

SSN: _____ - _____ - _____

TECHHIRE BASELINE INFORMATION FORM

<p>A. Today's Date: ____/____/____ (mm/dd/yyyy)</p>	<p>B. Program Location: <input type="checkbox"/> TechHire site #1 (City, State) <input type="checkbox"/> TechHire site #2 (City, State) <input type="checkbox"/> TechHire site #3 (City, State) <input type="checkbox"/> TechHire site #4 (City, State) <input type="checkbox"/> SWFI site #1 (City, State) <input type="checkbox"/> SWFI site #2 (City, State)</p>	<p>C. RA Results: Research Group Status: <input type="checkbox"/> Program Group <input type="checkbox"/> Control Group</p>
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ELIGIBILITY SCREENING QUESTIONS

1. First Name: _____ Middle Initial: _____ Last Name: _____
2. Date of Birth: ____/____/____ (mm/dd/yyyy)
3. Social Security Number: _____ - _____ - _____
4. Did the customer provide evidence that they are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment Scores (e.g. TABE, WorkKeys, etc.) Assessment Score 1: _____ Assessment Score 2: _____

INFORMED CONSENT

5. Did the customer sign the Informed Consent/Agreement to Participate form? <input type="checkbox"/> Yes <input type="checkbox"/> No

BASELINE INFORMATION FORM QUESTIONS

Demographic information

6. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> No answer
7. Are you a citizen of the United States? <input type="checkbox"/> Yes, born in the United States, Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas, or born abroad of American parent(s) <input type="checkbox"/> Yes, a U.S. citizen by naturalization <input type="checkbox"/> 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.) <input type="checkbox"/> No answer
8. Race/ethnicity: a. Do you consider yourself to be Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer b. Please choose one or more races that you consider yourself to be [SELECT ALL THAT APPLY]: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White

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9. Primary language:
- a. What is your primary spoken language?
- English [GO TO ITEM #10]
- Spanish
- Other (specify) _____
- No Answer
- b. How well would you say you speak English? Would you say...
- Very well
- Well
- Not well
- Not at all

Household composition information

- | | |
|---|--|
| <p>10. Marital Status:</p> <p><input type="checkbox"/> Single, never married</p> <p><input type="checkbox"/> Married and living with spouse
[GO TO ITEM #12]</p> <p><input type="checkbox"/> Married but living apart from spouse
[GO TO ITEM #12]</p> <p><input type="checkbox"/> Legally separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> No answer</p> | <p>11. Are you currently living with a partner (boyfriend/ girlfriend)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No Answer</p> |
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12. Including yourself, how many people are living in your home?

13. 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

14. 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.]

- | | | |
|---|--|---|
| <p>15. Are you pregnant, or a parent or legal guardian for any children under age 19?</p> <p><input type="checkbox"/> Yes, I am pregnant and/or have children in the following age ranges</p> <p><input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> 0 to 11 months</p> <p><input type="checkbox"/> 1 to 5 years and 11 months</p> <p><input type="checkbox"/> 6 to 12 years and 11 months</p> <p><input type="checkbox"/> 13 to 17 years and 11 months</p> <p><input type="checkbox"/> 18 to 18 years and 11 months</p> <p><input type="checkbox"/> No [GO TO ITEM #18]</p> <p><input type="checkbox"/> No answer [GO TO ITEM #18]</p> | <p>16. [SKIP IF ANSWERED NO, or NO ANSWER TO ITEM #15] Do any of these children live with you at least half of the time?</p> <p><input type="checkbox"/> Yes, children in the following age ranges live with me</p> <p><input type="checkbox"/> 0 to 11 months</p> <p><input type="checkbox"/> 1 to 5 years and 11 months</p> <p><input type="checkbox"/> 6 to 12 years and 11 months</p> <p><input type="checkbox"/> 13 to 17 years and 11 months</p> <p><input type="checkbox"/> 18 to 18 years and 11 months</p> <p><input type="checkbox"/> No [GO TO ITEM #18]</p> <p><input type="checkbox"/> No answer [GO TO ITEM #18]</p> | <p>17. [SKIP IF ANSWERED NO, or NO ANSWER TO ITEM #16]</p> <p>a. How many children under age 19 -for whom you are a parent or legal guardian —live with you at least half of the time?</p> <p>____ [GO TO ITEM 17b]</p> <p>b. How many of these children are under age 13?</p> <p>____ [GO TO ITEM 17c]</p> <p>c. How many of these children are under age 18?</p> <p>_____</p> |
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Education/training history information

18. What is the highest level of education that you have completed? [PLEASE CHECK ONE]

Less than a High School Diploma or General Educational Development

Some College or Advanced Training Certificate

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<input type="checkbox"/> General Educational Development (GED) <input type="checkbox"/> High School Diploma (HSD) <input type="checkbox"/> Certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP) for students with disabilities	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Four-year College Degree or Higher <input type="checkbox"/> No answer
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19. Are you currently enrolled in any of the following education or training programs?

