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.**

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| **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. |

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| **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?(\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 5b. WHAT IS YOUR SECONDARY PHONE NUMBER?(\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| □ HOME | □ CELL | □ WORK | □ 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? IF YES, HOW IS YOUR NAME LISTED ONFACEBOOK?  | □ YES □ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BACKGROUND AND FAMILY CHARACTERISTICS** |
| 9. WHAT IS YOUR SEX?  | 1□ MALE2□ FEMALE |
| 10. WHAT IS YOUR MARITAL STATUS? | 1□ NOW MARRIED 2□ WIDOWED3□ DIVORCED 4□ SEPARATED 5□ NEVER MARRIED |
| 11. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN? | 1□ NO**,** NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN2□ YES, MEXICAN, MEXICAN AM., CHICANO3□ YES, PUERTO RICAN4□ YES, CUBAN5□ YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN |
| **BACKGROUND AND FAMILY CHARACTERISTICS** |
| 12. WHAT IS YOUR RACE? ***(MARK ONE OR MORE)*** | 1□ WHITE2□ BLACK OR AFRICAN AMERICAN3□ AMERICAN INDIAN OR ALASKA NATIVE4□ ASIAN INDIAN5□ CHINESE6□ FILIPINO7□ JAPANESE8□ KOREAN9□ VIETNAMESE10□ OTHER ASIAN11□ NATIVE HAWAIIAN 12□ GUAMANIAN OR CHAMORRO13□ SAMOAN14□ OTHER PACIFIC ISLANDER |
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| 13. WHICH OF THE FOLLOWING LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? ***(MARK ONE OR MORE)***:01□ YOUR SPOUSE02□ YOUR UNMARRIED PARTNER03□ YOUR BIOLOGICAL OR ADOPTED CHILDREN04□ OTHER CHILDREN UNDER AGE 1805□ YOUR MOTHER OR FATHER06□ YOUR OTHER RELATIVES 07□ YOUR SPOUSE’S MOTHER OR FATHER08□ YOUR SPOUSE’S OTHER RELATIVES09□ FRIENDS10□ OTHERS11□ 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)***?0\_\_\_\_\_\_ 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 DIPLOMA3□ GED OR ALTERNATIVE CREDENTIAL4□ REGULAR HIGH SCHOOL DIPLOMA5□ SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR OF COLLEGE CREDIT6□ 1 OR MORE YEARS OF COLLEGE CREDIT, BUT NO DEGREE7□ 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□ YES2□ 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’s5□ MOSTLY D’s6□ 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 WORKING? ***(INCLUDE ALL JOBS)*** | \_\_\_ \_\_\_ HOURS/WEEK |
| 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 PERHOUR BEFORE TAXES IN YOUR CURRENT OR MOST RECENT JOB? ***(ANSWER FOR YOUR MAIN JOB IF MORE THAN ONE)*** $ \_\_\_\_\_\_ . \_\_\_\_\_\_ PER HOUR IN CURRENT/MOST RECENT JOBIF 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? 1□ YES 2□ NO23. ANY EARNINGS IN THE PAST 12 MONTHS?1□ YES 2□ NO24. TOTAL PRIOR TANF RECEIPT ***(MARK ONE):***1□ NONE2□ LESS THAN 1 YEAR3□ 2-5 YEARS4□ 5-10 YEARS5□ 10 YEARS OR MORE25. HOW LONG AGO WAS YOUR PRIOR TANF RECEIPT?1□ I WAS NOT ON TANF BEFORE2□ LESS THAN 1 YEAR AGO3□ 2-5 YEARS AGO4□ 5-10 YEARS AGO5□ 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?(\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | WHAT IS HIS/HER SECONDARY PHONE NUMBER?(\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| □ HOME | □ CELL | □ WORK | □ 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?(\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | 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? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |