

## **INFORMED CONSENT STATEMENT**

**SURVEY PURPOSE:** The Department of Labor is conducting an evaluation of the Pathways to Careers (PTC) Grant Program. The PTC program is designed to provide education and career development services to youth and young adults with disabilities to increase opportunities to attain credentials that will lead to competitive employment. The survey will collect important information about your college experiences and a variety of services and activities that you may have participated in to support your academic and career goals. The survey will also ask about your employment experiences. Your information and that of other participants will be used by DOL to evaluate program implementation and the outcomes for students serviced through the PTC program. Your input may also help to identify programs and services that effectively integrate education and career development for young adults with disabilities that can be used by other community colleges.

**VOLUNTARY RESPONSE/PRIVACY:** There is no requirement to participate. If you participate, you can skip any question or stop the survey at any time. Refusal to participate will not affect your participation in the {Universal Pathways to Employment Project at Pellissippi State Community College/Onondaga Pathways to Career Project at Onondaga Community College} in any way. All information you provide is regarded as strictly private. The information you provide in the survey will be combined with data provided by {Pellissippi State Community College/Onondaga Community College} about services you may have received. Your survey responses and data are kept private and are reported anonymously so as not to identify you or any individual who participated in the survey. Any reports about the evaluation of the PTC program will contain summary results from the survey and data provided by the college. No information that identifies individual respondents will be included in the report.

**SURVEY LENGTH:** This web survey will take approximately 30 minutes on average to complete. Depending on your responses, it may take more or less time.

**HOW TO COMPLETE THE SURVEY:** After you complete each page, you may go to the next page by clicking on the "Next>>" button. If you wish to review a previous answer, click on the "<<Previous" button. If you need to save your responses and complete the survey later, click on the "Save and

Continue Later” button. When you log on later, you can continue where you left off.

**TO THANK YOU:** We know your time is valuable. To thank you for your participation, we will send you \$25 in the mail after we receive your survey.

To begin your survey, click the “Next>>” button below. Doing so also indicates your consent to participate in the survey.

## DEMOGRAPHICS

### 1. What is the highest degree or level of school you have completed?

- High school diploma or GED
- Some college, but no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Other (SPECIFY: \_\_\_\_\_)

### 2. What is the highest degree or level of school your parents completed?

#### PARENT 1

- Less than high school diploma
- High school diploma or GED
- Some college, but no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Graduate or professional degree beyond a bachelor's degree (for example, Master's degree (MA, MS, MBA), Doctorate degree (PhD, EdD), or Professional degree (MD, DDS, JD))
- Don't know

#### PARENT 2

- Less than high school diploma
- High school diploma or GED
- Some college, but no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Graduate or professional degree beyond a bachelor's degree (for example, Master's degree (MA, MS, MBA), Doctorate degree (PhD, EdD), or Professional degree (MD, DDS, JD))
- Don't know

### 3. Who have you been living with for the majority of the time during the past six months?

- On my own
- At home with parents
- With a relative
- With friends
- With a spouse or partner
- In military housing
- In a group home
- In an institution
- On the street or homeless
- Other (SPECIFY: \_\_\_\_\_)

### 4. Do you have any children?

- Yes
- No (GO TO QUESTION 6)

**5. How many children do you have?**

- One
- Two
- Three or more

**6. Is any language other than English regularly used in your home?**

- Yes
- No (GO TO QUESTION 8)

**7. What is the main language you usually use at home?**

- English
- Spanish
- Sign language/manual communication/ASL
- Other (SPECIFY: \_\_\_\_\_)

**STUDENT ENGAGEMENT IN COMMUNITY COLLEGE**

**8. Are you currently attending or enrolled in {Pellissippi State Community College/Onondaga Community College}? (You should answer “YES” if you are enrolled in the school but currently on a scheduled break or vacation.)**

- Yes (GO TO QUESTION 11)
- No

**9. When did you stop attending {Pellissippi State Community College/Onondaga Community College}?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

**10. Why did you stop attending the college? (Check all that apply.)**

- Academic difficulty, poor grades, not doing well
- Dislike of school experience
- School too dangerous
- Failed required test/exam
- Graduated
- Program was not right for me
- Poor relationships with teachers and school staff
- Poor relationships with fellow students
- Language difficulty
- Economic reasons/Needed to work
- Childcare was a problem
- Transportation was a problem
- Problems with behavior
- Substance abuse
- Illness/Disability
- Pregnancy
- Entered criminal justice system/Incarcerated
- Needed at home
- Religion
- Moved
- Parent/Guardian influence
- Friends were dropping out
- Marriage
- Military, joined Armed Forces
- Employment, seek or accept job
- School did not accommodate my disability-related needs
- Other (SPECIFY: \_\_\_\_\_)

GO TO QUESTION 33.

