

**Supporting Statement
for OMB Clearance
Request**

**Appendix D: Modified
Basic Information
Form**

**Innovative Strategies for
Increasing Self-Sufficiency
(ISIS) – Follow-up Data
Collection**

OMB No. 0970-0397

March 2013

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

Appendix D: Modified Basic Information Form

Note: The Basic Information Form (BIF) used during the baseline data collection was previously approved by OMB. The modified BIF, one of the instruments requesting clearance in this submission, includes some new questions about the participant's children. Proposed changes to the BIF are highlighted in yellow.

The time for completing the BIF *without* the child roster is estimated to be 15 minutes.

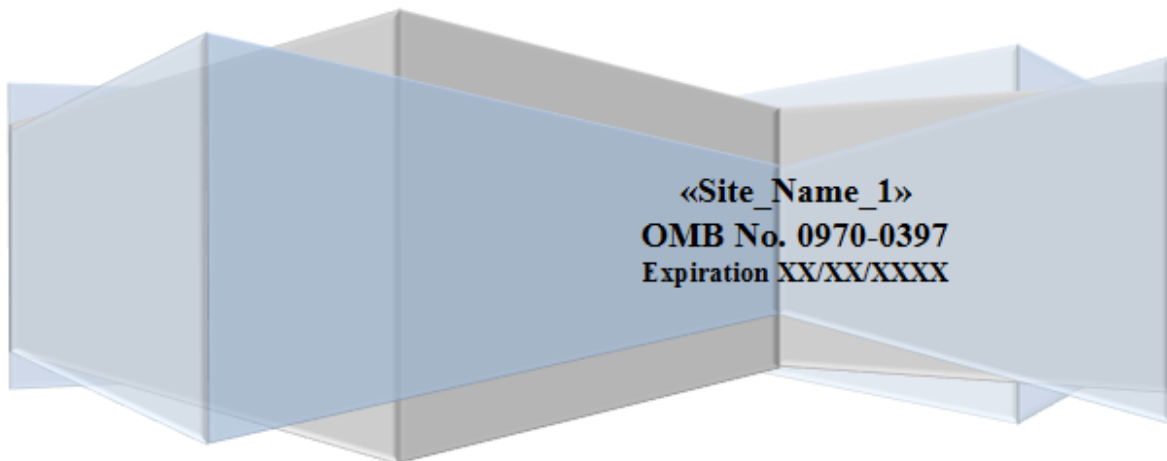
The time for completing the child roster is estimated to be 3 minutes, depending on the number of children.



Basic Information Form

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The following form asks you a series of questions about your background. It should take you about 15 minutes to complete. The questions cover a range of topics, including your family characteristics, your educational background, and your employment history. This information is important for the study, but you can refuse to answer any questions. Some questions will have special instructions that are in bold font that **look like this**. Please read these instructions carefully. If you have any questions, please ask the intake worker in the room for help. When you are finished, find the form labeled SAQ. It is printed on blue paper in your application packet. Read the instructions on the front of the SAQ, and begin filling it out.



Paperwork Reduction Act (PRA) 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 0970-0397 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).

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IDENTIFYING INFORMATION	
1. WHAT IS YOUR NAME?	_____ / _____ / _____ FIRST M.I. LAST
2. WHAT IS YOUR DATE OF BIRTH?	___ ___ / ___ ___ / ___ ___ ___ ___ (MONTH) (DAY) (YEAR)
3. WHAT IS YOUR SOCIAL SECURITY NUMBER?	___ - ___ - _____
4. WHAT IS YOUR ADDRESS?	_____ / _____ / _____ STREET ADDRESS APT # _____ CITY STATE ZIP
5a. WHAT IS YOUR PRIMARY PHONE NUMBER? (____) _____ - _____ 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK	5b. WHAT IS YOUR SECONDARY PHONE NUMBER? (____) _____ - _____ 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK
6. WHAT IS YOUR E-MAIL ADDRESS?	_____ @ _____
BACKGROUND AND FAMILY CHARACTERISTICS	
7. WHAT IS YOUR SEX?	1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE
8. WHAT IS YOUR MARITAL STATUS?	1 <input type="checkbox"/> NOW MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED 4 <input type="checkbox"/> SEPARATED 5 <input type="checkbox"/> NEVER MARRIED
9. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?	1 <input type="checkbox"/> NO, NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN 2 <input type="checkbox"/> YES, MEXICAN, MEXICAN AM., CHICANO 3 <input type="checkbox"/> YES, PUERTO RICAN 4 <input type="checkbox"/> YES, CUBAN 5 <input type="checkbox"/> YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN
10. WHAT IS YOUR RACE? (MARK ONE OR MORE)	1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK, AFRICAN AM., OR NEGRO 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE 4 <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER 5 <input type="checkbox"/> ASIAN

