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HVRP Grantee Survey

FINAL

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HVRP Grantee Survey

This survey is part of an evaluation of the Homeless Veterans’ Reintegration Program (HVRP) being conducted on behalf of the U.S. Department of Labor (DOL). Findings from the evaluation will help DOL make informed decisions about ways to support veterans experiencing homelessness. The survey is instrumental to learning more about grantees’ program features, services, challenges and successes as they adapt to COVID-19. It will take approximately one hour to complete, and is required of all HVRP grantees. The information you provide will remain strictly private, and individual responses will be grouped with others in the study for reporting purposes. This is not an audit. Neither you nor your grantee organization will be named in any reports.

Please answer each question to the best of your knowledge. If needed, ask others in your organization who have the content knowledge to help answer the questions. You can save and exit the survey to complete it in more than one sitting.

If you have any questions about the survey, please contact Mathematica at [PHONE] or email [PROJECT EMAIL].

PROGRAMMER:

If any question is left blank (missing) show a check that reads: “Please provide a response below.” And display the following additional response options: 1) Don’t know, 2) Prefer not to answer.

Do not allow respondents to go “back” after section breaks.

SC1. In what year did [prefill grantee organization] first begin operating an HVRP program?

(RANGE 1987-2019)

SC2. The rest of the questions in this survey are about your current HVRP grant, [HVRP PROGRAM NAME, #].

Does your organization subcontract any part of [HVRP GRANT/PROGRAM NAME]?

- Yes.....1
- No.....0

Section A: Referral Sources and Recruitment

First, we'd like to know about how participants are referred to your HVRP program.

A1. To what extent does your organization's HVRP program [HVRP GRANT/PROGRAM NAME] rely on the following sources to identify and enroll participants?

Select only one for each row

	Not at All	Some	Mostly
a. Outreach on the street (such as from tent cities or homeless camps) or emergency shelters	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Referrals from local One-Stop/American Job Centers	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Referrals from local housing and homeless agencies	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Referrals from the local Veterans Affairs (VA) medical center/clinic/related programs(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. Referrals from VA employment services, such as Compensated Work Therapy and Homeless Veteran Community Employment Services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Referrals from VA's Vocational Rehabilitation and Employment (VR&E) program	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Referrals from other community services providers	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. Referrals from prisons	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. Walk-ins	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
j. Other (SPECIFY)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
(STRING 150)			

A2. From which of the following programs within your grantee or HVRP subcontractor organization(s) does the HVRP program receive referrals?

Mark "Not Applicable" if your grantee or HVRP subcontractor organization(s) do not offer the program listed.

Select only one for each row

	Yes	No	Not Applicable
a. Transitional housing facilities	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>
b. Emergency shelters	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>
c. Continuum of Care rapid re-housing program	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>
d. Supportive Services for Veteran Families (SSVF)	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>
e. Community Veterans Service Organizations (VSOs)	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>
f. Other (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>	NA <input type="radio"/>

Select only one for each row

Yes	No	Not Applicable
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(STRING 150)

A3. Is your HVRP part of your Continuum of Care's Coordinated Entry system?

- Yes.....1
- No.....0

A4. From which of the following agencies or programs outside of your grantee or HVRP subcontractor organization(s) do you receive referrals for HVRP?

(Select all that apply)

- Transitional housing facilities/Grant and Per Diem.....1
 - HUD Veterans Affairs Supportive Housing (VASH).....2
 - Veterans Affairs medical center/clinic/related program(s).....3
 - Continuum of Care's Coordinated Entry.....4
 - Disabled Veterans' Outreach Programs (DVOPs) representatives.....5
 - Emergency shelters.....6
 - Community Veterans Service Organizations (VSOs).....7
 - Community service providers.....8
 - American Job Centers (such as State Employment Service or WIOA programs).....9
 - Supportive Services for Veteran Families (SSVF).....10
 - Other (SPECIFY).....99
- Specify (STRING 150)
- Our HVRP program does not receive referrals from outside our grantee or HVRP subcontractor organization(s).....0

PROGRAMMER: OPTION "0" CANNOT BE SELECTED WITH ANY OTHER RESPONSES.

