

**Supporting
Statement for OMB
Clearance Request**

**Appendix D: HPOG-
NIE Grantee Survey**

**National Implementation
Evaluation of the Health
Profession Opportunity
Grants (HPOG) to Serve
TANF Recipients and
Other Low-Income
Individuals and HPOG
Impact Study**

0970-0394

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Submitted by:
Office of Planning,
Research & Evaluation
Administration for Children & Families
U.S. Department of Health
and Human Services

Federal Project Officers:
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Appendix D: HPOG-NIE Grantee Survey



Advance email to grantee representative

Dear **[Name of grantee representative]**:

As you may know, **[name of local HPOG program]** is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients secure well-paying healthcare jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of all HPOG program grantees. We are asking grantee representatives like you to complete a survey to help us better understand the structure and operations of **[name of local HPOG program]**. The survey should take you approximately four hours to complete. It asks about your program background and context, organizations with which you collaborate, and such program activities as marketing and outreach, intake and enrollment, training, and support services. Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from **[sender]**, and it will reference **[subject line]** in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

Abt Associates HPOG Project Director

The Paperwork Reduction Act Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is **xxxx-xxxx**, and it expires **xx/xx/xxxx**. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to **[Contact Name]; [Contact Address]**; Attn: OMB-PRA (**xxxx-xxxx**).



Health Profession Opportunity Grants (HPOG)

Grantee Survey

As you may know, **[name of local HPOG program]** is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients secure well-paying healthcare jobs.

As part of the HPOG study, we are asking grantee representatives to complete a survey to help us better understand the structure and operations of **[name of local HPOG program]**. The survey should take you approximately four hours to complete. It asks about your program background and context, organizations with which you collaborate, and such program activities as marketing and outreach, intake and enrollment, training, and support services.

Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

[SURVEY ROADMAP AND INSTRUCTIONS WILL BE INSERTED ABOUT HERE]

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Part A. Grantee Background

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

1.1. What type of organization is [name of grantee institution]?

(Please select only one answer.)

- State government agency
- Local government agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Community or technical college (includes community college district)
- Nonprofit (e.g., community or faith-based) service/training provider
- For-profit or proprietary service/training provider
- Labor organization (e.g., union/ labor association/ labor federation)
- Other (Please specify): _____

1.2. HPOG and its exclusive dedication to training for the healthcare industry is often referred to as "sectoral" training. Thinking about [name of grantee institution]'s experience implementing healthcare training and/or other sectoral training programs...

(Please select only one answer in each row.)

	Yes	No
a. Before HPOG, my organization had never operated any type of sectoral training program - it was completely new to sectoral training.		
b. Before HPOG, my organization had operated a sectoral training program in a field other than healthcare.		
c. Before HPOG, my organization had operated sectoral training in healthcare - it was not new to sectoral training in healthcare.		
d. Currently, my organization is also operating a sectoral training program in a field other than healthcare.		

1.3. Before [name of local HPOG program], did [name of grantee institution] actively recruit and target services to any of the following groups?

If [name of grantee institution] did not actively recruit any of the following groups, please check this box.

[If Respondent checks box, skip to Part B]

(Please select only one answer in each row.)

	Yes	No
a. Low-income individuals		
b. Unemployed individuals		
c. TANF (Temporary Assistance for Needy Families) recipients		
d. SNAP (Supplemental Nutrition Assistance Program) recipients		
e. Individuals without a GED or high school diploma		

	Yes	No
f. Limited English proficiency individuals		
g. Individuals with disabilities		
h. Incumbent workers (i.e., currently employed)		
i. Ex-offenders		
j. Homeless individuals		
k. Post-secondary students		
l. Single parents		
m. Non-custodial parents		
n. Veterans		
o. Victims of domestic violence		
p. Youth transitioning out of foster care		
q. Other target group (Please specify): _____		

Part B. Community Context

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

2.1. How would you classify the area(s) where [name of local HPOG program] offers services?
(Please select all that apply.)

- Urban
- Suburban
- Rural

2.2. Which of the following describes [name of local HPOG program]'s catchment area?
(Please select all that apply.)

- Single local workforce development area as defined under WIA
- More than one local workforce development area as defined under WIA
- A single city, town, or village
- Multiple cities, towns, or villages
- A single county
- Multiple counties
- Entire state
- Informally defined based on participant access
- Other (Please specify): _____

2.3. Thinking about your catchment area as a whole, which of the following statements best describes your public transportation resources?

2.3a. Public transportation to our service locations is readily available from:
(Please select only one answer.)

- Everywhere in our catchment area
- Almost everywhere in our catchment area (~ 75 percent)
- Roughly half our catchment area
- Limited number of places in our catchment area (~ 25 percent)
- Nowhere in our catchment area

2.3b. Public transportation to major healthcare employers is readily available from:
(Please select only one answer.)

- Everywhere in our catchment area
- Almost everywhere in our catchment area (~ 75 percent)
- Roughly half our catchment area
- Limited number of places in our catchment area (~ 25 percent)
- Nowhere in our catchment area

**2.3c. Among the individuals that your organization seeks to serve:
(Please select only one answer.)**

- All have access to public transportation
- Almost all have access to public transportation (~ 75 percent)
- Roughly half have access to public transportation
- Few have access to public transportation (~ 25 percent)
- None have access to public transportation

Part C. Program Context

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

3.1. Which of the following statements best characterizes your [name of local HPOG program] program?

(Please select all that apply.)

- Expansion of a program that was already in place prior to the HPOG grant
- Designed “from scratch” to meet the specifications of the HPOG grant and the needs of our target population
- Based on a program already in place but with changes made to meet HPOG grant requirements or for other reasons
- Other (Please specify): _____

3.2. Does your program prescribe any “per participant” limits on any of the following?

(Please select only one answer in each row.)

	Yes	No	If yes, please specify:
a. Length of stay in the program			_____
b. Number of courses taken			_____
c. Tuition expenses			_____
d. Total HPOG grant dollars spent			_____
e. Total dollars spent			_____

3.3. Which of the following groups does [name of local HPOG program] actively recruit and target services to?

(Please select only one answer in each row.)

	Yes	No
a. Low-income individuals		
b. Unemployed individuals		
c. TANF (Temporary Assistance for Needy Families) recipients		
d. SNAP (Supplemental Nutrition Assistance Program) recipients		
e. Individuals without a GED or high school diploma		
f. Limited English proficiency individuals		
g. Individuals with disabilities		
h. Incumbent workers (i.e., currently employed)		
i. Ex-offenders		
j. Homeless individuals		
k. Post-secondary students		
l. Single parents		
m. Non-custodial parents		
n. Veterans		
o. Victims of domestic violence		

	Yes	No
p. Youth transitioning out of foster care		
q. Other target group (Please specify): _____		

3.4. Does [name of local HPOG program] have physical locations (distinct from on-line or by phone) for the following activities? Include all service providers, as appropriate.
(Please select only one answer in each row.)

	Yes	No	Not Applicable (Activity not offered)
a. Obtaining program applications or information			
b. Submitting completed applications			
c. Meeting with a program representative during enrollment			
d. Completing required assessments			
e. Meeting with an academic advisor/counselor			
f. Meeting with a financial aid advisor/counselor			
g. Meeting with an advisor/counselor about supportive services			
h. Meeting with a career advisor/counselor			
i. Meeting with a job placement specialist			

[IF ANY IN {3.4a - 3.4i} = YES, THEN ASK 3.5, ELSE SKIP TO 3.6]

3.5. How many physical locations are available for the following intake/enrollment activities? Include all service providers, as appropriate.

[AUTO-POPULATE WITH CATEGORIES SELECTED IN 3.4]

	Number of Locations:
a. Obtaining program applications or information	
b. Submitting completed applications	
c. Meeting with a program representative during enrollment	
d. Completing required assessments	
e. Meeting with an academic advisor/counselor	
f. Meeting with a financial aid advisor/counselor	
g. Meeting with an advisor/counselor about supportive services	
h. Meeting with a career advisor/counselor	

	Number of Locations:
i. Meeting with a job placement specialist	

3.6. Which of the following statements best characterize your HPOG service delivery system with respect to healthcare training?

(Please select only one answer.)