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BACKGROUND AND FAMILY CHARACTERISTICS			
11. WERE YOU BORN IN ONE OF THE 50 U.S. STATES, WASHINGTON D.C., OR PUERTO RICO? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO → IN WHAT YEAR DID YOU COME TO LIVE IN THE UNITED STATES, WASHINGTON D.C., OR PUERTO RICO? ____ ____ ____			
12a. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO <i>(PLEASE SKIP TO 13)</i>			
IF YES, HOW WELL DO YOU: 12b. <i>SPEAK</i> ENGLISH? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL </td> <td style="width: 50%; vertical-align: top;"> 12c. <i>READ</i> ENGLISH? 1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL </td> </tr> </table>		1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL	12c. <i>READ</i> ENGLISH? 1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL
1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL	12c. <i>READ</i> ENGLISH? 1 <input type="checkbox"/> VERY WELL 2 <input type="checkbox"/> WELL 3 <input type="checkbox"/> NOT WELL 4 <input type="checkbox"/> NOT AT ALL		
13. WHICH OF THE FOLLOWING LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? <i>(MARK ONE OR MORE)</i> : 1 <input type="checkbox"/> YOUR SPOUSE 2 <input type="checkbox"/> YOUR UNMARRIED PARTNER 3 <input type="checkbox"/> YOUR BIOLOGICAL OR ADOPTED CHILDREN 4 <input type="checkbox"/> OTHER CHILDREN UNDER AGE 18 5 <input type="checkbox"/> YOUR MOTHER OR FATHER 6 <input type="checkbox"/> YOUR OTHER RELATIVES 7 <input type="checkbox"/> YOUR SPOUSE'S MOTHER OR FATHER 8 <input type="checkbox"/> YOUR SPOUSE'S OTHER RELATIVES 9 <input type="checkbox"/> FRIENDS 10 <input type="checkbox"/> OTHERS 11 <input type="checkbox"/> NO ONE ELSE			
14. HOW MANY <u>ADULTS AGE 18 OR OLDER</u> , INCLUDING YOURSELF, LIVE WITH YOU AT LEAST HALF THE TIME? ____ ADULTS			
15a. HOW MANY <u>CHILDREN UNDER AGE 18</u> LIVE WITH YOU AT LEAST HALF THE TIME? <i>(INCLUDE BIOLOGICAL, ADOPTED, FOSTER, STEP, AND ANY OTHER CHILDREN)</i> : ____ CHILDREN <i>(IF ZERO, PLEASE SKIP TO 17)</i>			
15b. FOR HOW MANY OF THESE CHILDREN ARE YOU OR YOUR SPOUSE THE LEGAL GUARDIAN? ____ CHILDREN			

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CHILDREN WHO LIVE WITH YOU AT LEAST HALF THE TIME		
<p>16. Please provide the basic information below for each child under the age of 18 who live with you at least half the time. If you need additional space, use the extra sheet on the back.</p>		
<p>CHILD 1</p> <p>What is his/her name?</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>What is this child's date of birth?</p> <p>___ / ___ / ___</p> <p>(Month) (Day) (Year)</p> <p>What is this child's sex?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>How is this child related to you?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p> <p>If you live with your spouse or partner, how is this child related to your spouse or partner?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p>	<p>CHILD 2</p> <p>What is his/her name?</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>What is this child's date of birth?</p> <p>___ / ___ / ___</p> <p>(Month) (Day) (Year)</p> <p>What is this child's sex?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>How is this child related to you?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p> <p>If you live with your spouse or partner, how is this child related to your spouse or partner?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p>	<p>CHILD 3</p> <p>What is his/her name?</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>What is this child's date of birth?</p> <p>___ / ___ / ___</p> <p>(Month) (Day) (Year)</p> <p>What is this child's sex?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>How is this child related to you?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p> <p>If you live with your spouse or partner, how is this child related to your spouse or partner?</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adoptive child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Other dependent</p>

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CHILD 4	CHILD 5	CHILD 6
What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)	What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)	What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)
What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent
If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent

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BACKGROUND AND FAMILY CHARACTERISTICS

17. DO YOU HAVE ANY CHILDREN UNDER AGE 18 WHO DO NOT LIVE WITH YOU AT LEAST HALF THE TIME?

NO

YES → HOW MANY CHILDREN? ____

CHILDREN WHO DO NOT LIVE WITH YOU AT LEAST HALF THE TIME

16. Please provide the basic information below for each child under the age of 18 who do not live with you at least half the time. If you need additional space, use the extra sheet on the back.

