

# APPENDIX A

## FAMILY SELF-SUFFICIENCY EVALUATION

### FOLLOW-UP SURVEY

## REVISED DRAFT INSTRUMENT (FOR PROGRAM AND CONTROL GROUP PARTICIPANTS)

09.23.2020

(Question numbers and skip patterns will be checked on the final draft.  
Introduction and wrap-up sections not included)

[INTRODUCTORY SCRIPT – TO COME]

**SECTION A: PARTICIPATION IN EMPLOYMENT, EDUCATION, AND SOCIAL SERVICES**

The first set of questions is about your use of services and training and education experiences, currently or have done in the **past year**.

INTERVIEWER: FOR EACH QUESTION IN A1. To A4.: IF R ASKS AND ATTENDANCE STARTED MORE THAN 12 MONTHS AGO AND CONTINUED INTO THIS 12-MONTH PERIOD, RECORD “1” (YES), BUT IF ATTENDANCE ENDED MORE THAN 12 MONTHS AGO, RECORD “2” (NO).

**A1.** In the last 12 months, that is since [CATI: INSERT NAME OF THIS MONTH AND LAST YEAR], have you taken **any college courses for credit**? These are courses that lead to a 2-year Associate’s degree or 4-year Bachelor’s degree or Graduate degree.

- 1 YES
- 2 NO
- 3 DON’T KNOW
- 4 REFUSED

**A2.** In the last 12 months, have you taken any **vocational training courses** for a specific job, trade, or occupation [CATI: IF A1 = 1 (YES) INSERT “other than the college courses you just mentioned”]? Please don’t include on-the-job training or unpaid work experience.

- 1 YES
- 2 NO
- 3 DON’T KNOW
- 4 REFUSED

**A3.** In the last 12 months, have you attended any workshops or received any assistance with **finding a job or a better job**? Assistance could include help in preparing a resume, finding job openings, calling employers, interviewing for a job, or completing a job application?

- 1 YES
- 2 NO
- 3 DON’T KNOW
- 4 REFUSED

**A4.** In the last 12 months have you attended any workshops or received assistance in learning more about your **personal or household finances** and acquiring skills to manage them better? Assistance could include help with budgeting or money management, repairing or raising your credit score, reducing debt, opening a checking or savings account, or saving for retirement or education.

- 1 YES
- 2 NO

3 DON'T KNOW

4 REFUSED

**SECTION B: EDUCATIONAL ATTAINMENT**

**B1.** What, from this list, is the highest level of education that you have completed?

INTERVIEWER: READ LIST

1. Did not complete high school or receive GED
2. GED certificate
3. High school diploma
4. Some college
5. Associate's degree/2-year college
6. Four-year college degree, or
7. Graduate degree?
8. DON'T KNOW
9. REFUSED

**B2.** Do you have any type of trade license or training certification?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

**SECTION C: EMPLOYMENT**

The next questions are about any paid work that you may be doing currently or in the last 12 months. Please also include any type of self-employment or running your own business. Do not count volunteer work or unpaid internships or work experience jobs.

[INTERVIEWER: If R asks for more details: such as providing child care or in-home nursing care, making home repairs, doing taxes for people, housecleaning, cooking and catering, sewing, doing nails or hair; driving passengers; making deliveries; or doing other paid work.]

C1. In the last 12 months, that is since [CATI: INSERT NAME OF THIS MONTH AND LAST YEAR], have you worked for pay or were self-employed?

- 1 YES [GO TO C1b]
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

C1a A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Have you ever done any work like that for pay in the last 12 months?

- 1 YES
- 2 NO [GO TO C8]
- 3 DON'T KNOW [GO TO SECTION D]
- 4 REFUSED [GO TO SECTION D]

C1b. During the last 12 months, about how many months were you working for pay or self-employed?

PROBE: Your best estimate is fine.

INTERVIEWER: ROUND UP IF RESPONSE IS NOT IN WHOLE MONTHS

\_\_\_\_\_ [RANGE 0 -12]  
MONTHS

- 97 DON'T KNOW [GO TO C2]
- 98 REFUSED [GO TO C2]

C1c. During these [C1b] months did you usually work full-time—that is, 35 or more hours a week?

- 1. YES
- 2. NO
- 3. DON'T KNOW
- 4. REFUSED

**July 2020 -UPDATE QUESTION #S AND SKIPS**

C2. Are you currently working for pay or self-employed?

- 1 YES [GO TO C3]
- 2 NO
- 3 DON'T KNOW [GO TO SECTION D]
- 4 REFUSED [GO TO SECTION D]

C2a. In what month and year did your employment end at your most recent job?

INTERVIEWER: PROBE FOR SEASON IF DON'T KNOW MONTH. IF R CAN ONLY PROVIDE SEASON, SPRING = 05, SUMMER = 08, FALL = 11, WINTER = 02.

**IF STILL WORKING, GO BACK TO C2. RESET C2 to 1.**

C4b. END: \_\_\_\_/\_\_\_\_ \_\_\_\_ [GO TO C5]

MONTH YEAR

- 97 DON'T KNOW MONTH 9997 DON'T KNOW YEAR
- 98 REFUSED MONTH 9998 REFUSED YEAR

C3. Thinking about all your current jobs or businesses, how many hours per week do you work?

