

HVRP Program Director Survey

Introduction

We are conducting an effectiveness study of the Homeless Veterans Reintegration Program (HVRP) in the Veterans Employment and Training Service (VETS). The purpose of this survey is to get your perspective as a grantee on changes that have recently been introduced by VETS and your interaction with DVOP and LVER representatives, as well as to better understand some of the characteristics of your program and its participants. All of the information that you provide will be used to inform the HVRP as to its effectiveness.

Questions for the survey begin on the next page. You may want to print out a hard copy of the survey provided in the email sent to you so that you can gather any data or information that you will need to answer questions. Once you have begun the survey, you can stop and return at any time using the username and password provided to you via email. Please answer each question as honestly and accurately as possible.

Thank you for your participation, and please contact Marissa Shuffler via email at MShuffler@icfi.com or (703) 934-3662, or Kenneth Fenner via email at Fenner.kenneth@dol.gov or (202) 693-4728 with any questions or comments.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

Public Burden Statement

Participation in this survey is voluntary. This survey should not be responded to unless a valid OMB control number is displayed. Public reporting burden for this collection of information is estimated to average 1.7 hours (102 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, The Office of the Assistant Director for Veterans' Employment and Training, 200 Constitution Ave, N.W., Room S-1316, Washington, DC 20210 (phone: 202-693-4700).

Program Demographics

1) Is your organization categorized as any of the following? (Mark all that apply)

- Non-Profit
- Local Government
- State Government
- Mainstream Employment Organization (e.g., One Stop Career Center, WIB)
- Other (please specify)

If you selected other, please specify

2) How many years total has your organization received HVRP funding (including this year)?

_____years

3) In the current HVRP cycle, in what grant year is your organization?

- First Year
- Second Year
- Third Year

4) What populations are served by your organization? (Mark all that apply)

- Homeless veterans
- Homeless non-veterans
- Disabled veterans
- Disabled non-veterans
- Special disabled veterans
- Special disabled non-veterans
- Economically disadvantaged veterans
- Economically disadvantaged non-veterans
- Welfare/public assistance recipients (veterans)
- Welfare/public assistance recipients (non-veterans)
- Chronic homeless veterans
- Chronic homeless non-veterans
- Female veterans
- Other (please specify)

If you selected other, please specify

5) Of the following statements, please select the one that most closely reflects the philosophy or mission of your HVRP-funded program.

- To place homeless veterans in a job or sustainment in the shortest time frame possible.
- To help homeless veterans build the skills and knowledge necessary for lasting participation in the workforce.
- To help homeless veterans set and achieve employment goals, whatever they may be.
- To end homelessness for veterans through employment and housing.
- We don't have a program philosophy.

Funding Sources

6) Please mark all sources from which you receive funding for providing services to homeless veterans. For sources that you receive funding from, please select the purpose(s) of the funding.

	Do you receiving funding from this source?			If you receive funding from this source, what is the purpose? <i>(Mark all that apply)</i>						
	Yes	No	Don't Know	Housing Assistance	Job Training	Employment Search/Placement	Mental Health	Substance Abuse	Physical Health	Other
HVRP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Workforce Investment Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Investment Act (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD McKinney-Vento/Continuum of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMHSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Vocational Rehabilitation Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private/Foundation Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) If you receive funding from any other sources, please identify the source and the purpose of funding.

Staff Profile

8) How many individuals in each of the following groups are employed by your organization?

Total number of paid individuals (including full time, part time, and temporary): _____
Total number of full time equivalents (FTEs): _____
Total number of volunteers: _____
Total number of hours served annually by volunteers: _____

9) How many individuals in each of the following groups work specifically on HVRP grant-funded tasks/activities?

Total number of paid individuals: _____
Total number of paid full time equivalents (FTEs): _____
Total number of volunteers: _____
Total number of volunteer FTEs: _____

10) Do you have any type of subsidized employment opportunities available for HVRP participants within your organization?

- Yes
- No
- Don't Know/Not Sure

11) What types of subsidized employment opportunities are available?

12) How many HVRP participants hold subsidized employment positions within your organization?

Please provide all of the job titles held by individuals in your organization that are involved in HVRP activities. Additionally, for each of these job titles, please list the number of staff with this title, as well as the number and type of graduate degrees, licenses, and certifications possessed by these individuals. If there are not enough spaces provided, please use the blank space at the bottom of the page to list additional job titles and corresponding information.