A5. In the current program year, what has been your main source of referrals for [HVRP GRANT/PROGRAM NAME]?

(Select only one)

- Transitional housing facilities/Grant and Per Diem.....1
- HUD Veterans Affairs Supportive Housing (VASH).....2
- Veterans Affairs medical center/clinic/related program(s).....3
- Continuum of Care's Coordinated Entry.....4
- Disabled Veterans' Outreach Programs (DVOPs) representatives.....5
- Emergency shelters.....6
- Community Veterans Services Organizations (VSOs).....7

- Community service providers.....8
- American Job Centers (such as State Employment Service or WIOA programs).....9
- Supportive Services for Veteran Families (SSVF).....10
- Other (SPECIFY).....99
Specify (STRING 150)

A6. Do you use any of the following methods to maintain relationships with your referral sources?

(Select all that apply)

- Co-location of offices or services.....1
- Joint trainings for staff skills or policies.....2
- Distribute materials to the organization/staff.....3
- Participate in community events or meetings.....4
- Meet with individual staff at referral sources.....5
- Make presentations to staff of referral sources.....6
- Other (SPECIFY).....99
Specify (STRING 150)
- Our HVRP program does not use any of these methods to maintain relationships with referral sources.....0

PROGRAMMER: OPTION "0" CANNOT BE SELECTED WITH ANY OTHER RESPONSES.

A7. From which of the following do you recruit homeless veterans for your HVRP program?

(Select all that apply)

- Veterans Affairs medical center/clinic/related program(s).....1
- Stand down events.....2
- Job fairs.....3
- American Job Centers (AJCs).....4
- Veterans Service Organizations (VSOs).....5
- Emergency shelters.....6
- Day centers.....7
- Food banks.....8
- Soup kitchens.....9
- Substance abuse treatment centers.....10
- Churches.....11
- Local employers.....12
- Other (SPECIFY).....99
Specify (STRING 150)

- Our HVRP program does not recruit homeless veterans from any of these places.....0

PROGRAMMER: OPTION "0" CANNOT BE SELECTED WITH ANY OTHER RESPONSES.

A8. [IF 3 OR MORE CATEGORIES SELECTED AT A7]

From which three places do you currently recruit the most participants for your HVRP program?

PROGRAMMER: SHOW ONLY RESPONSES MARKED IN A7.

A9. To what extent is each of the following a challenge in enrolling a sufficient number of homeless veterans into HVRP?

Select only one for each row

	Not a challenge	Minor challenge	Major challenge
a. Identifying homeless veterans who are ready or able to work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Identifying homeless veterans who are interested in working	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Identifying veterans who are homeless	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Identifying homeless veterans who are concerned about losing benefits (SSI or SSDI, veterans benefits)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. Competing with other HVRP and/or similar programs for same participants	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Reaching participants across large geographic region	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Other (SPECIFY) <input type="text" value="(STRING 150)"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

A10. Does your program conduct targeted outreach to recruit and enroll veterans from any of these subgroups?

(Select all that apply)

- Justice-involved veterans.....1
- Veterans with chronic conditions.....2
- Women.....3
- Native American.....4
- Black or African American.....5
- Older veterans.....6
- Younger veterans.....7
- Other (SPECIFY).....99
Specify (STRING 150)
- Our HVRP program conducts general outreach to include any veteran subgroups.....0

PROGRAMMER: OPTION "0" CANNOT BE SELECTED WITH ANY OTHER RESPONSES.

Section B: Assessment and Enrollment Activities and Experiences

This next set of questions is about your HVRP program’s assessment and enrollment activities.