CHILD 1	CHILD 2	CHILD 3
What is his/her name?	What is his/her name?	What is his/her name?
First Name: _____	First Name: _____	First Name: _____
Last Name: _____	Last Name: _____	Last Name: _____
What is this child's date of birth?	What is this child's date of birth?	What is this child's date of birth?
____/____/____ (Month) (Day) (Year)	____/____/____ (Month) (Day) (Year)	____/____/____ (Month) (Day) (Year)
What is this child's sex?	What is this child's sex?	What is this child's sex?
<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
How is this child related to you?	How is this child related to you?	How is this child related to you?
<input type="checkbox"/> Biological child	<input type="checkbox"/> Biological child	<input type="checkbox"/> Biological child
<input type="checkbox"/> Adoptive child	<input type="checkbox"/> Adoptive child	<input type="checkbox"/> Adoptive child
<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepchild
<input type="checkbox"/> Foster child	<input type="checkbox"/> Foster child	<input type="checkbox"/> Foster child
<input type="checkbox"/> Other dependent	<input type="checkbox"/> Other dependent	<input type="checkbox"/> Other dependent
If you live with your spouse or partner, how is this child related to your spouse or partner?	If you live with your spouse or partner, how is this child related to your spouse or partner?	If you live with your spouse or partner, how is this child related to your spouse or partner?
<input type="checkbox"/> Biological child	<input type="checkbox"/> Biological child	<input type="checkbox"/> Biological child
<input type="checkbox"/> Adoptive child	<input type="checkbox"/> Adoptive child	<input type="checkbox"/> Adoptive child
<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepchild
<input type="checkbox"/> Foster child	<input type="checkbox"/> Foster child	<input type="checkbox"/> Foster child
<input type="checkbox"/> Other dependent	<input type="checkbox"/> Other dependent	<input type="checkbox"/> Other dependent

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CHILD 4	CHILD 5	CHILD 6
What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)	What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)	What is his/her name? First Name: _____ Last Name: _____ What is this child's date of birth? ____/____/____ (Month) (Day) (Year)
What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	What is this child's sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	How is this child related to you? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent
If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent	If you live with your spouse or partner, how is this child related to your spouse or partner? 1 <input type="checkbox"/> Biological child 2 <input type="checkbox"/> Adoptive child 3 <input type="checkbox"/> Stepchild 4 <input type="checkbox"/> Foster child 5 <input type="checkbox"/> Other dependent

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EDUCATIONAL BACKGROUND
<p>18. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED? (MARK ONE):</p> <p><input type="checkbox"/> ₁ GRADE 1 THROUGH 11 → PLEASE WRITE THE HIGHEST GRADE YOU COMPLETED 1-11 HERE: ___ ___</p> <p><input type="checkbox"/> ₂ 12th GRADE – NO DIPLOMA</p> <p><input type="checkbox"/> ₃ GED OR ALTERNATIVE CREDENTIAL</p> <p><input type="checkbox"/> ₄ REGULAR HIGH SCHOOL DIPLOMA</p> <p><input type="checkbox"/> ₅ SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR OF COLLEGE CREDIT</p> <p><input type="checkbox"/> ₆ 1 OR MORE YEARS OF COLLEGE CREDIT, BUT NO DEGREE</p> <p><input type="checkbox"/> ₇ ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)</p> <p><input type="checkbox"/> ₈ BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)</p>
<p>19. HAVE YOU RECEIVED A POST-SECONDARY VOCATIONAL OR TECHNICAL CERTIFICATE OR DIPLOMA?</p> <p><input type="checkbox"/> ₁ YES</p> <p><input type="checkbox"/> ₂ NO</p>
<p>20. HAVE YOU EVER ATTENDED ANY OF THE FOLLOWING EDUCATION AND TRAINING PROGRAMS? (MARK ONE OR MORE):</p> <p><input type="checkbox"/> ₁ ADULT BASIC EDUCATION</p> <p><input type="checkbox"/> ₂ ENGLISH AS SECOND LANGUAGE</p> <p><input type="checkbox"/> ₃ VOCATIONAL, TECHNICAL OR TRADE SCHOOL (OTHER THAN COLLEGE)</p> <p><input type="checkbox"/> ₄ CLASSES IN HOW TO SUCCEED IN SCHOOL (FOR EXAMPLE, COLLEGE SUCCESS COURSE)</p> <p><input type="checkbox"/> ₅ CLASSES IN HOW TO SUCCEED AT WORK (FOR EXAMPLE, WORK HABITS, COMMUNICATION)</p> <p><input type="checkbox"/> ₆ NONE OF THE ABOVE</p>
<p>21. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU EVENTUALLY <u>EXPECT</u> TO COMPLETE? (MARK ONE)</p> <p><input type="checkbox"/> ₁ NO ADDITIONAL SCHOOL</p> <p><input type="checkbox"/> ₂ GED OR ALTERNATIVE CREDENTIAL</p> <p><input type="checkbox"/> ₃ REGULAR HIGH SCHOOL DIPLOMA</p> <p><input type="checkbox"/> ₄ ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)</p> <p><input type="checkbox"/> ₅ BACHELOR'S DEGREE (FOR EXAMPLE BA, BS)</p> <p><input type="checkbox"/> ₆ GRADUATE (MASTER'S, DOCTORAL, OR OTHER ADVANCED PROFESSIONAL) DEGREE</p>

