**Appendix D.**

**Interview Guide for Key Informant Interviews to Collect Program-level Data**

Interview Guide: Program Data Collection

*During site visits, researchers will interview program directors and program staff who work with each of the programs offering assistance to study participants in each intervention. The purpose of this interview is to document information about each program in the study to describe the implementation of the intervention and to measure key indicators of the programs: general information; characteristics of housing assistance for housing programs; characteristics of services; and program cost recording procedures.*

*This will be conducted as an in-person interview during site visits. More than one respondent will be needed in some cases to collect all of the required information. This guide will be completed for each program operating the interventions in each study site.*

|  |
| --- |
| **Program Contact Information** |
| **Site Name:** |  |
| **Program Name:** |  |
| **Intervention:** | \_\_ Subsidy only (SUB)\_\_ Transitional Housing (TH)\_\_ Rapid Re-housing (RR)\_\_ Usual Care (UC), other than Emergency Shelter\_\_ Emergency Shelter (intake point and UC provider)  |
| **Contact information** | Name of key staff Phone number Address Email Web address  |
| **Research team contact:** |  |
| **Date(s) of Interviews:** |  |
| **Name(s) and title(s) of key informants interviewed:** |  |

Section 1: General Information (This section is to be completed for all programs/all Interventions)

***This section gathers general information about the program and the key informant(s) interviewed.***

1. What type of organization is operating the program?

Interviewer will provide a text description of the organization type and also check the relevant items listed below. This will be used to describe the programs that are operating the study interventions.

* Public Housing Agency
* State or local government agency
* Private, non profit organization (check one of the following)

 ❑ Single program agency

 ❑ Agency operating many programs

 ❑ Part of a national network such as Catholic Charities

* Other (Describe)
1. What is your role in the program? What are your primary responsibilities?

1. What are the organization’s principal programs and activities? These include, but are not limited to the assistance provided as part of this study. This is used to describe the participating programs. Check all that apply.
* Rental assistance (including development, management of rental properties)
* Homelessness assistance (Emergency Shelter, Transitional Housing, etc)
* Social services (emergency services, food assistance, counseling, employment services, etc.)
* Other (please describe):
1. What is the target population for the program? (NOTE: All programs included in the study serve homeless families, but some may also serve other target populations in addition to homeless families. If so, please describe.)

1. For what time period (e.g. calendar year, fiscal year) does your program have reports available about enrollment, program occupancy, program costs, etc? What is the start date and end date for that year? We will refer to this as the ***most recent reporting period***, and many of the items covered in this interview will reference this time period.

 Start Date

 End Date

1. What are the program’s primary sources of funding? (List all)

1. How many FTE are dedicated to this program?

1. How many FTE are devoted to service provision related to homelessness assistance for this program? To derive this response, complete the staffing matrix. Later we ask about FTEs for each category of service provided by the program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Functions 🡪** | **Program Administration** | **Housing Operations** | **Supportive Services** | **Annual Salary** | **Annual Fringe** |
| **Staff Name and Title** | **%FTE (sum of Admin, Housing Ops and SS)** | **%FTE** | **%FTE** | **%FTE** | **$** | **$** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Program Administration** refers to activities associated with accounting for the use of program funds; preparing reports for submission to HUD or other funders; program audits; and other activities associated with administering the program.

**Housing Operations** are activities associated with day-to-day operations of the housing facility such as maintenance, utilities, equipment, supplies, insurance, food, relocation, and furnishings. Staff time for operations does not include provision of services to program participants.

**Supportive Services** refers to staff time devoted to providing services to program participants, including case managers, therapists, counselors. Supportive services can include outreach, child care, employment training, job placement, case management, health care, transportation, education, vocational assessment, life skills, counseling, housing search assistance, substance use treatment, parenting skills, rent deposits, behavioral health counseling, financial literacy counseling.

8a. What is the service area or geographic jurisdiction of the program? (e.g. County, metropolitan area, city, multi-county, etc. The interviewer should describe the jurisdiction and provide the local name for the county(ies), city, metropolitan area, etc.)