B1. Please indicate the extent to which each is a factor as to why initially identified and/or assessed veterans do not become HVRP participants.

Select only one for each row

	Not a factor	Minor factor	Major factor
a. Program unable to confirm eligibility as a veteran, including other-than-dishonorably discharged	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Program unable to confirm veterans’ homelessness status	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Veterans considered not job ready due to issues such as <u>substance abuse and mental health</u> .	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Veterans considered not job ready due to issues such as <u>lack of work-required documentation</u> .	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. Veterans do not express interest in employment	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Veterans do not return after an initial intake or assessment interview.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Veterans do not comply with required pre-enrollment activities such as attendance at a workshop or orientation.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. Veterans’ employment needs are met by services from the AJC.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

B2. What is the average length of time, in business days, between a prospective homeless veteran’s first contact with the HVRP program and enrollment into the program? Your best estimate is fine.

(Select only one)

- 0-5 days.....1
- 6-10 days.....2
- 11-15 days.....3
- 16-20 days.....4
- More than 20 days.....5

B3. Typically, at what point in the HVRP participant flow does each activity first take place?

Select only one for each row

	Not part of HVRP	Prior to enrollment	Day of enrollment	Within a week of enrollment	After one week of enrollment
a. Assessment of federal eligibility requirements	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Assessment of work readiness	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Assessment of barriers to employment	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Identification of employment-service needs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Referral to American Job Center (AJC) for registration/enrollment	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Referral to other services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Creation of Employment Development Plan (EDP)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Orientation to HVRP services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

B4. When are the following types of assessments administered to participants?

Select all that apply for each row

	Prior to enrollment	At/after enrollment	Not used
a. Test of basic skills, like WorkKeys or the TABE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Interest inventory, like O*NET Interest Profiler or Career Key	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Assessment of work readiness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Other (SPECIFY)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">(STRING 150)</div>			

PROGRAMMER: "0" CANNOT BE SELECTED WITH "1" OR "2" IN THE SAME ROW.

B5. Which of the following is the main process used by your HVRP program to enroll participants into a program at an America Job Center (AJC)?

(Select only one)

- An HVRP staff member accompanies HVRP participants to the AJC.....1
- An AJC staff member conducts all intake/enrollment at the HVRP program offices.....2
- On certain days, an HVRP staff member accompanies the HVRP participants to the AJC and on other days, the AJC staff member conducts enrollment at the HVRP offices.....3
- An HVRP staff member introduces HVRP participants to the AJC staff member virtually (e.g. through conference call, video meeting, etc.).....4
- An HVRP staff member refers HVRP participants to the AJC after conducting intake/enrollment for HVRP.....5
- Other (SPECIFY).....99
Specify (STRING 150)
- Don't know.....d

B6. About what percent of your HVRP participants face each of the following barriers to becoming employed? Your best estimate is fine.

Select only one for each row

	0-25%	26-50%	51-75%	76-100%
a. Unstable housing or homelessness	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Substance abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Mental health issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Physical disabilities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Other health issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Transportation issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Child care needs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Criminal justice record	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Lack of basic skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lack of work readiness skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Lack of documentation (e.g. SSN)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Lack of consistent employment history	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<input type="text"/> (STRING 150)				

Section C: Case Management

Next, we'd like to ask you a few questions about your HVRP case managers' responsibilities.

C1. How many full-time and part-time case managers work on your HVRP program?

If none, please enter '0'

FULL-TIME CASE MANAGERS

(RANGE 1-25)

PART-TIME CASE MANAGERS

(RANGE 1-25)

PROGRAMMER: IF RESPONSE AT FULL-TIME BOX OR PART-TIME BOX IS GE 11, DISPLAY SOFT CHECK THAT SAYS "YOU INDICATED X FULL-TIME CASE MANAGER(S) AND X PART-TIME CASE MANAGER(S). IS THIS CORRECT?"

