Family Options Study Instrument C- 72-Month Tracking Survey

Introduction

Hello, my name is []. I work for a company called Abt SRBI. You might remember meeting with me or one of my colleagues back in [MONTH/YEAR of RA or DATE OF LAST INTERVIEW] at [INSERT LOCATION WHERE INTERVIEWER LAST MET WITH RESPONDENT]. At that time I talked to you about a study that we are doing to find out about what kind of housing is best for families who experienced homelessness. This study is often referred to the Family Options Study. Abt SRBI is an independent research company and we are helping the U.S. Department of Housing and Urban Development (HUD) to do this study.

When we talked back in [MONTH/YEAR OF RA/MONTH], I mentioned that I'd be getting in touch with you again to find out about your housing experiences. I'd like to ask you some questions now. The survey will take about 15 minutes to complete. You can stop the interview at any time. You can choose not to answer any question. The information you provide will be kept confidential and only used for this study. The collection of this information has been approved by the Office of Management and Budget. At the end of the interview, you will be paid \$25, in appreciation for your time.

Section A: Current Housing, Homelessness since previous interview, housing program participation

First, I'd like to ask about where you are living/staying right now.

	A1a.		
	A1b.	Is there an apartment number?	
	A1c.	What city do you live in?	
	A1d.	What state do you live in?	
	A1e.	What is the zip code?	
		sed	
A2.	Is [A1	1 ADDRESS] the best address to reach you at?	(CVID TO A2)
		YES	•
		NO	
		REFUSED	
		DON'T KNOW□8	
	What	t is the best address to reach you at?	
		et Address:	
	A2a.	Is there a complex/building name?	
	A2b.	•	
	A2c.	,	
	A2d. A2e.	In what state? What is the zip code?	
	AZE.	what is the zip code?	
	A2f. W	What is your home phone number, starting with the area code?	
		Telephone # with area code: ()	
	A2g. \	What is your cell phone number, starting with the area code?	
		Telephone # with area code: ()	

A2h. Do we have your permission to text you at this number?	
YES□1	
NO	
REFUSED□ ₇	
DON'T KNOW	
A2i. What is your email address?	
A2j. What is the best way for us to reach you for future data collection efforts	?
EMAIL□1	
CELL PHONE	
TEXT	
CELL PHONE	
REFUSED□ ₇	
DON'T KNOW□8	

A3. Which of the following best describes your current living situation?

Would you say you are living/staying in CAPI: SKIP TO A4 WHEN YES RESPONSE IS GIVEN				RE F	DK
АЗа.	A house or apartment that you own or rent. THIS DOES NOT INLCUDE YOUR PARENT'S or GUARDIAN'S HOME OR APARTMENT	1	2	7	8
A3b.	Your partner's (boy/girlfriends/fiancé, significant other's) place.	1	2	7	8
A3c.	A friend or relative's house or apartment, <u>and paying part of the rent</u> [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	7	8
A3d.	A friend or relative's house or apartment, but <u>not</u> paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	7	8
A3e.	A permanent housing program with services to help you keep your housing (on site or coming to you) IF YES: COLLECT NAME OF PROGRAM: <a3e_1_other> THEN SKIP TO A4</a3e_1_other>	1	2	7	8

	you say you are living/staying in SKIP TO A4 WHEN YES RESPONSE IS GIVEN	YE S	N O	RE F	DK
A3f.	A transitional housing program IF YES COLLECT NAME OF PROGRAM: <a2f_1_other></a2f_1_other>	1	2	7	8
	THEN SKIP TO A4				
A3g.	A domestic violence shelter IF YES: SKIP TO A4	1	2	7	8
A3h.	An emergency shelter IF YES COLLECT NAME OF PROGRAM: <a3h_1_other></a3h_1_other>	1	2	7	8
	THEN SKIP TO A4				
АЗі.	A voucher hotel or motel IF YES: SKIP TO A4	1	2	7	8
АЗј.	A hotel or motel you pay for yourself IF YES: SKIP TO A4	1	2	7	8
A3k.	A residential drug or alcohol treatment program IF YES: SKIP TO A4	1	2	7	8
A3I.	Jail or prison IF YES: SKIP TO A4	1	2	7	8
A3m.	A car or other vehicle IF YES: SKIP TO A4	1	2	7	8
A3n.	An abandoned building IF YES: SKIP TO A4	1	2	7	8
A3o.	Anywhere outside [PROBE: STREETS, PARKS, ETC.] IF YES: SKIP TO A4	1	2	7	8
АЗр.	OTHER → SPECIFY: <a3p_1_other>: IF YES, NO, DK OR: SKIP TO A4</a3p_1_other>	1	2	7	8