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EDUCATIONAL BACKGROUND	
22. WHAT IS THE HIGHEST LEVEL OF SCHOOL COMPLETED BY YOUR:	
a. MOTHER (OR GUARDIAN #1)?	b. FATHER (OR GUARDIAN #2)?
<input type="checkbox"/> ₁ NOT A HIGH SCHOOL GRADUATE	<input type="checkbox"/> ₁ NOT A HIGH SCHOOL GRADUATE
<input type="checkbox"/> ₂ GED OR ALTERNATIVE CREDENTIAL	<input type="checkbox"/> ₂ GED OR ALTERNATIVE CREDENTIAL
<input type="checkbox"/> ₃ REGULAR HIGH SCHOOL DIPLOMA	<input type="checkbox"/> ₃ REGULAR HIGH SCHOOL DIPLOMA
<input type="checkbox"/> ₄ SOME COLLEGE CREDIT, BUT NO DEGREE	<input type="checkbox"/> ₄ SOME COLLEGE CREDIT, BUT NO DEGREE
<input type="checkbox"/> ₅ ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)	<input type="checkbox"/> ₅ ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
<input type="checkbox"/> ₆ BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)	<input type="checkbox"/> ₆ BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)
<input type="checkbox"/> ₇ DON'T KNOW	<input type="checkbox"/> ₇ DON'T KNOW
EDUCATIONAL BACKGROUND	
23. DO YOU HAVE ANY BROTHERS OR SISTERS WHO HAVE ATTENDED COLLEGE?	
<input type="checkbox"/> ₁ YES	
<input type="checkbox"/> ₂ NO	
<input type="checkbox"/> ₃ DO NOT HAVE ANY BROTHERS OR SISTERS	
24. WHAT GRADES DID YOU USUALLY GET IN HIGH SCHOOL? (MARK ONE):	
<input type="checkbox"/> ₁ DID NOT ATTEND HIGH SCHOOL IN THE U.S.	<input type="checkbox"/> ₄ MOSTLY C's
<input type="checkbox"/> ₂ MOSTLY A's	<input type="checkbox"/> ₅ MOSTLY D's
<input type="checkbox"/> ₃ MOSTLY B's	<input type="checkbox"/> ₆ MOSTLY F's
EMPLOYMENT AND INCOME	
25. ARE YOU CURRENTLY WORKING AT A JOB FOR PAY? (MARK ONE)	
<input type="checkbox"/> ₁ YES → HOW MANY HOURS PER WEEK ON AVERAGE ARE YOU CURRENTLY WORKING? (INCLUDE ALL JOBS)	_____ HOURS/WEEK
<input type="checkbox"/> ₂ NO, BUT I WORKED BEFORE → WHEN DID YOU LAST WORK?	_____ / _____ (MONTH) (YEAR)
<input type="checkbox"/> ₃ NO, I NEVER WORKED (PLEASE SKIP TO 27)	
26. IF YOU ANSWERED "YES" OR "NO, BUT I WORKED BEFORE" TO Q24: ABOUT HOW MUCH DO/DID YOU TYPICALLY EARN PER HOUR BEFORE TAXES IN YOUR CURRENT OR MOST RECENT JOB? (ANSWER FOR YOUR MAIN JOB IF MORE THAN ONE)	
\$ _____ . _____ PER HOUR IN CURRENT/MOST RECENT JOB	
IF YOU DO NOT KNOW THE HOURLY RATE, PLEASE GIVE EARNINGS IN ONE OF THE CATEGORIES BELOW:	
\$ _____ PER DAY	
\$ _____ PER WEEK	
\$ _____ EVERY 2 WEEKS	
\$ _____ TWICE A MONTH	
\$ _____ EVERY MONTH	
\$ _____ OTHER (SPECIFY TIME PERIOD: _____)	

