that (your/his/her) family buys directly?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

PROGRAMMER: IF YOUTH LIVES IN AN INSTITUTIONAL SETTING, ASK Q.65.
(Q.42 EQUALS 1 OR Q.43 EQUALS 3, 4 OR 5)

PROGRAMMER: IF YOUTH LIVES ALONE, ASK Q.65 (Q.40 EQUALS 1).

PROGRAMMER: HOW TO FILL MOTHER AND FATHER FOR QUESTIONS 59-62

FIRST TEST: IF Q.44 EQUALS 1 (MOTHER) - FILL CODE IN 'MOTHER'
IF Q.44 EQUALS 2 (STEP/OTHER MOTHER) AND MOTHER IS BLANK –
FILL CODE IN 'MOTHER' ELSE FILL CODE IN FATHER
IF Q.44 EQUALS 7 (FATHER) - FILL CODE IN 'FATHER'
IF Q.44 EQUALS 8 (STE/OTHER FATHER) AND FATHER IS BLANK –
FILL CODE IN 'FATHER' ELSE FILL CODE IN MOTHER
IF MOTHER NOT BLANK, ASK Q.59
IF FATHER NOT BLANK, ASK Q.61, ELSE GO TO SECOND TEST

SECOND TEST: IF Q.44 EQUALS 3 (FOSTER MOTHER) - FILL CODE IN 'MOTHER'
IF Q.44 EQUALS 9 (FOSTER FATHER) - FILL CODE IN 'FATHER'
IF MOTHER NOT BLANK, ASK Q.59
IF FATHER NOT BLANK, ASK Q.61, ELSE GO TO THIRD TEST

THIRD TEST: IF Q.44 EQUALS 4 (GRANDMOTHER) - FILL CODE IN 'MOTHER'
IF Q.44 EQUALS 10 (GRANDFATHER) - FILL CODE IN 'FATHER'
IF MOTHER NOT BLANK, ASK Q.59
IF FATHER NOT BLANK, ASK Q.61, ELSE GO TO FOURTH TEST

FOURTH TEST: IF Q.44 EQUALS 5 (AUNT) - FILL CODE IN 'MOTHER'
IF Q.44 EQUALS 11 (UNCLE) - FILL CODE IN 'FATHER'
IF MOTHER NOT BLANK, ASK Q.59
IF FATHER NOT BLANK ASK Q.61, ELSE GO TO FIFTH TEST

FIFTH TEST: IF Q.44 EQUALS 14 (LEGAL GUARDIAN) - FILL CODE IN 'MOTHER'
IF MOTHER NOT BLANK, ASK Q.59, ELSE GO TO SIXTH TEST

SIXTH TEST: IF Q.44 EQUALS 15 (SPOUSE OR PARTNER) - FILL CODE IN 'MOTHER'
IF MOTHER NOT BLANK, ASK Q.59, ELSE GO TO Q.63

59. The next questions are about (your/NAME's) (MOTHER).

Did (your/NAME's) (MOTHER) graduate from high school?

- YES1
 - NO0
 - DON'T KNOWd
 - REFUSEDr
- } → (GO TO Q.60)

PROGRAMMER: IF RESPONDENT IS YOUTH, GO TO Q.60

59a. Did (NAME's) (MOTHER) graduate from a 2-year or a 4-year college?

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

60. Is (your/NAME's) (MOTHER) working now at a job for pay?

- YES1
 - NO0
 - DON'T KNOWd
 - REFUSEDr
- } → (GO TO Q.61)

60a. What does (NAME's) (MOTHER) do at her job?

- SPECIFY: _____
- DON'T KNOWd
 - REFUSEDr

PROGRAMMER: IF FATHER IS BLANK, GO TO Q.63

61. Now I'd like to ask about (NAME's) (FATHER).

Did (your/NAME's) (FATHER) graduate from high school?

