|  |  |  |  |
| --- | --- | --- | --- |
| 1. Today’s Date:   \_\_\_\_/\_\_\_\_\_/\_\_\_\_  (mm/dd/yyyy) | 1. Program Location:   1 TechHire site #1 (City, State)  2 TechHire site #2 (City, State)  3 TechHire site #3 (City, State)  4 TechHire site #4 (City, State)  5 SWFI site #1 (City, State)  6 SWFI site #2 (City, State) | 1. RA Results:   Research Group Status:  1 Program Group  2 Control Group | |
| **ELIGIBILITY SCREENING QUESTIONS** | | | |
| 1. First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Date of Birth:   \_\_\_\_/\_\_\_\_/\_\_\_\_  (mm/dd/yyyy) | | | |
| 1. Social Security Number: \_\_\_\_\_\_\_ -\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ | | | |
| 1. Did the customer provide evidence that they are authorized to work in the U.S.? 1 Yes 2 No | | | |
| Assessment Scores (e.g. TABE, WorkKeys, etc.)  Assessment Score 1: \_\_\_\_\_  Assessment Score 2: \_\_\_\_\_ | | | |
| **INFORMED CONSENT** | | | |
| 1. Did the customer sign the Informed Consent/Agreement to Participate form? 1 Yes 2 No | | | |
| **BASELINE INFORMATION FORM QUESTIONS** | | | |
| **Demographic information** | | | |
| 1. Gender: 1 Female 2 Male 3 Other (specify) \_\_\_\_\_\_\_\_\_\_ 4 No answer | | | |
| 1. Are you a citizen of the United States?   1Yes, born in the United States, Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas, or born abroad of American parent(s)  2Yes, a U.S. citizen by naturalization  3No, not a citizen of the United States (e.g., U.S. permanent resident, U.S. non-citizen national, or alien registered to work in the U.S.)  4No answer | | | |
| 1. Race/ethnicity:   a. Do you consider yourself to be Hispanic or Latino? 1 Yes 2 No 3 No answer  b. Please choose one or more races that you consider yourself to be [SELECT ALL THAT APPLY]:  b1 American Indian or Alaska Native  b2 Asian  b3 Black or African American  b4 Native Hawaiian or Pacific Islander  b5 White | | | |
| 1. Primary language:    1. What is your primary spoken language?   1 English [GO TO ITEM #10]  2 Spanish  3 Other (specify) \_\_\_\_\_\_\_\_\_  4 No Answer   * 1. How well would you say you speak English? Would you say…   1 Very well  2 Well  3 Not well  4 Not at all | | | |
| **Household composition information** | | | |
| |  |  | | --- | --- | | 1. Marital Status:   1 Single, never married 5 Divorced  2 Married and living with spouse 6 Widowed  [GO TO ITEM #12]  3 Married but living apart from spouse 7 No answer  [GO TO ITEM #12]  4 Legally separated | 1. Are you currently living with a partner (boyfriend/ girlfriend)?   1 Yes  2 No  3 No Answer | | | | |
| 1. Including yourself, how many people are living in your home?   \_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Thinking of all of the income received by you and any live-in spouse or partner in [PRIOR MONTH], what was your total monthly income?   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [NOTE: Please include income you and your live-in spouse/partner received from all sources, *before taxes*, including earnings from a job, cash benefits received from government programs such as SSI or SSDI, and any retirement, pension, investing, or savings income that you receive regular payments from | | | |
| |  | | --- | | 1. How much of this income in [prior month] was your own income?   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [NOTE: Please include income you received from all sources, *before taxes*, including earnings from a job, cash benefits received from government programs such as SSI or SSDI, and any retirement, pension, investing, or savings income that you receive regular payments from.] | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 1. Are you pregnant, or a parent or legal guardian for any children under age 19?   1 Yes, I am pregnant and/or have children in the following age ranges  1a Pregnant  1b 0 to 11 months  1c 1 to 5 years and 11 months  1d 6 to 12 years and 11 months  1e 13 to 17 years and 11 months  1f 18 to 18 years and 11 months  2 No [GO TO ITEM #18]  3 No answer [GO TO ITEM #18] | 1. [SKIP IF ANSWERED **NO**, or **NO ANSWER** TO ITEM #15] Do any of these children live with you at least half of the time?   1 Yes, children in the following age ranges live with me  1a 0 to 11 months  1b 1 to 5 years and 11 months  1c 6 to 12 years and 11 months  1d 13 to 17 years and 11 months  1e 18 to 18 years and 11 months  2 No [GO TO ITEM #18]  3 No answer [GO TO ITEM #18] | 1. [SKIP IF ANSWERED **NO**, or **NO ANSWER**   TO ITEM #16]   * 1. How many children under age 19 –for whom you are a parent or legal guardian—live with you at least half of the time?   \_\_\_\_ [GO TO ITEM 17b]   * 1. How many of these children are under age 13?   \_\_\_\_[GO TO ITEM 17c]   * 1. How many of these children are under age 18?   \_\_\_\_ |  | | | | |
| **Education/training history information** | | | |