- Most healthcare training is offered in a single central location
- Healthcare training is offered in a limited number of locations
- Healthcare training is offered in many locations throughout our area

3.7. Using a scale of 1 to 5, where 1 = Never and 5 = Always, how often are the following services physically co-located with healthcare training? If your program has multiple providers, select a single rating that best characterizes your service delivery system.

(Please select only one answer in each row.)

	1 Never	2	3	4	5 Always
a. Academic advising/counseling					
b. Financial aid advising/counseling					
c. Advising/counseling about support services					
d. Career advising/counseling					
e. Job placement services					
f. Basic skills instruction, GED preparation, ESL, or other training activities					

3.8. Do any of the following staff routinely travel from their regular offices to other training locations to provide services?

(Please select only one answer in each row.)

	Yes	No
a. Staff who provide academic advising/counseling		
b. Staff who provide financial aid advising/counseling		
c. Staff who provide advising/counseling about support services		
d. Staff who provide career advising/counseling		
e. Staff who provide job placement services		

Part D. Perspectives on HPOG Mission & Healthcare Training Opportunities

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

- 4.1. On a scale of 1 to 5, where 1 = Not At All Available and 5 = Readily Available, please rate the current availability of the following healthcare training opportunities in the geographical area(s) [name of local HPOG program] serves. Please consider all healthcare training opportunities available, including [name of local HPOG program].

(Please select only one answer in each row.)

Current availability...	1 Not At All Available	2	3	4	5 Readily Available
a. Healthcare training opportunities that emphasize career pathways					
b. Healthcare training opportunities that target individuals with significant skill, education, and work experience deficits					
c. Healthcare training curricula that accommodate multiple learning modes and capabilities					
d. Healthcare training opportunities that are designed to accommodate non-traditional student populations (e.g. flexible schedules, accelerated programs)					
e. Opportunities to orient and acclimate non-traditional student populations to health professions (e.g. internships, job fairs, apprenticeships)					

- 4.2. Using a scale of 1 to 5, where 1 = Not At All Available and 5 = Readily Available, please rate the availability of the following healthcare training opportunities before your organization began [name of local HPOG program] in the geographical area(s) it serves.

(Please select only one answer in each row.)

Availability before HPOG...	1 Not At All Available	2	3	4	5 Readily Available
a. Healthcare training opportunities that emphasize career pathways					
b. Healthcare training opportunities that target individuals with significant skill, education, and work experience deficits					
c. Healthcare training curricula that accommodate multiple learning modes and capabilities					
d. Healthcare training opportunities that are designed to accommodate non-traditional student populations (e.g. flexible schedules, accelerated programs)					

Availability before HPOG...	1 Not At All Available	2	3	4	5 Readily Available
e. Opportunities to orient & acclimate non-traditional student populations to health professions (e.g. internships, job fairs, apprenticeships)					

4.3. Using a scale of 1 to 5, where 1 = Strongly Negative and 5= Strongly Positive, please indicate how the following circumstances or events have influenced the implementation and operation of **[name of local HPOG program]**.

						[4.3a]
	1 Strongly Negative	2	3 Neutral	4	5 Strongly Positive	Which of the following has been the most influential factor for the implementation and operation of [name of local HPOG program] ?
	(Please select only one answer in each row.)					(Please select only one answer)
a. Increase in state funding for workforce development initiatives						
b. Decrease in state funding for training/education						
c. Change in political landscape or local policies						
d. Opening or expansion of prominent healthcare employer						
e. Unexpected economic decline (e.g., loss or contraction of prominent healthcare employer)						
f. General economic stabilization						
g. Emergence of other healthcare training options						
h. Loss of other healthcare training options						
i. Other (Please specify): _____						

4.4. How has this factor (**[AUTO-POPULATE WITH RESPONSE SELECTED IN 4.3a]**) been influential?

[Textbox, 1,000 character limit]

- 4.5. Thinking about the accessibility and quality of healthcare training opportunities for low-income individuals in your community, please rate how strongly you agree or disagree with the following statements about the result of receiving your HPOG award, using a scale of 1 to 5, where 1=Strongly Disagree and 5= Strongly Agree.

(Please select only one answer in each row.)

As a result of receiving the HPOG award...	1 Strongly Disagree	2	3 Neutral (no change)	4	5 Strongly Agree
a. Employers are more likely to hire low-income individuals					
b. Low- income individuals in my community have more access to organizations that provide healthcare training					
c. Low-income individuals in my community have more access to organizations that provide support services around healthcare training					
d. Organizations in my community are more involved in recruiting low-income individuals for healthcare training					
e. Organizations in my community are more involved in training low-income individuals for healthcare professions					
f. Low-income individuals in my community have access to high quality healthcare training					
g. Low-income individuals in my community are better prepared to meet the local economy's need for skilled healthcare workers					

Part E. Relationships with Other Organizations

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

Questions in this section ask about other organizations that are involved with [name of local HPOG program].

ORGANIZATION CHARACTERISTICS AND RELATIONSHIPS

5.1. Based on information collected by your HPOG study liaison, we have compiled a list of organizations that are involved with or have supported [name of local HPOG program]. In the table below, please note the nature of each organization’s past role (at the planning and grant application stage) as well as their current role in [name of local HPOG program].

If an organization does not appear below, please add its name at the end of the table.

(Please select all that apply in each row, except if “Has Never Provided Services...” is checked.)

Organization	[5.1a] Involved With or Supported the Early Planning and Preparation of [name of local HPOG program] Grant Application	[5.1b] Involved With or Supported the Early Implementation and Operation of [name of local HPOG program] Activities (first year)	[5.1c] Continues to be Involved With or Supporter of [name of local HPOG program] Today	[5.1d] Has Never Been Involved With or Supporter of [name of local HPOG program]
a. [Organization #_Name]				
b. [Organization #_Name]				
c. [Organization #_Name]				
d. [Organization #_Name]				
e. [Organization #_Name]				
f. [Organization #_Name]				
g. [Organization #_Name]				
h. Please add names of additional organizations here [ADD ROWS AS NEEDED]				

The next questions ask about the nature of [Name of grantee institution]’s relationships with organizations that are involved with or have supported [name of local HPOG program]. We ask about [Name of grantee institution]’s relationships with these organizations at two points in time—before [Name of grantee institution] was awarded the HPOG grant in [GRANT_AWARD_DATE], and currently. [FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.2.]

5.2. For the following organizations, how would you characterize the nature of your organizational relationship, before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	[5.2a] Formalized Relationship (e.g., formal memorandum of understanding (MOU) or contract)	[5.2b] Informal Collaboration	[5.2c] No Active Relationship Before the HPOG Grant
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.2c “NO ACTIVE RELATIONSHIP BEFORE THE HPOG GRANT” IS SELECTED SKIP TO 5.7]

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.3.]

5.3. How long had each of the following organizations collaborated with **[Name of grantee institution]**, before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Less than a Year	1 to 5 Years	More than 5 Years
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.4.]

5.4. How frequently did people from your organization interact with the organizations below, before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Never	On an "As-Needed" Basis	About Once a Quarter	Once a Month	2 to 3 Times per Month	Once per Week	More Than Once per Week
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]							

[FOR EACH ORGANIZATION, IF 5.4= "NEVER" IS NOT SELECTED, ASK 5.5.]

5.5. What type of contact occurred with each of the following organizations before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select all that apply in each row.)

Organization	Email	One-on-One Call	Group Conference Call	In Person Meeting
[POPULATE WITH ORGANIZATIONS FROM 5.4 WHERE 5.4 = "NEVER" IS NOT SELECTED]				

[FOR EACH ORGANIZATION, IF 5.1d "NEVER BEEN INVOLVED WITH..." IS NOT SELECTED, ASK 5.6.]

5.6. How helpful was each organization in supporting the achievement of your organization’s objectives, before [Name of grantee institution] was awarded the HPOG grant, using a scale of 1 to 5, where 1=Not At All Helpful and 5= Very Helpful?

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don't Know
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]						

We will now ask a similar set of questions about your CURRENT relationship with these organizations. We will ask you to focus on the relationships surrounding [name of local HPOG program] between your organization and each of the organizations listed below.

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.7.]

5.7. Currently, how would you characterize the nature of your organizational relationship with the following organizations?

(Please select only one answer in each row.)

Organization	Formalized Relationship (e.g., formal memorandum of understanding (MOU) or contract)	Informal Collaboration	No Active Relationship
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.7c “NO ACTIVE RELATIONSHIP” IS NOT SELECTED, ASK 5.8.]