INTERVIEWER INSTRUCTION: IF GREATER THAN 84, CODE THE RESPONSE AS 84

\_\_\_\_\_ [RANGE 1 – 84] [GO TO C4]

NUMBER

- 97 DON'T KNOW
- 98 REFUSED

C3a. Would you say that you usually work 35 hours or more per week?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

C4. **Does** the employer where you work the most hours offer any of the following benefits?

INTERVIEWER: SELECT "YES" IF R REPORTS THAT R WILL BE OFFERED BENEFITS AT A FUTURE TIME UPON REACHING A MILESTONE, SUCH AS COMPLETING A PROBATION PERIOD FOR NEW EMPLOYEES OR TRANSITIONING FROM PART-TIME TO FULL-TIME HOURS.

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	YES	NO	DON'T KNOW	REFUSED
C4a. Any sick days with full pay?	1	2	3	4
C4b. Any vacation days with full pay?	1	2	3	4

C5. Since the corona virus or Covid-19 virus crisis hit, has your employer(s) ever:

- 1 Reduced your hours
- 2 Increased your hours [GO TO C7]
- 3 Terminated your services
- 4 Temporarily halted your employment (furloughed)
- 5 None of the above [GO TO C7]
- 6 Don't know [GO TO SECTION D]
- 7 Refused [GO TO SECTION D]

C6. Did you ever have to reduce your hours or lose your job because you or any member of your family got sick with Covid-19 (coronavirus) type symptoms?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

[For those responding 1, 2, or 5 to C5] C7. How safe do you feel from exposure to Covid-19 in your workplace?

- 1 Very safe [GO TO SECTION D]
- 2 Somewhat safe [GO TO SECTION D]
- 3 Not sure how safe I feel [GO TO SECTION D]
- 4 Somewhat unsafe [GO TO SECTION D]
- 5 Very unsafe [GO TO SECTION D]
- 6 Don't know [GO TO SECTION D]
- 7 Refused [GO TO SECTION D]

C8. Some people may not be able to get a job even if they want to work. Other people may have personal or other reasons for not working for pay. What is the **main reason** you are not working for pay?

1. ILLNESS, DISABILITY, SELF
2. ILLNESS, DISABILITY OTHER
3. GOING TO SCHOOL, IN TRAINING
4. UNABLE TO FIND WORK
5. TEMPORARY LAID OFF / TEMPORARY LEAVE
6. REASON RELATED TO COVID-19
7. OTHER
- 7 DON'T KNOW
- 8 REFUSED

**SECTION D: INCOME**

**D1. INTRO:** Now, I am going to ask you some questions about the income that came into your household in **[PRIOR MONTH]**.

Please include any income from all adults and children who lived together in your household for at least two nights a week in **[PRIOR MONTH]**.

I want to assure you that none of your answers will be discussed with anyone.

During **[PRIOR MONTH]**:

**D1.** Did you work for pay?

- 1 YES
- 2 NO **[GO TO D3]**
- 3 DON'T KNOW **[GO TO D3]**
- 4 REFUSED **[GO TO D3]**

**D2.** In the last month, how much did you **earn from all your jobs or income** from self-employment, before taxes?

**PROBE:** Your best estimate is fine.

\$ \_\_\_\_\_ , \_\_\_\_\_ . [RANGE = 0 – 999996] **[GO TO D3]**  
AMOUNT

- 999997 DON'T KNOW
- 999998 REFUSED

**D2a.** Would you say it was more or less than \$1,500?

**INTERVIEWER:** DO NOT READ LIST

- 1 MORE THAN \$1,500 **(GO TO D2b)**
- 2 EXACTLY \$1,500 **(GO TO D3)**
- 3 LESS THAN \$1,500 **(GO TO D2c)**
- 4 DON'T KNOW **(GO TO D3)**
- 5 REFUSED **(GO TO D3)**

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**D2b.** Would you say it was:

**INTERVIEWER: READ LIST**

- 1 More than \$1,500 but less than \$2,000,
- 2 At least \$2,000 but less than \$2,500, or
- 3 \$2,500 or more?
- 4 DON'T KNOW
- 5 REFUSED

**CATI: ALL D2b GO TO D3**

**D2c.** Would you say it was:

**INTERVIEWER: READ LIST**

- 1 At least \$1,200 but less than \$1,500,
- 2 At least \$800 but less than \$1,200,
- 3 At least \$500 but less than \$800, or
- 4 Less than \$500?
- 5 DON'T KNOW
- 6 REFUSED

**D3.** Did any other adults or children who lived in your household work for pay or were self-employed in **[PRIOR MONTH]**?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

**D4.** In **[PRIOR MONTH]**, did you or anyone else in your household receive:

	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>REFUSED</b>
<b>D4a.</b> SNAP, also known as Food Stamps?	1	2	3	4
<b>D4b.</b> Child Support?	1	2	3	4
<b>D4c.</b> TANF or <b>[insert state program name]</b> ?	1	2	3	4
<b>D4d.</b> Social Security Disability Insurance benefits, or SSDI	1	2	3	4
<b>D4e.</b> Supplemental Security Income benefits, or SSI	1	2	3	4
<b>D4f.</b> Unemployment insurance benefits	1	2	3	4



**July 2020 -UPDATE QUESTION #S AND SKIPS**

**D5.** In **[PRIOR MONTH]**,, how much income did you or anyone else living together in your household receive? Please include income from all sources.

**PROBE:** Your best estimate is fine.

\$ \_\_\_\_\_ , \_\_\_\_\_ . [RANGE = 0 – 999996] **[GO TO D6]**  
AMOUNT

999997 DON'T KNOW

999998 REFUSED

**D5a.** Would you say it was more or less than \$1,500?

**INTERVIEWER:** DO NOT READ LIST

- 1 MORE THAN \$1,500 **(GO TO D5b)**
- 2 EXACTLY \$1,500 **(GO TO D6)**
- 3 LESS THAN \$1,500 **(GO TO D5c)**
- 4 DON'T KNOW **(GO TO D6)**
- 5 REFUSED **(GO TO D6)**

**D5b.** Would you say it was:

**INTERVIEWER:** READ LIST

- 1 More than \$1,500 but less than \$2,000,
- 2 At least \$2,000 but less than \$2,500, or
- 3 \$2,500 or more?
- 4 DON'T KNOW
- 5 REFUSED

**CATI: ALL E5b GO TO D6**

**D5c.** Would you say it was:

**INTERVIEWER:** READ LIST

- 1 At least \$1,200 but less than \$1,500,
- 2 At least \$800 but less than \$1,200,
- 3 At least \$500 but less than \$800, or
- 4 Less than \$500?
- 5 DON'T KNOW
- 6 REFUSED

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**D6.** Would you say that [**your /your household's**] total monthly income stays about the same each month, varies a little month by month, or varies a lot month by month?

- 1 STAYS ABOUT THE SAME
- 2 VARIES A LITTLE
- 3 VARIES A LOT
- 4 DON'T KNOW
- 5 REFUSED

**D7.** In the last 12 months, about how many months did [**you/your household**] have no income or unusually low income?

- 1 0
- 2 1-2
- 3 3-4
- 4 5-6
- 5 7 OR MORE
- 6 DON'T KNOW
- 7 REFUSED

SECTION E: BANKING, DEBT, EXPENSES, AND MATERIAL HARDSHIP

BANKING / USE OF FINANCIAL SERVICES

E1. Do you currently have a checking or savings account of any kind at a bank or a credit union?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

E2. Do you have any money in savings that you keep at home or elsewhere, such as money in a savings account?

**INTERVIEWER:** IF NECESSARY, READ: This would include money in a piggy bank or envelope, under the mattress, savings bond, money market fund, credit union, retirement account, Individual Development Account or IDA, pension fund, stocks or bonds, or certificates of deposit.

- 1 YES
- 2 NO [GO TO E4]
- 3 DON'T KNOW [GO TO E4]
- 4 REFUSED [GO TO E4]

E3. How much money do you have in savings that you keep at home or elsewhere, such as money in a savings account?

**INTERVIEWER:** IF NECESSARY, READ: This would include money in a savings bond, money market fund, credit union, retirement account, Individual Development Account or IDA, pension fund, stocks or bonds, or certificates of deposit.

**PROBE:** Your best estimate is fine.

\$ \_\_\_\_\_ , \_\_\_\_\_ . [RANGE = 0 – 999996] [GO TO E4]  
AMOUNT

- 999997 DON'T KNOW
- 999998 REFUSED

E3a. Do you have more than \$1,000 in savings?

- 1 YES
- 2 NO [GO TO E3c]
- 3 DON'T KNOW [GO TO E4]
- 4 REFUSED [GO TO E4]

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**E3b.** Do you have more than \$2,000 in savings?

- 1 YES [GO TO E4]
- 2 NO [GO TO E4]
- 3 DON'T KNOW [GO TO E4]
- 4 REFUSED [GO TO E4]

**E3c.** Do you have more than \$500 in savings?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

**E4.** In the last 12 months, how often, if at all, did you use the following financial services—would you say: two or more times a month, about once a month, every few months, once or twice per year, or never?

**E4a.** Get a cash advance on a credit card?

- 1 Two or more times a month,
- 2 About once a month,
- 3 Every few months,
- 4 Once or twice per year, or
- 5 Never?
- 6 DON'T KNOW
- 7 REFUSED

**E4b.** Bounce a check or overdraw your checking account?

- 1 Two or more times a month,
- 2 About once a month,
- 3 Every few months,
- 4 Once or twice per year, or
- 5 Never?
- 6 DON'T KNOW
- 7 REFUSED

**E4c.** Get a Payday, pawn, installment, or auto title loan including loans where you apply on the internet?

- 1 Two or more times a month,
- 2 About once a month,
- 3 Every few months,
- 4 Once or twice per year, or

- 5 Never?
- 6 DON'T KNOW
- 7 REFUSED

**DEBT**

**E5.** Next, I'd like to ask you about loans and any debt or money you might owe. Do you have any outstanding loans and debts for things like medical bills, credit card bills, student loans, store accounts, and so on, not including a mortgage if you have one?