| 1. What is the highest level of education that you have completed? [Please check one]   1 Less than a High School Diploma or General Educational Development 5 Some College or Advanced Training Certificate  2 General Educational Development (GED) 6 Associate’s Degree  3 High School Diploma (HSD) 7 Four-year College Degree or Higher  4 Certificate of attendance/completion as a result of successfully completing an 8 No answer  Individualized Education Program (IEP) for students with disabilities | | | |
| |  | | --- | | 1. Are you currently enrolled in any of the following education or training programs?   a. High School / GED preparation course  1 Yes 2 No 3 No answer  b. College courses toward an Associate’s or Two-Year Degree  1 Yes 2 No 3 No answer  c. College courses toward a Bachelor’s or Four-Year Degree  1 Yes 2 No 3 No answer  d. Vocational Education  1 Yes [PLEASE SPECIFY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 No  3 No answer  e. Other (not listed)  1 Yes [PLEASE SPECIFY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 No  3 No answer | | | | |
| * 1. Have you ever participated in training for one of the following industries?   1 Yes, I participated in training for the following industries [Please check all that apply.]:  1a Information Technology (IT)  1b Financial services  1c Advanced Manufacturing  1d Health Care  1e Broadband  1f Other (please specify)\_\_\_\_\_\_\_\_\_  2 No [GO TO ITEM #21]  3 No answer [GO TO ITEM #21]   * 1. [SKIP IF ANSWERED **NO** or **NO ANSWER** to 20a] Have you obtained a license or certificate within one of the following industries?   1 Yes, I obtained a license or certificate within the following industries [Please check all that apply.]:  1a Information Technology (IT)  1b Financial services  1c Advanced Manufacturing  1d Health Care  1e Broadband  1f Other (please specify)\_\_\_\_\_\_\_\_\_  2 No  3 No answer | | | |
| **Well-being information** | | | |
| 1. Are you, or is anyone in your household, currently receiving assistance from any of the following programs? [Select all that apply]   21a🞏 SNAP (Food Stamps) [also known as STATE SNAP NAME]  21b🞏TANF (Temporary Assistance to Needy Families) [also known as STATE TANF NAME]  21c🞏Medicaid [also known as STATE MEDICAID NAME]  21d🞏General Assistance [also known as STATE GENERAL ASSISTANCE NAME]  21e🞏Unemployment Compensation  21f🞏SSI or SSDI (Supplemental Security Income/Social Security Disability Insurance)  21g🞏Section 8 (also known as Housing Choice Vouchers or HCV) or Public Housing Assistance  21h🞏WIC (Women, Infants, and Children food program)  21i🞏Public medical insurance for your children [insert local program names]  21j🞏Other (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR LIVING SITUATION? DO YOU LIVE IN:   1YOUR OWN PLACE  2YOUR PARENT’S OR RELATIVE’S HOME  3A FRIEND’S HOME  4A SUPERVISED INDEPENDENT LIVING ARRANGEMENT  5A GROUP SHELTER  6HOMELESS/LIVING ON THE STREET  7OTHER  8NO ANSWER | | | |
| 1. Have you ever been arrested?   1 Yes 2 No 3 No answer | | | |
| |  |  | | --- | --- | | 1. Have you ever been convicted of a crime?   1 Yes 2 No 3 No answer | 1. Have you ever been incarcerated?   1 Yes 2 No 3 No answer | | | | |
| |  | | --- | | 1. [SKIP if not parent or legal guardian for any children under 19]    1. Do you have childcare or after-school supervision arrangements in place for your children?   1 Yes 2 No 3 No answer   * 1. [SKIP if 26a is **NO** or **NO ANSWER]** Do you pay for the full cost of your childcare arrangements?   1 Yes 2 No 3 No answer   * 1. [SKIP if 26a is **NO** or **NO ANSWER**] Please check all that apply:   1🞏A government agency, your employer, or someone else outside your household (e.g. friends or relatives) pays for part or all of the costs of this child care.  2🞏The amount I contribute to child care costs depends upon my income | | 1. Does difficulty finding childcare or after-school supervision for your children limit the type or amount of work that you can do?   1 Yes                           2 No                                   3 I do not have children living with me.     4No answer | | 1. Do you have a physical or mental health condition that limits the kind or amount of work you can do?   1 Yes 2 No 3 No answer | | 1. Do you have access to a car or public transportation so that you can get to work?   1 Yes 2 No 3 No answer | | | | |
| **Employment history information** | | | |
| 1. Have you ever been employed? 1 Yes 2 No [GO TO ITEM #36] | | | |
| 1. Are you currently employed? 1 Yes 2 No [GO TO ITEM #33] | | | |
| 1. How many jobs are you currently working? [SKIP, IF CURRENTLY NOT WORKING]   1 One 2 Two 3 Three 4 Four or more | | | |
