
**Attachment A:
TANF Administrator Web Survey**

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Survey Introduction

Introduction: The purpose of this survey is to gather information from all states, territories and the District of Columbia and a sample of counties about policies and practices for cash assistance and services delivered to families experiencing homelessness for the study, “How TANF Agencies Support Families Experiencing Homelessness.” It will also be used to inform site selection for site visits of four sites. All state TANF administrators as well as a sample of county TANF administrators in each state are being asked to complete the survey. The purpose of the study is to learn how state and county-administered TANF programs use TANF resources to assist families experiencing or at-risk of experiencing homelessness. The study is sponsored by the Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation, within the U.S. Department of Health and Human Services (HHS). Abt Associates and MEF Associates are conducting the study for HHS.

Please answer all questions as completely and accurately as possible. Your answers will be kept private to the extent permitted by the law. Information you provide will not be shared with other staff at your program or organization. Your participation in this survey is voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering about your TANF program. Thank you in advance for your assistance in completing this survey and providing important information to the study.

The Paperwork Reduction Act Statement: The referenced collection of information is voluntary and will be used to better understand how TANF funds are being used to assist families experiencing or at risk of experiencing homelessness. The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this collection is xxxx-xxxx which expires xx/xx/xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Abt Associates, 6130 Executive Blvd., Rockville, MD 20852, Attn: Lauren Dunton.

BEGIN YOUR SURVEY

EXIT SURVEY

Navigating through the survey

- As you work through the survey, your responses are automatically saved. You may change a response by clicking on the **BACK** button. Use the **NEXT** button to advance to the next question.
- At any time, you may click on the **SAVE & CONTINUE LATER** button if you wish to temporarily pause the survey and return to it at a later time.
- The contact information for the research team is displayed at the beginning of the survey in case you experience any technical difficulties with the online survey.
- When you have completed the survey, please click on the **SUBMIT** button at the end of the survey. You may submit the survey even if there are some questions that you choose not to answer. Once you submit the survey, you will not be able to return to it without contacting us.
- If you have questions about the study or need help accessing the survey or navigating the screens, please email naomi_joseph@abtassoc.com or call 301-347-5653. If your call goes to voicemail, please leave a detailed message, including your name and phone number, and someone will return your call as soon as possible.

Consent

Please click on “Begin” if you agree to participate in this study. **BEGIN** **Completing the Survey**

Survey Instrument - Draft

Section 1: Respondent Information

- 1) **How long have you been in your current position as TANF administrator?**
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11 or more years

- 2) **How long have you worked in your state's [county's] TANF program?**
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11 or more years

Section 2: Application and Eligibility Determination

- 3) **During the initial application and eligibility determination process, does your TANF program ask applicants about their current housing situation, either through self-report, documentation from a partner agency, HMIS, or other sources?**
 - a. Yes [Go to 4]
 - b. No [Go to 5]
 - c. Unknown [Go to 5]

- 4) **If your TANF program asks about a family's current housing situation, how do you collect this information? (check all that apply)**
 - a. Applicant self-report
 - b. Documentation from a partner agency
 - c. Homeless Management Information System (HMIS) records
 - d. Other (specify)_____
 - e. Unknown

- 5) **Do you use any other approaches to identifying applicants who may be *currently experiencing homelessness*?**
 - a. Yes [Go to 6]
 - b. No [Go to 7]

- 6) **Please describe your approach to identifying families experiencing or at-risk of homelessness during the eligibility and application process. (100 word limit)**

7) **Which of the following circumstances are included in the definition of homelessness used by your TANF program? (Select yes or no for each item below.)**

- a. Considered homeless if living in emergency shelter or transitional housing program (Y/N)
- b. Considered homeless if living in a domestic violence shelter (Y/N)
- c. Considered homeless if living on the street, place not meant for human habitation (Y/N)
- d. Considered homeless if doubled-up with friends or relatives (Y/N)
- e. Considered homeless if in unstable housing situation (unable to stay for 30 or more days in same location) (Y/N)
- f. Considered homeless if facing imminent eviction (Y/N)
- g. Other (specify) _____
- h. Don't use a definition of homelessness
- i. Unknown

8) **During eligibility determination, if you have determined that a family is *currently experiencing homelessness*, what steps do you take? (Select yes or no for each item below.)**