13) Job Title 1

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA, MSW, Ph.D.): _____
Number of staff with this job title possessing licenses/certifications (*i.e.*, CNA, Microsoft Certification): _____
Type(s) of licensure(s)/certification(s): _____

14) Job Title 2

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA, MSW, Ph.D.): _____
Number of staff with this job title possessing licenses/certifications (*i.e.*, CNA, Microsoft Certification): _____
Type(s) of licensure(s)/certification(s): _____

15) Job Title 3

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA, MSW, Ph.D.): _____
Number of staff with this job title possessing licenses/certifications (*i.e.*, CNA, Microsoft Certification): _____
Type(s) of licensure(s)/certification(s): _____

16) Job Title 4

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

17) Job Title 5

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

18) Job Title 6

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

19) Job Title 7

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft

Certification):
Type(s) of licensure(s)/certification(s): _____

20) Job Title 8

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

21) Job Title 9

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

22) Job Title 10

Job Title: _____
Number of staff with this job title: _____
Number of staff with this job title possessing
graduate degrees: _____
Type(s) of graduate degree(s) (*i.e.*, MBA,
MSW, Ph.D.): _____
Number of staff with this job title possessing
licenses/certifications (*i.e.*, CNA, Microsoft
Certification): _____
Type(s) of licensure(s)/certification(s): _____

**23) Please provide any additional job titles, graduate degrees, and
licenses/certifications held by staff members involved in HVRP activities.**

24) Please provide the number of individuals employed by your organization for each of the following categories.

Veterans: _____
Formerly homeless: _____
Former HVRP participants: _____
Staff with graduate degrees (Master's & Ph.D.): _____
Staff with BA/BS degrees only: _____

25) Please provide the number of individuals employed by your organization who are actively involved in HVRP activities for each of the following categories.

Veterans: _____
Formerly homeless: _____
Former HVRP participants: _____
Staff with graduate degrees (Master's & Ph.D.): _____
Staff with BA/BS degrees only: _____

26) Please provide an average number of hours per week that you (the Program Director) participate in the following activities.

Participant outreach and recruitment: _____
Housing (*i.e.*, emergency, transitional, long term): _____
Case management (*e.g.*, meeting with participant, conducting follow up calls, paperwork): _____
Mental health services/substance abuse services: _____
Physical health services (*i.e.*, medical, dental, vision): _____
Legal services: _____
Job readiness/Vocational aptitude assessment/Employment Development Plan (EDP) development: _____
Occupational skills training: _____
GED attainment and/or completion: _____
Basic skills training (*e.g.*, literacy, work ethic, social skills): _____
Outreach to potential employer partners: _____
Resume development: _____
Job search/placement services: _____
Career planning services: _____
Follow-up support/aftercare: _____
Marketing HVRP services: _____
Writing reports and other documentation: _____
Total Number of Hours Worked Per Week (On Average): _____

Please provide the number of staff members involved in HVRP related activities possessing experience in each of the following areas:

27) 0-2 Years of Experience:

Job readiness/Skills assessments: _____
Job training/Employment services: _____
Homelessness/Housing: _____
Disabilities: _____
Mental health: _____
Substance abuse: _____
Case management/Benefits counseling: _____
Finance: _____
Business administration: _____
Organizational leadership: _____

28) 3-5 Years of Experience:

Job readiness/Skills assessments: _____
Job training/Employment services: _____
Homelessness/Housing: _____
Disabilities: _____
Mental health: _____
Substance abuse: _____
Case management/Benefits counseling: _____
Finance: _____
Business administration: _____
Organizational leadership: _____

29) 6-9 Years of Experience:

Job readiness/Skills assessments: _____
Job training/Employment services: _____
Homelessness/Housing: _____
Disabilities: _____
Mental health: _____
Substance abuse: _____
Case management/Benefits counseling: _____
Finance: _____
Business administration: _____
Organizational leadership: _____

30) 10+ Years of Experience:

Job readiness/Skills assessments: _____
Job training/Employment services: _____
Homelessness/Housing: _____

Disabilities: _____
Mental health: _____
Substance abuse: _____
Case management/Benefits counseling: _____
Finance: _____
Business administration: _____
Organizational leadership: _____

31) Please briefly describe any staff development activities provided for staff involved in HVRP activities (e.g., continuing education, in-house training, online training, time off for training, conference participation).