C2. As of today, what is the average number of participants on a case manager's caseload?

PROGRAMMER: IF FULL-TIME CASE MANAGERS IN C1 GE 1, SHOW RESPONSE OPTION FOR "FULL-TIME CASE MANAGERS." IF PART-TIME CASE MANAGERS IN C1 GE 1, SHOW RESPONSE OPTION FOR "PART-TIME CASE MANAGERS."

AVERAGE CASES FOR FULL-TIME CASE MANAGER

(RANGE 1-100)

AVERAGE CASES FOR PART-TIME CASE MANAGER

(RANGE 1-100)

PROGRAMMER: IF RESPONSE AT FULL-TIME BOX OR PART-TIME BOX IS GE 50, DISPLAY SOFT CHECK THAT SAYS "YOU INDICATED X AVERAGE CASES FOR FULL-TIME CASE MANAGER(S) AND X AVERAGE CASES FOR PART-TIME CASE MANAGER(S). IS THIS CORRECT?"

C3. How often are case managers expected to interact with participants on their caseload?

(Select only one)

- Weekly.....1
- Monthly.....2
- Quarterly.....3
- As needed.....4
- Case managers are not expected to interact with participants.....0
- Other (SPECIFY).....99

GO TO C5

Specify (STRING 150)

C4. How often do case managers typically interact with participants using the following methods?

Select only one for each row

	Weekly	Monthly	Quarterly	As needed	Never
a. Face-to-face	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
b. By phone	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
c. By email	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
d. By text messaging	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>
e. By video meeting (e.g. Skype, Zoom, Google Meet, GoToMeeting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	0 <input type="radio"/>

C5. Does the HVRP case manager directly provide or refer participants for the following services?

Select all that apply for each row

	Not a case manager responsibility	Case manager provides directly	Case manager refers participant
a. Transitional housing, emergency shelter, or rapid re-housing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Permanent housing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Job search assistance	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Job clubs, job workshops	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Job development activities, including reaching out to employers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Reviewing resumes and/or applications	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Transportation to/from services or work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Negotiating wages/salary and/or benefits	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Obtaining military discharge paperwork	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Accessing Veterans Affairs (VA) benefits	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Accessing Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Addressing substance abuse issues	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Addressing mental health issues	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. Accessing emergency or preventative medical care	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
o. Solving childcare challenges	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

PROGRAMMER: "0" CANNOT BE SELECTED WITH "1" OR "2" IN THE SAME ROW.

C6. In a typical week, how do HVRP case managers split their time? Total must equal 100%.

IF CASE MANAGERS NOT EXPECTED TO SPEND TIME ON AN ACTIVITY, ENTER "0."

	PERCENT
a. Work one-on-one with HVRP participants	<input type="text"/> %
b. Plan and lead HVRP workshops or other group activities	<input type="text"/> %
c. Interact with other agencies (for example, to follow up on referrals or to participate in case conferences for shared HVRP clients).	<input type="text"/> %
d. Attend meetings with other HVRP program or grantee personnel	<input type="text"/> %
e. Work on administrative tasks required for tracking HVRP participants in program such as data entry and filing forms for eligibility.	<input type="text"/> %
f. Other HVRP tasks (SPECIFY) <input type="text"/> (STRING 150)	<input type="text"/> %
g. Non-HVRP tasks	<input type="text"/> %
	100%

PROGRAMMER: SUM OF A THROUGH G = 100%. IF TOTAL SUM OF ITEMS IS NOT EQUAL TO 100%, DISPLAY HARD CHECK THAT SAYS "TOTAL MUST EQUAL 100%. PLEASE CHANGE ONE OR MORE OF YOUR ANSWERS."

Section D: Services

The next few questions are about the services your HVRP program participants may receive.

D1. To what extent does each of the following statements describe your HVRP program?