- a. Require verification of homeless status (Y/N)
- b. Flag for additional screening or assessment (Y/N)
- c. Provide housing services funded through TANF agency (Y/N)
- d. Refer to a partner agency or other third-party service provider (Y/N)
- e. Coordinate with a partner agency or other third-party service provider to jointly provide housing assistance (Y/N)
- f. Other (specify) _____
- g. None
- h. Unknown

9) **Does your TANF program attempt to identify families who may be *at-risk of homelessness*?**

- a. Yes (Go to 10)
- b. No (Go to 13)

10) **Under what circumstances do you consider a family *at-risk of experiencing homelessness*?**

- a. Having an eviction notice
- b. Living with friends or relatives
- c. Living in an unstable housing situation (a location where they can stay for less than 30 days)
- d. Other (specify) _____

11) **If your TANF program determines that a family is *at-risk of experiencing homelessness in the near future*, what steps do you take? (Select yes or no for each item below.)**

- a. Flag for additional screening or assessment (Y/N/NA)
- b. Provide housing services funded through TANF agency (Y/N/NA)

-
- c. Refer to a partner agency or other third-party service provider (Y/N/NA)
 - d. Other (specify)_____
 - e. None
 - f. Unknown

12) Are there any TANF-funded services that are available *only* to families who are identified as *at-risk of experiencing homelessness*? (Select yes or no for each item below.)

- a. Targeted case management (Y/N/NA)
- b. Financial and credit counseling (Y/N/NA)
- c. Housing-related cash assistance (e.g., rental or mortgage assistance, utility payments, etc.) (Y/N/NA)
- d. Emergency cash assistance (Y/N/NA)
- e. Housing search and placement services (Y/N/NA)
- f. Employment services (Y/N/NA)
- g. Legal services (Y/N/NA)
- h. Other (specify)_____
- i. None

Section 3: TANF Program Policies and Services

13) Does your state [county] use any type of TANF program funding to address housing-related needs of families (e.g., short-term rental assistance, utility assistance, moving assistance)?

- a. Yes
- b. No

14) Does your state [county] use state MOE funding to address the housing-related needs of families (e.g., short-term rental assistance, utility assistance, moving assistance)?

- a. Yes
- b. No

15) Did your state [county] make changes in its approach to serving families experiencing homelessness in response to the 2013 guidance provided in the TANF Information Memorandum [TANF-ACE-IM-2013-01](#): “USE OF TANF FUNDS TO SERVE HOMELESS FAMILIES AND FAMILIES AT RISK OF EXPERIENCING HOMELESSNESS”?

- a. Yes, we made changes to better identify and serve families experiencing and at-risk of homelessness in response to the 2013 memo. [Go to 16 if b is also selected. If this is only selection, go to 17]
- b. Yes, we made changes to better identify and serve families experiencing and at-risk of homelessness since 2013, but not specifically in response to the 2013 memo. [Go to 16]
- c. No, we have not changed our approach to identifying and serving families experiencing and at-risk of homelessness since 2013. [Go to 17]

d. Unknown

16) What, other than the 2013 memo, prompted your state [county] to make changes to better identify and serve families experiencing and at-risk of homelessness since 2013?

- a. Advocacy by CoC
- b. State policy change
- c. Funding changes within the state
- d. Other (specify) _____

17) If an individual receiving TANF is exempted from Federal Work requirements (e.g., permitted exemption or good cause) are there any other state-level [county-level] requirements that they must meet in order to remain eligible for assistance?

- a. Yes
- b. No

18) Does your state [county] currently exempt families experiencing homelessness from TANF work participation requirements?

- a. Yes
- b. No

19) Does your state currently exempt families experiencing homelessness from the state's time limit? -

- a. Yes
- b. No

20) Does your state [county] qualify families experiencing homelessness for a hardship exemption when they reach the time limit (i.e., extend the clock)?

- a. Yes
- b. No

21) Has your state [county] provided technical guidance to local TANF case managers and other staff in local offices such as contractors and service providers on how to assist families experiencing homelessness?

- a. Yes
- b. No

22) Does your state [county] coordinate policies and service delivery between the TANF program and other state-level [county-level] departments that assist families experiencing homelessness?

- a. Yes
- b. No

-
- c. Unknown

23) In your state, how would you characterize the level of flexibility that local programs have when implementing the state's TANF policies? (Select one.)