- 1 YES
- 2 NO (**GO TO E7**)
- 3 DON'T KNOW (**GO TO E7**)
- 4 REFUSED (**GO TO E7**)

**E6.** When you think about all your outstanding loans and debts not including a mortgage, would you say that since the Covid-19 stay-at-home orders, the total amount you owe has:

- 1 STAYED THE SAME
- 2 INCREASED
- 3 DECREASED
- 4 DON'T KNOW
- 5 REFUSED

**Material Hardship**

**E7.** How have the Corona/Covid-19 virus and the slowdown of the economy affected you or other members of your household? Would you say that these changes have made your life/lives

- 1 Much worse,
- 2 Somewhat worse,
- 3 About the same as before, [**GO TO E8a**]
- 4 Somewhat better, or
- 5 Much better?
- 6 DON'T KNOW [**GO TO E8a**]
- 7 REFUSED [**GO TO E8a**]

**E7a.** In what ways have the virus or the economy affected you or your household?

[Verbatim Response: \_\_\_\_\_]

**E8a.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to pay your portion of the rent?

- 1 YES

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- 2 NO **[GO TO E8b]**
- 3 DON'T KNOW **[GO TO E8b]**
- 4 REFUSED **[GO TO E8b]**

**E8a1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**E8b.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to pay your utility bills?

- 1 YES
- 2 NO **[GO TO E8c]**
- 3 DON'T KNOW **[GO TO E8c]**
- 4 REFUSED **[GO TO E8c]**

**E8b1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED

**E8c.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to pay your telephone bill?

- 1 YES
- 2 NO **[GO TO E8d]**
- 3 DON'T KNOW **[GO TO E8d]**
- 4 REFUSED **[GO TO E8d]**

**E8c1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED

**E8d.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to buy food?

- 1 YES
- 2 NO **[GO TO E8e]**
- 3 DON'T KNOW **[GO TO E8e]**
- 4 REFUSED **[GO TO E8e]**

5

**E8d1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED

**E8e.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to buy prescription medicine?

- 1 YES
- 2 NO **[GO TO E8f]**
- 3 DON'T KNOW **[GO TO E8f]**
- 4 REFUSED **[GO TO E8f]**

**E8e1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED

**E8f.** In the last 12 months, was there ever a time when, because of cost, **you or your household** were not able to see a doctor or get medical assistance?

- 1 YES
- 2 NO **[GO TO E9]**
- 3 DON'T KNOW **[GO TO E9]**
- 4 REFUSED **[GO TO E9]**

**E8f1.** In the last 12 months, about how many months has this happened?

- 1 1
- 2 2-3
- 3 4-6
- 4 7 OR MORE
- 5 DON'T KNOW
- 6 REFUSED



**FOOD INSUFFICIENCY**

**E9.** Which of these statements best describes the food eaten by **you and the people in your household who usually ate with you** in **[PRIOR MONTH]**: Did you have...

- 1 Enough of the kinds of food you wanted,
- 2 Enough but not always the kinds of food you wanted to eat,
- 3 Sometimes not enough to eat, or
- 4 Often not enough to eat?
- 5 DON'T KNOW
- 6 REFUSED

**FINANCIAL STRAIN / FINANCIAL WELL-BEING**

**E10.** How much do you agree or disagree with each of the following statement?

These days I can generally afford to buy the things **(I/we)** need.

Would you say you

1. Strongly Agree
2. Agree Somewhat
3. Neither Agree nor Disagree
4. Disagree Somewhat, or
5. Strongly Disagree?
6. Don't Know
7. Refused

**E11.** In general, how do **your household** finances usually work out at the end of the month? Is there...

- 1 Some money left over,
- 2 Just enough to make ends meet, or
- 3 Not enough money to make ends meet?
- 4 DON'T KNOW
- 5 REFUSED

**E12.** In general, how would you rate your credit? Would you say it was...

- 1 Very bad,
- 2 Bad,
- 3 About average,
- 4 Good, or
- 5 Very good?
- 6 DON'T KNOW
- 7 REFUSED

**E13.** Suppose **[you/you and your household]** had an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? Please choose the most likely method of payment, if any. Would you...

**INTERVIEWER:** READ LIST, CHECK ONLY ONE.

IF R PROVIDES AN UNLISTED METHOD OF PAYMENT, CODE IT AS DK.

- 1 Put it on your credit card
- 2 Use money in your checking or savings account or use cash on hand
- 3 Take out a bank loan or line of credit
- 4 Borrow from a friend or family member
- 5 Use a payday loan, deposit advance, or overdraft
- 6 Sell something, or
- 7 Would you be unable to pay for the expense right now?
- 8 DON'T KNOW
- 9 REFUSED

## HEALTH

**E14.** In **[PRIOR MONTH]**, were you covered by any health insurance plan including Medicaid or **[State Medicaid plan name]**, private insurance, an employer-paid plan, or a private HMO?