Select only one for each row

	Disagree	Somewhat agree	Agree
a. Our program refers participants to partner programs for training and employment services.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Our program provides training and employment services to our participants on-site.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. A portion of our program budget supports job training activities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Our program is integrated into our organization's overall activities and programs for veterans, allowing us to leverage other resources to support them.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Our program takes a holistic approach and addresses participants' personal circumstances by providing or referring them to a comprehensive set of services.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

D2. Please indicate how your program makes each of the following employment and training services available to participants.

Select all that apply in each row

	HVRP- funded, in house	HVRP- funded: subcontract or/partnered	Not HVRP- funded: in house	Not HVRP- funded: partner	Not offered
a. Job search assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Life skills and money management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Vocational counseling/guidance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Job club workshops	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Compensated work therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Job placement services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Tools/specific-work clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Occupational skills training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Registered apprenticeships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
j. On-the-job training (OJT) under written agreement with an employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Short-term unpaid work experience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Paid internships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

Select all that apply in each row

	HVRP-funded, in house	HVRP-funded: subcontract or/partnered	Not HVRP-funded: in house	Not HVRP-funded: partner	Not offered
m. Work readiness/basic skills training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Other (SPECIFY)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
<div style="border: 1px solid black; display: inline-block; padding: 2px;">(STRING 150)</div>					

PROGRAMMER: "0" CANNOT BE SELECTED WITH ANY OTHER OPTION IN THE SAME ROW.

D3. How many of your HVRP participants concurrently receive employment and training services provided through American Job Center(s)?

- Most or all participants.....1
- About half of participants.....2
- Some or a few participants.....3
- No participants.....0

D4. How often do HVRP participants use the following resources to address their housing needs?

Select only one for each row

	Rarely or Never	Sometimes	Often
a. Section 8	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Permanent supportive housing paid by HUD Veterans Affairs Supportive Housing (VASH)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Permanent supportive housing paid by HUD Continuum of Care supportive housing (PSH)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Rapid Re-Housing paid by Supportive Services for Veteran Families (SSVF)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Rapid Re-Housing paid by HUD Emergency Solutions or Continuum of Care (CoC) grants	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Transitional housing paid by HUD CoC grants	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Transitional housing paid by Veterans Affairs (VA) Grant and Per Diem program	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Locally funded emergency shelter, transitional housing, or permanent housing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Federal Emergency Management Agency (FEMA) food and shelter	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<div style="border: 1px solid black; display: inline-block; padding: 2px;">(STRING 150)</div>			

D5. About what percent of HVRP participants receive the following types of housing assistance?

	%	Don't know
a. Temporary housing (for example, emergency shelters)	<input type="text"/> %	d <input type="radio"/>
b. Rapid Exit housing (for example, rapid re-housing programs)	<input type="text"/> %	d <input type="radio"/>
c. Transitional housing	<input type="text"/> %	d <input type="radio"/>
d. Permanent (for example, housing vouchers)	<input type="text"/> %	d <input type="radio"/>

D6. What period do these percentages reflect?

- Last program year, July 1, 2019-June 30, 2020.....1
- This program year, July 1, 2020 to present.....2
- Other (SPECIFY) (STRING 150)99

D7. How often are each of these methods used by HVRP staff to identify potential employers for participants?

Select only one per row

	Never	Sometimes	Regularly
a. Cold call employers about openings/hiring veterans	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Coordinate with other grantee organizations about employers hiring veterans	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Coordinate with Local Veterans' Employment Representatives (LVERs)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Coordinate with other employment and housing programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. Use state job bank	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Partner with trade associations, industry associations, employer networks	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Attend employer networking events (e.g. Chamber of Commerce, Rotary Club)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. Attend local job fairs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. Other (SPECIFY)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
<input type="text"/> (STRING 150)			

D8. On average, how long after enrollment in HVRP does it take for the veteran to have a job interview? Your best estimate is fine.