1. When did the program begin operations?

Section 2: Housing Program Information

***This section collects information on key characteristics of the housing assistance provided to participants in this study by each of the interventions. Separate subsections are to be completed for each of the study interventions as noted below. In some cases the same questions are asked for more than one intervention.***

Section 2.A Subsidy-Only Intervention (SUB): Housing Information

1. What type of rental subsidy is provided to participants in this study?
* Tenant-based voucher used in private market
* Program unit (in public housing, project-based Section 8, tax credit property, etc.)
* Other (describe)
1. What is the depth of the subsidy? That is, what proportion of monthly income do residents pay towards rent? If tenant rent is not based on income, check second response below and explain.

 % of monthly income paid by residents

 Other – If rent or subsidy is fixed amount not based on income, explain:

1. Does the level of subsidy vary over time? (Describe)

1. Are there time limits on the housing subsidy? Explain.

Section 2.B Project-based Transitional Housing Intervention (PBTH): Housing Information

1. What is the total number of beds/units in the program? *(Specify Beds or Units)*

 Beds

 Units

1. Are all of the units or beds assigned to *homeless families?*
* Yes
* No

15a. If no, how many beds or units are for *homeless families?*

 Beds

 Units

1. What was your average nightly occupancy rate for the most recent reporting period? (percentage) How do you record occupancy information?

 HMIS

 Sign in sheets

\_\_\_\_\_\_ Other (Describe)

1. What is the physical setting for the program; that is, how is the housing structured? For example, the housing might be in group homes, facility-based apartments, or another type of structure. Interviewer should not read the list, but use the list to code the response given.

* Congregate dorms (residents share bedrooms or sleeping space in one facility)
* Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
* Motels where families have rooms and bathrooms, but not kitchen facilities
* Facility-based apartments in a building or complex reserved for the program
* Apartments clustered in a larger building or complex not owned or controlled by the program
* Other settings (Describe)
1. What type of rental assistance is provided to participants in this study through the program?
* Program participants pay no rent while in the program (Skip to 22)
* Program participants pay rent (ask 20)

1. What is the depth of the subsidy? That is, what proportion of monthly income do residents pay towards rent? If tenant rent is not based on income, check second response below and explain.

 % of monthly income paid by residents

 Other – If rent or subsidy is fixed amount not based on income, explain:

1. Does the rent paid by participants vary over time? (For example, is rent charged only after some time in the program, or for a designated number of months, or when income reaches a certain threshold?) (Describe)

1. Are there time limits to the housing provided by the program? What is the ***maximum*** length of stay allowed? Explain.

1. What is the ***expected*** length of stay in the program?

1. When families reach the maximum length of stay allowed by the program, what typically happens next? Explain.

1. What requirements does a family have to meet to enroll in the housing program and to continue participation? Are there program rules regarding visitors, overnight guests, curfews, etc.? The interviewer will complete the following table to describe the requirements for intake/enrollment into the program, continued participation, and the program rules.

| **Program Requirements** | **Program Intake/Enrollment****(Describe)** | **Continued Participation****(Describe)** |
| --- | --- | --- |
| **Family Composition** |  |  |
| Family Size |  |  |
| Ages, gender of children |  |  |
| Ages, gender of adults (e.g. are adult males allowed?) |  |  |
| **Sobriety** |  |  |
| How long must sobriety have been maintained? |  |  |
| How is sobriety to be demonstrated |  |  |
| **Other Requirements (DESCRIBE)** |  |  |
| **Program Rules** |  |  |
| Rules for visitors |  |  |
| Rules for overnight guests |  |  |
| Curfew |  |  |
| Requirements to participate in services |  |  |
| OTHER RULES |  |  |

Section 2.C Community-Based Rapid Re-housing Intervention (CBRR): Housing Information

1. What type of rental assistance is provided to participants in this study?
* Rent assistance provided to program participant to use in private market
* Program unit (in public housing, project-based Section 8, tax credit property, etc.)
* Other (describe)
1. What is the amount of rental subsidy provided to program participants in this study? This can be answered in terms of the fixed amount of the subsidy if a fixed subsidy is provided to all participants. If the rent subsidy is based on participants paying a proportion of monthly income towards rent, the response can be given in terms of percent of income paid for rent. The interviewer will need to clarify whether the amount reported is tenant contribution towards rent or the amount of the rental assistance provided by the program.

 % of monthly income paid by residents

 Other – If rent or subsidy is fixed amount not based on income, explain:

1. Does the amount of subsidy vary over time? (Describe)

1. How is the amount of rent assistance determined?

1. For what time period do participants in this study receive the rental assistance? What is the minimum length of rental assistance? What is the maximum length of assistance?

1. How does the program determine the length of assistance for families in this study? What requirements must a family meet to receive the maximum length of assistance?

1. What is the physical setting of the housing for participants in this study, for this program? Interviewer should describe the typical setting or structure of housing focusing on factors like scattered-site apartments or houses in the private market, project-based housing, etc. The interviewer will describe the typical structure for families in this study assigned to this program/intervention, by providing a text description and also a code using the list below.

* Conventional housing in private market—scattered-site apartments or houses not owned or controlled by the program
* Apartments clustered in a larger building or complex not owned or controlled by the program
* Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
* Motels where families have rooms and bathrooms, but not kitchen facilities
* Facility-based apartments in a building or complex reserved for the program
* Other settings (Describe)
1. When the rental assistance provided by the program ends for a family, is the family permitted to remain in the same housing unit (assuming they can afford the rent) after the assistance period ends?

1. What are the typical next steps for families who receive this assistance when the maximum period of assistance is reached? Explain.

Section 2.D Emergency Shelter: Housing Information

***Emergency Shelter is the location of intake for all families in the study and also is part of UC Intervention***

1. What is the total number of beds/units in the program? *(Specify Beds or Units)*

 Beds

 Units

1. Are all of the units or beds assigned to *homeless families?*
* Yes
* No

35a. If no, how many beds or units are for [*homeless families?*]

 Beds

 Units

1. What was your average nightly occupancy rate for the most recent reporting period? (percentage) How do you record occupancy information?

 HMIS

 Sign in sheets

1. What is the physical setting for the program; that is, how is the housing structured? For example, the housing might be in group homes, facility-based apartments, or another type of structure).Interviewer should not read the list, but use the list to code the response given.

* Congregate dorms (residents share bedrooms or sleeping space in one facility)
* Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
* Motels where families have rooms and bathrooms, but not kitchen facilities
* Facility-based apartments in a building or complex reserved for the program
* Apartments clustered in a larger building or complex not owned or controlled by the program
* Other settings (Describe)
1. Are families housed in this program required to pay rent?
* No **(SKIP TO 41)**
* Yes **(ASK 40)**

1. What is the amount of rent that program participants pay while in the program? If the rent is based on income, what proportion of monthly income do residents pay towards rent? If rent is not based on income, please explain.

 % of monthly income paid by residents

 Other – If rent is fixed amount not based on income, please explain amount and how rent is calculated:

1. Are there time limits on the housing provided by the program? What is the ***maximum*** length of stay allowed? Explain.

1. What is the ***expected*** length of stay in the program?

1. When families reach the maximum length of stay allowed by the program, what typically happens next? Explain.

1. What requirements does a family have to meet to be served by the shelter and to continue participation? Are there program rules regarding visitors, curfews, etc.? The interviewer will complete the following table to describe the requirements for intake/enrollment into the program, continued participation, and the program rules.

| **Program Requirements** | **Program Intake/Enrollment****(Describe)** | **Continued Participation****(Describe)** |
| --- | --- | --- |
| **Family Composition** |  |  |
| Family Size |  |  |
| Ages, gender of children |  |  |
| Ages, gender of adults (e.g. are adult males allowed?) |  |  |
| **Sobriety** |  |  |
| How long must sobriety have been maintained? |  |  |
| How is sobriety to be demonstrated |  |  |
| **Other Requirements (DESCRIBE)** |  |  |
| **Program Rules** |  |  |
| Rules for visitors |  |  |
| Curfew |  |  |
| Requirements to participate in services |  |  |
| OTHER RULES |  |  |

Section 3: Services Information

*This section collects information on key characteristics of services that are offered by programs in the study interventions. The section starts by listing all services provided by the program. Then for each service provided, the interviewer will record general information about the service (details about what is offered, information on time limits and restrictions, staffing levels, budget devoted to the service, and how the service is provided to participants in the study. The section also includes indicators of program restrictiveness, staff values and quality.* ***This section will be completed for all programs in all interventions, to document services offered to participants in the study through any of the study interventions.***

1. The interviewer will go through the following list of services and indicate whether the program provides each service or helps families in the study to secure it. After completing this list to indicate whether each type of service is provided, details about each type of service will be collected in Question 50.

| **Inventory of Services** |
| --- |
| **Type of Service by domain** | **Does the program provide the service or help families secure it (e.g. through referrals)?** |
| **Housing Services (services provided in conjunction with housing assistance)** |
| Assistance for using the housing intervention (SUB, CBRR interventions) |
| Assistance obtaining rental subsidy | ❑ Yes ❑ No |
| Assistance locating housing and negotiating with landlord | ❑ Yes ❑ No |
| Assistance with moving (expenses, furnishings, etc.)—help to settle in | ❑ Yes ❑ No |
| Assistance with relationships with landlord and other tenants | ❑ Yes ❑ No |
| Help to maintain housing (e.g. voucher renewal, or renewal of RR rent assistance) | ❑ Yes ❑ No |
| Assistance preparing for housing after intervention ends (PBTH,CBRR, UC interventions) |
| Help to secure subsidies after program ends (for temporary subsidy programs) | ❑ Yes ❑ No |
| OTHER Housing-related services (DESCRIBE) | ❑ Yes ❑ No |
| **Self Sufficiency Services** |
| Assistance in Obtaining Public Benefits | ❑ Yes ❑ No |
| Education (assistance to complete education, GED instruction) | ❑ Yes ❑ No |
| Money Management/budgeting/financial literacy | ❑ Yes ❑ No |
| Job-specific training  | ❑ Yes ❑ No |
| Pre-employment supports (job search assistance, job referrals) | ❑ Yes ❑ No |
| Computer access/or computer training | ❑ Yes ❑ No |
| Post-employment supports | ❑ Yes ❑ No |
| Assistance with childcare | ❑ Yes ❑ No |
| Assistance with transportation (e.g. bus passes) | ❑ Yes ❑ No |
| OTHER Self Sufficiency | ❑ Yes ❑ No |
| **Physical and Behavioral Health** |
| **Primary Health Care for parent / and or children** | ❑ Yes ❑ No |
| On-site healthcare provided and/or clinic | ❑ Yes ❑ No |
| Assistance with setting and/or getting to appointments | ❑ Yes ❑ No |
| **Mental Health services to parent** | ❑ Yes ❑ No |
| Storing and/or managing medication | ❑ Yes ❑ No |
| Mental health evaluation/assessment | ❑ Yes ❑ No |
| Outpatient therapy | ❑ Yes ❑ No |
| Trauma services to parent (e.g. Seeking Safety, TREM) | ❑ Yes ❑ No |
| **Substance Use Services to Parents** | ❑ Yes ❑ No |
| 12-Step programs | ❑ Yes ❑ No |
| Motivational Interviewing | ❑ Yes ❑ No |
| Other physical and Behavioral Health (DESCRIBE) | ❑ Yes ❑ No |
| **Children’s Services**  |
| Early intervention | ❑ Yes ❑ No |
| Developmentally appropriate childcare (or childcare vouchers) |  |
| After school tutoring/summer program/enrolment in Head Start | ❑ Yes ❑ No |
| Advocacy with schools, juvenile justice, DCFS and other systems | ❑ Yes ❑ No |
| **Parent/Family Life/Life Skills**  |
| Community responsibility (e.g. house meetings, community governance, rotating tasks/chores all share responsibility for) | ❑ Yes ❑ No |
| Parenting support groups | ❑ Yes ❑ No |
| Assistance with Daily Living (e.g. time/goal setting, day planning/scheduling) | ❑ Yes ❑ No |
| Family reunification services – e.g. supervised visitations, agreement with DHHS to be part of reunification process | ❑ Yes ❑ No |
| Opportunities for parent(s) respite | ❑ Yes ❑ No |
| Parent-Child support services (e.g. PCIT, infant mental health) | ❑ Yes ❑ No |
| Activities or opportunities for positive family interaction (e.g. field trips, fun activities) | ❑ Yes ❑ No |
| OTHER Parent/Family Life/Life Skills (DESCRIBE) | ❑ Yes ❑ No |
| **Assessment, Case Management, and Other Services** |
| Assessment completed at intake *(obtain copy of the assessment form and attach to this survey)* | ❑ Yes ❑ No |
| Assessment plans include: | ❑ Yes ❑ No |
| All family members (not just parent) | ❑ Yes ❑ No |
| Goals and clear steps to attain the goals | ❑ Yes ❑ No |
| Identifying strengths/resources (e.g. social supports, community connections) | ❑ Yes ❑ No |
| Assessment plans are revisited and updated at set times throughout the family’s stay | ❑ Yes ❑ No |
| Services (nature and intensity) vary depending on results of assessment | ❑ Yes ❑ No |
| Legal services related to civil or criminal matters | ❑ Yes ❑ No |
| Case managers provide: | ❑ Yes ❑ No |
| Information/advice/counselling (e.g. address goals identified in assessment) | ❑ Yes ❑ No |
| Assistance with basic needs (food, clothing) | ❑ Yes ❑ No |
| Assistance to build support systems and community linkages | ❑ Yes ❑ No |
| Advocacy for family to navigate systems (e.g. juvenile justice, healthcare) | ❑ Yes ❑ No |
| OTHER Assessment/Case Management Service (DESCRIBE) | ❑ Yes ❑ No |