YES	1	
NO	0	} → (GO TO Q.62)
DON'T KNOW	d	
REFUSED	r	

PROGRAMMER: IF RESPONDENT IS YOUTH, GO TO Q.62

61a. Did (your/NAME's) (FATHER) graduate from a 2-year or a 4-year college?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

62. Is (your/NAME's) (FATHER) working now at a job for pay?

YES	1	
NO	0	} → (GO TO Q.63)
DON'T KNOW	d	
REFUSED	r	

62a. What does (NAME's) (FATHER) do at her job?

SPECIFY: _____

DON'T KNOW	D
REFUSED	R

63. (Do you/Does [NAME]) or does anyone in (your/his/her) household receive assistance from temporary assistance to needy families, TANF, or [COLORADO: Colorado Works; CUNY: Family Assistance]?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

63a. (Do you/Does [NAME]) or does anyone in (your/his/her) household receive assistance from food stamps?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

64. Please tell me which group best describes the total income of all persons in (your/NAME's) household last year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was (your/his/her) household income last year . . .

PROBE IF IN FOSTER CARE: Please answer about the foster family (NAME) was with last year.

- Less than \$10,000, 1
- \$10,000 or more, but less than \$25,000, 2
- \$25,000 or more, but less than to \$50,000, 3
- \$50,000 or more, but less than \$75,000, 4
- \$75,000 or more, but less than \$100,000, 5
- Or was it \$100,000 or more? 6
- DON'T KNOW d
- REFUSED r

65. You may need someone's help to answer these questions.

As part of the research study it is important that we don't lose touch with (you/NAME). (Your/His/Her) (parents/foster parents/legal guardians) are people who can help us contact (you/NAME) in the future.

INTERVIEWER: PLEASE CODE WHO WE NEED CONTACT INFORMATION FOR, IF UNCERTAIN ASK RESPONDENT.

- ONLY MOTHER 1
- ONLY FATHER 2 (GO TO Q.69)
- MOTHER AND FATHER 3
- FOSTER PARENT 4 (GO TO Q.76)
- LEGAL GUARDIAN 5 (GO TO Q.73)

66. What is (your/his/her) mother's name?

FIRST NAME: _____

LAST NAME: _____

PROGRAMMER: IF Q.44 EQUALS 1 (LIVES WITH MOTHER), FILL INFORMATION FROM Q.5P OR Q.5 IN Q.67 AND ASK Q.68.

67. What is her address?

ADDRESS _____

APARTMENT: _____

CITY: _____

STATE: _____

ZIP CODE: _____

68. What is her telephone number?

(____)____-____-____
AREA CODE

PROGRAMMER: IF Q.65 EQUALS 3 (BOTH MOTHER AND FATHER), GO TO Q.69,
ELSE GO TO Q.79.

69. What is (your/his/her) father's name?

FIRST NAME: _____

LAST NAME: _____

PROGRAMMER: IF Q.44 EQUALS 1 AND 7 (LIVES WITH MOTHER AND FATHER),
ASK Q.79. IF Q.65 EQUALS 2 (ONLY FATHER), ASK Q.71.

70. (Do you/Does [NAME's]) mother and father live together?

YES 1 (GO TO Q.79)

NO 0

PROGRAMMER: IF Q.44 or Q.44P EQUALS 2 (LIVES WITH FATHER), FILL
INFORMATION FROM Q.5P OR Q.5 IN Q.71 AND ASK Q.72.

71. What is (your/his/her) father's address?

ADDRESS _____

APARTMENT: _____

CITY: _____

STATE: _____

ZIP CODE: _____

72. What is (your/his/her) father's telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|
AREA CODE

(GO TO Q.79)

73. What is (your/his/her) legal guardian's name?

FIRST NAME: _____

LAST NAME: _____

74. What is (your/his/her) legal guardian's address?

ADDRESS _____
APARTMENT: _____
CITY: _____
STATE: _____
ZIP CODE: _____

75. What is (your/his/her) legal guardian's telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

(GO TO Q.79)

PROGRAMMER: IF Q.44P OR Q.44 EQUALS 3 (FOSTER MOTHER) ASK Q.76,
ELSE ASK Q.77.