5.8. Currently, how frequently do [name of local HPOG program] staff from your organization interact with the organizations below?

(Please select only one answer in each row.)

Organization	Never	On an "As-Needed" Basis	About Once a Quarter	Once a Month	2 to 3 Times per Month	Once per Week	More Than Once per Week
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]							

[FOR EACH ORGANIZATION, IF 5.8= "NEVER" IS NOT SELECTED, ASK 5.9.]

5.9. Currently, what type of contact occurs with each of the following organizations?

Organization	Email	One-on-One Call	Group Conference Call	In Person Meeting
[POPULATE WITH ORGANIZATIONS FROM 5.8 WHERE 5.8 = "NEVER" IS NOT SELECTED]				

[FOR EACH ORGANIZATION, IF 5.7c "NO ACTIVE RELATIONSHIP" IS NOT SELECTED, ASK 5.10.]

5.10. Currently, how helpful is each organization below in supporting the achievement of your organization's objectives, using a scale of 1 to 5, where 1=Not At All Helpful and 5= Very Helpful?

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don't Know
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]						

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don't Know

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” OR 5.2c “NO ACTIVE RELATIONSHIP BEFORE THE HPOG GRANT” IS NOT SELECTED, ASK 5.11.]

5.11. Since [Name of grantee institution] received the HPOG grant, has your organization’s relationship with each organization expanded, diminished, or remained unchanged, compared to before [Name of grantee institution] was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Expanded	Diminished	Remained Unchanged
[POPULATE WITH ORGANIZATIONS WHERE 5.1d OR 5.2c IS NOT SELECTED]			

SUSTAINABILITY OF RELATIONSHIPS WITH OTHER ORGANIZATIONS

The following questions ask about the sustainability of existing relationships with other organizations that are involved with [name of local HPOG program] after the HPOG grant period ends.

- 5.12. On a scale of 1 to 5, where 1=Strongly Disagree and 5= Strongly Agree, please indicate the extent to which you agree with the following statements about the sustainability of [Name of grantee institution]'s relationships with other organizations that are involved with [name of local HPOG program], after the HPOG grant period ends.

Here, we are asking that you generalize about your relationship with the group of organizations that are involved with your HPOG program rather than each one individually.

(Please select only one answer in each row.)

After the end of the HPOG grant period...	1 Strongly Disagree	2	3	4	5 Strongly Agree	0 Don't Know
a. Existing HPOG partners will continue to work with my organization to provide healthcare training to low income individuals in the community						
b. Existing HPOG partners will continue to work with my organization to provide support services for sectoral training programs						
c. Other (Please specify): _____						

- 5.13. On a scale of 1 to 5, where 1=Not a challenge and 5=A serious challenge, please rate the extent to which the following factors could make it challenging for [Name of grantee institution] to sustain relationships with other organizations involved in [name of local HPOG program], after the HPOG grant period ends. Here, we are asking about your overall perceptions of the factors that could make it challenging to sustain relationships with these organizations.

(Please select only one answer in each row.)

	1 Not a Challenge	2	3	4	5 A Serious Challenge
a. Leadership changes in partner organizations					
b. Lack of shared goals					
c. Unfavorable economic conditions					
d. Lack of resources in partner organizations (e.g., budget, staff, equipment, space)					
e. Other (Please specify): _____					

Part F. Marketing & Outreach

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

This section asks about the outreach and marketing strategies that [name of local HPOG program] uses to recruit potential participants. This may include referrals from other organizations, advertisements, information sessions, word of mouth, etc.

6.1. Which of the following are part of [name of local HPOG program]'s strategy to inform your community and potential participants about the program?

(Please select all that apply.)

Traditional media

- TV or radio public service announcements
- Toll-free informational hotlines
- Direct mail campaigns
- Distribution of print materials

Internet-based strategy

- Use of grantee/partner websites
- Facebook, Twitter, other social media

Other

- Partnerships with or referrals from employers
- Partnerships with or referrals from professional and industry organizations
- Referrals from TANF agencies
- Referrals from Workforce Investment Board or One-Stop Career Centers
- Referrals from secondary schools/school districts
- Referrals from post-secondary institutions
- Referrals from community/faith-based organizations
- Door-to-door outreach
- In-person presentations in the community
- Word of mouth
- Other (Please specify): _____

6.2a. Which of the following activities do your organization and/or [name of local HPOG program] perform?
(Please select all that apply in each row—check “none” if none.)

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency's/ Organization's Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
a. [Grantee_Name_Institution]								
b. [Name of local HPOG program]								

6.2b. Which of the following activities do your partner organizations perform for [name of local HPOG program]?
(Please select all that apply in each row—check “none” if none.)

[AUTO-POPULATE WITH ORGANIZATIONS WITH CURRENT INVOLVEMENT i.e. 5.1c IS SELECTED]

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency's/ Organization's Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
a. [Partner#_Name]								
b. [Partner#_Name]								
c. [Partner#_Name]								
d. [Partner#_Name]								

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency's/ Organization's Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
e. [Partner#_Name]								
f. [Partner#_Name]								
g. [Partner#_Name]								
h. [Partner#_Name]								

6.3. Using a scale of 1 to 5, where 1 = Not a challenge and 5 = A serious challenge, please rate the extent to which the following issues affect participant recruitment levels in [name of local HPOG program] (if any).

(Please select only one answer in each row.)

	1 Not a Challenge	2	3	4	5 A Serious Challenge
a. Difficulty in finding eligible participants					
b. Insufficient resources devoted to outreach and recruitment					
c. Difficulty in finding candidates with interest in health professions					
d. Low or inadequate basic skill levels of applicants					
e. Problems with transportation or location					
f. Problems with class schedules or off-hours availability of services					
g. Inadequate child care options					
h. Availability of other training options besides [name of local HPOG program]					
i. Prospective applicant's need to work, which limits feasibility of enrolling in training.					
j. Insufficient referrals from partner community-based organizations					
k. Insufficient referrals from partner employers/employer organizations					
l. Insufficient referrals from partner(s) in the workforce system					
m. Insufficient referrals from TANF agency					
n. Other (Please specify): _____					

Part G. Intake and Enrollment

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

7.1. Which of the following schedules does your organization use for accepting applications to [name of local HPOG program]?

(Please select only one answer.)

- Continuous schedule (e.g., accept applications throughout the year)
- Fixed interval schedule (e.g. accept applications only during a specified time period, such as before the beginning of the next school semester/term)
- Other (Please specify): _____

7.2. Where are [name of local HPOG program] applications available for prospective applicants?
(Please select only one answer in each row.)

	Yes	No
a. Online (including email from staff)		
b. TANF offices		
c. SNAP offices		
d. One Stop Career Centers		
e. Unemployment Insurance offices		
f. Public housing authority/office		
g. Agencies serving the homeless		
h. Community colleges		
i. Secondary schools		
j. Proprietary training schools		
k. Head Start program locations		
l. Agencies serving immigrants		
m. Community action agencies		
n. Hospitals		
o. Health clinics		
p. Other (Please specify): _____		

7.3. How can applicants submit completed applications?**(Please select only one answer in each row.)**

	Yes	No
a. Online (via website or submission portal)		
b. Email		
c. Fax		
d. Telephone		
e. U.S. Mail		
f. In person (e.g., at orientation, during intake, or at a program office)		
g. Other (Please specify): _____		

7.4. Does [name of local HPOG program] require applicants to undergo any of the following screenings?**(Please select only one answer in each row.)**

	All Applicants	Some Applicants/Vari es by Provider	None
a. Background check for felonies			
b. Background check for misdemeanors			
c. Drug screening			
d. Physical or other medical exam			
e. Other (Please specify): _____			

7.5a. During the application process, (but prior to enrollment) are applicants to [name of local HPOG program] required to participate in a group or one-on-one orientation that uses a standard explanation of the program and/or the application process (e.g., application forms and required documentation, program services and requirements for participants)?**(Please select only one answer.)**

- Yes
 No

[IF 7.5a =YES, GO TO 7.5b; ELSE SKIP TO 7.6]

7.5b. How frequently are these orientation sessions held?**(Please select only one answer.)**

- More than once per week
- Once per week
- 2 to 3 times per month
- Once a month
- About once a quarter
- Rarely, but at least one time over the course of the program
- On an “as-needed” basis

7.5c. On average, about how long do these orientation sessions last?

