**Supporting Statement for OMB Clearance Request**

**APPENDIX A:**

**Survey of State Refugee Coordinators and Wilson-Fish Program Coordinators**

Understanding the Intersection Between TANF and Refugee Cash Assistance Services

New Collection

August 2015

Submitted by:

Office of Planning,
Research & Evaluation

Administration for Children & Families

U.S. Department of Health
and Human Services

370 L’Enfant Promenade, SW,

7th Floor West

Washington, DC 20447

 Federal Project Officer:

Tiffany McCormack

**Appendix A: Survey of State Refugee Coordinators and Wilson-Fish Program Coordinators**

**Advance email to State Refugee Coordinators and Wilson-Fish Program Coordinators**

Dear [name of State Refugee Coordinator/Wilson-Fish Program Coordinator]:

The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) is sponsoring a study to learn how state and local systems serve refugees through the Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA) programs, how these programs intersect, and how these programs may be related to refugee self-sufficiency and employment outcomes. The study is being conducted by Abt Associates and MEF Associates.

A key feature of the information collection for this study is an online survey of all State Refugee Coordinators and Wilson-Fish Program Coordinators. We are asking coordinators like you to complete a survey to help us better understand services to refugees in your state. The survey should take you approximately 30 minutes to complete. It asks about refugee resettlement in your state, cash assistance and service delivery arrangements, service integration, promising strategies for serving refugees, and data availability. Your answers will be kept private to the extent permissible by law. 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 an accurate portrait of services across the country.

Shortly, you will receive an email from the study team providing you with a link to a web-based survey form. The email will be sent from [sender] with the subject line [subject line]. The email will also contain a telephone 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 policies and practices for cash assistance and services delivered to refugees across the nation.

Sincerely,

[Name, title]

Office of Refugee Resettlement

Administration for Children and Families

U.S. Department of Health and Human Services

|  |
| --- |
| The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand state refugee resettlement services and program arrangements. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review 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 valid OMB control number for this collection is 0970-xxxx which 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 Abt Associates, 4550 Montgomery Avenue, Suite 800 North, Bethesda, Maryland 20814, Attn: Robin Koralek. |

**Email to State Refugee Coordinators and Wilson-Fish Program Coordinators with Survey Link**

Dear [name of State Refugee Coordinator/Wilson-Fish Program Coordinator]:

As you are aware, we invite you to complete an online survey of all State Refugee Coordinators and Wilson-Fish Program Coordinators.

Please click the link below to complete the online survey.

**[unique link]**

Please submit your completed survey by *[four weeks post launch]*. If you have any questions, please contact Robin Koralek of Abt Associates at robin\_koralek@abtassoc.com or 301-347-5613. For technical issues, please contact Bethany Boland at bethany\_boland @abtassoc.com or 301-347-5818 (Monday – Friday 7:30 am – 4:30 pm ET).

Thank you in advance for your help with this important study. With your help, we will have better information about how state and local systems serve refugees through the Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA) programs.

Sincerely,

Robin Koralek

Abt Associates Project Director

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| The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand state refugee resettlement services and program arrangements. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review 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 valid OMB control number for this collection is 0970-xxxx which 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 Abt Associates, 4550 Montgomery Avenue, Suite 800 North, Bethesda, Maryland 20814, Attn: Robin Koralek. |

**Reminder email #1 <Sent after 2 weeks>**

Dear [name of State Refugee Coordinator/Wilson-Fish Program Coordinator]:

Two weeks ago we sent you a link to an online survey for State Refugee Coordinators and Wilson-Fish Program Coordinators. The survey collects information about how state and local systems serve refugees through the Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA) programs.

We appreciate your taking the time to complete this short survey. If you have any questions or issues about the survey, please contact Robin Koralek of Abt Associates at robin\_koralek@abtassoc.com or 301-347-5613. For technical issues, please contact Bethany Boland at bethany\_boland @abtassoc.com or 301-347-5818 (Monday – Friday 7:30 am – 4:30 pm ET).

For your convenience, we have included a link to the survey below.

**[unique link]**

Thank you in advance for your assistance in completing this survey and providing important information for the study. With your help, we will have better information about how TANF and Refugee Cash Assistance services are provided across the country.

Sincerely,

Robin Koralek

Abt Associates Project Director

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| The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand state refugee resettlement services and program arrangements. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review 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 valid OMB control number for this collection is 0970-xxxx which 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 Abt Associates, 4550 Montgomery Avenue, Suite 800 North, Bethesda, Maryland 20814, Attn: Robin Koralek. |

**Reminder email #2 <Sent after 1 month>**

Dear [name of State Refugee Coordinator/Wilson-Fish Program Coordinator]:

Thank you for again for participating in the online survey for State Refugee Coordinators and Wilson-Fish Program Coordinators. This is a reminder that we need you to submit the completed survey to us by *[xxx date]*.