(RANGE 1-60)

- Weeks.....1
- Months.....2

PROGRAMMER: RESPONDENT SHOULD NOT BE ABLE TO INPUT A RANGE AND SELECT 0.

PROGRAMMER: IF RESPONSE IS GE 16, DISPLAY SOFT CHECK THAT SAYS "YOU INDICATED THAT VETERANS HAVE A JOB INTERVIEW AN AVERAGE OF X [WEEKS/MONTHS] AFTER ENROLLMENT IN HVRP. IS THIS CORRECT?"

D9. Approximately, how long does it take the average participant from enrollment to job placement?

(Select only one)

- Less than 1 month.....1
- 1-3 months.....2
- 4-6 months.....3
- 7-9 months.....4
- 10-12 months.....5
- More than 12 months.....6
- We do not provide job placement services.....0
- Other (SPECIFY).....99

Specify (STRING 150)

D10. Following job placement, how often does your program stay in contact with HVRP participants?

(Select only one)

- Weekly.....1
- Bi-weekly.....2
- Monthly.....3
- Quarterly.....4
- Do not stay in contact.....0

D11. Following job placement, for what length of time do participants receive follow-up support/job retention services?

(Select only one)

- Less than 1 month.....0
 - 1-3 months.....1
 - 4-6 months.....2
 - 7-9 months.....3
 - 10-12 months.....4
 - More than 12 months.....5
 - We do not provide job retention services.....98
 - Other (SPECIFY).....99
- Specify (STRING 150)

D12. In your experience, is each of the following not a reason, a minor reason, or a major reason for participants to exit the program before employment?

Select only one for each row

	Not a reason	Minor reason	Major reason
a. Relocated	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Entered a substance abuse or mental health facility	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Entered a hospital for long-term care	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. A substance abuse or mental health reason, without admission to a facility	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. A medical reason, without admission to a facility	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Entered the criminal justice system	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Ceased contact with the program/unable to locate for follow-up	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. Gained access to disability benefits	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. Other (SPECIFY)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
<input type="text"/> (STRING 150)			

D13. For how long does the program hold a slot for veterans who temporarily leave HVRP but are expected to return?

(RANGE 1-25)

- Weeks.....1
- Months.....2
- We do not hold slots for veterans who temporarily leave HVRP.....0

PROGRAMMER: RESPONDENT SHOULD NOT BE ABLE TO INPUT A RANGE AND SELECT 0.

PROGRAMMER: IF RESPONSE IS GE 13, DISPLAY SOFT CHECK THAT SAYS “YOU INDICATED YOUR PROGRAM HOLDS SLOTS FOR VETERANS FOR X [WEEKS/MONTHS]. IS THIS CORRECT?”

D14. Please indicate if the following supports or incentives are provided to participants.

Select all that apply for each row

	Not provided	Before job placement	After job placement
a. Transportation vouchers (such as metro cards and gas cards), or arranging pickup/drop-off services	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Food vouchers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Assistance with clothes or tools for work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Gift cards as an incentive to participate in program or work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Assistance developing a job retention plan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Assistance with securing or paying for child care	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Other (SPECIFY)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input style="width: 238px; height: 20px;" type="text"/> (STRING 150)			

PROGRAMMER: OPTION “0” CANNOT BE SELECTED WITH ANY OTHER RESPONSES IN EACH ROW.

Section E: Partners, Collaboration, and Referral Sources

The next set of questions is about your [HVRP PROGRAM NAME] partners.

E1. To what extent do you consider each of the following a partner to your HVRP program, including any that you subcontract with or that is part of your grantee organization?

A “moderate partner” is one that you work with but is not considered critical to your program’s overall success.

A “strong partner” is one that is considered critical to the success of your program.

