**Appendix D**

**Baseline Information Form**

**Updated 10.3.12**

**The Paperwork Reduction Act Burden Statement:** This collection of information is voluntary and will be used for the Subsidized and Transitional Employment Demonstration (STED) Evaluation Project. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 0970-XXXX and it expires XX/XX/XXXX.

**STED Baseline Information Form**

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| ***STED***  |

***Demographic Information***

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| --- | --- | --- |
| **Social Security Number\***  |  | **used for matching to other data sources** |
| *Social Security Number: As noted on the Informed Consent Form, your social security number will be used to collect information from state and federal agencies about your employment, earnings, TANF and other public assistance. Provision of the social security number is required for participation in the STED project. Without it, researchers will be unable to access critical information about how STED programs benefit participants.*  |
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| **Date of Birth**  |  | **mm/dd/yyyy** |
| **U.S. Citizen**  | * **Yes**
 | * **No**
 | 🔿 **Decline to answer** |
| **Authorized To Work** | * **Yes**
 | * **No**
 | 🔿 **Decline to answer** |
| **Gender**  | * **Male**
 | * **Female**
 | 🔿 **Decline to answer** |
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| **Ethnicity Hispanic, Latino/a, or Spanish origin**  | 🔿 **No, not of Hispanic, Latino/a, or Spanish origin** | 🔿 **Yes, Mexican American, Chicano/a**🔿 **Yes, Puerto Rican** | 🔿 **Yes, Cuban**🔿 **Yes, Another Hispanic** | 🔿 **Decline to answer** |
| **Race** **(Allow multiple responses)**   | ❑ **White**❑ **Black of African American**❑ **American Indian or Alaska Native**❑ **Hawaiian Native**❑ **Filipino**❑ **Samoan**❑ **Guamanian or Chamorro**❑ **Other Pacific Islander** | ❑ **Asian Indian**❑ **Chinese**❑ **Korean**❑ **Vietnamese**❑ **Japanese**❑ **Other Asian**❑ **Other, specify\_\_\_\_\_\_\_\_\_**🔿 **Decline to answer** |
| **Primary Language**  | * **English**
 | * **Spanish**
 | * **Other**
 |
| **Limited English Proficient**  | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** |
| **Marital Status**  | 🔿 **Never Married**🔿 **Currently Married** | 🔿 **Separated** 🔿 **Divorced** | 🔿 **Widowed**🔿 **Decline to answer** |
| **Participant Lives With**  | 🔿 **Alone**❑ **Wife/Husband**❑ **Girlfriend/Boyfriend**❑ **Parent/Stepparent** | ❑ **Friend(s)**❑ **Grandparent**❑ **Own Child(ren)**❑ **Other Child(ren)** | ❑ **Sister/Brother** ❑ **Other Relative**❑ **Other Non-Relative**🔿 **Decline to answer** |
| **Housing Status at Enrollment**  | 🔿 **Own apartment, room, or house**🔿 **Rent apartment, room, or house**🔿 **Halfway house/ transitional house**🔿 **Residential treatment** | 🔿 **Homeless**🔿 **Staying at someone's apartment, room, or house (Stable)**🔿 **Staying at someone's apartment, room, or house (Unstable)**🔿 **Decline to answer** |
| **Highest Grade Completed** | 🔿 **0 - No school grades completed**🔿 **1 - First grade completed**🔿 **2 – Second grade completed**🔿 **3 – Third grade completed**🔿 **4 – Fourth grade completed**🔿 **5 – Fifth grade completed**🔿 **6 – Sixth grade completed**🔿 **7 - Seventh grade completed**🔿 **8 – Eight grade completed**🔿 **9 – Ninth grade completed** | 🔿 **10 – Tenth grade completed** 🔿 **11 – Eleventh grade completed**🔿**12 – Twelfth grade completed**🔿 **13 – 1 school year completed in college or full-time technical school**🔿 **14 – 2 school years completed in college or full-time technical school**🔿 **15 – 3 school years completed in college or full-time technical school**🔿 **16 – Education beyond the Bachelor’s degree**🔿 **Decline to answer** |
| **Highest Degree Attained** | 🔿 **Attained High School Diploma**🔿 **Attainted GED or Equivalent** | 🔿 **Attained Certificate of Attendance/Completion**🔿 **Associate Degree** 🔿 **Bachelor’s degree or equivalent**🔿 **Masters, Professional or Doctoral degree**🔿 **Decline to answer** |
| **Individual With Disability** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** | **Based on self report, at point of random assignment** |
| **Cares for/lives with someone with a disability** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** | **Based on self report, at point of random assignment** |
| **Ever convicted of a crime** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** |
| **Ever Incarcerated for a Federal or State Offense** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** |
| **Number of Minor Children**  ***(Please provide age of each child reported)*** | 🔿 **1**🔿 **2**🔿 **3**🔿 **4**🔿 **5**🔿 **6**🔿 **7**🔿 **8**🔿 **9**🔿 **10** | **Age of** **Child # 1 \_\_\_\_\_\_\_\_** **Child # 2 \_\_\_\_\_\_\_\_** **Child # 3 \_\_\_\_\_\_\_\_** **Child # 4 \_\_\_\_\_\_\_\_** **Child # 5 \_\_\_\_\_\_\_\_** | **Age of** **Child # 6 \_\_\_\_\_\_\_\_** **Child # 7 \_\_\_\_\_\_\_\_** **Child # 8 \_\_\_\_\_\_\_\_** **Child # 9 \_\_\_\_\_\_\_\_** **Child # 10 \_\_\_\_\_\_\_\_** | 🔿 **Decline to answer** |
| **Number of Minor Children Living With Participant**  | 🔿 **1**🔿 **2** | 🔿 **3**🔿 **4** | 🔿 **5**🔿 **6** | 🔿 **7**🔿 **8** | **🔿 9****🔿 10** | 🔿 **Decline to answer** |
| **[If custodial parent] child support received:** |