- a. All policies and procedures are determined at the state level
- b. Policies and procedures are sometimes decided at the state level, but sometimes at the county or local level
- c. Counties and local offices frequently have the authority to determine their own policies and procedures
- d. Other (specify) _____

24) In your state [county], do local TANF programs have the ability to develop their own spending priorities?

- a. Yes
- b. No
- c. Unknown

25) Which of the following most accurately depicts how your state [county] TANF program serves families experiencing homelessness? (Select all that apply.)

- a. The state [county] designates TANF funding specifically to provide housing services to families experiencing homelessness
- b. The state [county] requires that local TANF agencies connect homeless families to services funded outside of the TANF program
- c. The state [county] encourages local TANF agencies to consider adoption of services for families experiencing homelessness
- d. The state [county] TANF program does not currently focus on serving families experiencing homelessness
- e. Other (specify) _____

26) What benefits and services are generally available to all TANF recipients through your state's [county's] TANF program? (Select yes or no for each item below.)

- a. Cash assistance (Y/N)
- b. Transportation and/or child care assistance (Y/N)
- c. Case management (Y/N)
- d. TANF diversion assistance (Y/N)
- e. Vocational education/ Job skills training (Y/N)
- f. Job search assistance (Y/N)
- g. Work experience/ community service (Y/N)
- h. On-the-job training/ subsidized employment (Y/N)
- i. Education (Y/N)
- j. Food, clothing or other in-kind goods (Y/N)
- k. Other (specify) _____

27) Are there any TANF-funded services that are available *only* to families who are *currently* experiencing homelessness? (Select yes or no for each item below.)

- a. Targeted case management (Y/N)
- b. Financial and credit counseling (Y/N)
- c. Housing-related cash assistance (e.g., rental or mortgage assistance, utility payments, etc.) (Y/N)
- d. Emergency cash assistance (Y/N)
- e. Housing search and placement services (Y/N)
- f. Employment services (Y/N)
- g. Legal services (Y/N)
- h. None
- i. Other (specify) _____

28) (If yes to Q27) Do families experiencing homelessness have to verify their homelessness status to be eligible for any of the additional services available to them?

- a. Yes [Go to 29]
- b. No [Go to 30]

29) How do you establish eligibility for services that are only available to families experiencing homelessness? (100 word limit)

Section 4: Approaches to Assistance

[Questions in this section are asked separately for each service identified in Questions 26-27. If a respondent selected two options from Questions 26-27, they would be asked to complete Questions 30-32 twice, one time for each service.]

30) You reported that your state [county] offers [INSERT SERVICE FROM Q 27] to families experiencing homelessness. How long has this service been available in your state [county]? (Select one)

- a. Less than a year (implemented in 2018)
- b. One to four years (implemented between 2013 and 2017)
- c. Five or more years (implemented prior to 2013)
- d. Unknown

31) You reported that your state [county] offers [INSERT SERVICE FROM Q 27] to families experiencing homelessness. What percentage of families experiencing homelessness in TANF would you estimate *are offered* this service? (Select one)

- a. All families experiencing homelessness
- b. More than fifty percent of families experiencing homelessness

- c. Less than fifty percent of families experiencing homelessness
- d. None
- e. Unknown

32) You reported that your state [county] offers [INSERT SERVICE FROM Q 27] to families experiencing homelessness. What are the main reasons that your state [county] offers this assistance? (Select all that apply.)

- a. This assistance is designed to assist in securing permanent housing
- b. This service is provided to homeless families because of state [county] policy requirements
- c. The service is not available from partners or other service providers and thus is provided by TANF
- d. Other (specify) _____

33) Now we would like to know if you experience challenges in providing services to families experiencing homelessness. Consider all of the services that your TANF program offers these families. On the scale below, where 1 is “no challenges” and 5 is “significant challenges,” please indicate each of the potential challenges or barriers to service delivery below.

	No challenges		Moderate challenges		Significant challenges	Don't Know
	1	2	3	4	5	
Identifying families experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting the varying needs of homeless families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing funding for service implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting staffing and resource requirements for service implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Partnerships

34) On the scale below, where 1 is “no interaction” and 5 is “significant interaction”; please identify the extent to which your TANF program has established a formal relationship with each of the potential partner organizations list in the table.