**11. Which {Universal Pathways to Employment Project (UPEP)/Onondaga Pathways to Career (OPC)} program are you currently enrolled in?**

IF Pellissippi State Community College THEN DISPLAY:

- Administrative Professional Technology/Medical Office Concentration
- Business/Accounting Concentration
- Business/Culinary Arts Concentration
- Business/Hospitality Concentration
- Business/Management Concentration
- Computer Information Technology/Cyber Defense Concentration
- Computer Information Technology/Networking Concentration
- Computer Information Technology/Programming Concentration
- Computer Information Technology/Systems Administration and Management Concentration
- Early Childhood Education
- Engineering Technology/Automated Industrial Systems Concentration
- Engineering Technology/Civil Engineering Concentration
- Engineering Technology/Electrical Construction Management Concentration
- Engineering Technology/Electrical Engineering Concentration
- Engineering Technology/Industrial Maintenance Concentration
- Engineering Technology/Manufacturing Concentration
- Engineering Technology/Mechanical Engineering Concentration
- Engineering Technology/Sustainable Design Concentration
- General Technology
- Health Sciences
- Interior Design Technology
- Media Technologies/Communication Graphics Technology Concentration
- Media Technologies/Design for Web and Print Concentration
- Media Technologies/Photography Concentration
- Media Technologies/Video Production Technology Concentration
- Media Technologies/Web Technology Concentration
- Nursing
- Paralegal Studies
- Other (SPECIFY: \_\_\_\_\_)

IF Onondaga Community College THEN DISPLAY:

- Health Information Technology
- Advanced Manufacturing Certificate
- Mechanical Technology
- Computer Information Systems
- Electrical Technology
- Computer Science

- Computer Forensics
- Other (SPECIFY: \_\_\_\_\_)





<b>Transfer to a 4-year college or university</b>	<input type="radio"/>	<input type="radio"/>
<b>Get a job or update job-related skills</b>	<input type="radio"/>	<input type="radio"/>
<b>Self-improvement/Personal enjoyment</b>	<input type="radio"/>	<input type="radio"/>

**The next questions are about your experience when you first started attending {Pellissippi State Community College/Onondaga Community College}.**

**18. Did you attend a college orientation for new students?**

- Yes
- No (GO TO QUESTION 20)

**19. How useful was the orientation?**

- Very useful
- Somewhat useful
- Not at all useful

**20. In which of the following types of courses were you enrolled during your first semester at this college? Please respond to each item.**

	Enrolled	Not enrolled
<b>Developmental Reading (also referred to as Basic Skills, College Prep, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Writing (also referred to as Basic Skills, College Prep, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Math (also referred to as Basic Skills, College Prep, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>An English course taught specifically for students whose first language is not English (English as a second language, also known as ESL; or English for speakers of other languages, also known as ESOL)</b>	<input type="radio"/>	<input type="radio"/>

**21. {Since being enrolled at this college/In your experiences at this college during the past six months}, have you done each of the following?**

	Yes	No
<b>Participated in a workshop or course specifically designed to teach skills and strategies to help students succeed in college (e.g., a college success or student success workshop or course)</b>	<input type="radio"/>	<input type="radio"/>
<b>Connected socially with other students on campus</b>	<input type="radio"/>	<input type="radio"/>
<b>Participated in campus clubs and activities</b>	<input type="radio"/>	<input type="radio"/>
<b>Received physical and mental health services</b>	<input type="radio"/>	<input type="radio"/>
<b>Received help with financial planning or benefits</b>	<input type="radio"/>	<input type="radio"/>

<b>planning</b>		
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**22. {Since being enrolled at this college/In your experiences at this college during the past six months}, about how often have you done each of the following?**

	Often	Sometimes	Never
<b>Worked with classmates on assignments outside of class</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Used e-mail to communicate with an instructor</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Discussed grades or assignments with an instructor</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Discussed ideas from your readings or classes with other students or instructors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Worked harder than you thought you would have to work to get a good grade</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Missed class to attend to other responsibilities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Turned in an assignment late</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Come to class without completing assignments or homework</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Missed class to take a break from school</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. {Since being enrolled at this college/During the past six months}, on average, about how much time did you spend studying outside of class?**

- None
- 1 to 4 hours per week
- 5 to 10 hours per week
- More than 10 hours per week

**24. How frequently do the instructors and staff at this college emphasize each of the following?**

	Often	Sometimes	Never
<b>Assisting students with disabilities to get needed accommodations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Providing supports needed for student success</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Supporting the academic needs of students with disabilities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Supporting the career development of students with disabilities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**25. {Since being enrolled at this college/During the past six months}, how often have you sought help with coursework from:**