____ hours ____ minutes

7.5d. What are the formats for these “orientation” session(s)?**(Please select only one answer in each row.)**

	Yes	No
a. In-person, group presentation		
b. Group presentation via conference call or webinar		
c. Individual, in-person interview with HPOG staff member		
d. Individual, phone interview with HPOG staff member		
e. Individual, via email or other electronic format with HPOG staff member		

7.5e. Who conducts these orientation sessions?**(Please select all that apply.)**

- HPOG program staff
- HPOG referral partners (e.g., TANF agency, educational institutions)
- HPOG service providers
- Other (Please specify): _____

PROGRAM ELIGIBILITY**7.6. Does your program require applicants to have a GED or high school diploma? If your HPOG program has multiple providers and requirements vary by providers, select the response that best describes the most common approach.****(Please select only one answer.)**

- Yes
- No

7.7a. Does your program require applicants to have a minimum reading and/or math grade level? If your HPOG program has multiple providers and requirements vary by providers, provide a single rating that best describes the requirements.**(Please select only one answer.)**

- Minimum reading level
- Minimum math level
- Both reading and math level minimums
- No minimum reading or math requirements

[IF MINIMUM READING LEVEL SELECTED, PRESENT 7.7b]**[IF MINIMUM MATH LEVEL SELECTED, PRESENT 7.7c]****[IF BOTH SELECTED, PRESENT 7.7b AND 7.7c]****[IF NO MINIMUM READING OR MATH REQUIREMENTS IS SELECTED, SKIP TO 7.8a]****7.7b. What is the minimum reading grade level your program requires?****(Please select only one answer.)**

- 4th grade or equivalent
- 5th grade or equivalent
- 6th grade or equivalent
- 7th grade or equivalent
- 8th grade or equivalent
- 9th grade or equivalent
- 10th grade or higher

7.7c. What is the minimum math grade level your program requires?**(Please select only one answer.)**

- 4th grade or equivalent

- 5th grade or equivalent
- 6th grade or equivalent
- 7th grade or equivalent
- 8th grade or higher
- 9th grade or equivalent
- 10th grade or higher

7.8a. Which of the following factors does [name of local HPOG program] use in determining financial eligibility?

(Please select all that apply.)

- Federal poverty level (1)
- Household income (2)
- Individual income (3)
- Individual earnings (4)
- Eligible for TANF (5)
- Eligible for SNAP (6)
- Other (Please specify): _____ (7)

7.8b. What threshold has your program established to determine eligibility?

[Present those items corresponding in number to those selected above in 7.8a.]

- a. Percent of the federal poverty level: _____% (1)
- b. Household income: \$_____ (2)
- c. Individual income: \$_____ (3)
- d. Individual earnings: \$_____ (4)
- e. Other (Please specify): _____ (7) [AUTO-POPULATE "OTHER" WITH RESPONSE IN 7.8a]

7.9. Which of the following types of documentation are applicants to [name of local HPOG program] required to submit with their application to verify their eligibility?

(Please select only one answer in each row.)

	Yes	No
a. Proof of social security number		
b. Proof of residential address		
c. Proof of citizenship/alien status		
d. Proof of age/birthdate		
e. Proof of individual/family income or earnings		
f. Proof of individual status/family size		
g. Proof of public assistance		
h. Proof of selective service registration		
a. Other (Please specify): _____		

7.10a. Are applicants to [name of local HPOG program] required to apply for a Pell Grant?

(Please select only one answer.)

- Yes
 No

[IF 7.10a=YES, GO TO 7.10b; ELSE SKIP TO 7.11]

7.10b. Does your organization or one of its HPOG partners offer applicants assistance completing the **Free Application for Federal Student Aid (FAFSA)** form?

(Please select only one answer.)

- Yes
 No

ASSESSMENTS

7.11. As part of the intake or enrollment process, does [name of local HPOG program] require assessment or screening of the following areas?

(Please select only one answer in each row.)

	Yes	No
a. Basic academic skills		
b. Learning styles		
c. Career aptitudes		
d. Career interests		
e. English language proficiency		
f. Support service needs		
g. Job-readiness or " soft skills " (e.g., problem solving, appropriate workplace behavior)		
h. Life skills (e.g., time management, personal hygiene)		
i. Coping skills		
j. Social skills (e.g., interpersonal skills)		
k. Motivation		
l. Other (Please specify): _____		

7.12. As part of your program's **intake** or enrollment process, does [name of local HPOG program] require any of the following formal assessments?

(Please select only one answer in each row.)

	Yes	No
a. TABE (Test of Adult Basic Education)		
b. CASAS (Comprehensive Adult Student Assessment Systems)		
c. WorKeys		
d. COMPASS		
e. ACCUPLACER		
f. Other (Please specify): _____		

7.13a. In addition to meeting the **eligibility criteria** discussed above, does your program's **intake process** also include an evaluation of an applicant's general suitability for **[name of local HPOG program]** (e.g., comfort with healthcare work, personal circumstances and motivation that allow for productive participation and completion)?

(Please select only one answer.)

- Yes
 No

[IF 7.13a = YES, GO TO 7.13b; ELSE SKIP TO 7.14]

7.13b. What are the three most important criteria your program uses when evaluating an applicant's general suitability?

Criterion 1: _____

Criterion 2: _____

Criterion 3: _____

7.13c. How is this "suitability" review conducted?

(Please select only one answer in each row.)

	Yes	No
a. One-on-one interview		
b. Group interview		
c. Results of [PRE-FILL FROM 7.12, IF 7.12=YES; ADD MULTIPLE ROWS AS NEEDED]		
d. Other screening(s) or assessment(s)		

[IF 7.13c.d.=YES, GO TO, 7.13c.1; ELSE SKIP TO 7.13d.]

7.13c.1. Which of the following statements describe the other type(s) of "suitability" screening(s) or assessment(s) used for the "suitability" review?

(Please select all that apply.)

- Created exclusively for **[name of local HPOG program]**
 Adapted from an existing program for **[name of local HPOG program]**
 Considered "off-the-shelf" assessments

7.13d. Among applicants who meet the **eligibility criteria** for **[name of local HPOG program]**, approximately what percentage are found to be not "suitable" for the program?

(Please select only one answer.)

- Less 5 percent
 5–10 percent
 11–20 percent
 21–30 percent
 More than 30 percent

**7.14. Are any of the following supports available to facilitate the application/intake process?
(Please select all that apply.)**

- Application forms in other languages
- Bilingual intake staff
- Translators
- Transportation assistance** to attend **orientations** or initial meetings (e.g., gas reimbursement, bus passes)
- Child care while applicants attend **orientation** sessions
- Other (Please specify): _____
- None of the above

7.15a. Do applicants and program staff discuss **support service needs (e.g., assistance with child care, transportation, and other supports to facilitate participation) during the **application process**?**

(Please select only one answer in each row.)

- Yes
- No, this is generally discussed after enrollment

[IF 7.15a =YES, GO TO 7.15b; ELSE SKIP TO 7.16a]

7.15b. What is the setting for these discussions?

(Please select all that apply.)

- In-person meeting with program staff member
- Phone meeting with program staff member
- Other (Please specify): _____

7.16a. During the application/intake period (from initial **orientation to formal acceptance into the program), about how many separate in-person or phone meetings (**orientations**, interviews, reviews, etc.) do **[name of local HPOG program]** applicants take part in, on average?**

_____ number of required meetings (including in-person and phone meetings)

_____ average number of total meetings (including in-person and phone meetings)

7.16b. How many of the required meetings are in-person meetings?

(Please select only one answer.)

- None
- 1
- 2-3
- 4 or more

7.17. On average, how long does it take to complete the application/intake process – that is, how many months/weeks/days from initial meeting to official acceptance? (Do not include time

after acceptance waiting for services to begin). If there is substantial variation across training programs, or individual partners' intake procedures, provide an approximation.

___ # months/weeks/days [PRESENT UNITS (MONTHS/WEEKS/DAYS) IN DROP-DOWN MENU, MAY USE ONLY ONE UNIT FOR RESPONSE]

7.18. Among applicants who are officially accepted into [name of local HPOG program], approximately what percentage typically drop out or not show up before program services begin?

(Please select only one answer.)

