

**FSS EVALUATION
BASELINE INFORMATION FORM**

ADD OMB CONTROL NUMBER

Public reporting burden for providing this information is estimated to average 15 minutes per study participant, including the time for reviewing instructions and completing and reviewing the information provided.

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

HOUSEHOLD FORM

FOR INTERVIEWER:

This form should be completed by the head of the household.

Please enter the Household Identification Number provided by the PHA: _____

Home Address:

_____ Apt. # _____

_____ City State Zip code

(_____) _____ - _____
Home phone

(_____) _____ - _____
Mobile phone

Including yourself, how many adults 18 years old or older lived in your household at least two nights a week during the past month?

No Answer

How many children who are under the age of 18 lived in your household at least two nights a week during the past month? Please include biological, adopted, step, and foster children.

Don't know

No Answer

(If answer to question is 1 or more)

How many children do you have in each age category?

< 1 year: _____

1 year to 2 years: _____

3 years to 5 years: _____

6 years to 12 years: _____

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

	<p>13 years to 17 years:_____</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>Including your own income, approximately how much was your total household income during the past 12 months before taxes?</p> <p>[Include all forms of income – earnings (including self-employment), child support, and any public cash assistance – that you or other members of your household received.]</p> <p><input type="radio"/> \$0</p> <p><input type="radio"/> \$1 - \$4,999</p> <p><input type="radio"/> \$5,000 - \$9,999</p> <p><input type="radio"/> \$10,000 - \$14,999</p> <p><input type="radio"/> \$15,000 - \$19,999</p> <p><input type="radio"/> \$20,000 - \$24,999</p> <p><input type="radio"/> \$25,000 - \$29,999</p> <p><input type="radio"/> \$30,000 or higher</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>Do you currently receive Temporary Assistance for Needy Families (TANF) or Safety Net Assistance (SNA) – ADAPT PROGRAM NAME, AS NEEDED)?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	<p>Do you currently receive food stamps?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>How long have you received Section 8 rental assistance? (Choose only one)</p> <p><input type="radio"/> ₁ Less than 1 year</p> <p><input type="radio"/> ₂ 1-3.99 years</p> <p><input type="radio"/> ₃ 4-6.99 years</p> <p><input type="radio"/> ₄ 7-9.99 years</p> <p><input type="radio"/> ₅ 10 or more years</p>	

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

<p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>How much do you pay in rent and utilities?</p> <p>\$_____per month</p> <p>No answer</p>
<p>0</p>
<p>Since [DATE], was there ever a time when, because of cost, you or your household was not able to: (Choose all that apply)</p> <p><input type="checkbox"/> A Pay your rent</p> <p><input type="checkbox"/> B Pay your utility bills</p> <p><input type="checkbox"/> C Pay your telephone bill</p> <p><input type="checkbox"/> D Buy food</p> <p><input type="checkbox"/> E Buy prescription drugs</p> <p><input type="radio"/> Don't Know</p> <p><input type="radio"/> No Answer</p>
<p>What is the primary (or main) language your family speaks at home?" (Choose only one)</p> <p><input type="radio"/> 1 English</p> <p><input type="radio"/> 2 Spanish</p> <p><input type="radio"/> 3 French</p> <p><input type="radio"/> 5 Chinese</p> <p><input type="radio"/> 6 Russian</p> <p><input type="radio"/> 4 Other: _____</p> <p><input type="radio"/> Don't Know</p> <p><input type="radio"/> No Answer</p>
<p>Please provide the names and telephone numbers of two family members or friends who will know how to reach you if we have difficulty contacting you.**</p>

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

Contact 1:			
First Name: _____		Middle Initial: _____	
Last Name: _____			
Relationship to you: _____			
Street Address _____			Apt. # _____
City _____	State _____	Zip code _____	
Home phone: (_____) _____ - _____			
Cell phone: (_____) _____ - _____			
Work phone: (_____) _____ - _____			
Email: _____			
Contact 2			
First Name: _____		Middle Initial: _____	
Last Name: _____			
Relationship to you: _____			
Street Address _____			Apt. # _____
City _____	State _____	Zip code _____	