**INTERVIEWER IF NECESSARY, READ:** A Health Maintenance Organization (HMO) is a medical insurance group that provides health services for a fixed annual fee.

**PROBE:** Did you have one of these kinds of insurance?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

**E15.** In general, how would you rate your overall health now? Is it...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- 6 DON'T KNOW
- 7 REFUSED

**SECTION F: HOUSING**

**F1.** These questions are about your housing and your neighborhood. Do you currently:

**INTERVIEWER:** READ ALL OF THE FOLLOWING OPTIONS EVEN IF RESPONDENT INTERRUPTS WITH ANSWER.

- 1 Own your own home or apartment, **(GO TO F4)**
- 2 Rent your home or apartment
- 3 Live with family or friends and pay part of the rent or mortgage payment,
- 4 Live with family or friends and not pay rent **(GO TO F4)**
- 5 Live in some other arrangement? **(GO TO F4)**
- 6 Don't know
- 7 Refused

**F2.** Do [you/does your household] pay rent each month?

- 1 YES
- 2 NO **[GO TO F4]**
- 3 DON'T KNOW **[GO TO F4]**
- 4 REFUSED **[GO TO F4]**

**F3.** Altogether, how much [do you/does your household] now pay in rent each month? If [you receive/your household receives] housing assistance, please only include [your/your household's] portion of the rent.

**PROBE:** Your best estimate is fine.

\$ \_\_\_\_\_, \_\_\_\_\_ . [RANGE = 0 – 999996] **[GO TO F3d]**  
AMOUNT

- 999997 DON'T KNOW
- 999998 REFUSED

**F3a.** Would you say that [you/does your household] now pay more than \$500 in rent each month? If [you receive/your household receives] housing assistance, please only include [your/your household's] portion of the rent.

- 1 YES
- 2 NO **[GO TO F3c]**
- 3 DON'T KNOW **[GO TO F4]**
- 4 REFUSED **[GO TO F4]**

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**F3b.** Would you say that [you/does your household] now pay more than \$800 in rent each month?

- 1 YES [GO TO F3d]
- 2 NO [GO TO F3d]
- 3 DON'T KNOW [GO TO F4]
- 4 REFUSED [GO TO F4]

**F3c.** Would you say that [you/does your household] now pay more than \$250 in rent each month?

- 1 YES
- 2 NO
- 3 DON'T KNOW [GO TO F4]
- 4 REFUSED [GO TO F4]

**F3d.** Does [your/your household's] rent bill include any utilities, such as gas, heat, or electricity?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED

**F4.** In the last 12 months, has [your/your household's] moved to a new home or residence?

- 1 YES
- 2 NO [GO TO F5]
- 3 DON'T KNOW [GO TO F5]
- 4 REFUSED [GO TO F5]

**F4a.** In the last 12 months, were you, or a person you were staying with ever evicted, or forced by your landlord to move when you didn't want to?

- 1 YES
- 2 NO
- 3 IN THE MIDST OF AN EVICTION
- 4 DON'T KNOW
- 5 REFUSED

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**F5.** Overall, how satisfied are you with conditions in your neighborhood? Would you say you are...

- 1 Very satisfied,
- 2 Somewhat satisfied,
- 3 Neither satisfied nor dissatisfied,
- 4 Somewhat dissatisfied, or
- 5 Very dissatisfied?
- 6 DON'T KNOW
- 7 REFUSED

**SECTION G: PROGRAM PARTICIPATION**

**CATI: IF (RA\_CODE = P (FSS GROUP) ASK G1, ELSE GO TO SECTION Z)**

**G\_INTRO**

When we began this interview, I mentioned that we were talking with people who had signed up for the Family Self-Sufficiency program (FSS). We would now like to ask you some questions about your involvement in FSS and your views about the program.

**G1.** How would you describe your current involvement with the FSS program? Would you say you are...

**INTERVIEWER:** READ LIST, CHECK ONE

- 1 Currently enrolled in FSS and participating in activities to help you reach your goals,
- 2 Currently enrolled in FSS but not participating in activities at this time, or
- 3 Are no longer enrolled in FSS? **(GO TO H1, NEXT SECTION)**
- 4 DON'T KNOW
- 5 REFUSED

**G2.** In order to graduate from FSS, participants must set one or more goals and then achieve them. If you are still working toward any goals, what is the most important one that you hope to achieve?

**INTERVIEWER:** READ LIST, RECORD ONE RESPONSE.

- 1 EMPLOYMENT OR CAREER ADVANCEMENT GOAL
- 2 EDUCATION OR TRAINING GOAL
- 3 FINANCIAL MANAGEMENT GOAL
- 4 HOMEOWNERSHIP GOAL
- 5 PERSONAL OR FAMILY WELL-BEING GOAL
- 6 OTHER GOAL
- 7 ALL GOALS ARE EQUALLY IMPORTANT [NO PREFERENCE]
- 8 DON'T KNOW
- 9 REFUSED

**G3.** In your opinion, which one goal that you achieved during your time in the FSS program are you most proud of?

**INTERVIEWER:** READ LIST, RECORD ONE RESPONSE.

- 1 EMPLOYMENT OR CAREER ADVANCEMENT GOAL
- 2 EDUCATION OR TRAINING GOAL
- 3 FINANCIAL MANAGEMENT GOAL
- 4 HOMEOWNERSHIP GOAL
- 5 PERSONAL OR FAMILY WELL-BEING GOAL
- 6 OTHER GOAL
- 7 ALL GOALS ARE EQUALLY IMPORTANT [NO PREFERENCE]
- 8 DON'T KNOW
- 9 REFUSED

**G4.** During the last 12 months, how much progress have you made toward achieving your FSS goals? Would you say it was...