- Less than 5 percent
- 5-10 percent
- 11 - 20 percent
- 21-30 percent
- More than 30 percent

7.19. Thinking about the intake and enrollment process as a whole, how strongly do you agree or disagree with the following statements?

(Please select only one answer in each row.)

	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Our program's intake/enrollment process needs to be simplified or streamlined					
b. Our program's intake/enrollment process is more difficult than it needs to be					
c. Our program's intake/enrollment process does a good job of selecting appropriate candidates that can be successful					

Part H. Education and Training

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

This section asks about the education and training courses offered by [name of local HPOG program].

CORE CURRICULUM: PRE-TRAINING ACTIVITIES

- 8.1. For each **pre-training activity**, please tell us if it was created exclusively for [name of local HPOG program], adapted from an existing program for [name of local HPOG program], or used in other programs besides [name of local HPOG program].

Pre-Training Activity [PRE-FILL FROM PRS AS APPROPRIATE]	Course, Workshop, Service				
	Offered by [name of local HPOG program] (Please select only one answer in each row.)		Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from an Existing Program for [name of local HPOG program]	Is Considered "Off the Shelf" and Used in Other Programs
	Yes	No	(Please select only one answer in each row.)		
a. Orientation or Introduction to Healthcare Careers or Occupations [PRS ITEM]					
b. College Skills Training [PRS ITEM]					
c. Prerequisite Subject Courses Prior to Entering Occupational Program (e.g. Math, Biology) [PRS ITEM]					
d. Financial literacy workshop [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					
e. Soft skills training [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					

Pre-Training Activity [PRE-FILL FROM PRS AS APPROPRIATE]	Course, Workshop, Service				
	Offered by [name of local HPOG program] (Please select only one answer in each row.)		Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from an Existing Program for [name of local HPOG program]	Is Considered "Off the Shelf" and Used in Other Programs
	Yes	No	(Please select only one answer in each row.)		
f. Computer/ technological skills training [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					
g. Other (Please specify): _____					

8.2. How are these pre-training activities offered?

Pre-training Activity [PREFILL FROM 8.1]	[IF R SELECTS, "REQUIRED OF ALL HPOG PARTICIPANTS," GO TO 8.3. ELSE, SEE FOLLOW-UP QUESTIONS]			[IF R SELECTS "REQUIRED OF SOME HPOG PARTICIPANTS," ASK...]			[IF R SELECTS "VOLUNTARY FOR ALL HPOG PARTICIPANTS," ASK...]	
	Required of <u>All</u> [name of local HPOG program] Participants	Required of <u>Some</u> [name of local HPOG program] Participants	Voluntary for <u>All</u> [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants Based on Assessment Results	Required of Some [name of local HPOG program] Participants Based on Occupational Training Choice	Required of Some [name of local HPOG program] Participants Based on Other Criteria (please specify criteria used)	Voluntary but Encouraged by Case Manager/Counselor for at Least Some Participants	Voluntary Based on Expressed Interest/Needs of Participant
	(Please select only one answer.)			(Please select all that apply.)			(Please select all that apply.)	
a. Orientation or Introduction to Healthcare Careers or Occupations [PRS ITEM]								
b. College Skills Training [PRS ITEM]								
c. Prerequisite Subject Courses Prior to Entering Occupational Program (e.g. Math, Biology) [PRS ITEM]								
d. Financial literacy workshop [DOES NOT APPEAR IN PRS]								

Pre-training Activity [PREFILL FROM 8.1]	[IF R SELECTS, "REQUIRED OF ALL HPOG PARTICIPANTS," GO TO 8.3. ELSE, SEE FOLLOW-UP QUESTIONS]			[IF R SELECTS "REQUIRED OF SOME HPOG PARTICIPANTS," ASK...]			[IF R SELECTS "VOLUNTARY FOR ALL HPOG PARTICIPANTS," ASK...]	
	Required of All [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants	Voluntary for All [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants Based on Assessment Results	Required of Some [name of local HPOG program] Participants Based on Occupational Training Choice	Required of Some [name of local HPOG program] Participants Based on Other Criteria (please specify criteria used)	Voluntary but Encouraged by Case Manager/Counselor for at Least Some Participants	Voluntary Based on Expressed Interest/Needs of Participant
	(Please select only one answer.)			(Please select all that apply.)			(Please select all that apply.)	
e. Soft skills training [DOES NOT APPEAR IN PRS]								
f. Computer/technological skills training [DOES NOT APPEAR IN PRS]								
h. Other (Please specify): _____								

CORE CURRICULUM: BASIC SKILLS INSTRUCTION

[IF BASIC SKILLS INSTRUCTION NOT OFFERED (ACCORDING TO PRS), DO NOT ASK 8.3.THROUGH 8.6. SKIP TO 8.7]

8.3. For each **basic skills** instruction offering, please tell us if it was created exclusively for [name of local HPOG program], adapted from an existing program for [name of local HPOG program], or is used in other programs beside [name of local HPOG program].

Basic Skills Instruction [PRE-FILL FROM PRS]	Course		
	Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from An Existing Program for [name of local HPOG program]	Is Considered "Off the Shelf" and Used in Other Programs
	(Please select only one answer in each row.)		
a. General Equivalency Degree (GED) Classes [PRS ITEM]			
b. Pre-GED Classes [PRS ITEM]			
c. English as a Second Language (ESL) Instruction [PRS ITEM]			
d. Adult Basic Education [PRS ITEM]			
e. Other (Please specify): _____			

8.4. How are these basic skills instruction offered?

Basic Skills Instruction [PREFILL FROM 8.3]				Required of [name of local HPOG program] Participants Based on Assessment Results	Required of [name of local HPOG program]Partic ipants Based on Occupational Training Choice	Required of HPOG Participants Based on Other Criteria (please specify criteria used)	Voluntary but May be Strongly Encouraged by Case Manager/Cou nselor	Voluntary Based on Expressed Interest/Needs of Participant
				(Please select all that apply.)			(Please select all that apply.)	
a. General Equivalency Degree (GED) Classes [PRS ITEM]								
b. Pre-GED Classes [PRS ITEM]								
c. English as a Second Language (ESL) Instruction [PRS ITEM]								
d. Adult Basic Education [PRS ITEM]								
e. Other (Please specify): _____								

8.5. On a scale of 1 to 5, where 1=Not At All Important and 5=Very Important, how do you rate the following goals as they relate to your basic skills instruction offerings?

(Please select only one answer in each row.)

Basic Skills Instruction Goals	1 Not At All Important	2	3	4	5 Very Important
a. Provide a general refresher in competency areas that underlie occupational training					
b. Help obtain a high school diploma or GED					
c. Ensure that HPOG enrollees meet established competency thresholds in key areas					
d. Strengthen specific competencies that directly link to occupational training courses					
e. Prepare students for college-level coursework					
f. To prepare students for increased use of technology based learning					
g. Other (Please specify): _____					

8.6. Which statement best describes [name of local HPOG program]'s approach to the delivery of basic skills instruction?

(Please select all that apply.)

- Basic skills instruction is integrated into the occupational training instruction
- Basic skills instruction is provided as stand-alone components taken independently of health and vocational education/ training activities
- Integration of basic skills instruction and health and vocational education/ training activities varies by provider

CORE CURRICULUM: HEALTH AND VOCATIONAL EDUCATION/ TRAINING ACTIVITIES

8.7. Which of the following factors describe the range of health or vocational education/training options offered by [name of local HPOG program]?

(Please select all that apply.)

- We offer training options that provide credentials that are "stackable" with other available training
- We offer a set of training options that support a single career pathway
- We offer a set of training options that support multiple career pathways
- We offer a range of training activities that can be pursued independently
- Other (Please specify): _____

8.8a. Are any of the health or vocational education/training activities that are offered by [name of local HPOG program] created exclusively for [name of local HPOG program] or adapted from an existing program for [name of local HPOG program]?

- Yes
- No

[IF 8.8a=YES, GO TO 8.8b; ELSE SKIP TO 8.9]

8.8b. For each health or vocational education/training activity, please tell us if it was created exclusively for [name of local HPOG program], or adapted from an existing program for [name of local HPOG program]. Please also tell us if any of these activities are available exclusively to HPOG participants.