	Often	Sometimes	Never
<b>Instructors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Academic advisors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Tutors, learning centers, or learning labs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Friends or other students</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Family members</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Office of Disability Services</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other persons or offices</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. Mark the number on the scale that best represents how you feel others at {Pellissippi State Community College/Onondaga Community College} treat you.**

**Other students at {Pellissippi State Community College/Onondaga Community College} are:**

<b>Unsupportive</b>	1	2	3	4	5	6	7	<b>Supportive</b>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Instructors are:**

<b>Unsupportive</b>	1	2	3	4	5	6	7	<b>Supportive</b>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Other staff at the college besides your instructors are:**

<b>Unsupportive</b>	1	2	3	4	5	6	7	<b>Supportive</b>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**27. Do you have reliable and accessible transportation to school?**

- Yes
- No

**28. This next section has two parts. Please answer both parts, indicating (1) HOW OFTEN you have used or participated in the following services or activities, and (2) HOW SATISFIED you are with these services or activities at {Pellissippi State Community College/Onondaga Community College}.**

	<b>(1) Frequency of Use</b>				<b>(2) Satisfaction</b>			
	Often	Some - times	Rarely / Never	Not applicable (N/A)	Very	Some -what	Not at all	Not applicable (N/A)
<b>Academic advising/planning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Tutoring</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mentoring others</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Being mentored</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Skill labs (writing, math, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Computer lab</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Career exploration, planning, or counseling</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Job placement assistance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Internships and other work-based learning opportunities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Child care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Transportation assistance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Financial aid advising</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Student clubs and organizations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29. Overall, how would you evaluate your experience with the {Universal Pathways to Employment Project at Pellissippi State**



**Community College/Onondaga Pathways to Career Project at Onondaga Community College}?**

- Excellent
- Good
- Fair
- Poor

**SELF-ADVOCACY**

**30. For the next few items, please indicate how much you agree or disagree with each statement.**

	Stron gly agree	Agre e	Disagr ee	Stron gly disagr ee
<b>I am aware of my rights for reasonable academic accommodations under the law</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I know how to get the information I need about the support services available at my school</b>				
<b>I feel comfortable identifying myself as a person with a disability to get the support services I may need</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel that I can get instructors and staff to listen to me so that I obtain the accommodations I may need to be successful in my classes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. Since you started your education program at {Pellissippi State Community College/Onondaga Community College}, have you told any of your instructors that you have a learning problem, disability, or other special need?**

- Yes
- No

**32. Since you started your education program at {Pellissippi State Community College/Onondaga Community College}, have you received any accommodations or other help from the college or your instructors because you have a learning problem, disability, or other special need?**

- Yes (SPECIFY: \_\_\_\_\_)
- No

**INDEPENDENT LIVING SKILLS****33. Do you have a savings account?**

- Yes
- No

**34. Do you have a checking account where you write checks or use a debit card?**

- Yes
- No

**35. Do you have a credit card in your own name?**

- Yes
- No

**36. Do you get any bills in your own name that you are responsible for paying? This could include a bill for a cell phone, electricity, internet access, credit card, rent, or a magazine subscription.**

- Yes
- No

**37. Do you have a driver's license or learner's permit?**

- Yes (GO TO QUESTION 39)
- No

**38. How likely do you think it is that you will get a driver's license?**

- Definitely will
- Probably will
- Probably won't
- Definitely won't

**39. Are you registered to vote?**

- Yes
- No

Ask Questions 40 through 50 only if not currently enrolled in community college

### ADDITIONAL FORMAL EDUCATION

**40. During the past 6 months, were you enrolled in an education or training program?**

- Yes
- No (GO TO QUESTION 51)

**41. In what types of programs were you enrolled? (Check all that apply.)**

- Vocational diploma
- Technical diploma
- Associate's degree (AA, AS)
- Bachelor's degree (BA, BS)
- Master's degree (MA, MS)
- Another diploma or certificate  
(SPECIFY: \_\_\_\_\_)
- Another degree  
(SPECIFY: \_\_\_\_\_)

Ask Questions 42 through 50 for each program selected

**42. What was the major subject or field of study of your {vocational/technical/degree} program?**

MAJOR FIELD OF STUDY: \_\_\_\_\_

**43. Did you take the {vocational/technical/degree} program in {MAJOR FIELD OF STUDY} mainly for work-related reasons or mainly for personal growth and development?**

- Work-related
- Personal growth and development
- Both equally

**44. Did you take your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY} to get or to keep a state, industry, or company certificate or license?**

- Yes
- No

**45. In what month and year did you start your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY}?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

**46. In what month and year did you complete or do you expect to complete your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY}?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

- Never completed
- Do not intend to complete

**47. During the past 6 months, have you been enrolled in the {vocational/technical/degree} program in {MAJOR FIELD OF STUDY} as a full-time student, part-time student, or both?**