32) Please briefly describe any training activities provided for volunteers involved in HVRP activities (e.g., in-house training, online training, conference participation).

33) Does your staff receive any training related to conducting more effective networking activities?

- Yes
- No
- Don't Know/Not Sure

34) If your staff does receive training related to conducting more effective networking activities, please briefly describe:

Networking & Partnerships

35) For each service listed below, please indicate whether your organization directly provides the service using HVRP funding, provides the service using other funds, is linked to (has a contract with, makes referrals to, participates in joint strategic planning, etc.) an organization that provides the service, or does not provide and is not linked to the service:

	My Organization Directly Provides This Service Using HVRP Funding	My Organization Directly Provides This Service Using Other Funding Sources	My Organization is Linked to Other Organization(s) Providing This Service	My Organization Does Not Provide/Is Not Linked to This Service
Participant outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent supportive housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing search/placement assistance (i.e., to connect clients to permanent housing in the private market)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational aptitude assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Development Plan (EDP) development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED attainment/completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-secondary education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resume development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job search/Placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

services				
Career planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach to potential employer partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up support/Aftercare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please provide a description in the additional comments space provided below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36) If your organization is linked to any of the following services through other organizations, please provide the name(s) of the linked organization(s) for each service area:

- Participant outreach _____
- Emergency housing _____
- Transitional housing _____
- Permanent supportive housing _____
- Housing search/Placement assistance (*i.e.*, to connect clients to permanent housing in the private market) _____
- Case management _____
- Benefits counseling _____
- Mental health services _____
- Substance abuse services _____
- Medical services _____
- Dental services _____
- Legal services _____
- Vocational aptitude assessment _____
- EDP development _____
- Occupational skills training _____
- GED completion _____
- Post-secondary education _____
- Basic skills training _____
- Resume development _____
- Job search/Placement services _____
- Career planning services _____
- Outreach to potential employers _____
- Follow up support/aftercare _____
- Other _____

37) If your organization is linked to any of the following services, please select the answer that best describes the strength of your connection to the organization(s) providing these services. If you are linked to more than one organization, please use the organization with whom you are most strongly linked.

	Not Applicable	Participating in Community Collaboration (e.g., strategic planning conferences, collaborative meetings)	One Way Referrals	Two Way Referrals	Established Formal Agreements (i.e., MOUs)	On-site Presence	Other (Please describe in additional comments below)
Participant outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent supportive housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing search/placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational aptitude assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EDP development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-secondary education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resume development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Job search/Placement services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach to potential employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up support/Aftercare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please describe in additional comments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38) Does your program have an HVRP sustainability plan to continue serving homeless veterans beyond the terms of your current grant?

- Yes
- No
- Don't Know/Not Sure

39) IF YES: Please provide a brief description of your plan:

40) In which of the following ways does your program introduce the HVRP program to eligible participants? *(Please mark all that apply)*

- Outreach on the street and/or in emergency shelters
- Dissemination of marketing materials
- Stand Down events
- Specific project orientation workshops or other program awareness activities
- Referrals from the local One-Stops
- Referrals from local housing and homeless agencies
- Referrals from the local VA clinic/hospital(s)
- Referrals from the local VA benefits office
- Referrals from other community service providers
- Walk-ins
- Don't Know/Not Sure
- Other (please specify)

If you selected other, please specify

41) Of the items identified below, which is the most effective practice to attract homeless veterans into your HVRP program? *(Please select only one answer)*

- Outreach on the street and/or in emergency shelters
- Dissemination of marketing materials
- Stand Down events
- Specific project orientation workshops or other program awareness activities
- Referrals from the local One-Stops
- Referrals from local housing and homeless agencies
- Referrals from the local VA clinic/hospital(s)
- Referrals from the local VA benefits office
- Referrals from other community service providers
- Walk-ins
- Don't Know/Not Sure
- Other (please specify)

If you selected other, please specify

42) Please provide a brief description of your most innovative practice to attract homeless veterans into your HVRP program.

43) Has your organization participated in or planned a Stand Down event?

(A Stand Down event is an event held in a locality, usually for three (3) days, where services are provided to homeless veterans along with shelter, meals, clothing, employment services, and medical attention.)

- Yes
- No
- Don't Know/Not Sure

44) What percentage of those served by the Stand Down event(s) were homeless veterans?