For your convenience, we have included the link to the survey below.

**[unique link]**

If you have any questions or issues about the survey, please contact Robin Koralek of Abt Associates at robin\_koralek@abtassoc.com or 301-347-5613. For technical issues, please contact Bethany Boland at bethany\_boland@abtassoc.com or 301-347-5818 (Monday – Friday 7:30 am – 4:30 pm ET).

Thank you in advance for your assistance in completing this survey and providing important information for the study.

Sincerely,

Robin Koralek

Abt Associates Project Director

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| The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand state refugee resettlement services and program arrangements. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review 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 valid OMB control number for this collection is 0970-xxxx which 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 Abt Associates, 4550 Montgomery Avenue, Suite 800 North, Bethesda, Maryland 20814, Attn: Robin Koralek. |

**Thank you email**

Dear [name of State Refugee Coordinator/Wilson-Fish Program Coordinator]:

Thank you for taking the time to complete the online survey of State Refugee Coordinators and Wilson-Fish Program Coordinators. This email confirms that your responses have been received. Thank you again for this contribution to this important study!

Sincerely,

Robin Koralek

Abt Associates Project Director

**Introduction:** The purpose of this survey is to gather information from all states and the District of Columbia on State policies and practices for cash assistance and services delivered to refugees for the study, “Understanding the Intersection Between TANF and Refugee Cash Assistance Services.” It will also be used to inform site selection for an in-depth study of eight sites. The purpose of the study is to learn how state and local systems are serving refugees through TANF and the Refugee Cash Assistance (RCA) programs, how these programs intersect, and how these programs may support refugee self-sufficiency and employment outcomes. The study, sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS), is being conducted by Abt Associates and MEF Associates.

Please answer all questions as completely and accurately as possible. Your answers will be kept private to the extent permitted by the law. 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. Information you provide will not be shared with other staff at your program or organization. Your participation in this survey is 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.

*Please note that throughout this guide, we generally use the term “refugee” to refer to all populations eligible for refugee services, including refugees, asylees, Cuban-Haitian entrants, and Special Immigrant Visa (SIV) holders.* *Additionally, the survey uses the term TANF to capture TANF-funded, as well as solely state-funded program services and assistance.*

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| The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand state refugee resettlement services and program arrangements. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review 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 valid OMB control number for this collection is 0970-xxxx which 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 Abt Associates, 4550 Montgomery Avenue, Suite 800 North, Bethesda, Maryland 20814, Attn: Robin Koralek. |

**BEGIN YOUR SURVEY**

**EXIT SURVEY**

**HELP**

**Navigating through the survey:**

* As you work through the survey, your responses are automatically saved. You may change a response by clicking on the **BACK** button. Use the **NEXT** button to advance to the next question.
* At any time, you may click on the **SAVE &** **CONTINUE LATER** button if you wish to temporarily pause the survey and return to it at a later time.
* On each page of the survey, a **HELP** button is provided if you experience technical difficulties with the online survey. This button will allow you to send a request for assistance to the survey’s website administrator.
* When you have completed the survey, please click on the **SUBMIT** button at the end of the survey. You may submit the survey even if there are some questions that you choose not to answer. Once you submit the survey, you will not be able to return to it without contacting us.
* If you have questions about the study or need help accessing the survey or navigating the screens, please email bethany\_boland@abtassoc.com or call 301-347-5818. If nobody answers, please leave a detailed message, including your name and phone number, and someone will return your call as soon as possible.

**Consent**

Please click on “Begin” if you agree to participate in this study. **BEGIN Completing the Survey**

**BACK** **SAVE &** **CONTINUE LATER** **NEXT**

**State Refugee Coordinator**

**1. How long have you been working in your current position?**

\_\_\_\_year(s) and \_\_\_\_ month(s)

**2. How long have you been working at the [pre-populated agency]?**

\_\_\_\_year(s) and \_\_\_\_ month(s)

**3. How long have you worked on issues related to refugees?**

\_\_\_\_year(s) and \_\_\_\_ month(s)

**Refugees Being Resettled**

**4. Approximately what proportion of the refugees currently being resettled in your state/jurisdiction have encountered the following challenges?**

**(Select only one answer in each row)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0%** | **1-24%** | **25-49%** | **50-74%** | **75-99%** | **100%** | **Don’t know** |
| Low literacy skills in native language  |  |  |  |  |  |  |  |
| Mental health issues |  |  |  |  |  |  |  |
| Physical health issues |  |  |  |  |  |  |  |
| Difficulty communicating in English |  |  |  |  |  |  |  |
| Lack of transferrable work skills |  |  |  |  |  |  |  |

**5. Please provide any additional comments regarding challenges faced by refugees in your state/jurisdiction.**

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**6. 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 are challenges that refugees face.**

|  | **1****Not a challenge** | **2** | **3** | **4** | **5****A serious challenge** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- |
| Lack of affordable housing  |  |  |  |  |  |  |
| Lack of culturally appropriate health services |  |  |  |  |  |  |
| Lack of culturally appropriate mental health services |  |  |  |  |  |  |
| Lack of culturally appropriate employment services |  |  |  |  |  |  |
| High unemployment |  |  |  |  |  |  |
| Insufficient English Language classes |  |  |  |  |  |  |
| Insufficient child care resources |  |  |  |  |  |  |

**Cash Assistance and Service Delivery**

*Refugees Eligible for TANF*

**7. When refugees first apply for public assistance in your state/jurisdiction, who determines whether refugees with dependents under age 18 are eligible for TANF? Select only one answer.**

* Local TANF office that serves all TANF applicants
* Special unit or designated staff within local TANF office that serves refugees
* Resettlement agency
* Varies by locality (explain below)
* Other (explain below)

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**8. Approximately what percent of newly arrived refugees in your state/jurisdiction qualify for TANF? Select only one answer.**

* Below 25 percent
* 26 to 50 percent
* 51 to 75 percent
* Over 75 percent
* Don’t know

**9. Do most refugees in your state/jurisdiction who qualify for TANF receive TANF assistance? Select only one answer.**

* Yes
* No (explain below)
* Don’t know

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**10. Do refugees in your state/jurisdiction experience any of the following challenges when applying for TANF? Check all that apply.**

* Refugees cannot communicate with staff who do not speak their native language
* Refugees have difficulties providing proper documentation
* Refugees have difficulties completing the required paperwork because of language or literacy issues
* Refugees have difficulties fulfilling certain requirements (e.g., mandatory job search requirement) during the application process in order to be eligible for assistance (specify requirements below)
* Refugees have difficulties navigating online application processes
* Don’t know if refugees experience any problems
* Other (explain below)

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**11. Are refugees receiving TANF in your state/jurisdiction subject to the same TANF work requirements as TANF recipients who are not refugees? Select only one answer.**

* Yes
* No, they are exempt from all work requirements
* No, they are subject to different work requirements (explain below)
* Don’t know

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**12. Are the following services generally available to refugees in your state/jurisdiction receiving TANF assistance?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| English language training |  |  |  |
| Employment services |  |  |  |
| Education/ GED |  |  |  |
| On-the-job training/ work experience (paid or unpaid) |  |  |  |
| Vocational training |  |  |  |
| Legal services |  |  |  |
| Case management |  |  |  |
| Child care assistance |  |  |  |
| Transportation assistance |  |  |  |
| Driver’s education |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**13. What sources of funding *other than state or federal TANF* funds are used to provide *[insert customized list from question 12]* to serve TANF recipients who are refugees? Check all that apply.**

* Refugee Social Services or Targeted Assistance Formula Grant funding
* Other ORR funding (specify below)
* Workforce Innovation and Opportunity Act or other Department of Labor funding
* Other (specify below)

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| --- |
| * Don’t know
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**14. Are refugees receiving TANF afforded the same array of employment-related services as TANF recipients who are not refugees? Select only one answer.**

* Yes
* No
* Don’t know

**15. How do TANF refugees receive employment-related services? Check all that apply.**

* Refugees receive employment-related services alongside non-refugees within the local TANF program
* Refugees received services from programs that serve refugees exclusively (explain below)
* Other (explain below)

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| * Don’t know
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**16. Using a five-point scale, where 1=Strongly Disagree and 5=Strongly Agree, please respond to the following statements.**

|  | **1****Strongly Disagree** | **2** | **3****Neither Agree nor Disagree** | **4** | **5****Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| The TANF benefits provided to refugees are adequate in helping them meet their basic needs  |  |  |  |  |  |
| Refugees receiving TANF are provided appropriate services for them to become economically self-sufficient and leave TANF |  |  |  |  |  |
| Refugees receiving TANF have access to culturally appropriate services in the community |  |  |  |  |  |

*Refugees Eligible for RCA*

**We understand that your state/jurisdiction provides RCA using a [pre-populate – Wilson/Fish, state-administered, and/or Public/Private Partnership] program.**

**17. What are the benefits of using this type of arrangement? Explain.**

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**18. What are the disadvantages of using this type of arrangement? Explain.**

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**19. When refugees first apply for public assistance in your state/jurisdiction, who determines whether refugees are eligible for RCA? Select only one answer.**

* Local public assistance agency
* Special unit or designated staff within local public assistance agency that serves refugees
* Resettlement agency
* Varies by locality (explain below)
* Other (specify below)