1. Complete the following table for all services provided by the program or offered to families through referrals. That is, for all “Yes” responses in 49, complete the following table. Additional columns and space will be added as needed to allow interviewers to record information for all services.

| **Attributes of Each Service Provided** | **Service 1** | **Service 2** | **Service 3** | **Service 4** |
| --- | --- | --- | --- | --- |
| **Service Type** | **Specify Service Type \_\_\_\_\_\_\_** | **Specify Service Type \_\_\_\_\_\_\_** | **Specify Service Type\_\_\_\_\_\_\_** | **Specify Service Type\_\_\_\_\_\_\_** |
| **Service Attributes** |
| 45a. Where/How is service provided? On site; off-site but dedicated to program; by referral only; other (Describe) | * On site by program’s staff
* On site by another agency’s staff (agency name)
* Off site, dedicated (agency name)
* Referral
* Other (describe)

   | * On site by program’s staff
* On site by another agency’s staff (agency name)
* Off site, dedicated (agency name)
* Referral
* Other (describe)

   | * On site by program’s staff
* On site by another agency’s staff (agency name)
* Off site, dedicated (agency name)
* Referral
* Other (describe)

   | * On site by program’s staff
* On site by another agency’s staff (agency name)
* Off site, dedicated (agency name)
* Referral
* Other (describe)

   |
| 45b. Does the program ensure that the family receives the service? (If so, how?) |  |  |  |  |
| 45c. Are the costs of providing the service recorded in the program’s budget/financial records? If not, how are the costs of the services accounted for?  |  |  |  |  |
| 45d. What is expected length of service receipt or involvement? |  |  |  |  |
| 45e. What is the expected or typical frequency of service receipt? E.g., expected to see service staff once? Once per day? Week? Month? |  |  |  |  |
| 45f. Is there a maximum length of involvement for the service? |  |  |  |  |
| 45g. What is the approximate capacity of the program for this service? How many families can receive the service at a given time? |  |  |  |  |
| 45h. What percentage of persons in the [PROGRAM NAME] received this service on a regular basis while they are in the program? |  |  |  |  |
| 45i. How many families were served in the most recently reporting period? |  |  |  |  |
| 45j. Staffing. How many FTEs are used to provide this service (per year)? |  |  |  |  |
| 45k. What restrictions does the program place on families to receive the service? (family characteristics) |  |  |  |  |
| 45l. What type of assessment is done for families prior to providing the service? Is the assessment monitored and updated over time as needs change? Explain assessment process and updates |  |  |  |  |
| 45m. Does the intensity or nature of services provided vary depending on the result of the initial assessment? If so, describe the service “packages” that are correlated with different assessment results. |  |  |  |  |