Select only one for each row

	Not a partner	Moderate partner	Strong partner
a. VA Supportive Services for Veteran Families (SSVF)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. VA Grant and Per Diem	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. VA Community Resources and Referral Centers (CRRCs)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. VA Compensated Work Therapy Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. VA Vocational Rehabilitation and Employment (VR&E Chapter 31)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. VA Mental Health Homeless Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. VA Medical Center/Network	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. DOL: DVOP/LVER Services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. DOL: Employment Services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
j. DOL: WIOA Adult and Dislocated Worker Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
k. HUD: Veterans Affairs Supportive Housing (VASH)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
l. HUD: Continuum of Care (CoC)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
m. Department of Criminal Justice	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
n. Veterans Services Organization(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
o. State and local housing agency/agencies	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
p. State and local disability agency/agencies	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
q. Local veterans center	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
r. State or local legal services provider(s) or center(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
s. National Guard base and organization	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
t. Community-based organization(s) (e.g. Goodwill, Salvation Army)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
u. Other education and training institutions(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
v. Mayor’s office	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
w. Individual employers	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
x. Employer networks, trade associations	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
y. Other (SPECIFY)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
	<input style="width: 200px; height: 15px;" type="text"/> (STRING 150)		

PROGRAMMER: OPTION “0” CANNOT BE SELECTED WITH ANY OTHER RESPONSES IN EACH ROW.

E2. With which of the partners do you have a formal memorandum of understanding (MOU)/memorandum of agreement (MOA) or subcontract?

PROGRAMMER: LIST DISPLAYED WILL BE DEPENDENT ON RESPONSES TO E1. SHOW ALL PARTNERS FROM E1 MARKED AS “1” OR “2”.

Select only one for each row

	Neither	MOU/MOA	Subcontract
a. VA Supportive Services for Veteran Families (SSVF)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. VA Grant and Per Diem	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. VA Community Resources and Referral Centers (CRRCs)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. VA Compensated Work Therapy Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. VA Vocational Rehabilitation and Employment (VR&E Chapter 31)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. VA Mental Health Homeless Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. VA Medical Center/Network	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. DOL: DVOP/LVER Services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. DOL: Employment Services	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
j. DOL: WIOA Adult and Dislocated Worker Programs	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
k. HUD: Veterans Affairs Supportive Housing (VASH)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
l. HUD: Continuum of Care (CoC)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
m. Department of Criminal Justice	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
n. Veterans Services Organization(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
o. State and local housing agency/agencies	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
p. State and local disability agency/agencies	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
q. Local veterans center	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
r. State or local legal services provider(s) or center(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
s. National Guard base and organization	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
t. Community-based organization(s) (e.g. Goodwill, Salvation Army)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
u. Other education and training institutions(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
v. Mayor’s office	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
w. Individual employers	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
x. Employer networks, trade associations	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
y. Other (SPECIFY)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
<input style="width: 200px; height: 15px;" type="text"/> (STRING 150)			

PROGRAMMER: OPTION “0” CANNOT BE SELECTED WITH ANY OTHER RESPONSES IN EACH ROW.

E3. Please select the three main partners for your HVRP program.

PROGRAMMER: SHOW ALL PARTNERS FROM E1 MARKED AS "1" OR "2".

E4. In which of the following ways did [FILL NAME SELECTED IN E3] help support the HVRP program?

(Select all that apply)

- Referrals of participants to HVRP.....1
- Referral source for services for HVRP participants.....2
- Provision of HVRP services3
- Direct financial assistance to the program.....4
- Leveraged funding to support the program.....5
- Shared staffing.....6
- Office space.....7
- Employment opportunities.....8
- Housing assistance including emergency, transitional, and permanent.....9
- Other (SPECIFY).....99
Specify (STRING 150)

PROGRAMMER: REPEAT E4 FOR EACH ORGANIZATION SELECTED IN E3.

E5. What percent of participants are co-enrolled in the following employment services or housing assistance programs?