- Full-time student
- Part-time student
- Both

**48. In the past 6 months, how many months, semesters, or quarters were you enrolled in your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY}?**

|\_|\_| MONTH

- Month
- Semester
- Quarter
- Other (SPECIFY: \_\_\_\_\_)

**49. How many courses did you take in your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY} in the past 6 months?**

|\_|\_| NUMBER OF COURSES

**50. How many total credit hours were you enrolled in for your {vocational/technical/degree} program in {MAJOR FIELD OF STUDY} in the past 6 months?**

|\_|\_| TOTAL CREDIT HOURS

- Credit hours do not apply to the {vocational/technical/degree} program

**EMPLOYMENT, EARNINGS, AND INCOME**

- 51. During the past 6 months, did you work for pay at a job?**
- Yes (GO TO QUESTION 53)
  - No
- 52. During the past 6 months, did you do any work for pay, even for as little as one hour? That could include being a babysitter or working for a neighbor.**
- Yes
  - No (GO TO QUESTION 54)
- 53. What kind of work was this? Was it an informal job you do for family or friends, such as babysitting or yardwork, or is it a formal job for an employer at a business, government agency, or other organization?**
- Informal - within household or for family (GO TO QUESTION 60)
  - Formal employment (GO TO QUESTION 60)
- 54. During the past 6 months, have you taken part in any work activities sponsored by your college, like a work-study or co-op job, an internship, or a school-based business?**
- Yes
  - No (GO TO QUESTION INTRO TO 73)
- 55. Did you get college credit for that work activity?**
- Yes
  - No
- 56. Did you get paid for that work activity?**
- Yes (GO TO QUESTION 60)
  - No
- 57. About how many hours per week have you usually worked in this school-sponsored job?**
- |\_|\_| HOURS PER WEEK
- 58. About how long have you worked in this job {sponsored by your college}?**
- |\_|\_| MONTH
- Weeks
  - Months

- Years



**59. Is that work activity related to a particular job or career you are interested in?**

- Yes
- No - The work is not in a career/job I'm interested in
- I don't have a particular career/job interest

Go TO INTRO TO QUESTION 73.
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**60. During the past 6 months, how many weeks or months did you work, even for a few hours ?**

|\_|\_| NUMBER

- Weeks
- Months

**61. During the past 6 months, in the weeks worked, how many hours did you usually work each week?**

|\_|\_| NUMBER

**62. Are you currently working for pay at a job or business?**

- Yes
- No

**The next questions are about your {current/most recent} job. If you {have/had} more than one job, tell me about the main job. The main job is the one at which you worked the most hours.**

**63. Who {do/did} you work for? That is, what {is/was} the name of the company, business, or employer that you work{ed} for?**

EMPLOYER: \_\_\_\_\_

**64. What kind of business or industry {is/was} this? (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)**

BUSINESS OR INDUSTRY: \_\_\_\_\_

**65. What kind of work {do/did} you do? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)**

JOB TITLE: \_\_\_\_\_

**66. What {are/were} your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)**

JOB DUTIES: \_\_\_\_\_

**67. When did you start this job?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

Ask Question 68 only if not currently working (Question

**68. When did this job end?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

**69. Thinking about your {current/most recent} job, about how many hours per week {do/did} you usually work?**

|\_|\_| HOURS PER WEEK

**70. About how much {are/were} you paid for this job, before taxes or deductions are taken out?**

|\_|\_|\_|,|\_|\_|\_|.|\_|\_| AMOUNT

- Per hour
- Per week
- Per month
- Per year

**71. Is this job related to your field of education?**

- Yes
- No

**72. Did you get this job as a result of your participation in the {Universal Pathways to Employment Project at Pellissippi State Community College/Onondaga Pathways to Career Project at Onondaga Community College}?**

- Yes
- No

**Income is an important factor that goes into many research questions - including how finances affect students' ability to go to college or pursue other goals after high school. This information is critically important to the success of this study and will be kept private.**

**73. Please tell me how much money you received from the following sources during the past month. Remember, your information will be kept private.**

- a. **Wages, salary, commissions, bonuses, or tips from all jobs. Please tell me the amount before taxes and other deductions.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- b. **Social Security Disability Income.** ..|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- c. **Social Security Retirement or Survivors Benefits.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- d. **Supplemental Security Income.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- e. **Any public assistance or welfare payments from the state or local welfare office.** |\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- f. **Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- g. **Unemployment compensation.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- h. **Retirement, pension (including military), Investing, or savings income that you receive regular payments from.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- i. **Alimony or child support.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- j. **Money from family members including gifts, loans, or bill payments.** .....|\_|\_|,|\_|\_|\_|\_|.|\_|\_|
- k. **Any other sources of income received regularly. (SPECIFY: \_\_\_\_\_)** |\_|\_|,|\_|\_|\_|\_|.|\_|\_|