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DAGE	L. ALL		
A4.	How long have you lived in this place? You can tell me this answer in months, whichever is easiest for you. [INTERVIEWER/CAPI: RECOF WEEKS, MONTHS. IF 0, RECORD THAT AS WELL.	•	
	<a4a1> NUMBER OF DAYS</a4a1>		
	<a4a2> NUMBER OF WEEKS</a4a2>		
	<a3a3> NUMBER OF MONTHS</a3a3>		
	REFUSED	2	
	DON'T KNOW	1	
A5.	Do you currently receive any governmental housing assistance	, such as	through
	public housing, or Section 8 or Housing Choice Voucher?		
	YES	□1	(SKIP TO A4a)
	NO	 2	
	REFUSED		
	DON'T KNOW	□8	

A6. Are you paying lower rent because the Federal, state, or local government is paying for part of your rent?

		YES	
		NO	A7
		REFUSED	A7
		DON'T KNOW (SKIP TO	A7)
<a6a></a6a>	BASE: I	BASE: A5=1 OR A6=1	
	A6a.	What is the name of the program that provides your housing assistance? Th	is
		could be the place where you live or the program that helps you with your r RECORD VERBATIM	ent
	<Δ 6 R>	BASE: A5=1 OR A4=1	
	A6b.	Is this assistance a Section 8 or Housing Choice Voucher, or is the building you	al I
	Aob.	live in a public housing or a Section 8 project or some other type of assistance	
		CAPI: ACCEPT ONE RESPONSE ONLY.	
		PUBLIC HOUSING	
		A SECTION 8/HOUSING CHOICE VOUCHER	
		A SECTION 8/HCV PROJECT□ ₃	
		TRANSITIONAL HOUSING	
		LOW INCOME HOUSING	
		HOMEBASE□6	
		OTHER TYPE OF HOUSING ASSISTANCE \square_{95}	
		(SPECIFY):< A6B_95_OTHER> Base: A6B = 95	
		REFUSED□ ₉₇	
		DON'T KNOW	

A7. Now, I'd like you to think about the last six months—that is, since [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW]. Were there any times when you were homeless in the last six months? By homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go.

Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please **do not include** any times when you may have stayed with friends or relatives because you did not have your own place to stay. Please **do not include** times when you lived in a transitional housing program or permanent housing program.

		YES	□1	
		NO	\square_2	(SKIP TO A9)
		REFUSED	\square_7	(SKIP TO A9)
		DON'T KNOW	□8	(SKIP TO A9)
A8.	How	many times were you homeless in th	ne last six months?	
	[INTER	VIEWER/CAPI: RECORD NUMBER OF TIMES	THE PERSON WAS HOMELESS.]	
		NUMBER OF TIMES		-
		REFUSED	□.₁	(SKIP TO A9)
		DON'T KNOW	□-2	(SKIP TO A9)
	BASE	: A7≥1		
	A8a.	Thinking about all of the times you	ı have been homeless in the po	ast 6 months],
		What would you say is the total nu	ımber of days, weeks, or mon	ths that you have
		been homeless in the past 6 mont	hs?	-
		<a8a1>NUMBER OF DAYS</a8a1>		
		<a8a2> NUMBER OF WEEKS</a8a2>		
		<a8a3> NUMBER OF MONTHS</a8a3>		
		REFUSED	-2	
		DON'T KNOW	-1	

A9.	Again, please think about the last six months—that is, since [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW]. Were there any times when you were living with a friend or relative because you could not find or afford a place of your own?					
	YES□1 NO□2 (SKIP TO A1: REFUSED□7 (SKIP TO A1: DON'T KNOW□8 (SKIP TO A1:					
A10.	Altogether, how much time in the past six months, would you say you spent living with a friend or relative because you could not find or afford a place of your own? You can tell me this answer in days, weeks, or months, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS, YEARS. IF 0, RECORD THAT AS WELL].					