76. What is (your/NAME's) foster mother's name?

FOSTER MOTHER
FIRST NAME: _____

FOSTER MOTHER
LAST NAME: _____

PROGRAMMER: IF Q.44P OR Q.44 EQUALS 9 (FOSTER FATHER), ASK Q.77,
ELSE ASK Q.78.

77. What is (your/NAME's) foster father's name?

FOSTER FATHER
FIRST NAME: _____

FOSTER FATHER
LAST NAME: _____

78. What is (their/his/her) telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

79. Can you please tell me the name of a friend or relative who does not live with (you/NAME) and would know how to reach (you/him/her) if (you move/[NAME] moves) or (change your/changes [his/her]) telephone number?

What is his or her name?

FIRST NAME: _____

LAST NAME: _____

80. What is his or her address?

ADDRESS _____

APARTMENT: _____

CITY: _____

STATE: _____

ZIP CODE: _____

81. What is his or her telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|
AREA CODE

82. How is this person related to (you/NAME)?

- SISTER..... 1
- BROTHER..... 2
- GRAND MOTHER..... 3
- GRANDFATHER..... 4
- AUNT..... 5
- UNCLE..... 6
- COUSIN..... 7
- FRIEND..... 8
- OTHER RELATIVE..... 9

83. Can you please tell me the name of a another friend or relative who does not live with (you/NAME) and would know how to reach (you/him/her) if (you move/[NAME] moves) or (change your/changes [his/her]) telephone number?

What is his or her name?

FIRST NAME: _____

LAST NAME: _____

84. What is his or her address?

ADDRESS _____

APARTMENT: _____

CITY: _____

STATE: _____

ZIP CODE: _____

85. What is his or her telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|
AREA CODE

86. How is this person related to (you/NAME)?

- SISTER..... 1
- BROTHER..... 2
- GRAND MOTHER..... 3
- GRANDFATHER..... 4
- AUNT..... 5
- UNCLE..... 6
- COUSIN..... 7
- FRIEND..... 8
- OTHER RELATIVE..... 9

87. INTERVIEWER: DID SOMEONE HELP YOUTH ANSWER ANY OF THE QUESTIONS?

- YES1
 - PROXY ANSWERED ALL QUESTIONS.....2
 - NO0
- } → (GO TO Q.D1)

88. HOW DID THAT PERSON HELP YOUTH?

CODE ALL THAT APPLY

- TRANSLATED INTO ANOTHER LANGUAGE.....1
 - USED ASL.....2
 - PROVIDED ANSWERS TO A FEW QUESTIONS3
 - PROVIDED ANSWERS TO MANY QUESTIONS4
 - OTHER (SPECIFY)5
-

SCRIPTS FOR WRITTEN CONSENT

D1. INTERVIEWER: IS THE BASELINE COMPLETE?

- YES, NEED TO SEND CONSENT PACKAGE1 (GO TO Q.D4)
- NO, SM IS INELIGIBLE2 (GO TO Q.D3)
- NO, CALLBACK NEEDED3 (GO TO Q.D2)
- NO, REFUSED TO CONTINUE
[NEW FINAL STATUS – SCREENER COMPLETE,
BASELINE REFUSAL]4

D2. INTERVIEWER: SCHEDULE A CALLBACK AND RECORD ON CONTACT SHEET.

[NEW INTERIM STATUS NEEDED – SCREENER COMPLETE, BASELINE PARTIAL]

D3. Thank you for helping with this study. Unfortunately (you do/[NAME] does) not meet some of the eligibility requirements. Thank you for you helping with this important study.

[FINAL STATUS INELIGIBLE - DOESN'T MEET SURVEY CRITERIA - 460]

D4. Thank you for completing the interview. To continue to be in the research study, we will (need you/or your parent or guardian) to sign a consent form. This is like a permission slip.