Health or Vocational Education/Training Activity [PREFILL FROM PRS, AS APPROPRIATE. ACTIVITIES LISTED BELOW ARE SELECTED EXAMPLES FROM THE PRS]	Training Activity...			Available to ...	
	Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from an Existing Program for [name of local HPOG program]		[name of local HPOG program] Participants Only	[name of local HPOG program] Participants and Other Students
	(Please select only one answer in each row.)			(Please select only one answer in each row.)	
a. Registered Nurses					
b. Phlebotomists					
c. Dental Hygienists					
d. Surgical Technologist					
e. Cardiovascular Technologists and Technicians					
f. ...					
g. Other (Please specify): _____					

8.9. For the following health or vocational education/training activities offered by [name of local HPOG program], please indicate if they are available...

(Please select all that apply in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	During the Work Day	In the Evening	On Weekends
a. Registered Nurses			
b. Phlebotomists			
c. Dental Hygienists			
d. Surgical Technologist			
e. Cardiovascular Technologists and Technicians			
f. ...			

8.10. Were any of the health or vocational education/training activities offered by [name of local HPOG program], purposely designed (or redesigned/compressed) for accelerated completion?

(Please select only one answer.)

- Yes
- No

[IF 8.10=YES, GO TO 8.11; ELSE SKIP TO 8.12a]

8.11. For each of the following health or vocational training activities offered by [name of local HPOG program], please indicate if they have been purposely designed (or redesigned/compressed) for accelerated completion?

(Please select only one answer in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Yes	No
a. Registered Nurses		
b. Phlebotomists		
c. Dental Hygienists		
d. Surgical Technologist		
e. Cardiovascular Technologists and Technicians		
f. ...		

8.12. For each health or vocational education/training activity, please characterize the two methods of service delivery used for the most HPOG participants.

(Please select the two most common options in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Large Group Instruction (8 or more students at one time)	Small Group Instruction (fewer than 8 students at one time)	Individualized (One-on-One) Instruction	Labs or Other "Hands-on" Exercises	Self-Paced Instruction	Online Courses/Tutorials	Other (Please specify):
a. Registered Nurses							_____
b. Phlebotomists							_____
c. Dental Hygienists							_____
d. Surgical Technologist							_____
e. Cardiovascular Technologists and Technicians							_____
f. ...							_____

8.13. For each of the following health or vocational education/training activities offered by [name of local HPOG program], please indicate if any of the following are offered.

(Please select all that apply in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Clinical Section that is Part of a Course	Internships	Volunteer Positions	Other (Please specify):	Not Offered
a. Registered Nurses				_____ -	
b. Phlebotomists				_____ -	
c. Dental Hygienists				_____ -	
d. Surgical Technologist				_____ -	
e. Cardiovascular Technologists and Technicians				_____ -	
f. ...				_____ -	

8.14. Which of the following functions do your organization and/or your **partners** perform to provide HPOG participants with health or vocational education/training activities?

(Please select all that apply in each row, except if “Organization is not involved in vocation or occupational training provision” is checked.)

[AUTO-POPULATE WITH ORGANIZATIONS WITH CURRENT INVOLVEMENT I.E. 5.1.c IS SELECTED]

Organization	Provide Healthcare Trainings	Provide Faculty or Instructors	Provide Training Space	Provide Training Equipment	Provide Learning Technologies (e.g., learning management system, online tutoring software, online discussion board, wikis, course blogs)	Provide Work-Based Learning Opportunities (e.g. clinical s, internships , on the job training)	Organization Does not Provide Health or Vocational Education/Training Activities
a. [Grantee_Name_Institution]							
b. [Partner#_Name]							
a. [Partner#_Name]							
b. [Partner#_Name]							
c. [Partner#_Name]							
d. [Partner#_Name]							
e. [Partner#_Name]							
f. [Partner#_Name]							
g. [Partner#_Name]							

ACADEMIC COUNSELING AND ADVISING SERVICES

This section asks about the academic counseling and advising services offered by [name of local HPOG program].

8.15. Which of the following **academic counseling and advising services** are routinely offered by [name of local HPOG program]?

(Please select all that apply.)

- Academic/career counseling
- Tutoring
- Other, (Please specify): _____ **[ADD UP TO THREE "OTHER, SPECIFY" RESPONSE OPTIONS]**
- [Name of local HPOG program] does not routinely provide academic counseling and advising services

[IF "DOES NOT ROUTINELY PROVIDE ACADEMIC COUNSELING..." IS SELECTED IN 8.15, SKIP TO 8.19]

8.16. You indicated earlier that the following **academic counseling and advising services** are available to HPOG participants. Is participation in these services required or voluntary for HPOG participants?

(Please select only one answer in each row.)

Academic Counseling and Advising Services [PREFILL WITH OPTIONS SELECTED IN 8.15]	Required for All HPOG Participants	Required for Some HPOG Participants Based on Established Criteria	Available to all HPOG Participants on a Voluntary Basis
a. Academic/career counseling			
b. Tutoring			
Other [AUTO-POPULATE WITH "OTHER" FROM 8.15]			

8.17. How do you provide the following academic counseling and advising services?
(Please select all that apply in each row.)

Academic Counseling and Advising Services [PREFILL WITH OPTIONS SELECTED IN 8.15]	Method of Delivery					
	Group Setting, In-person	Group Setting via Conference Call or Webinar	One-on-One Session, In-Person with a Staff Member	One-on-One Session, Over the Phone with a Staff Member	One-on-one session via electronic format (e.g., email, online live discussions via chat rooms, instant messaging)	Other (Please specify):
a. Academic/career counseling						_____
b. Tutoring						_____
c. Other [AUTO-POPULATE WITH "OTHER" FROM 8.15]						_____

[FOR EACH TRAINING ACTIVITY, IF "GROUP SETTING" or "ONE-ON-ONE.." IS SELECTED IN 8.17, ASK 8.18; ELSE SKIP TO 8.19]

8.18. Which of the following statements describes the staff responsible for academic counseling and advising services? If academic counseling and advising services are offered by more than one provider, please select the most common approach.

(Please select only one answer.)

- Staff responsible for academic counseling and advising services are provided by [Grantee_Name_Institution] (Please select only one answer.)
 - [Grantee_Name_Institution] has dedicated staff who provide these services
 - [Grantee_Name_Institution] has staff who provide academic counseling and advising services integrated with broader personal and career counseling services
- Staff responsible for academic counseling and advising services are provided by partner organizations (Please select only one answer.)
 - Health or vocational education/training partners
 - Basic skills instruction partners
 - Both
- Other (Please specify): _____

8.19. Thinking about your training providers as a group, please check the three most common ways in which HPOG participants receive academic support while engaged in occupational training beyond that which is provided during regular classroom hours.

(Please select 3 most common options.)

- Spend extra one-on-one time with the instructor

- Attend group study or “help” sessions
- Assigned a tutor by our organization
- Assigned a tutor by the training institution
- Referred by instructor to an academic counselor or case manager to determine the best next steps
- Referred by instructor to an academic “help” center at the training institution
- Provided additional “self-study” resources
- Other (Please specify): _____

8.20. Does [name of local HPOG program] offer non-cash incentives to participants for achieving program milestones (e.g. training completion, maintaining a certain GPA level or attendance rate)?

(Please select only one answer.)

- Yes
- No

[IF 8.20=YES, ASK 8.21; ELSE SKIP TO 8.22]

8.21. Using a scale of 1 to 5, where 1 = Not At All Effective and 5 = Very Effective, how effective do you believe these non-cash incentives are in encouraging participants to achieve the desired program milestones?

(Please select only one answer.)

1	2	3	4	5
Not At All Effective				Very Effective

8.22. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Pre-training activities					
b. Basic skills instruction					
c. Health or vocational education/training activities					
d. Academic counseling and advising services					

Part I. Support Services

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

CASE MANAGEMENT SERVICES

9.1. Is there an individual who is assigned to work one-on-one with each [name of local HPOG program] participant throughout their stay in the program? (This person is sometimes called a “case manager,” though there are other titles such as “navigator”.)

(Please select only one answer.)

- Yes
 No

[IF 9.1 = YES, GO TO 9.2; ELSE SKIP TO 9.7]

9.2. Which of these services are the responsibility of case managers?

(Please select all that apply.)