A12. During the past six months, that is between [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW] and today, we are interested in knowing if you participated in any of the following types of programs. When answering these questions, please do not include the place you are living now. During the past six months, did you...

a. [Pro	ogram Type	YES	NO	REFUSED	DON'T KNOW
	a.	Spend at least one night in shelter because you did not have your own place to stay?				
	b.	Participate in a permanent supportive housing program—a program that offered both housing and services?				
	C.	Spend at least one night in a transitional housing program?				
	d.	Spend any time living in a place where you received assistance paying your rent with temporary rental assistance. This temporary assistance could be a rapid rehousing or the HPRP program.				
-	e.	Spend any time living in a place where your rent was partially covered by a rent subsidy such as public housing, Section 8 or a Housing Choice Voucher?				
	f.	Receive any other form of housing assistance? Please Specify:				

Section B: Family Composition

Now I'd like to ask you about the people in your family. I'll ask you about people who are living with you now and your spouse/partner or children who are in your family but are not staying with you now.

B1. The last time we talked, [MM/YYYY of RA] [LIST FIRST NAMES AND DOB OF PEOPLE LIVING WITH RESPONDENT AT TIME OF LAST INTERVIEW] were living with you/staying with you: Can you please tell me if each of them are staying with you now? If not, please tell me where they are currently staying, and how long they've been staying there.

LINES WILL BE ADDED TO THE TABLE AS NEEDED.

List of family members with Respondent at last interview	B2. Is [B1aB1e], who was born in [DOB MO/YR], staying with you now? <b2_x> (X=1-9)</b2_x>	B3. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: How long has it been since [B1a] lived/stayed with you? <b3_1_x> Days <b3_2_x> Weeks <b3_3_x> Months (X=1-9)</b3_3_x></b3_2_x></b3_1_x>	B4. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: Where is [B1a] living/staying now? (SINGLE RESPONSE) NOTE TO FIELD INTERVIEWER: PROBE FOR THE PLACE THE PERSON SPENDS MOST OF THE TIME. NOTE TO PROGRAMMER: IF AGE=MISSING/ DK, DISPLAY FULL ANSWER LIST <hhmage_x> Age Calculation (0= less than 1yr, -1=Dk, -2=Ref) <b4_x> Where living/Staying now? <b4_6_other_x> How long foster care <b4_95_other_x> B4 Other Specify (X=1-9)</b4_95_other_x></b4_6_other_x></b4_x></hhmage_x>
B1a	YES (Ask B2A/B2B then SKIP TO NEXT PERSON)1 NO2	DaysWeeksMonths REFUSED -1 DK -2	IF B1d IS AN ADULT >15? A place of his/her own

List of family members with Respondent at last interview	B2. Is [B1aB1e], who was born in [DOB MO/YR], staying with you now? <b2_x>(X=1-9)</b2_x>	B3. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: How long has it been since [B1a] lived/stayed with you? <b3_1_x> Days <b3_2_x> Weeks <b3_3_x> Months (X=1-9)</b3_3_x></b3_2_x></b3_1_x>	B4. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: Where is [B1a] living/staying now? (SINGLE RESPONSE) NOTE TO FIELD INTERVIEWER: PROBE FOR THE PLACE THE PERSON SPENDS MOST OF THE TIME. NOTE TO PROGRAMMER: IF AGE=MISSING/ DK, DISPLAY FULL ANSWER LIST <hhmage_x> Age Calculation (0= less than 1yr, -1=Dk, -2=Ref) <b4_x> Where living/Staying now? <b4_6_other_x> How long foster care <b4_95_other_x> B4 Other Specify (X=1-9)</b4_95_other_x></b4_6_other_x></b4_x></hhmage_x>
B1b	YES (Ask B2A/B2B then SKIP TO NEXT PERSON)	DaysWeeksMonths REFUSED -1 DK -2	IF B1d IS AN ADULT >15? A place of his/her own
B1c	YES (Ask B2A/B2B then SKIP TO NEXT PERSON)1 NO2	DaysWeeksMonths REFUSED -1 DK -2	IF B1d IS AN ADULT >15? A place of his/her own

