

**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
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Federal Project Officer
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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.

Correct:

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

Correct:

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

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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) (DAY) (YEAR)

3. WHAT IS YOUR SOCIAL SECURITY NUMBER? ____ - ____ - ____

4. WHAT IS YOUR ADDRESS? _____
STREET ADDRESS APT #

CITY STATE ZIP

5a. WHAT IS YOUR PRIMARY PHONE NUMBER?
(____) ____ - ____
 HOME CELL WORK

5b. WHAT IS YOUR SECONDARY PHONE NUMBER?
(____) ____ - ____
 HOME CELL WORK

6. MAY WE SEND A TEXT MESSAGE TO YOUR CELL PHONE? 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 ON FACEBOOK? _____

BACKGROUND AND FAMILY CHARACTERISTICS

9. WHAT IS YOUR SEX?
1 MALE
2 FEMALE

10. WHAT IS YOUR MARITAL STATUS?
1 NOW MARRIED
2 WIDOWED
3 DIVORCED
4 SEPARATED
5 NEVER MARRIED

11. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?
1 NO, NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN
2 YES, MEXICAN, MEXICAN AM., CHICANO
3 YES, PUERTO RICAN
4 YES, CUBAN
5 YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN

BACKGROUND AND FAMILY CHARACTERISTICS

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
- 6 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 HOUSEHOLD 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
- 9 FRIENDS
- 10 OTHERS
- 11 NO ONE ELSE

14. HOW MANY ADULTS AGE 18 OR OLDER, INCLUDING YOURSELF, LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? ____ ADULTS

15. HOW MANY CHILDREN UNDER AGE 18 LIVE WITH YOU AT LEAST HALF THE TIME? (**INCLUDE BIOLOGICAL, ADOPTED, FOSTER, STEP, AND ANY OTHER CHILDREN**):

____ 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

EDUCATIONAL BACKGROUND

17. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED? (MARK ONE):

- 1 GRADE 1 THROUGH 11 → PLEASE WRITE THE HIGHEST GRADE YOU COMPLETED 1-11 HERE: _____
- 2 12th 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 DID NOT ATTEND HIGH SCHOOL IN THE U.S.
- 2 MOSTLY A's
- 3 MOSTLY B's
- 4 MOSTLY C's
- 5 MOSTLY D's
- 6 MOSTLY F's

EMPLOYMENT AND INCOME

20. ARE YOU CURRENTLY WORKING AT A JOB FOR PAY? (MARK ONE)

- 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? _____ / _____ (MONTH) (YEAR)
- 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:

\$ _____ PER DAY

\$ _____ PER WEEK

\$ _____ EVERY 2 WEEKS

\$ _____ TWICE A MONTH

\$ _____ EVERY MONTH

\$ _____ OTHER (SPECIFY TIME PERIOD: _____)

22. EVER WORKED FULL TIME FOR 6 MONTHS OR MORE FOR ONE EMPLOYER?

YES

NO

23. ANY EARNINGS IN THE PAST 12 MONTHS?

YES

NO

24. TOTAL PRIOR TANF RECEIPT **(MARK ONE)**:

NONE

LESS THAN 1 YEAR

2-5 YEARS

5-10 YEARS

10 YEARS OR MORE

25. HOW LONG AGO WAS YOUR PRIOR TANF RECEIPT?

I WAS NOT ON TANF BEFORE

LESS THAN 1 YEAR AGO

2-5 YEARS AGO

5-10 YEARS AGO

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

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?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 HOME CELL WORK

WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 HOME CELL WORK

WHAT IS HIS/HER E-MAIL ADDRESS? _____ @ _____

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?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 HOME CELL WORK

WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 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?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 HOME CELL WORK

WHAT IS HIS/HER SECONDARY PHONE NUMBER?
(___ ___ ___) ___ ___ ___ - ___ ___ ___
 HOME CELL WORK

WHAT IS HIS/HER E-MAIL ADDRESS? _____ @ _____

