Supporting Statement
For the Paperwork Reduction
Act of 1995: Approval for the
Baseline Data Collection,
Implementation Study Site
Visits, and Staff Surveys for the
Job Search Assistance (JSA)
Strategies Evaluation

Attachment A: Baseline Information Form

OMB No. 0970-0440

August 11, 2014

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

Federal Project Officer Erica Zielewski

U.S. Department of Health and Human Services Job Search Assistance (JSA) Strategies Evaluation

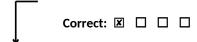
Baseline Information Form

This form asks questions about your background. The questions cover a range of topics, including your family, your education, and your past employment. Your answers to these questions will not affect your eligibility for services here or elsewhere. The information will be used for research purposes only and will be kept confidential to the extent allowed by law. If you have any questions, please ask the staff person who gave you this form.

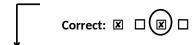
Thank you very much for helping us with this important study.

MARKING DIRECTIONS

- Use a blue or black ink pen or dark pencil.
- Do not use felt tip markers or gel pens.
- Put an "X" in the box that best describes your answer.



To change an answer, mark the new one and circle it.



• Please PRINT where applicable. Enter only one letter or number per box.



Burden Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0970-0440; this number is valid through XX/XX/XXXX. Public reporting burden for this collection of information is estimated to average 12 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PERSONAL CONTACT INFORMATION					
1. WHAT IS YOUR NAME?					
FIRST		M.I.	LAST		
2. WHAT IS YOUR DATE OF BIRTH?	/_ (MONTH)		(YEAR)		
3. WHAT IS YOUR SOCIAL SECURITY NUMBER?					
4. WHAT IS YOUR ADDRESS?	STREET ADD	DRESS			APT #
	CITY			STATE	ZIP
5a. WHAT IS YOUR PRIMARY PHONE NUMBER?	5b. WHAT IS YOUR SECONDARY PHONE NUMBER?				
()		()		
☐ HOME ☐ CELL ☐ WORK		□ номе	☐ CELL	☐ WORK	
6. MAY WE SEND A TEXT MESSAGE TO YOUR CELL PHO	NE [?] □ YES	□ NO			
7. WHAT IS YOUR E-MAIL ADDRESS?				@	
8. MAY WE CONTACT YOU THROUGH FACEBOOK?	☐ YES	□ NO			
IF YES, HOW IS YOUR NAME LISTED ONFACEBOOK?					
BACKGRO	UND AND FA	MILY CHAR	ACTERISTICS		
9. WHAT IS YOUR SEX?	₁□ MALE				
	2□ FEMALE				
10. WHAT IS YOUR MARITAL STATUS?	₁□ NOW M	ARRIED			
	²□ WIDOWED				
	- ₃□ DIVORCED				
	₄□ SEPARATED				
	₅□ NEVER N	MARRIED			
11. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?	$_1\square$ NO, NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN				
ONGIN.	2□ YES, MEXICAN, MEXICAN AM., CHICANO				
	₃□ YES, PUERTO RICAN				
	₄□ YES, CUBAN				
5☐ YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN			N		
BACKGROUND AND FAMILY CHARACTERISTICS					

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12. WHAT IS YOUR RACE? (MARK ONE OR MORE)	1□ WHITE
	2□ BLACK OR AFRICAN AMERICAN
	₃□ AMERICAN INDIAN OR ALASKA NATIVE
	₄□ ASIAN INDIAN
	₅□ CHINESE
	₅□ FILIPINO
	₇ □ JAPANESE
	8□ KOREAN
	9□ VIETNAMESE
	10□ OTHER ASIAN
	11□ NATIVE HAWAIIAN
	12□ GUAMANIAN OR CHAMORRO
	13□ SAMOAN
	14□ OTHER PACIFIC ISLANDER
13. WHICH OF THE FOLLOWING LIVE IN YOUR HOUSEH	IOLD AT LEAST HALF THE TIME? (MARK ONE OR MORE):
₁□ YOUR SPOUSE	
2☐ YOUR UNMARRIED PARTNER	
₃□ YOUR BIOLOGICAL OR ADOPTED CHILDREN	
₄□ OTHER CHILDREN UNDER AGE 18	
₅□ YOUR MOTHER OR FATHER	
6☐ YOUR OTHER RELATIVES	
₇ ☐ YOUR SPOUSE'S MOTHER OR FATHER	
8☐ YOUR SPOUSE'S OTHER RELATIVES	
,□ FRIENDS	
10□ OTHERS	
11☐ NO ONE ELSE	
14. HOW MANY <u>ADULTS AGE 18 OR OLDER,</u> INCLUDING	G YOURSELF, LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? ADULTS
15. HOW MANY <u>CHILDREN UNDER AGE 18</u> LIVE WITH Y AND ANY OTHER CHILDREN):	OU AT LEAST HALF THE TIME? (INCLUDE BIOLOGICAL, ADOPTED, FOSTER, STEP,
CHILDREN	
16. WHAT IS THE AGE (IN YEARS) OF THE YOUNGEST CHILD CURRENTLY LIVING IN YOUR HOUSEHOLD (ANSWER ZERO IF THE CHILD HAS NOT REACHED HIS/HER FIRST BIRTHDAY)?	
AGE OF YOUNGEST CHILD	
EI	DUCATIONAL BACKGROUND