a. High School / GED preparation course
 Yes No No answer

b. College courses toward an Associate's or Two-Year Degree
 Yes No No answer

c. College courses toward a Bachelor's or Four-Year Degree
 Yes No No answer

d. Vocational Education
 Yes [PLEASE SPECIFY] _____
 No
 No answer

e. Other (not listed)
 Yes [PLEASE SPECIFY] _____
 No
 No answer

20.

a. Have you ever participated in training for one of the following industries?
 Yes, I participated in training for the following industries [PLEASE CHECK ALL THAT APPLY.]:

- Information Technology (IT)
- Financial services
- Advanced Manufacturing
- Health Care
- Broadband
- Other (please specify) _____

No [GO TO ITEM #21]
 No answer [GO TO ITEM #21]

b. [SKIP IF ANSWERED **NO** or **NO ANSWER** to 20a] Have you obtained a license or certificate within one of the following industries?
 Yes, I obtained a license or certificate within the following industries [PLEASE CHECK ALL THAT APPLY.]:

- Information Technology (IT)
- Financial services
- Advanced Manufacturing
- Health Care
- Broadband
- Other (please specify) _____

No
 No answer

Well-being information

21. Are you, or is anyone in your household, currently receiving assistance from any of the following programs? [Select all that apply]

- SNAP (Food Stamps) [also known as STATE SNAP NAME]
- TANF (Temporary Assistance to Needy Families) [also known as STATE TANF NAME]
- Medicaid [also known as STATE MEDICAID NAME]
- General Assistance [also known as STATE GENERAL ASSISTANCE NAME]
- Unemployment Compensation

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- ^{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) _____

22. 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

23. Have you ever been arrested?

- ¹ Yes ² No ³ No answer

24. Have you ever been convicted of a crime?

- ¹ Yes ² No ³ No answer

25. Have you ever been incarcerated?

- ¹ Yes ² No ³ No answer

26. [SKIP if not parent or legal guardian for any children under 19]

a. Do you have childcare or after-school supervision arrangements in place for your children?

- ¹ Yes ² No ³ No answer

b. [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

c. [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

27. 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

28. 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

29. 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

30. Have you ever been employed? ¹ Yes ² No [GO TO ITEM #36]

31. Are you currently employed? ¹ Yes ² No [GO TO ITEM #33]

32. How many jobs are you currently working? [SKIP, IF CURRENTLY NOT WORKING]

- ¹ One ² Two ³ Three ⁴ Four or more

33. 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

34. [SKIP IF CUSTOMER IS CURRENTLY NOT WORKING OR WORKS ONLY ONE

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<p>hours. [SKIP IF NEVER EMPLOYED]</p> <p>a. Start Date: _____(mm)/_____(yyyy)</p> <p>b. End Date: _____(mm)/_____(yyyy) [SKIP IF CURRENTLY WORKING]</p> <p>c. Number of hours per week (including overtime): _____[GO TO ITEM #33D] [IF DON'T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOURS BELOW]</p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1-20 hours per week <input type="checkbox"/> 35-48 hours per week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 21-34 hours per week <input type="checkbox"/> 49+ hours per week </p> <p style="text-align: center;"><input type="checkbox"/> No answer</p> <p>d. How much do (or did) you earn before taxes? [INCLUDE DECIMAL VALUES]</p> <p style="display: flex; justify-content: space-between;"> \$ _____. __ per <input type="checkbox"/> hour </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> day _____ Number of days per week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> every two weeks </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> twice a month </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> month </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> year </p>	<p>JOB.]</p> <p>a. Including all jobs, how many hours per week do you work? _____</p> <p>[IF DON'T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOUR BELOW]</p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1-20 hours per week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 21-34 hours per week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 35-48 hours per week </p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 49+ hours per week </p> <p style="text-align: center;"><input type="checkbox"/> No answer</p>
<p>35. 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]</p> <p><input type="checkbox"/> Yes, I am/was employed within the following industries[PLEASE CHECK ALL THAT APPLY]:</p> <p style="margin-left: 20px;">1a <input type="checkbox"/> Information Technology (IT)</p> <p style="margin-left: 20px;">1b <input type="checkbox"/> Financial services</p> <p style="margin-left: 20px;">1c <input type="checkbox"/> Advanced Manufacturing</p> <p style="margin-left: 20px;">1d <input type="checkbox"/> Health Care</p> <p style="margin-left: 20px;">1e <input type="checkbox"/> Broadband</p> <p style="margin-left: 20px;">1f <input type="checkbox"/> Other (please specify) _____</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> No</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> No answer</p>	
<p>36.</p> <p>a. Are you covered by any health insurance plan?</p> <p style="margin-left: 20px;">1 <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> No</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> No answer</p> <p>b. What type of health insurance plan are you covered by? [SKIP IF ANSWERED NO or NO ANSWER to ITEM #36A]</p> <p style="margin-left: 20px;">1 <input type="checkbox"/> Employer-provided</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> Publicly funded health insurance for yourself? (insert program names)</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> Other [PLEASE SPECIFY] _____</p> <p style="margin-left: 400px;">4 <input type="checkbox"/> No answer</p>	

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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an email address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			
Do you have a Facebook account? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			

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