



Employee Initiative Information - ME

In our efforts to improve our training and job placement services, we are asking customers to answer a few additional questions related to employment. This is part of an evaluation of the U.S. Department of Labor's "DEI Initiative."* The DEI seeks to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to their employment.

Privacy Statement: Responses to this data collection are voluntary and will be used only for statistical purposes. Reports prepared for this study will summarize findings across the sample and will not associate responses with a specific firm/establishment/state/district or individual. We will not provide information that identifies you or your firm/establishment/state/district to anyone outside the study team, except as required by law.

Customer ID: _____

First Name, Last Name: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____

1. Are you a Veteran? YES NO

2. Do you have a disability? YES NO

3. Are you currently receiving Social Security Disability Insurance (SSDI)?
 YES NO

If 'NO', have you ever received SSDI? YES NO

4. Are you currently a "Ticket to Work" participant? YES NO DON'T KNOW

5. When did you begin employment at your most recent job? *If you have never worked before, please enter "99/99/9999" and SKIP questions 6 - 9.*

(mm/dd/yyyy) ____ / ____ / ____

6. If ever employed, what was your most recent job title?

7. If ever employed, what was your most recent hourly wage? \$ ____ /hour

8. If ever employed, how many hours a week did you work in your most recent job?
____ hours/week

9. Did your most recent employer offer you: *(Please check all that apply)*

- Health Insurance Working from home Sick Leave Customized Employment
 Vacation Job Sharing Flexible Hours On the Job Accommodations None

10. Which of the following things do you think will make it hard for you to get a job? *(Please Check all that apply):*

- Limited education or training Limited work history/experience
 No child care Substance use Limited transportation
 Language barrier Ex-Offender Housing/homeless Disability

Public Burden Statement: OMB Control Number 1230-XXXX (Exp. XX/XX/XXXX) The Paperwork Reduction Act of 1995 provides that persons cannot be required to respond to a collection of information unless such collection displays a valid OMB Control Number. Your response is estimated to take about 5 minutes. Send comments regarding the burden estimate or any

If you have any questions about the study, or this form, please contact:
Anne Chamberlain at Social Dynamics, LLC, toll-free: 1-855-990-1105.

other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., Room S-1303, Washington DC, 20210.

* Social Dynamics, LLC is under contract to the U.S. Department of Labor, Office of Disability Employment Policy (ODEP) to conduct an evaluation of the Disability Employment Initiative, which began in October 2010, and is expected to conclude in September 2015. Your responses will be used to prepare a report on the DEI that describes what your state is doing to help you get a job.

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