D4a. PROGRAMMER: WE WILL HAVE SPECIFIC TEXT FOR EACH SITE. THIS IS THE GENERIC VERSION.

By signing the form, you are saying that you understand the study and want to continue to be part of it. Let me review the important points about the study one more time before I send the form:

If you agree to be in the study, four things will happen:

1. The researchers at Mathematica will give (you/NAME) a chance to get services support from (PROGRAM NAME). These services may help you train for or find a job or get ready for adulthood. In addition to the extra services, (you/SM's [NAME]) will also get to use special rules that will protect (you/his/her) Social Security benefits while (you are/[he/she] is) in the study. Because (PROGRAM NAME) does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.
2. Mathematica will ask (you/NAME) to answer questions two more times—one year from now, and three years from now. You can answer those questions by telephone or in-person. Even if (you agree/[NAME] agrees) to be in the study today, (you/NAME) do not have to answer questions in the future.
3. Mathematica will send (you/NAME) a \$10.00 gift card to say “thank you” for answering questions. This money will not affect (your/his/her) Social Security benefit.
4. The researchers will look at records from Social Security or other agencies such as _____
_____. They may look at records until (DATE).

I will be sending out a package of information within the next day or two that provides more information about the research study.

The package will also contain forms that (your/[NAME's] parent or legal guardian) and (you/NAME) must sign and return to us.

The form will give more information about the research study. There will be a place for you to mark whether (you/SM's [NAME] want(s)) to participate or not. Please mark one of these boxes, sign the form, and return it to us in the envelope that will be included in the package.

Once we receive the form, we will send you a \$10 gift card as a token of our appreciation. You do not have to participate in the research study to receive the gift card. If you do not return the form, (you/SM's [NAME]) will not have a chance to be selected for participation in (PROGRAM NAME) and you will not receive the gift card.

If you have any questions, you can call us toll-free at 800 298-3383.

COLORADO SCRIPT:

Thank you for completing the interview. To continue to be in the research study, we will need you/or your parent or guardian to sign a consent form. This is like a permission slip. By signing the form, you are saying that you understand the study and want to continue to be part of it. Let me review the important points about the study one more time before I send the form. If you agree to be in the study, four things will happen:

1. The researchers at MPR will give (you/NAME) a chance to get support from Colorado Youth WINS. The support will be from a team of three people who will help (you/NAME) get services, understand (your/his/her) benefits, explore career choices, and get ready to get a job. If (you are/[NAME] is) selected, (you/he/she) will also be able to use special rules that are just for youth in the study. These special rules will protect the benefits (you get/[NAME] gets) from Social Security. MPR will select youth at random to see who gets the extra support. Selecting at random is like a lottery or tossing a coin. It is a fair way to make sure that everyone who wants to get the extra support has a fair chance of getting it.
2. Mathematica will ask (you/NAME) to answer questions two more times—one year from now, and three years from now. You can answer those questions by telephone or in-person. Even if (you agree/[NAME] agrees) to be in the study today, (you/NAME) do not have to answer questions in the future.
3. Mathematica will send (you/NAME) a \$10.00 gift card to say “thank you” for answering questions. This money will not affect the benefits (you get/[NAME] gets) from Social Security.
4. The researchers will look at records from Social Security or other agencies such as the Division of Vocational Rehabilitation (DVR), Unemployment Insurance Wage Records, Colorado Temporary Assistance to Needy Families (TANF), Colorado Food Stamps, Colorado Workforce Database (Job Link), Local Community Center Board (CCB), or Colorado Department of Environment and Health. They may look at records until DATE.

I will be sending out a package of information within the next day or two that provides more information about the research study. The package will also contain forms that (your/[NAME's] parent or legal guardian) and (you/NAME) must sign and return to us.

The form will give more information about the research study. There will be a place for you to mark whether (you want/[NAME] wants) to participate or not. Please mark one of these boxes, sign the form, and return it to us in the envelope that will be included in the package.