- Participant monitoring (e.g., assessing participants' progress in training or needs for program supports)
- Academic counseling (e.g., course advising)
- Career counseling (e.g., reviewing careers or career pathways)
- Counseling to identify personal and supportive service needs
- Financial counseling (e.g., helping with financial aid or related income support or budget matters)
- Job search/placement assistance
- Job retention services
- Other (Please specify): _____

9.3. How many case managers does [name of local HPOG program] currently use to support its participants and what is the average estimated caseload?

____ # full-time case managers ____ average estimated caseload for full-time case managers
____ # part-time case managers ____ average estimated caseload for part-time case managers

9.4. The [name of local HPOG program] case managers are:

(Please select only one answer.)

- Employed by the [name of local HPOG program] or [name of grantee institution]
- Employed by a partner organization
- Both of the above

9.5. How often do case managers interact with other program staff around their caseloads or individual [name of local HPOG program] participants?

(Please select only one answer.)

- On a regular basis: Case managers and other staff meet regularly to discuss cases and share strategies with each other
- As needed: Case managers and other staff meet on an “as needed” basis around a particular case or issue
- Rarely or never: Case managers and other staff generally work their caseload independently without much interaction with other case managers
- Other (Please specify): _____

9.6. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Career counseling (e.g., reviewing careers or career pathways)					
b. Counseling to identify personal and supportive service needs					
c. Financial counseling (e.g., helping with financial aid or related income support or budget matters)					
d. Job search/placement services					
e. Job retention services					

SOCIAL SUPPORT SERVICES

9.7. Social Support Services are those designed to connect participants in a social setting or with other individuals, including mentors or peers. Does your organization and/or any of your partners provide the following social support services to [name of local HPOG program] participants either directly or on a referral basis?

(Please select only one answer in each row.)

	Yes	No
a. Mentoring activities		
b. Peer support activities		
c. Cultural programming		
d. Other (Please specify): _____		

9.8. How does your organization and/or any of your partners provide these social support services: provide directly, make referrals, or both?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.7]

	Provide Directly	Make Referrals	Both
a. Mentoring activities			
b. Peer support activities			
c. Cultural programming			
d. Other [AUTO-POPULATE WITH "OTHER" FROM 9.7]			

9.9. Are any of these social support services required in order to complete the program?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.7]

	Required	Not Required
a. Mentoring activities		
b. Peer support activities		
c. Cultural programming		
d. Other [AUTO-POPULATE WITH "OTHER" FROM 9.7]		

9.10. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]'s capacity to meet participants' needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Mentoring					
b. Peer support					
c. Cultural programming					
d. Other [AUTO-POPULATE WITH "OTHER" FROM 9.7]					

SUPPORT SERVICES

9.11. Does your organization and/or any of your partners provide the following support services either directly or on a referral basis to [name of local HPOG program] participants?

(Please select all that apply in each row.)

	Provide Directly	Make Referrals	Not Offered
a. Child care assistance			
b. Transportation assistance			
c. Driver's license assistance			
d. Food assistance (other than SNAP)			
e. Addiction or substance abuse services			
f. Family preservation services			
g. Family engagement services			
h. Legal assistance			
i. Primary or Medical Care			
j. Short-term/temporary housing			
k. Other housing assistance			
l. Other (Please specify): _____			

9.12. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]'s ability to meet participants' support service needs (either directly or through referrals)?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.11]

[Name of local HPOG program] is able to meet participants' needs for...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Child care assistance					
b. Transportation assistance					
c. Driver's license assistance					
d. Food assistance (other than SNAP)					
e. Addiction or substance abuse services					
f. Family preservation services					
g. Family engagement services					
h. Legal assistance					
i. Primary or Medical Care					
j. Short-term/temporary housing					
k. Other housing assistance					
l. Other [AUTO-POPULATE WITH "OTHER" FROM 9.11]					

9.13a. Are there limits on the amount of support services you can provide to [name of local HPOG program] participants?

(Please select only one answer.)

- Yes, there is a limit on program funds spent per participant
- Yes, there is a limit on program funds spent on any one service for any one participant
- Yes, there is a limit on program funds spent on any one service across all participants
- No, there are no spending limits per participant or per services
- Other (Please specify): _____

9.13b. Relative to other programs that [name of grantee institution] provides to low income individuals, does [name of local HPOG program] provide more, less, or about the same level of support services (e.g., childcare assistance, transportation assistance, mental health services, substance abuse services) to participants?

(Please select only one answer.)

- More
- Less
- About the same amount
- Not applicable

FINANCIAL SUPPORT SERVICES

9.14. What is your organization’s policy for covering participants’ [name of local HPOG program] tuition costs?

(Please select all that apply.)

- HPOG funding covers 100% of program tuition.
- HPOG funding covers 100% of program tuition for some training activities.
- HPOG funding covers whatever amount of program tuition that is not covered by Pell Grant, employer contributions, WIA Individual Training Account (ITA), or other sources.
- HPOG funding covers up to a certain amount of program tuition (i.e., there is a cap).
- HPOG funding does not cover any program tuition.
- Other (Please specify): _____

9.15. Since the [name of local HPOG program] began, have your participants received financial assistance from any of the following funding sources?

(Please select only one answer in each row.)

	Yes	No
a. Pell Grants		
b. Employer contributions (including on-the-job training (OJT))		
c. WIA Individual Training Accounts (ITA)		
d. Other (Please specify): _____		

9.16. Which of the following statements characterize your use of WIA to support participants in [name of local HPOG program]?

(Please select all that apply.)

- We routinely co-enroll all participants in WIA
- We co-enroll those participants whose training tuition can be supported with a WIA Individual Training Account (ITA)
- We co-enroll participants on as needed basis
- We do not co-enroll any participants in WIA

9.17. Does your organization and/or any of your partners provide financial support for the following items (either directly or on a referral basis) to [name of local HPOG program] participants?

(Please select only one answer in each row.)

Financial assistance with...	Yes	No
a. Book costs		
b. Licensing and certification fees		
c. Exam/exam preparation fees		
d. Work/training uniforms, supplies, tools		
e. Computer/technology equipment		
f. Other (Please specify): _____		

9.18. How are the following financial supports provided?

(Please select all that apply in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.17]

	Provided upon Request (Subject to Funding Availability)	Provided to All Participants Without Request	Provided for Select Training Courses
a. Book costs			
b. Licensing and certification fees			
c. Exam/exam preparation fees			
d. Work/training uniforms, supplies, tools			
e. Computer/technology equipment			
f. Other [AUTO-POPULATE WITH "OTHER" FROM 9.17]			

9.19. Does [name of local HPOG program] provide emergency assistance or financial support in the following areas?

(Please select only one answer in each row.)

	Yes	No
a. Car repair costs		
b. Car insurance costs		
c. Utilities (e.g., heating, electricity, water bills)		
d. Food assistance (non-SNAP)		
e. Security deposit		
f. Rent		
g. Housing Program fees		
h. Other (Please specify): _____		

9.20. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]'s capacity to meet participants' needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Book costs					
b. Licensing and certification fees					
c. Exam/exam preparation fees					
d. Work/training uniforms, supplies, tools					
e. Computer/technology equipment					

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
f. Car repair					
g. Car insurance					
h. Utilities (e.g., heating, electricity, water bills)					
i. Food costs (non-SNAP assistance)					
j. Security deposit					
k. Rent					
l. Housing Program fees					
m. Other [AUTO-POPULATE WITH "OTHER" FROM 9.17 AND 9.19]					

EMPLOYMENT SERVICES

9.21. Does your organization and/or any of your partners provide the following job search and placement assistance to [name of local HPOG program] participants?

(Please select only one answer in each row.)

	Yes	No
a. Job-readiness workshops (e.g., group workshops on arranging child care, handling conflicts in the workplace, dressing appropriately for work, etc.)		
b. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.)		
c. Identifying job openings for program graduates		
d. Meeting with employers to identify job openings for graduates		
e. One-on-one job search assistance		
f. Advising on career and job choices		
g. Operating or referrals to job fairs		
h. Providing participants with job listings		
i. Job screening (i.e., screen for suitability for a job)		
j. Other (Please specify): _____		

9.22. Does your organization and/or any of your **partners** provide the following post-placement and retention services to **[name of local HPOG program]** participants?