| 1. Please provide the following information on your current or most recent job. If you are currently working at two or more jobs, please provide information about the job for which you work the most hours. [SKIP IF NEVER EMPLOYED]    1. Start Date: \_\_\_\_\_\_\_(mm)/\_\_\_\_\_\_\_\_(yyyy)    2. End Date: \_\_\_\_\_\_\_(mm)/\_\_\_\_\_\_\_\_(yyyy) [SKIP IF CURRENTLY WORKING]    3. Number of hours per week (including overtime): \_\_\_\_\_\_\_\_\_[GO TO ITEM #33D]   [IF DON’T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOURS BELOW]  1 1-20 hours per week 3 35-48 hours per week  2 21-34 hours per week 4 49+ hours per week  5 No answer   * 1. How much do (or did) you earn before taxes? [INCLUDE DECIMAL VALUES]  |  |  | | --- | --- | |  | 1 hour | |  | 2 day \_\_\_\_\_\_ Number of days per week | | $ \_\_\_\_\_. \_\_ per | 3 week | |  | 4 every two weeks | |  | 5 twice a month | |  | 6 month | |  | 7 year | | | 1. [SKIP IF CUSTOMER IS CURRENTLY NOT WORKING OR WORKS ONLY ONE JOB.]    1. Including all jobs, how many hours per week do you work? \_\_\_\_\_\_\_\_\_\_\_   [IF DON’T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOUR BELOW]  1 1-20 hours per week  2 21-34 hours per week  3 35-48 hours per week  4 49+ hours per week  5 No answer | |
| 1. Are you currently or were you over the past 2 years employed within any of the following industries? [SKIP IF ANSWERED **NO** TO ITEM #30 or #33B IS MORE THAN 2 YEARS AGO]   1 Yes, I am/was employed within the following industries[ Please check all that apply]:  1a Information Technology (IT)  1b Financial services  1c Advanced Manufacturing  1d Health Care  1e Broadband  1f Other (please specify)\_\_\_\_\_\_  2 No  3 No answer | | |
| 1. Are you covered by any health insurance plan?   1 Yes  2 No  3 No answer   1. What type of health insurance plan are you covered by? [SKIP IF ANSWERED **NO** or **NO ANSWER**  to ITEM #36A]   1 Employer-provided  2 Publicly funded health insurance for yourself?  (insert program names)  3 Other [PLEASE SPECIFY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 No answer | | |

PARTICIPANT AND ADDITIONAL PERSON CONTACT INFORMATION

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to collect your contact information (name, mailing address, telephone number, and email address), as well as contact information for three people who will always know how to reach you but are at a different address than you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT CONTACT INFORMATION** | | | | | | | |
| First Name | | Middle Name | Last Name | | | | Suffix |
| Street address | | | | | | | |
| Apt. No. | City | | | | State | Zip Code | |
| Is this address the best address to mail something to you?  Yes  No | | | | | | | |
| If not, what address should we use if we mail something to you? | | | | | | | |
| Street address | | | | | | | |
| Apt. No. | City | | | | State | Zip Code | |
| What is your home phone number? ( ) – | | | | What is your work phone number? ( ) – | | | |
| What is your cell phone number? ( ) – | | | | May we send text messages to your cell phone?  Yes  No | | | |
| Do you have an email address?  Yes  No  If Yes, what is it? | | | | | | | |
| Do you have a Facebook account?  Yes  No  If Yes, what name do you use on your Facebook profile (for example, do you use a nickname or shortened first name)? | | | | | | | |
| May we contact you at your Facebook account in the future?  Yes  No | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT # 1: Could you tell us the name of a primary person who does not live with you and will always know how to contact you?** | | | | | | | | |
| First Name | | Middle Name | | | Last Name | | | Suffix |
| Street address | | | | | | | | |
| Apt. No. | City | | | | | State | Zip Code | |
| Home Tel. No. ( ) – | | | Relationship (friend, relative, please specify) | | | | | |
| Cell Tel. No. ( ) – | | | | Work Tel. No. ( ) – | | | | |
| Does he/she have an email address?  Yes  No  If Yes, what is it? | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT # 2: Could you tell us the name of a second person who does not live with you and will always know how to contact you?** | | | | | | | | |
| First Name | | Middle Name | | Last Name | | | | Suffix |
| Street address | | | | | | | | |
| Apt. No. | City | | | | | State | Zip Code | |
| Home Tel. No. ( ) – | | | Relationship (friend, relative, please specify) | | | | | |
| Cell Tel. No. ( ) – | | | | | Work Tel. No. ( ) – | | | |
| Does he/she have an email address?  Yes  No  If Yes, what is it? | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT # 3: Could you tell us the name of a third person who does not live with you and will always know how to contact you?** | | | | | | | | |
| First Name | | Middle Name | | Last Name | | | | Suffix |
| Street address | | | | | | | | |
| Apt. No. | City | | | | | State | Zip Code | |
| Home Tel. No. ( ) – | | | Relationship (friend, relative, please specify) | | | | | |
| Cell Tel. No. ( ) – | | | | | Work Tel. No. ( ) – | | | |
| Does he/she have an email address?  Yes  No  If Yes, what is it? | | | | | | | | |

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