Once we receive the form, we will send you a \$10 gift card as a token of our appreciation. You do not have to participate in the research study to receive the gift card. If you do not return the form (you/NAME) will not have a chance to be selected for participation in Colorado Youth WINS and you will not receive the gift card.

If I have any questions about this study, you can call Karen CyBulski at MPR. Her number is 609-936-2797 or 800-951-7357.

Thank you again for participating in the study

CUNY SCRIPT:

Thank you for completing the interview. To continue to be in the research study, we will need (you/NAME) and (your/his/her) parent or guardian to sign a consent form. This is like a permission slip. By signing the form, you are saying that you understand the study and want to continue to be part of it. Let me review the important points about the study one more time before I send the form. If you agree to be in the study, five things will happen:

1. The researchers at MPR will give (you/NAME) a chance to get support from CUNY's Youth Transition Demonstration Project. This 20-month program includes:
 - Saturday activities at one of the CUNY colleges in the Bronx, including recreation classes and job classes for (you/NAME), and information and support classes for (your/his/her) parents.
 - Person-Centered Planning Meetings for (you/NAME) and (your/his/her) family.
 - Benefits Counseling for (you/NAME) and (your/his/her) parents.
 - Summer and After School Job opportunities.
 - Referrals to other programs and agencies that may help (you/NAME).

In addition to the extra services, (you/NAME) will also get to use special rules that will protect (you/his/her) Social Security benefits while (you are/[he/she] is) in the study. Because [program name] does not have space for everyone who might want to participate, we will randomly select who gets to participate and who does not. Randomly selecting is like a lottery or tossing a coin. It is a fair way to decide who gets services and who does not.

2. Mathematica will ask (you/NAME) to answer questions two more times—one year from now, and three years from now. You can answer those questions by telephone or in-person. Even if (you agree/[NAME] agrees) to be in the study today, (you/NAME) do not have to answer questions in the future.
3. Mathematica will send (you/NAME) a \$10.00 MetroCard card to say “thank you” for answering questions. This money will not affect the benefits (you get/[NAME] gets) from Social Security.
4. If I am selected to participate in CUNY's Youth Transition Demonstration Project, from time to time staff will ask me or my parents questions about my experience or observe me or my parents to evaluate the program.
5. The researchers will look at records they get from Social Security and other places such as my school, Unemployment Insurance, Food Stamps, and TANF. They may look at records through 2010.

I will be sending out a package of information within the next day or two that provides more information about the research study. The package will also contain forms that (your/[NAME's] parent or legal guardian) and (you/NAME) must sign and return to us.

The form will give more information about the research study. There will be a place for you to mark whether (you want/[NAME] wants) to participate or not. Please mark one of these boxes, sign the form, and return it to us in the envelope that will be included in the package.

Once we receive the form, we will send you a \$10 MetroCard card as a token of our appreciation. You do not have to participate in the research study to receive the gift card. If you do not return the form (you/NAME) will not have a chance to be selected for participation in CUNY's Youth Transition Demonstration Project and you will not receive the gift card.

If I have any questions about this study, you can call Karen CyBulski at MPR. Her number is 609-936-2797 or 800-951-7357.

Thank you again for participating in the study

ERIE SCRIPT:

Thank you for completing the interview. To continue to be in the research study, we will need you/or your parent or guardian to sign a consent form. This is like a permission slip. By signing the form, you are saying that you understand the study and want to continue to be part of it. Let me review the important points about the study one more time before I send the form. If you agree to be in the study, four things will happen:

1. The researchers at MPR will offer (you/NAME) extra services from Transition WORKS. These services will help (you/NAME) develop goals and work on plans to meet those goals. You will also work with Neighborhood Legal Services and Parent Network Center to better understand (your/NAME's) benefits from Social Security. MPR will select youth at random to see who gets the extra support. Selecting at random is like a lottery or tossing a coin. It is a fair way to make sure that everyone who wants to get the extra support has a fair chance of getting it.
2. Mathematica will ask (you/NAME) to answer questions two more times—one year from now, and three years from now. You can answer those questions by telephone or in-person. Even if (you agree/[NAME] agrees) to be in the study today, (you/NAME) do not have to answer questions in the future.
3. Mathematica will send (you/NAME) a \$10.00 Target gift card to say “thank you” for answering questions. This money will not affect the benefits (you get/[NAME] gets) from Social Security.
4. The researchers will look at records from Social Security or other agencies such as the Erie 1 Board of Cooperative Education Services(BOCES). They may look at records until (DATE).