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EMPLOYMENT AND INCOME	
27. IN THE PAST MONTH , DID YOU OR ANYONE IN YOUR FAMILY (YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU) HAVE INCOME OR BENEFITS FROM ANY OF THE FOLLOWING SOURCES?	
A) JOB EARNINGS?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
B) WIC OR FOOD STAMPS (ALSO KNOWN AS SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM—SNAP)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
C) PUBLIC ASSISTANCE OR WELFARE (NOT INCLUDING WIC OR FOOD STAMPS)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
D) FREE OR REDUCED LUNCH PROGRAM?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
E) UNEMPLOYMENT INSURANCE, WORKER'S COMPENSATION, DISABILITY OR SOCIAL SECURITY BENEFITS?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
F) CHILD SUPPORT (OFFICIAL OR UNOFFICIAL)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
G) FAMILY AND FRIENDS? (OUTSIDE THE HOUSEHOLD)	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
H) GRANTS OR LOANS FOR SCHOOL?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
I) HOUSING CHOICE VOUCHER (KNOWN AS SECTION 8) OR PUBLIC HOUSING?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
28. LAST YEAR, WHAT WAS YOUR TOTAL FAMILY INCOME? INCLUDE YOUR OWN EARNINGS AND ANY INCOME FROM YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU:	
\$ _____ AMOUNT	
IF YOU DO NOT KNOW THE EXACT AMOUNT, PLEASE MARK THE CATEGORY BELOW THAT IS CLOSEST:	
1 <input type="checkbox"/> \$0	8 <input type="checkbox"/> \$35,000 TO \$39,999
2 <input type="checkbox"/> \$1 TO \$9,999	9 <input type="checkbox"/> \$40,000 TO \$44,999
3 <input type="checkbox"/> \$10,000 TO \$14,999	10 <input type="checkbox"/> \$45,000 TO \$49,999
4 <input type="checkbox"/> \$15,000 TO \$19,999	11 <input type="checkbox"/> \$50,000 TO \$59,999
5 <input type="checkbox"/> \$20,000 TO \$24,999	12 <input type="checkbox"/> \$60,000 TO \$69,999
6 <input type="checkbox"/> \$25,000 TO \$29,999	13 <input type="checkbox"/> \$70,000 TO \$79,999
7 <input type="checkbox"/> \$30,000 TO \$34,999	14 <input type="checkbox"/> \$80,000 OR OVER

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ALTERNATE CONTACTS	
<i>Please provide information for three persons not living with you who can help us locate you:</i>	
CONTACT #1	
WHAT IS HIS/HER NAME?	_____
FIRST	LAST
WHAT IS HIS/HER RELATIONSHIP TO YOU?	_____
WHAT IS HIS/HER ADDRESS?	_____
	STREET ADDRESS
	APT #

	CITY
	STATE
	ZIP
WHAT IS HIS/HER PRIMARY PHONE NUMBER?	WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(____)____-____	(____)____-____
1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK	1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK
WHAT IS HIS/HER E-MAIL ADDRESS?	_____@_____
CONTACT #2	
WHAT IS HIS/HER NAME?	_____
FIRST	LAST
WHAT IS HIS/HER RELATIONSHIP TO YOU?	_____
WHAT IS HIS/HER ADDRESS?	_____
	STREET ADDRESS
	APT #

	CITY
	STATE
	ZIP
WHAT IS HIS/HER PRIMARY PHONE NUMBER?	WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(____)____-____	(____)____-____
1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK	1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK
WHAT IS HIS/HER E-MAIL ADDRESS?	_____@_____
CONTACT #3	
WHAT IS HIS/HER NAME?	_____
FIRST	LAST
WHAT IS HIS/HER RELATIONSHIP TO YOU?	_____
WHAT IS HIS/HER ADDRESS?	_____
	STREET ADDRESS
	APT #

	CITY
	STATE
	ZIP
WHAT IS HIS/HER PRIMARY PHONE NUMBER?	WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(____)____-____	(____)____-____
1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK	1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> CELL 3 <input type="checkbox"/> WORK
WHAT IS HIS/HER E-MAIL ADDRESS?	_____@_____

Thank you for completing this form!

Please hand in this form and the signed copy of the white form to the staff person.

Next, please find the blue form in the envelope,
read the instructions on the front cover, and begin to work on it.



Staff Use Only

ID#: «ID»

Entered in RABIT (Initials): _____ Date: ___/___/_____

Entered in Tracking Log (Initials): _____ Date: ___/___/_____

Quality Check (Initials): _____ Date: ___/___/_____