List of family members with Respondent at last interview	B2. Is [B1aB1e], who was born in [DOB MO/YR], staying with you now? <b2_x> (X=1-9)</b2_x>	B3. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: How long has it been since [B1a] lived/stayed with you? <b3_1_x> Days <b3_2_x> Weeks <b3_3_x> Months (X=1-9)</b3_3_x></b3_2_x></b3_1_x>	B4. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: Where is [B1a] living/staying now? (SINGLE RESPONSE) NOTE TO FIELD INTERVIEWER: PROBE FOR THE PLACE THE PERSON SPENDS MOST OF THE TIME. NOTE TO PROGRAMMER: IF AGE=MISSING/ DK, DISPLAY FULL ANSWER LIST <hhmage_x> Age Calculation (0= less than 1yr, -1=Dk, -2=Ref) <b4_x> Where living/Staying now? <b4_6_other_x> How long foster care <b4_95_other_x> B4 Other Specify (X=1-9)</b4_95_other_x></b4_6_other_x></b4_x></hhmage_x>
B1d	YES (Ask B2A/B2B then SKIP TO NEXT PERSON)1 NO2	DaysWeeksMonths REFUSED -1 DK -2	IF B1d IS AN ADULT >15? A place of his/her own
B1e	YES (Ask B2A/B2B then SKIP TO NEXT PERSON)1 NO2	DaysWeeksMonths REFUSED -1 DK -2	IF B1d IS AN ADULT >15? A place of his/her own

We would like to know if there are any other people living with you now, whom we haven't talked about yet. We are especially interested in people that you consider part of your

family. By part of your family, we mean those people who would go with you if you were to move.

	there any other people <i>that you consider part of your family, living with you right</i> hom we haven't talked about?
	YES
B5a.	How many of the people who we haven't talked about yet, but are <i>living with you right now</i> are adults, 18 years old or older? How many are children, 17 years old or younger?
	<b5a1> NUMBER OF ADULTS <b5a2> NUMBER OF CHILDREN REFUSED -2 DON'T KNOW -1</b5a2></b5a1>
talked abou	e tell me the first names of the adults who are living with you now whom we haven't ut. By adults I mean people 18 years old or older. Do not include yourself. > (X=1-10)
B6b.	
talked abou children 1 8	e tell me the first names of the children who are living with you now whom we haven't at. By children I mean people 17 years old or younger. <i>Please do not include</i> 8 years old or older > (X=1-10)
В7а.	
B7b.	
B7c.	
B7d.	
Now I have s	ome questions about these family members. Let's start with the adults. MORE

Now I have some questions about these family members. Let's start with the adults. MORE COLUMNS WILL BE ADDED AS NEEDED.THESE ITEMS ARE ONLY COLLECTED FOR FAMILY MEMBERS WHO HAVE JOINED THE FAMILY SINCE THE LAST INTERVIEW (