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

Home phone: (____) _____ - _____

Cell phone: (____) _____ - _____

Work phone: (____) _____ - _____

Email: _____

CONFIDENTIAL DRAFT

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

ADULT FORM	
<p>FOR INTERVIEWER:</p> <p>Each adult enrolling in the program should complete a separate form.</p> <p>Enter the Household Identification Number provided by the PHA:</p> <p>_____</p> <p>Informed Consent Form signed (check here):</p>	
<p>Social Security Number: _____ - _____ - _____</p>	
<p>First Name: _____ Middle Initial: _____</p> <p>Last Name: _____</p>	
<p>Date of Birth:</p> <p>____/____/____</p> <p>MM DD YYYY</p>	<p>Gender: (Choose only one)</p> <p><input type="radio"/> 1 Male</p> <p><input type="radio"/> 2 Female</p>
<p>What is your marital status? (Choose only one)</p> <p><input type="radio"/> 1 Single</p> <p><input type="radio"/> 2 Separated</p> <p><input type="radio"/> 3 Divorced</p> <p><input type="radio"/> 4 Widow/Widower</p> <p><input type="radio"/> 5 Married</p> <p><input type="radio"/> 6 In a Legal Domestic Partnership</p> <p><input type="radio"/> Don't know</p>	<p>What is your relationship to the Section 8 head of household? (Choose only one)</p> <p><input type="radio"/> 1 I am the head of household</p> <p><input type="radio"/> 2 I am their spouse/legal domestic partner</p> <p><input type="radio"/> 3 I am their child</p> <p><input type="radio"/> 4 I am their parent</p> <p><input type="radio"/> 5 I am an extended relative</p> <p><input type="radio"/> 6 I am not related to the head of household</p> <p><input type="radio"/> Don't know</p>

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

<p><input type="radio"/> No Answer</p>	<p><input type="radio"/> No Answer</p>
<p>Are you Spanish, Hispanic, or Latino?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't Know</p> <p><input type="radio"/> No Answer</p>	<p>Please choose one or more races that you consider yourself to be:</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="radio"/> Don't Know</p> <p>No Answer</p>
<p>What is your citizenship status? (Choose only one)</p> <p><input type="radio"/> ₁ I am a U.S. citizen by birth</p> <p><input type="radio"/> ₂ I am a U.S. citizen by naturalization</p> <p><input type="radio"/> ₃ I am a legal permanent resident</p> <p><input type="radio"/> ₉₉ No answer</p> <p>If you are not a U.S. citizen by birth, how long have you been in the U.S.? (Choose only one)</p> <p>----- year (s)</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>Education and Training</p>	
<p>What is the highest level of education that you have completed? (Choose only one)</p>	

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

<ul style="list-style-type: none"> <input type="radio"/> ₁ Grade 9 or less <input type="radio"/> ₂ Grade 10 or Grade 11 <input type="radio"/> ₃ Attended grade 12 but did not receive High School diploma or GED <input type="radio"/> ₄ High School Diploma <input type="radio"/> ₅ GED <input type="radio"/> ₆ Some College <input type="radio"/> ₇ Associate's or two-year degree <input type="radio"/> ₈ Four-year college degree or higher <input type="radio"/> Don't know <input type="radio"/> No Answer 	
<p>Are you currently taking college courses for credit?</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No <input type="radio"/> Don't know <input type="radio"/> No Answer 	
<p>Since [Date] have you taken any training courses or education classes to improve your skills, help you do a job or find employment? Please include things like computer training, basic skills and any courses or classes to help you with a specific job or type of work.</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No <input type="radio"/> Don't know <input type="radio"/> No Answer 	<p>Do you have any type of trade license or training certificate? For example:, a Commercial Drivers License (CDL), Certified Nursing Assistant (CNA), or some other kind of certificate.</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No <input type="radio"/> Don't know <input type="radio"/> No Answer
<p>Work Status</p>	
<p>Are you currently working?</p>	<p>How many jobs do you currently have?</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ 1

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

APPENDIX B

MDRC

<ul style="list-style-type: none"> <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No <input type="radio"/> Don't know <input type="radio"/> No Answer 	<ul style="list-style-type: none"> <input type="radio"/> ₂ 2 <input type="radio"/> ₃ 3 <input type="radio"/> ₄ 4 or more <input type="radio"/> Don't know <input type="radio"/> No Answer
<p>Are you self-employed?</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ Yes <input type="radio"/> ₂ No <input type="radio"/> Don't know <input type="radio"/> No Answer 	<p>How many hours do you typically work per week? If you are currently working more than one job, please give the total hours for all jobs combined.</p> <p>_____ hours</p> <ul style="list-style-type: none"> <input type="radio"/> Don't know <input type="radio"/> No Answer
<p>How much do you earn before taxes? If you are currently working more than one job, please give the total amount for all jobs combined.</p> <p>\$ _____ per _____</p> <ul style="list-style-type: none"> <input type="radio"/> ₁ hour (If working only <u>one</u> job) <input type="radio"/> ₂ day _____ number of days per week <input type="radio"/> ₃ week <input type="radio"/> ₄ two weeks <input type="radio"/> ₅ twice a month <input type="radio"/> ₆ month <input type="radio"/> ₇ year 	

