**Young Adult Background Information Form**

*Welcome! This form gathers some basic information about you.*

*Thank you very much for helping us with this important study.*

1. **What is your birthdate?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Month |  | Day |  | Year |

1. **What is your Social Security Number (SSN)?**

|  |  |
| --- | --- |
|  |  |
| SSN |  |

1. **Would you describe your gender as male, female, or something else?**

*(Select only one answer.)*

Male [ ]

Female [ ]

Transgender Male to Female [ ]

Transgender Female to Male [ ]

Something else [ ]

Don’t know [ ]

Rather not say [ ]

1. **What is your race?**

*(Select all that apply.)*

White [ ]

Black, or African American [ ]

American Indian or Alaska Native [ ]

Native Hawaiian or Other Pacific Islander [ ]

Asian [ ]

Other *(Please specify*) [ ]

**5. Are you of Hispanic, Latino, or Spanish Origin?**

*(Select only one answer.)*

No, not of Hispanic, Latino, or Spanish origin [ ]

Yes, Puerto Rican [ ]

Yes, Cuban [ ]

Yes, another Hispanic, Latino, or Spanish origin [ ]

*This question asks about whether you or your family had ever received government benefits before you enrolled in the TLP/MGH program. The information you provide will be used for research purposes only and will be kept private to the extent allowed by law.*

**6. At the time you enrolled in the TLP or MGH, had you or your family ever received welfare or cash assistance (also known as Temporary Assistance for Needy Families or TANF)?**

*(Select only one answer.)*

Yes, I (or my family) received TANF dollars [ ]

No, I (or my family) have never received TANF dollars [ ]

Don’t know [ ]

Rather not say [ ]

*The novel Coronavirus/COVID-19 is a global pandemic. The United States declared a state of emergency in March 2020. This affected people in lots of different ways. We are interested in how the pandemic may have affected you*

**7. How did COVID-19 impact your housing?**

*(Select all that apply.)*

I lost my housing because of COVID-19 [ ]

I entered TLP because of COVID-19 [ ]

I stayed longer in TLP because of COVID-19 [ ]

I left TLP early because of COVID-19 [ ]

I moved back in with family because of COVID-19 [ ]

COVID-19 did not impact on housing [ ]

Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]

**8. How did COVID-19 impact your education?**

*(Select all that apply.)*

I started a new school, college, or education program because of COVID-19 [ ]

I was planning to enroll in a school, college, or education program but did not because of COVID-19 [ ]

My school, college, or education program closed because of COVID-19 [ ]

I did not complete one or more courses I was taking because of COVID-19 [ ]

My schoolwork or courses moved online because of COVID-19 and I was unable to attend them [ ]

I dropped out of my school, college, or education program because of COVID-19 [ ]

My schoolwork or courses moved online because of COVID-19 and I continued to attend them [ ]

COVID-19 did not impact my education [ ]

Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]

**9.** **How did COVID-19 impact your employment?**

*(Select all that apply.)*

I lost or left a job because of COVID-19 [ ]

I took time off of work due to concerns about my health related to COVID-19 [ ]

I started a new job or changed jobs because of COVID-19 [ ]

The number of hours I normally worked increased because of COVID-19 [ ]

The number of hours I normally worked decreased because of COVID-19 [ ]

COVID-19 did not impact on employment [ ]

Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]

**10. After you finish and submit this form, we will email or text you an electronic gift card to Amazon.com.** **How would you like us to send you the gift card?**

*If you select to receive your gift card by text message, please keep in mind that your cell phone carrier may charge you a fee to receive or send text messages. Whether or not you get charged a fee depends on your plan.*

(Select only one answer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Enter the** **email address or cell phone number we should use here:** | |  |
| 🞏 | Email it to me at: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 🞏 | Text it to my cell phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 🞏 | Mail it to me care of the TLP or MGH | |  |

[Programming Note: If no response is provided to Question 7, display the following prompt: “**Because you did not provide an email address, a cell phone number to send a text, or select to receive your gift card in the mail, we cannot send you an electronic gift card. If you would like to receive a gift card, please select one of these options before you click “Submit.” If you have any questions, please email YOS@abtassoc.com or call (855) 579-6654. This is a free call.”]**