

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



Demographic Information

Social Security Number*		used for matching to other data sources
<i>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.</i>		
Date of Birth U.S. Citizen Authorized To Work Gender		mm/dd/yyyy
	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Decline to answer	
	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Decline to answer	
	<input checked="" type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Decline to answer	

Ethnicity

Ethnicity Hispanic, Latino/a, or	<input type="radio"/> No, not of	<input type="radio"/> Yes, Mexican	<input type="radio"/> Yes, Cuban	<input type="radio"/> Decline to answer
---	-------------------------------------	---------------------------------------	-------------------------------------	--

Spanish origin	Hispanic, Latino/a, or Spanish origin	American, Chicano/a ○ Yes, Puerto Rican	○ Yes, Another Hispanic
Race (Allow multiple responses)	<input type="checkbox"/> White <input type="checkbox"/> Black of African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian Native <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other, specify _____ <input type="radio"/> Decline to answer		
Primary Language	<input checked="" type="radio"/> English	<input checked="" type="radio"/> Spanish	<input checked="" type="radio"/> Other
Limited English Proficient	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Decline to answer
Marital Status	<input type="radio"/> Never Married <input type="radio"/> Currently Married	<input type="radio"/> Separated <input type="radio"/> Divorced	<input type="radio"/> Widowed <input type="radio"/> Decline to answer
Participant Lives With	<input type="radio"/> Alone <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Girlfriend/Boyfriend <input type="checkbox"/> Parent/Stepparent	<input type="checkbox"/> Friend(s) <input type="checkbox"/> Grandparent <input type="checkbox"/> Own Child(ren) <input type="checkbox"/> Other Child(ren)	<input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <input type="radio"/> Decline to answer
Housing Status at Enrollment	<input type="radio"/> Own apartment, room, or house <input type="radio"/> Rent apartment, room, or house <input type="radio"/> Halfway house/transitional house <input type="radio"/> Residential treatment <input type="radio"/> Homeless <input type="radio"/> Staying at someone's apartment, room, or house (Stable) <input type="radio"/> Staying at someone's apartment, room, or house (Unstable) <input type="radio"/> Decline to answer		
Highest Grade Completed	<input type="radio"/> 0 - No school grades completed <input type="radio"/> 1 - First grade completed <input type="radio"/> 2 - Second grade completed		<input type="radio"/> 10 - Tenth grade completed <input type="radio"/> 11 - Eleventh grade completed <input type="radio"/> 12 - Twelfth grade completed

	<input type="radio"/> 3 - Third grade completed <input type="radio"/> 4 - Fourth grade completed <input type="radio"/> 5 - Fifth grade completed <input type="radio"/> 6 - Sixth grade completed <input type="radio"/> 7 - Seventh grade completed <input type="radio"/> 8 - Eight grade completed <input type="radio"/> 9 - Ninth grade completed	<input type="radio"/> 10 - Tenth grade completed <input type="radio"/> 11 - 11th grade completed <input type="radio"/> 12 - 12th grade completed <input type="radio"/> 13 - 1 school year completed in college or full-time technical school <input type="radio"/> 14 - 2 school years completed in college or full-time technical school <input type="radio"/> 15 - 3 school years completed in college or full-time technical school <input type="radio"/> 16 - Education beyond the Bachelor's degree <input type="radio"/> Decline to answer		
Highest Degree Attained	<input type="radio"/> Attained High School Diploma <input type="radio"/> Attained GED or Equivalent	<input type="radio"/> Attained Certificate of Attendance/Completion <input type="radio"/> Associate Degree <input type="radio"/> Bachelor's degree or equivalent <input type="radio"/> Masters, Professional or Doctoral degree <input type="radio"/> Decline to answer		
Individual With Disability	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Decline to answer	Based on self report, at point of random assignment	
Cares for/lives with someone with a disability	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Decline to answer	Based on self report, at point of random assignment	
Ever convicted of a crime	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Decline to answer		
Ever Incarcerated for a Federal or State Offense	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Decline to answer		
Number of Minor Children (Please provide age of each child reported)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Age of Child # 1 _____ Child # 2	Age of Child # 6 _____ Child # 7	<input type="radio"/> Decline to answer

	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	_____ Child # 3 _____ Child # 4 _____ Child # 5 _____	_____ Child # 8 _____ Child # 9 _____ Child # 10 _____		
Number of Minor Children Living With Participant	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> Decline to answer
[If custodial parent] child support received:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer				
Child support order in force:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer				
	●		●		
Individual Monthly Income at Enrollment	<input type="radio"/> None <input type="radio"/> \$1 - \$500 <input type="radio"/> \$501 - \$1,000		<input type="radio"/> \$1,001 - \$2,500 <input type="radio"/> \$2,501 - \$5,000 <input type="radio"/> More than \$5,000 <input type="radio"/> Decline to answer		
Medical Benefits	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private health insurance from work or family member		<input type="checkbox"/> Other <input type="checkbox"/> None <input type="radio"/> Decline to answer		
Mental Health Treatment	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Decline to answer	Ever received as of point of random assignment	
Substance Abuse Treatment	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Decline to answer	Ever received as of point of random assignment	

Employment History

Currently Employed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Decline to answer
If no, have you ever been employed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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		<input type="radio"/> Decline to answer	mm/dd/yyyy
Ending Date of Most Recent Job		<input type="radio"/> Decline to answer	mm/dd/yyyy

		answer	
Job Title	<ul style="list-style-type: none"> ● Building and Grounds Cleaning and Maintenance Occupations ● Community and Social Services Occupations ● Construction and Extraction Occupations 	<ul style="list-style-type: none"> ● Food Preparation and Serving Related Occupations ● Healthcare Support Occupations ● Installation, Maintenance, and Repair Occupations 	<ul style="list-style-type: none"> ● 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?	<input type="radio"/> Yes <input type="radio"/> No	○ Decline to answer	
In total, how much did you work during the last three years?	<input type="radio"/> Less Than 6 Months <input type="radio"/> More Than 24 Months <input type="radio"/> 7 - 12 Months <input type="radio"/> Did Not Work <input type="radio"/> 13 - 24 Months <input type="radio"/> Decline to answer		

TANF Recipient Information

Starting date of current receipt period		○ Decline to answer	mm/dd/yyyy
Public Assistance at Enrollment	<input type="checkbox"/> Social Security Insurance (SSI) or Social Security Disability (SSD) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Welfare for single adults or general assistance (GA) <input type="checkbox"/> Unemployment insurance	<input type="checkbox"/> Food stamps/SNAP <input type="checkbox"/> Division of AIDS Services Income Support (DAS) <input type="checkbox"/> Other government sources <input type="radio"/> No Benefits <input type="radio"/> Decline to answer	
Ever received cash assistance prior to current receipt	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer		
Type of cash assistance previously received:	<input type="checkbox"/> TANF/AFDC <input type="checkbox"/> General Assistance <input type="checkbox"/> Other <input type="checkbox"/> SSI/SSDI/Disability <input type="radio"/> Decline to answer		
Lifetime TANF/AFDC received	Months		○ Decline to answer