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| 🔿 **Yes** | 🔿**No** | 🔿 **Decline to answer** |

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| **Child support order in force:** |

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| 🔿 **Yes** | 🔿**No** | 🔿 **Decline to answer** |

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| **Individual Monthly Income at Enrollment**  | 🔿**None**🔿 **$1 - $500**🔿 **$501 - $1,000** | 🔿 **$1,001 - $2,500**🔿 **$2,501 - $5,000**🔿 **More than $5,000**🔿 **Decline to answer** |
| **Medical Benefits** | ❑ **Medicaid**❑ **Medicare**❑ **Private health insurance from work or family member** | ❑ **Other**❑ **None**🔿 **Decline to answer** |
| **Mental Health Treatment** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** | **Ever received as of point of random assignment** |
| **Substance Abuse Treatment** | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** | **Ever received as of point of random assignment** |

***Employment History***

|  |  |  |  |
| --- | --- | --- | --- |
| **Currently Employed**  | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** |
| **If no, have you ever been employed?**  | 🔿 **Yes** | 🔿 **No** | 🔿 **Decline to answer** |
| **If not currently employed and have never been employed, go to next section (TANF Recipient Information)** |
| **Start Date of Most Recent Job**  |  | 🔿 **Decline to answer** | **mm/dd/yyyy** |
| **Ending Date of Most Recent Job** |  | 🔿 **Decline to answer** | **mm/dd/yyyy** |
|  |
| **Job Title**  | * **Building and Grounds Cleaning and Maintenance Occupations**
* **Community and Social Services Occupations**
* **Construction and Extraction Occupations**
 | * **Food Preparation and Serving Related Occupations**
* **Healthcare Support Occupations**
* **Installation, Maintenance, and Repair Occupations**
 | * **Office and Administrative Support Occupations**
* **Personal Care and Service Occupations**
* **Production Occupations**
* **Protective Service Occupations**
* **Sales and Related Occupations**
* **Transportation and Material Moving Occupations**
 |
| **🔿Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🔿 **Decline to answer** |
| **Hourly Wage** | **$** | 🔿 **Decline to answer** |
| **Have you ever worked for the same employer for 6 months or more?** | * **Yes**
 | * **No**
 | 🔿 **Decline to answer** |
| **In total, how much did you work during the last three years?** | 🔿 **Less Than 6 Months**🔿 **7 – 12 Months**🔿 **13 – 24 Months** | 🔿 **More Than 24 Months**🔿 **Did Not Work**🔿 **Decline to answer** |

***TANF Recipient Information***

|  |  |  |  |
| --- | --- | --- | --- |
| **Starting date of current receipt period**  |  | 🔿 **Decline to answer** | **mm/dd/yyyy** |
| **Public Assistance at Enrollment** | ❑ **Social Security Insurance (SSI) or Social Security Disability (SSD)**❑ **Temporary Assistance for Needy Families (TANF)**❑ **Welfare for single adults or general assistance (GA)**❑ **Unemployment insurance** | ❑ **Food stamps/SNAP**❑ **Division of AIDS Services Income Support (DAS)**❑ **Other government sources** 🔿 **No Benefits**🔿 **Decline to answer** |
|  **Ever received cash assistance prior to current receipt** |

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| --- | --- | --- |
| 🔿 **Yes** | 🔿**No** | 🔿 **Decline to answer** |

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| **Type of cash assistance previously received:** |

|  |  |
| --- | --- |
| ❑ **TANF/AFDC** | ❑ **General Assistance**❑ **SSI/SSDI/Disability** |
| ❑ **Other** | 🔿 **Decline to answer** |

 |
| **Lifetime TANF/AFDC received** | **Months** |  | 🔿 **Decline to answer** |
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