_____ %

45) How frequently does your organization participate in Stand Down events?

46) What was your organization's level of involvement in the most recent Stand Down event in which you participated?

- We planned and implemented the entire event without the use of HVRP funds
- We planned and implemented the entire event using HVRP funds (either for partial or full funding of the event)
- We worked with other organizations in the community to plan and implement the event without the use of HVRP funds
- We worked with other organizations in the community to plan and implement the event with the use of HVRP funds (either for full or partial funding of the event)
- We participated but did not plan the event
- Other (please specify)

If you selected other, please specify

47) How likely is your organization to participate in a Stand Down event again?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

48) How likely are you to recommend Stand Down events to other organizations?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

49) Please provide any suggestions on how HVRP funds can be used to more effectively support outreach events for eligible participants.

50) Please list and describe the ways in which your program introduces the HVRP program to other agencies/organizations and solicits their involvement in referring homeless veterans into your program.

DVOP/LVER Interaction

51) With how many of the following individuals does your organization have some type of interaction?

Disabled Veterans Outreach Program (DVOP) _____
representative:
Local Veterans Employment Representatives _____
(LVER):
Employment specialists who are employed _____
directly by your organization:

52) What is your organization's proximity to DVOP(s)/LVER(s) with whom you interact?

- Co-located (Full-time)
- Co-located (Part-time)
- Located in the same city
- Not located in the same city but less than 20 miles apart
- Located over 20 miles apart
- Other (please specify)

If you selected other, please specify

53) In general, how frequently does your organization interact with DVOP(s)/LVER(s)?

- Daily
- 2-3 times per week
- Weekly
- 2-3 times per month
- Monthly
- A few times per year
- Never
- Other (please specify)

If you selected other, please specify

54) How often does your organization interact with DVOP(s)/LVER(s) regarding each of the following issues?

	Daily	2-3 times per week	Weekly	2-3 times per month	Monthly	A few times a year	Never
Basic skills (job seeking, job readiness, soft skills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessments (vocational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Development Plan (EDP) development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job development/Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential employer outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant follow up/Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55) How would you rate the responsiveness of the DVOP(s)/LVER(s) working with your organization?

- Completely Unresponsive
- Somewhat Unresponsive
- Neither Responsive nor Unresponsive
- Somewhat Responsive
- Completely Responsive

56) How could the DVOP(s)/LVER(s) be more responsive to your organization's needs?

57) What are your expectations of a DVOP/LVER? (For example, what do you believe are or should be the duties and responsibilities of a DVOP/LVER?)

58) Does your organization set goals for the DVOP(s)/LVER(s)?

- Yes
- No
- Don't Know/Not Sure

59) Please rate how well the DVOP(s)/LVER(s) are meeting your expectations.

- Not At All Meeting Expectations
- Moderately Meeting Expectations
- Completely Meeting Expectations

60) Please explain why you chose this rating.

61) How would you define an effective DVOP/LVER?

62) Based on your definition, please rate the effectiveness of the DVOP(s)/LVER(s) with whom your organization interacts.

- Very Ineffective
- Somewhat Ineffective
- Neither Effective nor Ineffective
- Somewhat Effective
- Very Effective

63) Please explain why you chose this rating.

64) Do the DVOP(s)/LVER(s) working with your organization provide access to training and technical assistance resources for your HVRP participants?

- Yes
- No
- Don't Know/Not Sure

65) How would you rate the effectiveness/usefulness of training and technical assistance resources provided by the DVOP(s)/LVER(s)?

- Very Ineffective/Not Useful
- Somewhat Ineffective/Not Useful
- Neither Ineffective nor Effective
- Somewhat Effective/Useful
- Very Effective/Useful
- Not Applicable

66) Are the DVOP(s)/LVER(s) assigned to your organization involved in team building with your staff?

- Yes
- No
- Don't Know/Not Sure

67) How would you rate the effectiveness of the DVOP(s)/LVER(s) in team building with your staff to address participants' barriers to employment?

- Very Ineffective
- Somewhat Ineffective
- Neither Ineffective Nor Effective
- Somewhat Effective
- Very Effective
- Not Applicable

68) Please explain why you chose this rating.

69) Do the DVOP(s)/LVER(s) working with your organization provide job leads?

- Yes
- No
- Don't Know/Not Sure

70) How would you rate the effectiveness/usefulness of the job leads provided by the DVOP(s)/LVER(s)?