- 1 None, [GO TO G5]
- 2 Very little, [GO TO G5]
- 3 Some, or
- 4 A lot?
- 5 DON'T KNOW [GO TO G5]
- 6 REFUSED [GO TO G5]

On a scale of 1 to 4, 1 being very important and 4 being not important at all, how important were the following in helping you make progress towards your FSS goals? [do not read answer choices]

G4a. Your own efforts:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

G4b. Guidance/motivation from case manager/coordinator:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

G4c. Services provided by the program or referral agency:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

G4d. Starting an escrow account and seeing your balance grow over time:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

G4e. Receiving an interim escrow disbursement:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

G5. What obstacles, if any, have you encountered that got in the way of your working toward your FSS goals?

INTERVIEWER: DO NOT READ LIST. CHECK ALL THAT APPLY.

- 1 TAKING CARE OF SMALL CHILDREN, NO CHILD CARE
- 2 LACK OF TRANSPORTATION ACCESS OR EXPENSE
- 3 ILLNESS OR DISABILITY, SELF
- 4 ILLNESS OR DISABILITY, OTHER
- 5 FEAR OF LOSING SECTION 8 ASSISTANCE OR OTHER BENEFITS
- 6 THE COSTS OF EDUCATION AND TRAINING, SUCH AS TUITION OR BOOKS
- 7 MOVED TO ANOTHER PHA AND DROPPED OUT OF FSS
- 8 COULD NOT GET IN TOUCH WITH FSS CASE MANAGER OR COORDINATOR
- 9 NOT ABLE TO GET THE SERVICES NEEDED FROM THE PROGRAM
- 10 COVID-19 LIMITED MY ABILITY TO WORK TOWARD/COMPLETE MY GOALS
- 11 OTHER
- 12 NO OBSTACLES

97 DON'T KNOW

98 REFUSED

## ESCROW

G6. Do you currently have any money in your escrow account?

- 1 YES
- 2 NO (**GO TO G9**)
- 3 DON'T KNOW (**GO TO G9**)
- 4 REFUSED (**GO TO G9**)

G7. What is the current balance in your escrow account? Your best guess would be fine.



**July 2020 -UPDATE QUESTION #S AND SKIPS**

\$ \_\_\_\_\_ [RANGE: 0- 99996]

99997 DON'T KNOW

99998 REFUSED

**G8.** How would you use all or most of the money in your FSS escrow account?

**INTERVIEWER:** READ LIST. CHECK ALL THAT APPLY

- 1 To pay for education or training for me or someone in my family
- 2 To buy a house
- 3 To start a business
- 4 To make a big purchase like a car or refrigerator
- 5 To pay off loans, debts, medical expenses, or bills
- 6 To save for the future, or
- 7 DON'T KNOW [TO ENTIRE QUESTION]
- 8 REFUSED [ENTIRE QUESTION]

**INTERACTIONS WITH CASE MANAGERS**

**G9.** When was the last time that you communicated with your FSS case manager or coordinator about your goals, services, problems, or other issues? Include any contact you may have had with the case manager in-person, by phone, by email or text, or filled out and mailed in a progress report or similar form or letter. Was it...

- 1 Within the last month,
- 2 Within the last 2 to 3 months,
- 3 4 to 6 months ago,
- 4 7 to 12 months ago,
- 5 More than 12 months ago, or **(GO TO G12)**
- 6 Have never communicated with an FSS case manager or coordinator? **(GO TO G14)**
- 7 DON'T KNOW **(GO TO G12)**
- 8 REFUSED **(GO TO G12)**

**G10.** During the last 12 months, approximately how many times have you communicated with your FSS case manager or coordinator about your goals, services, problems, or other issues? Your best guess is fine. Was it...

- 1 0 times
- 2 1-2 times
- 3 3-4 times
- 4 5 or more times?
- 5 DON'T KNOW **(GO TO G12)**
- 6 REFUSED **(GO TO G12)**

**[For those responding 1 or 2 to G9 or 3 or 4 to G10] G11.** Did you talk to your case manager because you:

- 1 Needed help finding services or service providers in your community?
- 2 Ran into obstacles toward your goals?
- 3 Needed emergency assistance?
- 4 Needed to review or change your FSS goals?
- 5 Needed help finding a new job or a better job?
- 6 Other reason?
- 7 Don't know
- 8 Refused

**G11.** Overall, in your opinion, did you have too few, just the right number, or too many communications with your FSS case manager or coordinator during the last 12 months?