I will be sending out a package of information within the next day or two that provides more information about the research study. The package will also contain forms that (your/[NAME's] parent or legal guardian) and (you/NAME) must sign and return to us.

The form will give more information about the research study. There will be a place for you to mark whether (you want/[NAME] wants) to participate or not. Please mark one of these boxes, sign the form, and return it to us in the envelope that will be included in the package.

Once we receive the form, we will send you a \$10 Target gift card as a token of our appreciation. You do not have to participate in the research study to receive the gift card. If you do not return the form (you/NAME) will not have a chance to be selected for participation in Transition WORKS and you will not receive the gift card.

If I have any questions about this study, you can call Karen CyBulski at MPR. Her number is 609-936-2797 or 800-951-7357.

Thank you again for participating in the study

D5. Lastly, I would like to confirm the address to send the packet:

PROGRAMMER: USE ADDRESS FROM Q.5 (Q.5P).

INTERVIEWER: CONFIRM INFORMATION AND MAKE CORRECTIONS IF NEEDED.

NAME: _____

STREET ADDRESS _____

CITY: _____

STATE: _____

ZIP CODE: _____

D6. **INTERVIEWER: SHOULD THE CONSENT FORM BE SENT IN ENGLISH OR SPANISH?**

ENGLISH..... 1

SPANISH..... 2

D7. Thank you again for participating in the study.

[interim status - baseline complete, send consent]

SCRIPTS FOR FOLLOWING UP ON WRITTEN CONSENT

F1. Hello, my name is (INTERVIEWER’S NAME). May I please speak to (PERSON WHO COMPLETED BASELINE)?

- YES, PERSON COMES TO PHONE 1 (GO TO Q.F2)
- YES, BUT NEED TO CALL BACK 2 (CALL BACK)
- REFUSED r (REFUSAL)

F2. I am calling on behalf of the Social Security Administration about a research study that will help youth with disabilities become as independent as they can. You recently completed an interview and we sent you a packet of information about the study. The packet also contained a form for you to sign agreeing to participate in the study. We have not received this form back yet and I was calling to see if you have mailed it back or if you need us to send you another form.

- SENT FORM TO MPR 1 (GO TO Q.F3)
- SEND NEW PACKET 2 (GO TO Q.F5)
- REFUSED TO PROVIDE WRITTEN CONSENT
[NEED NEW FINAL STATUS CODE – REFUSED
WRITTEN CONSENT]..... 3

F3. **INTERVIEWER: DETERMINE HOW LONG AGO CONSENT WAS RETURNED. IF MORE THAN TWO WEEKS AGO RESEND A CONSENT PACKAGE.**

- LESS THAN TWO WEEK AGO 1 (GO TO Q.F7)
- MORE THAN TWO WEEKS AGO..... 2 (GO TO Q.F4)

F4. I am sorry, but we have not received your form and in order for you to participate in the research study, we must have a signed form. I will send you another form, please sign it and return it to us.

F5. I want to confirm that I have the correct address. The packet was sent to:

INTERVIEWER: CONFIRM INFORMATION AND MAKE CORRECTIONS IF NEEDED.

NAME: _____
STREET ADDRESS _____
CITY: _____
STATE: _____
ZIP CODE: _____

F6. Thank you very much for your time. I will be sending out the packet today.

PROGRAMMER: A NEW CONSENT PACKAGE TO BE MAILED FROM SMS.

[interim status - remail consent package]

F7. Thank you for returning the form to us. As you know we must have a signed form before you can participate in the research study.

[interim status - consent not received]