	Yes	No	If Yes, Over What Time period after Placement?		
			First 30 Days	First 60 Days	First 90 Days
	(Please select only one answer in each row.)		(Please select only one answer in each row.)		
a. In-person meetings with participant					
b. Phone check-ins with participant					
c. Phone calls or meetings with participant's supervisor					
d. Email check-ins with participant					
e. Social media (e.g., Facebook, LinkedIn)					
f. Other (Please specify): _____					

9.23. To receive the following job development, placement, and retention services, do **[name of local HPOG program]** participants request them or are they a standard part of the program and routinely provided?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]

	Available Upon Request	Standard Part of Program Services
a. Job-readiness workshops		
b. Job search skills workshops		
c. Identifying job openings for program graduates		
d. Meeting with employers to identify job openings for graduates		
e. One-on-one job search assistance		
f. Advising on career and job choices		
g. Operating or referrals to job fairs		
h. Providing participants with job listings		
i. Job screening (i.e., screen for suitability for a job)		
j. Post-placement services (e.g., in-person meetings, phone check-ins)		
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]		

9.24. Does your organization and/or any of your **partners** directly provide, make referrals, or both provide and make referrals for these job development, placement, and retention services?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]

	Directly Provide	Make Referrals	Both
a. Job-readiness workshops			
b. Job search skills workshops			
c. Identifying job openings for program graduates			
d. Meeting with employers to identify job openings for graduates			
e. One-on-one job search assistance			
f. Advising on career and job choices			
g. Operating or referrals to job fairs			
h. Providing participants with job listings			
i. Job screening (i.e., screen for suitability for a job)			
j. Post-placement services (e.g., in-person meetings, phone check-ins)			
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]			

9.25. Are these **job development, placement, and retention services provided by dedicated staff** (whose primary or only responsibility is providing that service) or staff with other primary responsibilities?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]

	Dedicated Staff	Staff with Other Primary Responsibilities	
a. Job-readiness workshops			
b. Job search skills workshops			
c. Identifying job openings for program graduates			
d. Meeting with employers to identify job openings for graduates			
e. One-on-one job search assistance			
f. Advising on career and job choices			
g. Operating or referrals to job fairs			
h. Providing participants with job listings			
i. Job screening (i.e., screen for suitability for a job)			
j. Post-placement services (e.g., in-person meetings, phone check-ins)			
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]			

9.26. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]'s capacity to meet participants' needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Job-readiness workshops					
b. Job search skills workshops					
c. Identifying job openings for program graduates					
d. Meeting with employers to identify job openings for graduates					
e. One-on-one job search assistance					
f. Advising on career and job choices					
g. Operating or referrals to job fairs					
h. Providing participants with job listings					
i. Job screening (i.e., screen for suitability for a job)					
j. Post-placement services (e.g., in-person meetings, phone check-ins)					
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]					

9.27. Do any of the employers that [name of local HPOG program] partners with provide the following employment services to the participants?

(Please select only one answer in each row.)

	Yes	No
a. Place job listings with HPOG program		
b. Contact HPOG program representative(s) to provide referrals for job openings		
c. Contact HPOG program representative(s) to provide job screening		
d. Other (Please specify): _____		

9.28. Which of the following statements apply regarding participants who are placed in jobs upon completion of [name of local HPOG program]?

(Please select only one answer.)

- Most (more than 50%) are placed with employers that we consider program partners
- Most (more than 50%) are placed with employers that are not program partners
- Our placements are spread across both partners and other employers

- 9.29. If there is anything else about the structure and operations of [name of local HPOG program] that was either not covered in the survey or you would like to explain further please enter your comments below.

[TEXTBOX, 1,000 CHARACTER LIMIT]

On behalf of ACF, thank you for taking the time to complete this survey.

Click here to submit your responses:

Screen Shots of HPOG-NIE Grantee Survey



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HPOG Grantee Survey

{invite.Grantee Institution}, {invite.Local HPOG}

Health Professions Opportunity Grants (HPOG) Grantee Survey

As you may know, {invite.Local HPOG} is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, secure well-paying healthcare jobs.

As part of the HPOG study, we are asking grantee representatives to complete a survey to help us better understand the structure and operations of {invite.Local HPOG}. The survey should take you approximately four hours to complete. It asks about your program background and context, organizations with which you collaborate, and such program activities as marketing and outreach, intake and enrollment, training, and support services.

Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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HPOG Grantee Survey

{invite.Grantee Institution}, {invite.Local HPOG}

Section 1. Grantee Background

1.1. What type of organization is {invite.Grantee Institution}?

- State government agency
- Local government agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Community or technical college (includes community college district)
- Nonprofit (e.g., community or faith-based service/training provider)
- For-profit or proprietary service/training provider
- Labor organization (e.g., union/ labor association/ labor federation)
- Other (Please specify):

1.2. HPOG and its exclusive dedication to training for the healthcare industry is often referred to as "sectoral" training. Thinking about {invite.Grantee Institution}'s experience implementing healthcare training and/or other sectoral training programs...

	Yes	No
<u>Before HPOG</u> , my organization had never operated <u>any type of</u> sectoral training program – it was completely new to sectoral training.	<input type="radio"/>	<input type="radio"/>
<u>Before HPOG</u> , my organization had operated a sectoral training program <u>in a field other than healthcare</u> .	<input type="radio"/>	<input type="radio"/>
<u>Before HPOG</u> , my organization had operated <u>sectoral training in healthcare</u> – it was <u>not</u> new to <u>sectoral training in healthcare</u> .	<input type="radio"/>	<input type="radio"/>
<u>Currently</u> , my organization is also operating a sectoral training program <u>in a field other than healthcare</u> .	<input type="radio"/>	<input type="radio"/>

1.3. Before {invite.Local HPOG}, did {invite.Grantee Institution} actively recruit and target services to any of the following groups?

	Yes	No
<u>Low-income individuals</u>	<input type="radio"/>	<input type="radio"/>
<u>Unemployed individuals</u>	<input type="radio"/>	<input type="radio"/>
<u>TANF</u> (Temporary Assistance for Needy Families) recipients	<input type="radio"/>	<input type="radio"/>
<u>SNAP</u> (Supplemental Nutrition Assistance Program) recipients	<input type="radio"/>	<input type="radio"/>
<u>Individuals without a GED or high school diploma</u>	<input type="radio"/>	<input type="radio"/>
<u>Limited English proficiency individuals</u>	<input type="radio"/>	<input type="radio"/>
<u>Individuals with disabilities</u>	<input type="radio"/>	<input type="radio"/>
<u>Incumbent workers</u> (i.e., currently employed)	<input type="radio"/>	<input type="radio"/>
<u>Ex-offenders</u>	<input type="radio"/>	<input type="radio"/>
<u>Homeless individuals</u>	<input type="radio"/>	<input type="radio"/>
<u>Post-secondary students</u>	<input type="radio"/>	<input type="radio"/>
<u>Single parents</u>	<input type="radio"/>	<input type="radio"/>
<u>Non-custodial parents</u>	<input type="radio"/>	<input type="radio"/>
<u>Veterans</u>	<input type="radio"/>	<input type="radio"/>
<u>Victims of domestic violence</u>	<input type="radio"/>	<input type="radio"/>
<u>Youth transitioning out of foster care</u>	<input type="radio"/>	<input type="radio"/>



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HPOG Grantee Survey

{invite.Grantee Institution}, {invite.Local HPOG}

Section 2. Community Context

2.1. How would you classify the area(s) where {invite.Local HPOG} offers services?

- Urban
 Suburban
 Rural

2.2. Which of the following describes {invite.Local HPOG}'s catchment area?

- Single local workforce development area as defined under WIA
 More than one local workforce development area as defined under WIA
 A single city, town, or village
 Multiple cities, towns, or villages
 A single county
 Multiple counties
 Entire state
 Informally defined based on participant access
 Other (Please specify):

For questions 2.3a - 2.3c, think about your catchment area as a whole. Select the statements that best describe your public transportation resources.

2.3a. Public transportation to our service locations is readily available from:

- Almost everywhere in our catchment area
 Roughly half our catchment area
 Very few places in our catchment area
 Nowhere in our catchment area

2.3b. Public transportation to major healthcare employers is readily available from:

- Almost everywhere in our catchment area
 Roughly half our catchment area
 Very few places in our catchment area
 Nowhere in our catchment area

2.3c. Among the individuals that your organization seeks to serve:

- Almost all have access to public transportation
 Roughly half have access to public transportation