1. Next, the site visitor will assess indicators of programs that will be used to establish a quality index for each program offering intervention assistance in this study. Complete the following matrix to describe these program indicators.

| **Program Indicators** | **Description/examples** |
| --- | --- |
| **Workforce Dimensions** |  |
| **46a. Staff Support** |
| Staff are salaried professionals (trained/licensed) and/or have necessary experience |  |
| Staff have experience working with families experiencing homelessness and are trauma-informed |  |
| Specialized training on homelessness is provided  |  |
| Staff salaries (to determine if competitive)  |  |
| Supervision structure for staff |  |
| Staff/client ratio |  |
| **46b. Staff Composition** |  |
| Staff with clinical skills? |  |
|  Licensing of staff |  |
| Staff have experience in human services? |  |
| Staff are diverse (gender/race/language/cultural skills) |  |
| **Services structure** |
| What training is provided to program staff? |  |
| What licensing, if any, is required of program staff? |  |
| Is specialized training offered to program staff who have or have not experienced homelessness themselves?  |  |
| **46c. Service Delivery** |
| Program assures that families receive the services that are offered |  |
| **46d. Services Principles** |  |
|  Services are structured on principles accepted as best practices in the field |  |
| Program attempts to ensure fidelity to service models |  |
| **46e. Treatment Planning** |  |
| Goals are explicit (not vague) |  |
| Monitoring is ongoing throughout the provision of the service |  |
| Clear mechanisms for change are identified |  |
| Careful and skilled monitoring of family progress is provided |  |
| **46f. Assessments** |  |
| Program assessments are comprehensive (include children’s education/well-being, self-sufficiency, mental health, etc.) |  |
| Assessments are clear and easy for families to understand |  |
| Assessments are revisited during the stay/during the service period |  |
| **Family Focus** |
| **46g. Child-focused** |  |
| Program conducts developmental assessments of all children |  |
| Program assists in enrollment in developmentally appropriate childcare, HeadStart, or school programs |  |
| **46h. Attends to the Needs of the Parent** |  |
| Offers parent(s) opportunity for respite |  |
| Offers parenting education/skill development |  |
| Program trauma-informed services (describe) |  |
| **46i. Focus on Family as a Unit** |  |
| Provides opportunities for positive interactions between parent(s) and child(ren) |  |
| Takes into account family separation |  |
| Includes all family members in the assessment plan |  |
| Reinforces family’s strengths, resources and traditions |  |
| Uses advocates to help families navigate and interact with service systems |  |
| Helps identify and reinforce ways for the family to support each other |  |

Section 4: Program Restrictiveness/Tolerance

*This section collects information that will be used to assess the restrictiveness of the program. These items will provide a measure of the degree to which deviant behavior is tolerated by the program.*

1. The site visitor will ask program staff to rate disruptive behaviors on a four-point scale to indicate whether the behavior is allowed, tolerated, discouraged, or prohibited in the program.
This information will be collected from program staff who interact directly with participants rather than program directors. Program staff will be given a paper copy of the chart below and asked to rate each item anonymously. This will be done as part of a program staff meeting or other venue during the site visit.

**Response code definitions**

1 = Allowed means this kind of behavior is expected and no special attempt is made to change it

2 = Tolerated means this kind of behavior is expected, but an effort is made to encourage the individual to function better or more appropriately

3 = Discouraged means an attempt is made to discourage or try to stop this behavior

4 = Intolerable means a person who persists in this type of behavior will probably have to move out

| **Program Restrictiveness** |
| --- |
| **Activity** | **1=Allowed** | **2=Tolerated** | **3=Discouraged** | **4=Intolerable** |
| A parent fails to cooperate with a treatment plan |  |  |  |  |
| A parent creates a disturbance, being noisy or boisterous |  |  |  |  |
| A parent gets drunk |  |  |  |  |
| A parent uses illegal substances |  |  |  |  |
| A parent verbally threatens another resident  |  |  |  |  |
| A parent pilfers or steals others’ belongings  |  |  |  |  |
| A parent violates curfew or guest rules |  |  |  |  |
| A parent physically attacks another resident or staff member |  |  |  |  |
| A parent fails to provide proper supervision to her/his child |  |  |  |  |
| A child refuses to participate in program activities |  |  |  |  |
| A child creates a disturbance, being noisy or boisterous |  |  |  |  |
| A child uses alcohol |  |  |  |  |
| A child uses illegal substances |  |  |  |  |
| A child verbally threatens another child |  |  |  |  |
| A child pilfers or steals others’ belongings |  |  |  |  |
| A child violates curfew or guest rules |  |  |  |  |
| A child physically attacks another resident or staff member |  |  |  |  |