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17. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE	COMPLETED? (MARK ONE):		
$_1\square$ Grade 1 through 11 $ o$ please write the highest grad	DE YOU COMPLETED 1-11 HERE:		
2□ 12 th GRADE - NO DIPLOMA			
₃☐ GED OR ALTERNATIVE CREDENTIAL			
₄□ REGULAR HIGH SCHOOL DIPLOMA			
5☐ SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR OF COLLEGE	CREDIT		
6☐ 1 OR MORE YEARS OF COLLEGE CREDIT, BUT NO DEGREE			
₇ ☐ ASSOCIATE'S DEGREE (FOR EXAMPLE: AA, AS)			
8☐ BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE: BA BS)			
EDUCATIONAL BACKGROUND			
18. HAVE YOU RECEIVED A POST-SECONDARY VOCATIONAL OR TECHNICAL CERTIFICATE OR DIPLOMA?			
₁□ YES			
₂□ NO			
19. WHAT GRADES DID YOU USUALLY GET IN HIGH SCHOOL? (MARK ONE):			
$_1\square$ DID NOT ATTEND HIGH SCHOOL IN THE U.S.	₄□ MOSTLY C's		
₂□ MOSTLY A's	₅□ MOSTLY D's		
₃□ MOSTLY B's	6□ MOSTLY F's		
EMPLOYMENT AND INCOME			
20. ARE YOU CURRENTLY WORKING AT A JOB FOR PAY? (MARK ON	E)		
1□ YES→ HOW MANY HOURS PER WEEK ON AVERAGE ARE YOU CURRENTLY HOURS/WEEK WORKING? (INCLUDE ALL JOBS)			
2☐ NO, BUT I WORKED BEFORE → WHEN DID YOU LAST WORK?	/		
₃□ NO, I NEVER WORKED			

21. IF YOU ANSWERED "YES" OR "NO, BUT I WORKED BEFORE" TO Q22: 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: \$
22. EVER WORKED FULL TIME FOR 6 MONTHS OR MORE FOR ONE EMPLOYER?
₁□ YES
₂□ NO
23. ANY EARNINGS IN THE PAST 12 MONTHS?
₁□ YES
₂□ NO
24. TOTAL PRIOR TANF RECEIPT (MARK ONE):
₁□ NONE
2□ LESS THAN 1 YEAR
₃□ 2-5 YEARS
₄□ 5-10 YEARS
5□ 10 YEARS OR MORE
25. HOW LONG AGO WAS YOUR PRIOR TANF RECEIPT?
1□ I WAS NOT ON TANF BEFORE
2□ LESS THAN 1 YEAR AGO
₃□ 2-5 YEARS AGO
₄□ 5-10 YEARS AGO
₅□ 10 YEARS OR MORE AGO

ALTERNATE CONTACTS Please provide information for three persons not living with you who can help us locate you:			
CONTACT #1	, , , , , , , , , , , , , , , , , , , ,		
MALIAT IS LUC/LUCD NAME?			
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?		
□ HOME □ CELL □ WORK	□ HOME □ CELL □ WORK		
WHAT IS HIS/HER E-MAIL ADDRESS?	@		
CONTACT #2			
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		
WHAT IS HIS/HER PRIMARY PHONE NUMBER?	WHAT IS HIS/HER SECONDARY PHONE NUMBER?		
((
□ HOME □ CELL □ WORK	□ HOME □ CELL □ 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		
WHAT IS HIS/HER PRIMARY PHONE NUMBER?	WHAT IS HIS/HER SECONDARY PHONE NUMBER?		
,			
□ HOME □ CELL □ WORK	□ HOME □ CELL □ WORK		
WHAT IS HIS/HER E-MAIL ADDRESS?	@		

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