- 1 TOO FEW
- 2 JUST THE RIGHT NUMBER
- 3 TOO MANY

- 4 DON'T KNOW
- 5 REFUSED

**G12.** Since you enrolled in the FSS program, how often have the referrals given to you by your FSS case manager or coordinator helped you find the services to work toward your FSS goals? Would you say...

- 1 Always,
- 2 Often,
- 3 Sometimes, or
- 4 Never?
- 5 NOT APPLICABLE; CASE MANAGER DID NOT GIVE REFERRALS.
- 6 DON'T KNOW
- 7 REFUSED

**G13..** How much do you agree or disagree with the following statement? My case manager or coordinator knew me well and gave me the support I needed.

Would you say you

- 1.Strongly Agree
- 2. Agree Somewhat
- 3. Neither Agree nor Disagree
- 4. Disagree Somewhat, or
- 5. Strongly Disagree?
- 6. Don't Know
- 7. Refused

**G14.** Overall, how satisfied are you with the FSS program? Would you say that you are...

- 1 Very satisfied,
- 2 Somewhat satisfied,
- 3 Neither satisfied nor dissatisfied,
- 4 Somewhat dissatisfied, or
- 5 Very dissatisfied?
- 6 DON'T KNOW
- 7 REFUSED

**SECTION H: PROGRAM PARTICIPATION, FOR EXITERS AND GRADUATES**

**CATI: IF G1=3, ASK SECTION H. ELSE GO TO SECTION Z.**

**H1.** I am going to read you a list of possible reasons why you may have left the FSS program. Please tell me those that apply to you.

**INTERVIEWER: PLEASE READ LIST. SELECT ALL THAT APPLY.**

- 1 You are no longer receiving a Section 8 or Housing Choice voucher
- 2 You bought a home
- 3 You moved out of the area
- 4 You achieved your FSS goals and graduated from the program
- 5 You were asked to leave the FSS program
- 6 You could not find the services you needed
- 8 DON'T KNOW [TO ENTIRE ITEM]
- 9 REFUSED [ENTIRE ITEM]

**H2.** At the time you left the FSS program, did you have any money in your escrow account?

- 1 YES
- 2 NO
- 3 DON'T KNOW (**GO TO H6**)
- 4 REFUSED (**GO TO H6**)

**H3.** Did you ever receive any money from your escrow account during the following times:

- 1 Before graduation (interim)
- 2 Graduation
- 3 Both before graduation and at graduation
- 4 Neither before graduation nor at graduation (**GO TO H6**)
- 5 DON'T KNOW (**GO TO H6**)
- 6 REFUSED (**GO TO H6**)

**H4.** How much money did you receive from in your escrow account at graduation or at any other time? Your best guess is fine.

\$ \_\_\_\_\_ [RANGE: 0- 99996]

99997 DON'T KNOW

99998 REFUSED

**H5.** About how much of this money have you used so far?

- 1 None **(GO TO H5b.)**
- 2 Less than half
- 3 About half
- 4 More than half, but not all
- 5 All
- 6 DON'T KNOW **[GO TO H6]**
- 7 REFUSED **[GO TO H6]**

**H5a.** How did you use [ **[IF H5=5:] all or [IF H5=2,3, or 4:] some** ] of the money that you received from your FSS escrow account?

**INTERVIEWER:** PLEASE READ LIST. SELECT ALL THAT APPLY.

- 1 To pay for education or training for me or someone in my family,
- 2 To buy a house,
- 3 To start a business,
- 4 To make a big purchase like a car or refrigerator,
- 5 To pay regular expenses/bills
- 6 To pay off loans or debts
- 7 To save or invest for the future, or
- 8 For some other purpose?
- 9 DON'T KNOW **[GO TO H6]**
- 10 REFUSED **[GO TO H6]**

**IF H5=5, GO TO H6]**

**H5b.** How do you plan to use [**[IF H5=1:] all or [IF H5=2,3, or 4:] the rest**] of the money that you received from your FSS escrow account?

**INTERVIEWER:** PLEASE READ LIST. SELECT ALL THAT APPLY.

- 1 To pay for education or training for me or someone in my family,
- 2 To buy a house,
- 3 To start a business,
- 4 To make a big purchase like a car or refrigerator,
- 5 To pay regular expenses/bills
- 6 To pay off loans or debts
- 7 To save or invest for the future, or
- 8 For some other purpose?
- 9 DON'T KNOW
- 10 REFUSED

**INTERACTIONS WITH CASE MANAGERS**

**H6.** Overall, in your opinion, did you have too few, just the right number, or too many communications with your FSS case manager or coordinator.

- 1 TOO FEW
- 2 JUST THE RIGHT NUMBER
- 3 TOO MANY
- 4 DON'T KNOW
- 5 REFUSED

**H7.** During the entire time you were enrolled in the FSS program, how important were your communications with your case manager or coordinator in helping you to make progress towards your FSS goals? Would you say your communications with such staff were...

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 NO CONTACT WITH STAFF SINCE ENROLLED IN FSS
- 6 DON'T KNOW
- 7 REFUSED

**H8.** During the entire time you were enrolled in the FSS program, how often did the referrals given to you by your FSS case manager help you find the services to work toward your FSS goals? Would you say it was...