Section 4: Staff Values

*This section collects information on the values of program staff (not program directors or manager) regarding serving families who are homeless. Similar to question 52, program staff will be asked to rate each item by completing a paper copy of the chart below. Program staff will provide their responses anonymously.*

1. Each staff person will indicate whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements about homeless families.

| **Staff Values** |
| --- |
| **Homeless families…** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| 48a. Require structure and supervision to put their lives in order | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48b. Will be better able to address other problems after they have stable housing. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48c. Need to develop living skills prior to living independently. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48d. Have a right to choice in all aspects of their treatment plan. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48e. Need staff support to make wise choices regarding their lives. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48f. Can maintain independent housing without supervision | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48g. Need to be clean and sober for a period of time before they can live independently | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48h. Have a right to independent housing, regardless of any problems they may have. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48i. Need to be stabilized before they are ready to live in the community. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 48j. Should be permitted to refuse treatment. | ❑ | ❑ | ❑ | ❑ | ❑ |

Section 5: Cost Data Reporting

*This section collects information on reporting procedures and records of program costs for the housing and services provided by the study interventions. These questions will be asked of all programs in all interventions, except as noted below. Detailed cost data will be collected during the follow-up period while follow-up interviewing is taking place with program participants. A separate protocol for collecting cost data from participating programs will be developed and submitted for OMB review with the modified supporting statement.*

1. What types of records does the program use to record costs of housing and services provided to participants in this study? Please obtain a list of all reports, records, and documents. Examples could be end of year financial statements, general ledger, program expenditure reports, etc. Obtain the names of these documents and the contact persons at the program most knowledgeable about these records. Also ask the respondent to explain when the completed reports will be available for the time period relevant to this study (the time during which study participants receive assistance from the program, approximately 12-18 months following random assignment).

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| --- | --- | --- |
| **Name of cost data source** | **Contact Person at the program with knowledge about the data source (Name, phone number and email)** | **Approximate date by which complete information will become available for the time period of interest to the study. When the precise time period is known for each site, the interview guide will be updated to reference the pertinent time period for cost data.**  |
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Section 5.1: Housing/Facility Costs for TH Programs

1. Does the leasing cost appear in the program’s operating budget?
* Yes
* No. Please explain where this information is recorded.
1. Do the leasing costs or other line items in the program budget cover all of the facility operating costs (e.g., *utilities costs, taxes, insurance, trash removal, security, maintenance*) or are some of the costs paid for directly by the owner or by another entity?
* Agency pays all facility costs
* Another entity pays some of facility costs. Please explain how to find these amounts.

Name of agency/entity

Contact information

1. Is this a subsidized lease—that is, is the owner leasing the property to you at below its market value?
* Yes. Who can I speak with about the amount of subsidy provided by this below-market lease?

Name of agency/entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* No
1. Do all of the facility operating costs (e.g., *utilities costs, taxes, insurance, trash removal, security, maintenance*) for the space appear in the program’s operating budget?
* Yes
* No or not all. Who can I speak with about the operating costs that do not appear in your budget?

Name of agency/entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask Question 54 for all TH programs and all RR intervention programs**.

1. Do client rent payments appear in the program’s operating budget as program revenue/income?
* Yes
* No. Where are these amounts recorded?

Section 5.2: Services Costs (To be asked of all programs in all interventions)

1. For services that are in the budget of *[name of program*], are they in the operating budget or annual financial statement that you have provided/will provide?

1. For services that are part of the program but are paid for by someone else, how can we locate information on the costs of these services for participants in the study? *(List services from Column 2 of the table and get contact information for each service if you don’t already have it.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Service** | **Provider Agency** | **Contact Person** | **Phone Number** | **E-mail** |
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