Select only one for each row

	0-25%	26-50%	51-75%	76-100%	Don't know
a. Wagner-Peyser Employment Service	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
b. WIOA adults/dislocated workers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
c. Jobs for Veterans State Grants (DVOP/LVER services)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
d. State Vocational Rehabilitation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
e. VA Vocational Rehabilitation & Employment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
f. VA Supportive Services for Veteran Families (SSVF)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
g. HUD Veterans Affairs Supportive Housing (VASH)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
h. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	d <input type="radio"/>
<input type="text"/> (STRING 150)					

Section F: Coordination

These next two questions are about coordination within your HVRP program.

F1. Once a veteran is enrolled in the HVRP program, which of the following methods are used by case managers and employment/training specialists (which may or may not include DVOP/LVER representatives) to coordinate services?

(Select all that apply)

- Automated case file management.....1
- Document imaging services.....2
- Assessments.....3
- Meetings.....4
- We do not have standard methods for coordinating services.....0
- Other (SPECIFY).....99

Specify (STRING 150)

PROGRAMMER: Option "0" cannot be selected with any other responses.

F2. What systems are used to collect HVRP participant data and manage participants' services and outcomes?

(Select all that apply)

- Grantee organization integrated MIS.....1
- HVRP-only internal MIS.....2
- Continuum of Care (CoC) Homeless Management Information Systems (HMIS).....3
- State or local workforce MIS through American Job Center (AJC).....4
- Other (SPECIFY).....99

Specify (STRING 150)

Section G: Wrap-up

These next two questions are about challenges and successes of your HVRP program.

G1. To what extent has each been a challenge in administering the HVRP program?

Select only one for each row

	Not a challenge	Minor challenge	Major challenge
a. Meeting assessment targets	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Meeting enrollment targets	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Placing participants in employment	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Coordinating enrollment at the American Job Center	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. Tracking participant data and outcomes	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. Meeting retention rates	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. Meeting training goals	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. Meeting financial targets	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i. Managing staff turnover	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
j. Maintaining contact with participants	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
k. Providing services virtually	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

G2. PROGRAMMER: SHOW FOR EACH QUESTION WHERE G1a-i = 2 (Major challenge)

Was the challenge in administering the HVRP program mainly the result of COVID-19 or the result of other factors?

Select only one for each row

	Challenge mainly due to COVID-19	Challenge mainly due to other factors
a. Meeting assessment targets	1 <input type="radio"/>	2 <input type="radio"/>
b. Meeting enrollment targets	1 <input type="radio"/>	2 <input type="radio"/>
c. Placing participants in employment	1 <input type="radio"/>	2 <input type="radio"/>
d. Coordinating enrollment at the American Job Center	1 <input type="radio"/>	2 <input type="radio"/>
e. Tracking participant data and outcomes	1 <input type="radio"/>	2 <input type="radio"/>
f. Meeting retention rates	1 <input type="radio"/>	2 <input type="radio"/>
g. Meeting training goals	1 <input type="radio"/>	2 <input type="radio"/>
h. Meeting financial targets	1 <input type="radio"/>	2 <input type="radio"/>

Select only one for each row

	Challenge mainly due to COVID-19	Challenge mainly due to other factors
i. Managing staff turnover	1 <input type="radio"/>	2 <input type="radio"/>
j. Maintaining contact with participants	0 <input type="radio"/>	1 <input type="radio"/>
k. Providing services virtually	0 <input type="radio"/>	1 <input type="radio"/>

G3. In addition to placing a participant in a job, are there any other benchmarks your HVRP program uses to gauge program success?

(STRING 250)

Section H: Demographics and contact information

Finally, please tell us a little bit about yourself.

H1. Please record your name, title, organization, telephone number, and email address below so that we can contact you if we have any questions about the survey.

First Name:

Last Name:

Title:

Organization:

Telephone:

Email Address:

H2. Is there anyone else at your organization we can reach if we have questions about the survey?

First Name:

Last Name:

Title:

Organization:

Telephone:

Email Address:

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