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HUD FAMILY SELF-SUFFICIENCY EVALUATION

ADULT FORM

FOR INTERVIEWER: Please complete an Adult Form for the head of household only **after** completing the Household Form with the head of household.

Household and Person Identifiers
A1. HA Entity ID/ Household Identification Number [Length will vary by HA]
A2. HA Member Number: [Head of Household should be "01"]
A3. Name
a. First Name:
b. Middle Name:
c. Last Name:
A4. Social Security Number:
A5. Date of Birth:
/
MM DD YYYY
A6. What is your relationship to the Section 8 head of household?
O $_1$ I am the head of household
O 2 I am the head of household's spouse/legal domestic partner
O 3 I am the head of household's child
O 4 I am the head of household's parent
O $_5$ I am an extended relative of the head of household
O $_6$ I am not related to the head of household
A7. Informed Consent Form signed?
o 1 Yes
O 2 No

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Baseline Information Form Questions				
A8. Gender:	A9. What is your marital status?			
O 1 Male O 2 Female O 3 No Answer	 O 1 Married, living with spouse O 2 Living with a partner O 3 Single O 4 Separated O 5 Divorced O 6 Widow/Widower O 7 No Answer 			
A10. Do you consider yourself to be	A11. Do you consider yourself to be:			
Spanish, Hispanic, or Latino?	Check all that apply:			
O 1 Yes	AWhite			
0 ₂ No	Black or African American			
O ₃ No answer	_C American Indian or Alaska Native			
	• DAsian			
	Hawaiian Native/other Pacific Islander			
	F Decline to Answer			

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A12. What is your citizenship status?

- o ₁ I am a U.S. citizen by birth **[Go to A14]**
- o ₂ I am a U.S. citizen by naturalization [Go to A13]
- o ₃ I am a legal permanent resident [Go to A13]
- O 4 I have refugee or asylee status [Go to A13]
- o 5 No answer [Go to A14]

A13. How long have you lived in the U.S.?

- o 1 Less than 5 years
- o 25 to 9.99 years
- o 3 10 to 19.99 years
- o 4 20 years or longer
- o 5 No Answer

Educational Attainment

A14. What is the highest level of education that you have completed?

- o ₁Grade 9 or less
- O 2 Grade 10 or grade 11
- o 3 Attended grade 12 but did not receive high school diploma or GED certificate
- o ₄GED certificate
- o 5High school diploma
- o ₆Some college
- o ₇Associate's or two-year degree
- o 8Four-year college degree or higher
- o ₉No Answer

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A15. Are you cur	rently tal	king college
courses for credit	·?	

- O 1 Yes
- 0 2 No
- o ₃No Answer

A16. Do you have any type of trade license or training certificate? For example: A Commercial Driver's License (CDL), Certified Nursing Assistant (CNA), or some other kind of certificate?

- o ₁ Yes
- 0 2 No
- o ₃ No Answer

A17. Are you currently taking 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?

- o ₁ Yes
- 0 2 No
- o 3 No Answer

Employment Status

A18. Are you currently working for pay or self- employed?

- 0 1 Yes **[Go to A19]**
- O 2 No [Go to A23]
- O 3 No Answer [Go to A23]

A19. Which situation best describes your current employment?

- O 1 I work for pay at a regular job
- O 2 I am self-employed
- o ₃ I work at a temporary or seasonal job
- O 4 No Answer

A20. How many jobs do you currently have?

- 0 11
- 0 22
- o 33
- 0 4 4 or more
- o 5 No Answer

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A21. Counting all of your current jowork per week?	bs or businesses, how many hours do you typically
Hou	rs
[IF YOU DON'T KNOW THE EXAC	T NUMBER OF HOURS, PLEASE CHECK ONE
RANGE AMOUNT BELOW]	
A.	
o ₁ 1-20 hours	
o 221-34 hours	
o ₃ 35-48 hours	
O 4 49 or more hours	
o 5 No Answer	
A22. Counting all of your current jo	bs or businesses, how much do you earn <u>before taxes?</u>
A. Pay: B. P	er:
\$) ₁ Hour
A.1	D 2 Day
o No Answer	A.Number of days per week of work
(o ₃Week
	O ₄Every two weeks
	5Twice per month
	o ₆ Month
(year Year
(
	Specify
	No Answer

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A23. In the past 12 months, about how many months have you worked for pay or earned

money from self-employment? Count any month in which you worked at least one day part-time or full-time.