	FAMILY MEMBER 1 (B6a-X)	FAMILY MEMBER 3 (B7a-X)
B8.What is	HUSBAND OR WIFE1	HUSBAND OR WIFE1
[B6a/B7a]'s relationship	LOVER/PARTNER2	LOVER/PARTNER2
to you?	CHILD3	CHILD3
)	STEP-CHILD4	STEP-CHILD4
<b8_x> (X=1-7)</b8_x>	FOSTER CHILD5	FOSTER CHILD5
-DO_VE (V-T-1)	CHILD OF LOVER/PARTNER6	CHILD OF LOVER/PARTNER6
	SON- OR	SON- OR
	DAUGHTER-IN-LAW7	DAUGHTER-IN-LAW7
	MOTHER OR FATHER8	MOTHER OR FATHER8
	STEP-PARENT9	STEP-PARENT9
	MOTHER- OR FATHER-IN-LAW	MOTHER- OR FATHER-IN-LAW
	OR PARTNER'S PARENT10	OR PARTNER'S PARENT10
	GRANDPARENT11	GRANDPARENT11
	BROTHER OR SISTER12	BROTHER OR SISTER12
	BROTHER- OR	BROTHER- OR
	SISTER-IN-LAW13	SISTER-IN-LAW13
	GRANDCHILD14	GRANDCHILD14
	OTHER RELATIVE15	OTHER RELATIVE15
B9 Is [B6a/B7a] male or	MALE1	MALE1
female?	FEMALE2	FEMALE2
	REFUSED7	REFUSED7
<b9_x> (X=1-7)</b9_x>	DON'T KNOW8	DON'T KNOW8
B10 What is [B6a/B7a]'s Date of Birth?		
<b10m_x> Month <b10d_x> Day <b10y_x> Year (X=1-7)</b10y_x></b10d_x></b10m_x>	1 1	
<b10age_x> Added variable/Used to Calculate age of DOB For B11. (0=less than year, - 1=Don't know, -2 refused)</b10age_x>	MM DD YYYY	MM DD YYYY

Section C: Employment Status and Internet Usage:

Now I'd like to ask a couple of questions about your current employment.

C1.	Last week, did you do any work for pay? Yes (SKIP TO D1) No REF DK
C2.	When was the last time (month/year) that you worked for pay?
C3.	Do you have a computer with internet access in in the place you are living now?
	YES
C4.	Do you have access to the internet through your phone or an ipad or tablet device? YES
C5.	How often do you access the internet? Every day

Section D: Contact Information

SECONDARY CONTACT

[PROGRAMMER: LOOP THROUGH EXISTING SECONDARY CONTACTS TO CONFIRM CONTACT INFORMATION FOR UP TO THREE SECONDARY CONTACTS. IF INFORMATION CAN'T BE CONFIRMED, IT WILL BE UPDATED. IF LESS THAN THREE CONTACTS ARE AVAILABLE, WE WILL ASK FOR NEW CONTACTS.

To help us be able to get back in touch with you in the future, we would also like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always k а

know h	ow to re	ach you. This information will be kept strictly confidential and will only be used if we ontact you.
B5.	woul	we last spoke on [Last Intvw MMYYYY] you said that [CONTACT X] was a person who always know where you are and how to reach you. Is [CONTACT#X] still a person does not live with you and will always know how to contact you? Yes
SECO	NDAR	CONTACT:
B6.		you please tell me the name of a person who does not live with you and will always y how to contact you?
		Yes
	D11b. D11c.	What is his/her first name? What is his/her middle name? What is his/her last name? Does his/her name have a suffix?
В7.		NTACT #X CONFIRMED ASK: Is [CONTACT #1]'s address still: AY FULL INFORMATION FROM THE SAMPLE FOR CONTACT 1
	IF CON	NTACT #1 IS NEW ASK: What is (his/her) street address?

who

FIELD INTERVIEWER NOTE: PLEASE PROBE TO GET A FULL ADDRESS

		Street address:
B8.	What is	s (his/her) home phone number, starting with the area code?
		Telephone # with area code: ()
		NO HOME NUMBER AVAILABLE
B9.	What is	s (his/her) cell phone number, starting with the area code?
		Telephone # with area code: ()
		NO CELL NUMBER AVAILABLE
B10.	What is	s (his/her) email address?
		NO EMAIL ADDRESS AVAILABLE
B11.	What is	(his/her) relationship to you?
		Friend 1 Relative 2 OTHER (SPECIFY) 95 REFUSED 97 DON'T KNOW 98

Thank you very much for your time today. We will mail your \$25 incentive payment. You should receive it within two-four weeks. Remember, we want to be able to reach you again in the future. If you move or change your phone number, please let us know. You can call 1-XXX-XXX-XXXX and leave a message with your PIN [FAMILYID].