OMB Control Number 0990-0421 Expires October 12, 2020

Exploring the Relationship between the Paid Family Leave Program and Mothers' Return to Work: Focus Group Eligibility Screen

Hello. I received your name because you signed up with [contact name at partner organization] to possibly participate in a focus group about being a new mom, your use of the [Paid Family Leave (CA) Family Leave Insurance (NJ), Temporary Caregivers Insurance (RI)] program, and decisions about going back to work. As the [contact name at partner organization] mentioned, the focus group is part of a study sponsored by the federal government and not related in any way to the services you may get from [partner organization]. Briefly describe the focus group process, including the date, duration, location, compensation, and the fact that participants will be asked to be audio-recorded.

It's important to us that we get the right mix of moms for our group. I have just a few questions that I need to ask you before the focus group—to see if you're the right fit. We will not share or report any of your answers. Is it okay if I ask you a few quick questions?

1. How old is your youngest child? Click here to enter text.

Keep going if there is at least one child under one year of age.

2. Have you gotten a payment from [Paid Family Leave (CA), Family Leave Insurance (NJ), Temporary Caregiver Insurance (RI)] after the birth of your last child? Provide a brief explanation of the program. What about temporary disability insurance? Make sure they understand the difference between paid family leave, employer-funded leave, sick leave, vacation time, paid time off (PTO), or temporary disability insurance. \square Yes \square No, but used temporary disability insurance \square No
Keep going if they are participating or did participate in the Paid Family Leave program.
3. How long have you been getting or did you get payments from [Paid Family Leave (CA), Family Leave Insurance (NJ); Temporary Caregiver Insurance (RI)]? ☐ Got/plan to get the full benefit ☐ Got/plan to get just part of the benefit ☐ Not sure
Keep going if they are participating or did participate in the Paid Family Leave program.

4. Now, I'd like to see if you are eligible based on your income. How many people live in your household? For the last several years, has your household income been less than \$X a year (see table for threshold)? Probe further to clarify if mom only meets eligibility criteria temporarily (e.g., recently unemployed, student, starting own business). Moms who meet the income criteria temporarily are not eligible.

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 information collection is 0990-0421. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

☐ Yes ☐ No

Eligibility Income Thresholds by Household Size

	California				
Household Size	Alameda	Los Angeles	Fresno	New Jersey	Rhode Island
2	64,350	57,700	38,350	54,400	46,200
3	72,400	64,900	43,150	61,200	51,950
4	80,400	72,100	47,900	68,000	57,700
5	86,850	77,900	51,750	73,450	62,350
6	93,300	83,650	55,600	78,900	66,950
7	99,700	89,450	59,400	84,350	71,550
8	106,150	95,200	63,250	89,800	76,200

If participant is likely eligible: Great, it seems that you are eligible to participate. I'd like to ask a couple more questions about your employment.

appropriate box)
□ Retail
☐ Food service
☐ Education/childcare
☐ Cleaning
☐ Social services
☐ Healthcare
☐ Other Click or tap here to enter text.
Describe position: Click or tap here to enter text.
6. Have you gone back to work? ☐ Yes
☐ Yes, but with a reduced schedule
☐ Yes, but with a new employer
□ No, but I plan to
☐ No, I don't plan to
\square No, I'm undecided

7. We'd like to follow up with you with focus group logistics. What is the best way to contact you? Click here to enter text.

If participant is not eligible: Thank you, but for this focus group, we're looking for someone who participated in Paid Family Leave/has a lower household annual income/has a child younger than age one. We really appreciate you taking the time to answer our questions.