

APPENDIX B

STUDY BASELINE FORMS:
STUDY REGISTRATION, CONSENT, AND CONTACT INFORMATION FORMS

APPENDIX B.1

STUDY REGISTRATION FORM

14. **INCLUDING YOURSELF**, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)

____ # OF PEOPLE LIVING WITH YOU, INCLUDING YOU

15. **Which of the following degrees, diplomas, or certificates have you received?**

MARK ALL THAT APPLY

- 1 None
- 2 Elementary, Middle, or Junior High diploma
- 3 High School Diploma
- 4 Adult Basic Education (ABE) certificate
- 5 General Educational Development (GED)
- 6 Vocational/Technical degree or certificate
- 7 Business degree/certificate
- 8 Associates degree (AA)
- 9 Bachelor's degree or equivalent (BA/BS)
- 10 Master's degree or equivalent (MA/MS)
- 11 Doctor's degree (MD, Ph.D.)
- 12 Other professional degree/certificate
- 13 Other (Write in): _____

16. **Do you have any health problems—mental, physical, or emotional—or substance abuse problems that limit the kind or amount of work or training that you can do?**

- 1 Yes
- 0 No

17. **Have you had a job in the past five years?**

- 1 Yes
- 0 No → GO TO #24

18. **Are you currently working?**

- 1 Yes → GO TO #20
- 0 No

19. **In what month and year did your last job end?**

____ / 20____ → GO TO #20
Month Year

ANSWER QUESTIONS 20-23 ABOUT YOUR CURRENT OR MOST RECENT JOB. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

20. **What is the name of your current or former employer?**

1 Self-employed

21. **What are (or were) your main duties at this company? PLEASE BE SPECIFIC**

22. **How many hours per week do (or did) you usually work at your main job?**

____ HOURS PER WEEK

23. **What was your current or most recent rate of pay, before taxes and deductions at your main job?**

\$ _____, _____ • _____ PER
Dollars Cents

(if pay varies, enter an average amount)

MARK ONE BOX

- 1 Hour
- 2 Week
- 3 Every 2 weeks
- 4 Twice per month
- 5 Year
- 6 Other (Write in): _____

24. **Do you or anyone in your household currently receive assistance from any of the following programs?**

MARK ALL THAT APPLY

- 1 TANF (Cash assistance)
- 2 SSI or SSDI
- 3 General Assistance
- 4 SNAP (Food Stamps)
- 5 Unemployment Compensation
- 6 Other (Write in): _____
- 0 IF NONE, MARK HERE

25. **In the past, have you ever used services at this Center or one similar to it?**

- 1 Yes
- 0 No

Thank you for completing this form. Please return it to your WIA counselor.

Public Burden Statement

Completing this document, which seeks to help the U.S. Department of Labor understand the effects of WIA-funded services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.

APPENDIX B.2
CONSENT FORM

FOR COUNSELOR USE ONLY:

Study ID #: _____

CONSENT TO PARTICIPATE

The U.S. Department of Labor is sponsoring a study of some of its employment and training programs that serve adults and dislocated workers, to learn how well these programs are working and how they can be improved. The national study, called the Workforce Investment Act (WIA) Adult and Dislocated Worker Programs Gold Standard Evaluation, is being conducted by a team of researchers at Mathematica Policy Research, Social Policy Research Associates, and MDRC.

By signing this consent form, you are agreeing to take part in this very important study. As a participant in this study, the following will happen:

- A computer will assign you to one of three groups. Your placement in one of these groups is like a lottery—it will be decided completely by chance and will not be affected by any of your characteristics. The group you are assigned to will affect the services you can access for 15 months. The three groups are:
- 3. **1. Full-WIA Group:** If you are assigned to this group, you will have access to all of the WIA services normally available to you. This may include access to WIA training funds to help pay for training at a state-approved provider, if Center staff determine it is available and appropriate for you. Most people will be assigned to this group.
- 4. **2. Core-and-Intensive Group:** If you are assigned to this group, you will have access to all of the WIA services, if available and appropriate, **except** WIA-funded training.
- 5. **3. Core Group:** If you are assigned to this group, you will have access to core services. Core services include services in the resource room such as job listings and access to the Internet. You will **not** have access to WIA services that require substantial staff time or to WIA-funded training.
- The decision to participate in the study is up to you. If you decide not to participate, you will only have access to core services. You may terminate your participation in the study at any time by writing to the WIA Evaluation, Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393 or to Eileen Pederson, WIA Evaluation, U.S. Department of Labor, ETA, 200 Constitution Ave., NW, Room N-5641, Washington, DC 20210. Any information we collect about you prior to your termination request will be used for research purposes.
- You may be contacted by an interviewer from Mathematica to complete two interviews by telephone over the next few years. These interviews are voluntary, but they are very important to the success of the study. You will receive a payment for each interview you complete.
- Government agencies such as the Social Security Administration, Unemployment Insurance agencies, Employment Service, and agencies that administer the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and WIA programs may share information with the research team about your earnings and government services and benefits you receive for up to 10 years.
- All information that is collected about you through interviews or agency records will be used for research purposes only. The information will be kept confidential in accordance with the Privacy Act of 1974 (5 USC 522a), Systems of Record Notices DOL/ETA-15, unless the law requires otherwise, or you request release of your information in writing. Your name will never be used in any reports and no information will be reported in any way that can identify you.

I have read this consent form (or it has been read to me). I understand the information provided in these materials and voluntarily agree to participate. If I have questions I can call the study toll-free number at 1-800-925-0356.

CUSTOMER'S NAME (Printed)

SOCIAL SECURITY NUMBER—LAST 4 DIGITS ONLY

CUSTOMER'S SIGNATURE

DATE

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APPENDIX B.3

CONTACT INFORMATION FORM

CONTACT INFORMATION FORM

OMB Control No.: 1205-0482
Expiration Date: 09/30/2014

FOR COUNSELOR USE ONLY:

STUDY ID #: _____

Please print clearly. Use blue or black ink only.

APPLICANT INFORMATION

1. Name:

First Name Middle Initial Last Name

2. Social Security Number—Last 4 Digits only:

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CONTACT INFORMATION - RELATIVES AND FRIENDS

INSTRUCTIONS: In the space below, please provide the name, address, email address, and phone number(s) of three close relatives or friends who **do not live with you** but who are likely to know how to contact you in the next year. We will only contact these people if we cannot reach you directly. Please complete all three sections.

3. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name Middle Initial Last Name

Street Address Apt. No.

City State Zip Code

TELEPHONE AND EMAIL:

Home (_____) |_____-_____
Area Code Number

Cell (_____) |_____-_____
Area Code Number

Work (_____) |_____-_____
Area Code Number

Email Address _____

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

- 1 Parent
- 2 Grandparent
- 3 Brother/Sister
- 4 Friend/Neighbor
- 5 Employer
- 6 Other _____

4. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name Middle Initial Last Name

Street Address Apt. No.

City State Zip Code

TELEPHONE AND EMAIL:

Home (_____) |_____-_____
Area Code Number

Cell (_____) |_____-_____
Area Code Number

Work (_____) |_____-_____
Area Code Number

Email Address _____

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

- 1 Parent
- 2 Grandparent
- 3 Brother/Sister
- 4 Friend/Neighbor
- 5 Employer
- 6 Other _____

5. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU

First Name Middle Initial Last Name

Street Address Apt. No.

City State Zip Code

TELEPHONE AND EMAIL:

Home (_____) |_____-_____
Area Code Number

Cell (_____) |_____-_____
Area Code Number

Work (_____) |_____-_____
Area Code Number

Email Address _____

RELATIONSHIP TO APPLICANT: ■ MARK ONE BELOW

- 1 Parent
- 2 Grandparent
- 3 Brother/Sister
- 4 Friend/Neighbor
- 5 Employer
- 6 Other _____

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