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

<p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>In the past year, about how many months have you worked? (Count any month in which you worked at least one day part or full time)</p> <p>_____</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>Health and Health Insurance</p>	
<p>What kind of health insurance are you <u>currently AND primarily</u> covered by? (Choose only one)</p> <p><input type="radio"/> ₁ By public health insurance (ex.: Medicaid, Family Health Plus, etc.¹)</p> <p><input type="radio"/> ₂ By employer-provided health insurance through either my work or my spouse's work (even if you pay for a part of it)</p> <p><input type="radio"/> ₃ Other health insurance</p> <p><input type="radio"/> ₄ I am not covered by health insurance</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	<p>DO YOU CURRENTLY RECEIVE SSI OR SSDI?</p> <p><input type="radio"/> ₁ YES</p> <p><input type="radio"/> ₂ NO</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>Personal Finances</p>	

¹ The names of the public health insurance programs will vary by site/state.

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

Do you currently have a savings or checking account at a bank or a credit union?

- YES
- NO

- Don't know
- No Answer

How much money do you currently have saved? **This includes money at home; in a savings, checking, credit union, or money market account; and certificates of deposit. (Choose only one)**

- \$0
- \$1- \$500
- \$501-\$1,000
- \$1,001-\$3,000
- \$3,001-\$5,000
- \$5,001-\$10,000
- \$10,001-\$20,000
- More than \$20,000

- Don't know
- No Answer

When you think about all your loans including, for example, money borrowed from friends or family, car loans, credit card debt, and student loans, what is the total amount you owe? **(Choose only one)**

- \$0
- \$1- \$500
- \$501-\$1,000
- \$1,001-\$3,000
- \$3,001-\$5,000
- \$5,001-\$10,000
- \$10,001-\$20,000
- More than \$20,000

- Don't know
- No Answer

Additional Barriers to Employment

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

<p>Do you have a <u>physical</u> health problem that limits the kind or amount of work that you can do? (Choose only one)</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	<p>Do you have an <u>emotional or mental health</u> problem that limits the kind or amount of work that you can do? (Choose only one)</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>Does difficulty finding adequate childcare or after school supervision limit the kind or amount of work that you can do?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	<p>Does the need to care for a sick or disabled family member limit the kind or amount of work that you can do?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>
<p>Have you ever been convicted of a felony?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>Can you use public transportation (e.g. bus, train, subway, light-rail) to get to work if necessary?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	<p>Do you have or could you borrow a car, van or truck, or get a ride to get to work if necessary?</p> <p><input type="radio"/> ₁ Yes</p> <p><input type="radio"/> ₂ No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

Motivations and Program Understanding	
Why are you interested in the FSS program? Please read the following list of possible reasons (check all that apply).	
Help finding work?	1 Yes 2 No
Help finding a better job?	1 Yes 2 No
Help keeping your job?	1 Yes 2 No
Help with dealing with personal issues or family issues that make having a job difficult?	1 Yes 2 No
Help with accessing services to help your family such as daycare	1 Yes 2 No
Help building savings?	1 Yes 2 No
Help managing your money, debt relief or improving your credit score?	1 Yes 2 No
Help buying a home?	1 Yes 2 No
Or some other reason?	1 Yes 2 No
Other Reason:	_____
<p>Before participating in the orientation meeting had you ever heard of the FSS escrow? (IF EXPLANATION IS REQUESTED: As discussed at the orientation meeting, the FSS escrow account is a long-term savings account that [local PHA name] opens up for you when an increase in your income due to wages causes your rent to go up. You can get the money in your escrow account once you have successfully completed your Contract of Participation.)</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 2 No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Answer</p>	
<p>In the past 12 months, have you not taken a job or worked more hours because the extra money you would earn would cause you to:</p> <p>Lose or reduce other benefits you receive such as Medicaid, food stamps, or TANF: 1 Yes 2 No</p>	

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]

Lose your Section 8 voucher:	<input type="radio"/> ₁ Yes	<input type="radio"/> ₂ No		
Adult contact Information				
Work phone number: (____) _____-_____				
Mobile phone number: (____) _____-_____				
Email address: _____				
FOR INTERVIEWER: HOW WELL DOES THE CUSTOMER SPEAK ENGLISH? (CHOOSE ONLY ONE)				
<input type="radio"/> ₁ VERY WELL ANSWER	<input type="radio"/> ₂ WELL	<input type="radio"/> ₃ NOT VERY WELL	<input type="radio"/> ₄ NOT AT ALL	<input type="radio"/> ₅ NO

[Question numbers, response codes, skips patterns, and other instructions will be added to the final instrument]