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**20. Do refugees in your state/jurisdiction experience any of the following challenges applying for RCA? Check all that apply.**

* Refugees cannot communicate with staff who do not speak their native language
* Refugees have difficulties providing proper documentation
* Refugees have difficulties completing the required paperwork because of language or literacy issues
* Refugees have difficulties navigating online application processes
* Don’t know if refugees experience any problems
* Other (explain below)

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**21. Does the state/jurisdiction provide emergency/extended cash assistance for refugees receiving RCA who may need assistance beyond 8 months? Select only one answer.**

* Yes (explain below)
* No
* Don’t know

|  |
| --- |
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**22. Are some RCA recipients exempt from work requirements? Select only one answer.**

* Yes (explain below)
* No
* Don’t know

|  |
| --- |
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**23. Are the following services generally available to refugees receiving RCA?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| English language training |  |  |  |
| Employment services |  |  |  |
| Education/ GED |  |  |  |
| On-the-job training/ work experience (paid or unpaid) |  |  |  |
| Vocational training |  |  |  |
| Legal services |  |  |  |
| Case management |  |  |  |
| Child care assistance |  |  |  |
| Transportation assistance |  |  |  |
| Driver’s education |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**24. Do refugees experience any problems accessing employment or social services *while receiving* RCA? Select only one answer.**

* Yes (explain below)
* No
* Don’t know

|  |
| --- |
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**25. Do refugees experience any problems accessing employment or social services after exiting RCA? Select only one answer.**

* Yes (explain below)
* No
* Don’t know

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**26. Using a five-point scale, where 1=Strongly Disagree and 5=Strongly Agree, please respond to the following statements.**

|  | **1****Strongly Disagree** | **2** | **3****Neither Agree nor Disagree** | **4** | **5****Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| The RCA cash benefits provided to refugees are adequate in helping them meet their basic needs  |  |  |  |  |  |
| Refugees receiving RCA are provided appropriate services for them to become economically self-sufficient by the time they reach the RCA time limit |  |  |  |  |  |
| Refugees receiving RCA have access to culturally appropriate services in the community |  |  |  |  |  |

**Service Coordination**

**27. For the following agencies or organizations, how would you characterize the nature of your organizational relationship?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Formalized relationship (e.g., formal memorandum of understanding (MOU) or contract)** | **Informal Collaboration** | **No Active Relationship** |
| TANF agency |  |  |  |
| Resettlement agencies |  |  |  |
| Mutual Assistance Associations |  |  |  |
| Workforce agency |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**28. How frequently does your office interact with the agencies and organizations below?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **On an “As-Needed” Basis** | **Once a Quarter** | **Once a Month** | **More than Once per Month** |
| TANF agency |  |  |  |  |  |
| Resettlement agencies |  |  |  |  |  |
| Mutual Assistance Associations |  |  |  |  |  |
| Workforce agency |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**29. What type of contact occurs with each of the following agencies and organizations? Check all that apply.**

|  | **One-on-One Call** | **Group Conference Call** | **Group In-Person Meeting** | **One-on-One In-Person Meeting** | **Email** |
| --- | --- | --- | --- | --- | --- |
| TANF agency |  |  |  |  |  |
| Resettlement agencies |  |  |  |  |  |
| Mutual Assistance Associations |  |  |  |  |  |
| Workforce agency |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**Promising Strategies**

**30. What innovative or promising strategies, if any, has your state/jurisdiction implemented to help refugees find employment? Describe below.**

**31. What innovative or promising strategies, if any, has your state/jurisdiction implemented to identify refugees who may have physical or mental disabilities? Describe below.**

**32. What innovative or promising strategies, if any, has your state/jurisdiction implemented to help refugees with physical or mental disabilities? Describe below.**

**33. What innovative or promising strategies, if any, has your state/jurisdiction implemented to serve refugees with limited education? Describe below.**

**34. What innovative or promising strategies, if any, has your state/jurisdiction implemented for coordinating or streamlining services for refugees across agencies and funding streams, such as TANF? Describe below.**

**Data Availability**

**35. Does your agency capture information (directly or through arrangements with the TANF agency) on whether refugees are receiving TANF assistance? Select only one answer.**

* Yes
* No
* Don’t know

**36. Does your agency capture information (directly or through arrangements with the agency operating RCA) on whether refugees are receiving RCA assistance? Select only one answer.**

* Yes
* No
* Don’t know

On behalf of ACF, thank you for taking the time to complete this survey. Please click the “Submit” button below to submit your answers. Once you click this button, you will not be able to review or revise your responses.

**BACK** **SAVE &** **CONTINUE LATER** **SUBMIT**

**Screen Shots of State Refugee Coordinator Survey**