	No interaction		Minimal interaction		Significant interaction	Don't Know	N/A
	1	2	3	4	5		
Continuum of Care (CoC) programs, including Emergency Solutions Grants (ESG) programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Public Housing Agency(ies) (PHAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State department of housing development or housing finance agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct providers of homeless services, including emergency shelters and rapid re-housing programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35) Does your state [county] distribute TANF funds or state MOE funds to any of the potential partner organizations listed below? (Select yes or no for each item below.)

- Continuum of Care (CoC) (Y/N/NA)
- Emergency Solutions Grants (ESG) programs (Y/N/NA)
- Local Public Housing Agency(ies) (PHAs) (Y/N/NA)
- State department of housing (Y/N/NA)
- Direct providers of homelessness services (Y/N/NA)
- Other (specify) _____
- None

36) Does your state [county] TANF program exchange any data with the potential partner organizations listed below? (Select yes or no for each item below.)

- Continuum of Care (CoC) (Y/N/NA)
- Emergency Solutions Grants (ESG) programs (Y/N/NA)

-
- c. Local Public Housing Agency(ies) (PHAs) (Y/N/NA)
 - d. State department of housing or state housing finance agency (Y/N/NA)
 - e. Direct providers of homelessness services (Y/N/NA)
 - f. Other (specify) _____
 - g. None

37) Does your state [county] or local TANF program coordinate with staff from the potential partner organizations listed below? (Select yes or no for each item below.)

- a. Continuum of Care (CoC) (Y/N/NA)
- b. Emergency Solutions Grants (ESG) programs (Y/N/NA)
- c. Local Public Housing Agency(ies) (PHAs) (Y/N/NA)
- d. State department of housing or state housing finance agency (Y/N/NA)
- e. Direct providers of homelessness services (Y/N/NA)
- f. Other (specify) _____
- g. None

38) Do you have any future plans to further integrate or coordinate your delivery of TANF assistance with the potential partner organizations listed below? (Select yes or no for each item below.)

- a. Continuum of Care (CoC) (Y/N/NA)
- b. Emergency Solutions Grants (ESG) programs (Y/N/NA)
- c. Local Public Housing Agency(ies) (PHAs) (Y/N/NA)
- d. State department of housing or state housing finance agency (Y/N/NA)
- e. Direct providers of homelessness services (Y/N/NA)
- f. Other (specify) _____
- g. None

39) How frequently do you communicate with any of your partner organizations specifically with regard to services for homeless families?

- a. Never
- b. Rarely (no more than once per year)
- c. Infrequently (a few times per year)
- d. Regularly (about six or more times per year)
- e. Unknown
- f. N/A

40) Is your TANF program involved in any regional, statewide, or interstate homelessness initiatives?

- a. Yes
- b. No

41) If yes, please describe (100 word limit)

Section 5: Tracking

42) Do you collect information or update a family's housing/homelessness status after their TANF eligibility determination?

- a. Yes [Go to 42]
- b. No [Go to 43]
- c. Unknown

43) How often is this status updated?

- a. Weekly
- b. Monthly
- c. Quarterly
- d. Annually
- e. Other (specify) _____
- f. Unknown

44) Do you have access to the data collected in your CoC's Homelessness Management Information System (HMIS)?

- a. Yes, direct HMIS interface access
- b. Yes, data matching/sharing
- c. No [Go to 46]
- d. Other (specify) _____
- e. Unknown [Go to 46]

45) [If respondent answers "yes" to Question 43] Do you use the HMIS data to monitor the housing status of TANF recipients?

- a. Yes
- b. No
- c. Unknown

46) [If respondent answers "yes" to Question 43] Please briefly describe how you use HMIS data and in what circumstances do you access the HMIS data.

Section 7: Evaluation

47) Are you participating in any research or studies of your approach to serving families experiencing homelessness in TANF?

-
- a. Yes [Go to 47]
 - b. No [Go to 50]
 - c. Unknown [Go to 50]

48) For how long has your program been studied?

- a. Less than a year
- b. More than a year
- c. Unknown

49) Please briefly describe the evaluation or study that being conducted. Include who is conducting the study, the study's design, and any results. (100 word limit)

Section 7: Site Visit Candidates

50) We will be conducting on-site visits to local TANF programs around the country, and we would like your help to identify those programs we should visit. Please list any local TANF program in your state [county] implementing innovative and strong approaches to addressing family homelessness.

- 1. _____
- 2. _____
- 3. _____