O 55 Did not work at any time

O 1 Month

o 2 Months

o 3 Months

O 44 Months

o 5 Months

o 66 Months

o 77 Months

0 8 Months

o 9 Months

o ₁₀ 10 Months

o 11 11 Months

o 12 12 Months

O 13 No Answer

A24. Could you use public transportation (such as a bus, train, subway, or light-rail) to get to work, if necessary?

o 1 Yes

0 ₂ No

o 3 No Answer

A25. Do you have or could you borrow a car, van, or truck, or get a ride to get to work, if necessary?

o ₁ Yes

0 ₂ No

o 3 No Answer

Health and Health Insurance

A26. What kind of health insurance are you currently AND primarily covered by?

o ₁By public health insurance (ex.: Medicaid, Medicare, VA, Tri-Care, or a state or local program)

O 2 By employer-provided health insurance through either my work or my spouse's work

O₃Other health insurance

O 4I am not covered by health insurance

o 5No Answer

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A27.	Do y	voli	currently	receive	SSI or	SSDI?
4 14 /•	יטע	v vu	Currence	ICCCIVC		

- o 1 Yes
- 0 ₂ No
- o 3 No Answer

Personal Finances

A28. Do you currently have a savings or checking account at a bank or a credit union?

- o 1 Yes
- O 2 No
- 0 3 No Answer

A29. 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. Do not include pension funds or retirement accounts.

- o ₁\$0
- o 2\$1-\$500
- o $_3$ \$501-\$1,000
- o ₄\$1,001-\$3,000
- o ₅\$3,001-\$5,000
- o ₆\$5,001-\$10,000
- o ₇\$10,001-\$20,000
- o 8More than \$20,000
- o ₉No Answer

A30. 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?

- o ₁\$0
- o ₂\$1-\$500
- o $_3$ \$501-\$1,000
- o 4\$1,001-\$3,000
- o ₅\$3,001-\$5,000
- o ₆\$5,001-\$10,000
- o ₇\$10,001-\$20,000
- o 8More than \$20,000
- o ₉No Answer

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Barriers to	Employment
A31. Do you have a physical health problem	A32. Do you have an emotional or mental
that limits the kind or amount of work that	health problem that limits the kind or
you can do?	amount of work that you can do?
. W	77
O 1 Yes	O 1 Yes
O 2 No O 3 No Answer	O 2 No Appropri
	O 3 No Answer
A33. Does difficulty finding adequate	A34. Does the need to care for a sick or
childcare or after school supervision limit	disabled family member limit the kind or
the kind or amount of work that you can	amount of work that you can do?
do?	. V
O 1 Yes	O 1 Yes
0 2 No	O 2 No O 3 No Answer
O 3 No Answer	O 3 NO Allswei
A35. Have you ever been convicted of a felon	y?
o 1 Yes	
0 ₂ No	
o 3 No Answer	
A36. In the past 12 months, have you not take extra money you would earn might cause you such as Medicaid, food stamps/SNAP, or TAI	to lose some or all of the benefits you receive,
O 1 Yes	
0 ₂ No	
O 3 No Answer	
A37. In the past 12 months, have you not take	
extra money you would earn might cause you voucher?	ı to pay higher rent or lose your Section 8
O 1 Yes	
0 ₂ No	
o 3 No Answer	

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Mativations and Duagram Understanding
Motivations and Program Understanding
A38. Why are you interested in the FSS program? Please read the following list of possible reasons (Check all that apply).
• A Help finding work
B Help finding a better job
C Help keeping your job
DHelp with dealing with personal issues or family issues that make having a job difficult
E Help with accessing services to help your family such as daycare
F Help building savings
GHelp managing your money, debt relief or improving your credit score
Help buying a home
• I Some other reason 1
Specify
J None of the above
K Declined to answer
A39. 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.)
O 1 Yes
0 1 1 es 0 2 No
o 3 No Answer

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Adult Contact Information
A40. Phone Numbers
A.Home phone number:
(
B. Mobile phone number:
(
C. Work phone number:
(
A41. Email address:

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FOR INTERVIEWER:

A42. How well does the customer speak English?

- o ₁ Very well
- o ₂Well
- O ₃ Not very well
- o 4 Not at all
- o 5No Answer

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IF ANOTHER ADULT MEMBER OF THIS HOUSEHOLD IS ENROLLING IN THE HUD FAMILY SELF-SUFFICIENCY EVALUATION AT THIS TIME, COMPLETE AN ADDITIONAL ADULT FORM WITH THE ADULT.

GROUP: FSS GROUP

CONTROL GROUP

(TO BE COMPLETED AFTER FOLLOWING INSTRUCTIONS FOR BACK-UP RANDOM ASSIGNMENT. CIRCLE THE GROUP THAT THE MDRC DATA CLERK TELLS YOU THE HOUSEHOLD HAS BEEN ASSIGNED TO.)