- Very Ineffective/Not Useful
- Somewhat Ineffective/Not Useful
- Neither Ineffective nor Effective
- Somewhat Effective/Useful
- Very Effective/Useful
- Not Applicable

71) Please explain why you chose this rating.

72) How would you rate the quality of job leads provided by the DVOP(s)/LVER(s)?

- Poor Quality
- Moderate Quality
- High Quality
- Not Applicable

73) Please explain why you chose this rating.

74) How would you rate the effectiveness of the DVOP(s)/LVER(s) ability to build partnerships with local employers?

- Very Ineffective
- Somewhat Ineffective
- Neither Ineffective nor Effective
- Somewhat Effective
- Very Effective
- Not Applicable

75) Please explain why you chose this rating.

Common Measures

76) To what extent did you notice a change in your program's employment or retention outcomes following the introduction of the Common Measures reporting method?

- To a great extent
- To some extent
- Not at all
- I don't know

77) Please explain why you chose this rating.

78) To what extent has the introduction of Common Measures affected the actual number of participants receiving training?

- To a great extent
- To some extent
- Not at all
- I don't know

79) Please explain why you chose this rating.

80) To what extent has the introduction of Common Measures affected the actual number of participants placed in employment?

- To a great extent
- To some extent
- Not at all
- I don't know

81) Please explain why you chose this rating.

82) To what extent has the introduction of Common Measures affected your organization's ability to provide services to homeless veterans?

- To a great extent
- To some extent
- Not at all
- I don't know

83) Please explain why you chose this rating.

84) In which of the following areas have you implemented changes to your program due to the introduction of Common Measures? (Mark all that apply)

- Participant data/Information collection
- Administration
- Fund allocation
- Assessment/Intake
- Job training and skill building
- GED/Certificate attainment
- Literacy attainment
- Follow up or job retention services
- No changes
- Other (please specify)

If you selected other, please specify

85) If your organization has made changes in any of the above areas due to the introduction of Common Measures, please briefly explain what changes were made and why.

86) To what extent has the introduction of Common Measures affected the way your organization collects information about participants?

- To a great extent
- To some extent
- Not at all
- I don't know

87) Please explain why you chose this rating.

88) To what extent has the introduction of Common Measures resulted in additional burden on your organization in any way?

- To a great extent
- To some extent
- Not at all
- I don't know

89) Please explain why you chose this rating.

90) To what extent has the introduction of Common Measures impacted your organization's financial resources?

- To a great extent
- To some extent
- Not at all
- I don't know

91) Please explain why you chose this rating.

92) To what extent has the introduction of Common Measures affected perceptions of staff performance?

- To a great extent
- To some extent
- Not at all
- I don't know

93) Please explain why you chose this rating.

94) To what extent has the introduction of Common Measures affected the morale in your organization?

- To a great extent
- To some extent
- Not at all
- I don't know

95) Please explain why you chose this rating.

96) To what extent has the introduction of Common Measures affected any of your organization's practices or policies?

- To a great extent
- To some extent
- Not at all
- I don't know

97) Please explain why you chose this rating.

98) To what extent do current reporting tools and processes accurately assess your organization's retention and employment outcomes?

- To a great extent
- To some extent
- Not at all
- I don't know

99) Please explain why you chose this rating.

100) To what extent has the new requirement that all participants must be exited by the end of the grantee's period of performance affected your retention and employment outcomes?

- To a great extent
- To some extent
- Not at all
- I don't know

101) Please explain why you chose this rating.

102) Please provide any suggestions you have for improving the Common Measures reporting system. These could include recommendations for improving how data is collected, successful methods for collecting required data utilized by your organization, or any additional data that is not currently collected but should be incorporated into Common Measures.

103) Are there any other Department of Labor programmatic changes that have affected your organization? If so, please explain.

Additional Information

104) **FIRST YEAR GRANTEES:** Please provide insight on specific challenges you face.

105) **ALL OTHER GRANTEES:** What advice would you like to pass on to new grantees?

106) **OPTIONAL:** Please provide any additional comments or suggestions that may be useful to understanding the effectiveness of the HVRP.

107) Please provide any feedback for us regarding the structure of the survey questions, difficulty in completing particular questions, answer options, or any other information that will be useful for future versions of the survey.

Thank you for your participation!

Please contact Marissa Shuffler at MShuffler@icfi.com with any additional questions or concerns.