- 1 Always,
- 2 Often,
- 3 Sometimes, or
- 4 Never?
- 5 NOT APPLICABLE; CASE MANAGER DID NOT GIVE REFERRALS.
- 6 DON'T KNOW
- 7 REFUSED

**H9.** Which types of services and referrals did you find especially helpful in your efforts to achieve your goals?

**INTERVIEWER:** PLEASE READ LIST. SELECT ALL THAT APPLY.

- 1 Job search or post-employment services
- 2 Education or training services
- 3 Financial management services
- 4 Homeownership preparation services
- 5 Personal or family well-being services
- 6 Other services
- 7 All services were equally important [no preference]
- 8 Don't know
- 9 Refused

**[IF H1=4, GO TO H11a. Else, GO TO H10.]**

**H10. [If participant did not graduate from FSS]** What do you think could have helped you graduate?

**INTERVIEWER:** READ LIST. SELECT ALL THAT APPLY.

- 1 More guidance from my case manager **[GO H12]**
- 2 Different services from what was available **[GO H12]**
- 3 More time to work on my goals **[GO H12]**
- 4 Nothing – I had too many obstacles to achieve my goals **[GO H12]**
- 5 Other
- 6 Don't know **[GO H12]**
- 7 Refused **[GO H12]**

On a scale of 1 to 4, 1 being very important and 4 being not important at all, how important were the following in helping you graduate from FSS? [do not read answer choices]

H11a. Your own efforts:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

H11b. Guidance/motivation from case manager/coordinator:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?

**July 2020 -UPDATE QUESTION #S AND SKIPS**

- 5 DON'T KNOW
- 6 REFUSED

H11c. Services provided by the program or referral agency:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

H11d. Starting an escrow account and seeing your balance grow over time:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

H11e. Receiving an interim escrow disbursement:

- 1 Very important,
- 2 Somewhat important
- 3 Not very important, or
- 4 Not important at all?
- 5 DON'T KNOW
- 6 REFUSED

**H12.** While you were you enrolled in the FSS program, what obstacles, if any, did you encounter that got in the way of your working toward your FSS goals?

**INTERVIEWER: DO NOT READ LIST. CHECK ALL THAT APPLY.**

- 1 TAKING CARE OF SMALL CHILDREN, NO CHILD CARE
- 2 LACK OF TRANSPORTATION ACCESS OR EXPENSE
- 3 ILLNESS OR DISABILITY, SELF
- 4 ILLNESS OR DISABILITY, OTHER
- 5 FEAR OF LOSING SECTION 8 ASSISTANCE OR OTHER BENEFITS
- 6 THE COSTS OF EDUCATION AND TRAINING, SUCH AS TUITION OR BOOKS
- 7 MOVED TO ANOTHER PHA AND COULD NOT ENROLL IN FSS
- 8 COULD NOT GET IN TOUCH WITH FSS CASE MANAGER OR COORDINATOR
- 9 NOT ABLE TO GET THE SERVICES NEEDED FROM THE PROGRAM
- 10 LIMITED ACCESS TO INTERNET
- 10 OTHER



11 NO OBSTACLES

97 DON'T KNOW

98 REFUSED

**H13.** During your time in the FSS program, what was the most important goal that you hoped to achieve?

**INTERVIEWER:** READ LIST, RECORD ONE RESPONSE.

- 1 EMPLOYMENT, HIGHER EARNINGS, OR CAREER ADVANCEMENT GOAL
- 2 EDUCATION OR TRAINING GOAL
- 3 FINANCIAL MANAGEMENT GOAL
- 4 HOMEOWNERSHIP GOAL
- 5 PERSONAL OR FAMILY WELL-BEING GOAL
- 6 OTHER GOAL
- 7 ALL GOALS ARE EQUALLY IMPORTANT [NO PREFERENCE]
- 8 DON'T KNOW
- 9 REFUSED

**H14.** In your opinion, which one goal that you achieved during your time in the FSS program are you most proud of?

**INTERVIEWER:** READ LIST, RECORD ONE RESPONSE.

- 1 EMPLOYMENT OR CAREER ADVANCEMENT GOAL
- 2 EDUCATION OR TRAINING GOAL
- 3 FINANCIAL MANAGEMENT GOAL
- 4 HOMEOWNERSHIP GOAL
- 5 PERSONAL OR FAMILY WELL-BEING GOAL
- 6 OTHER GOAL
- 7 ALL GOALS ARE EQUALLY IMPORTANT [NO PREFERENCE]
- 8 DON'T KNOW
- 9 REFUSED

**H15.** Overall, how satisfied are you with the FSS program? Would you say that you are...

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied, or
5. Very dissatisfied?
6. DON'T KNOW
7. REFUSED

**July 2020 -UPDATE QUESTION #S AND SKIPS**

**H16.** Most people who enroll in FSS are given 5 years to complete their goals. In your opinion, is that

- 1 Not enough time
- 2 About the right amount of time, OR
- 3 Too much time?
- 4 Don't know
- 5 Refused