First and Last Name OMB Control No: (Office Use Only) Expiration Date: / BEES ID Number **Client Information** 1 Chicago Housing Authority Confirm housing authority 2 Housing Authority of Cook County Is there at least one child aged 17 ¹□ Yes ₂□ No or under in the household? $_{1}\square$ Yes, in the past 6 months Did the family recently move into ₂ Yes, in the past 7-12 months an opportunity neighborhood? $_{3}$ No (family is not eligible for study) Head of Household First Name: Last Name: Date of birth: SSN: Household ID or Entity ID: Voucher issuance date: Voucher expiration date: Voucher Number: 1 Very well 2¦ Well 3 Not very well How well does the tenant speak English? (Choose only one) 9! Decline to answer 4! Not at all A. Demographic Information A.1 Sex ı∏ Male ₂ Female ₉ □ Decline to answer 2□ Not Hispanic or Latino 9☐ Decline to answer A.2 What is your ethnicity? □ Hispanic or Latino _A□ American Indian or Alaska Native c Black or African American _B∏ Asian A.3 What is your race? D□ Native Hawaiian or Other Pacific Islander E□ White _F ☐ Other (specify): (Check all that apply) $_{G} \square$ Decline to answer A.4 Primary language spoken at ₉ □ Decline to answer ₁ English ₂ Spanish ₃ Other (specify): home **B.** Education Less than a high school diploma 2 High school diploma or equivalent B.1 What is the highest degree or year of school that you have 3 Some college or technical training 4 Associate's degree or other two-year degree attained? 5 Bachelor's degree or higher ₀□ Decline to answer C. Employment History C.1 Are you currently working for ₁[] Yes 2 No [SKIP to C3] ₉☐ Decline to answer pay? C.2 Are you working 35 or more ı∏ Yes 2∏ No □ Decline to answer hours per week? C.3 In total, how many months ¹ Did not work ₂ Less than 4 months ₃ 4-6 months did you work for pay during the past year (including your current ₄ ⊓ 7-9 months ₅ □ 10 or more months ₉□ Decline to answer C.4 Does any other adult, aged

₉ □ Decline to answer

₂∏ No

18 years old or older, living in

your household currently work

for pay?

ı∏ Yes

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(Office Use Only) Expiration Date: / **BEES ID Number** [If applicable to current state of pandemic, ask C6. Otherwise, skip to C7a.] 1 You are working reduced hours due to the pandemic C.6a Which of the following statements describes your 2 You are not working due to the pandemic current employment status due ₃ Your employment status is not currently affected by the pandemic to the COVID-19 pandemic? ¹☐ Your employer reduced employees or hours (Ask if answered "You are working reduced hours" or "You 2 You need to care for your child or someone else are not working" to C6a) ₃□ You are concerned for your health or the health of others in your household C.6b Are you [working reduced hours] because [OR: not 4 You are sick with COVID-19 or its lingering symptoms working]: (Check all that apply) $_{5}$ None of these apply ₉ Decline to answer ¹☐ You worked reduced hours due to the pandemic (If asked C6b, skip C7a & b) C.7a Which of the following 2 You did not work due to the pandemic statements describes your 3 Your employment status was not affected by the pandemic in the past year employment status at any point in the past year due to the □ Decline to answer COVID-19 pandemic? ₁□ Your employer reduced employees or hours (Ask if answered "You worked reduced hours" or "You did not 2 You needed to care for your child or someone else work" to C7a) 3 You were concerned for your health or the health of others in your household C.7b Did you [work reduced hours] because [OR: not work]: ₄□ You were sick with COVID-19 or its lingering symptoms (Check all that apply) 5 None of these apply ₉ Decline to answer

D. Benefit Receipt						
D.1 Do <u>you or anyone in your</u> <u>household</u> currently receive income or assistance from any of the following sources? (Check all that apply)	A □ Disability benefits from SSA (SSI or SSDI) B□ TANF or [state specific TANF name] c□ Unemployment insurance (UI) D□ Worker's compensation E□ Short-term disability F□ Food stamps/SNAP/[state specific program]		I Veterans ben I Medicaid or C K Child Suppor L None of the a M Other (speci	G WIC H Public housing Veterans benefits Medicaid or CHIP Child Support None of the above M Other (specify): N Decline to answer		
E. Health						
E.1 In general, would you say your health is:		ı□ Excellent to answer	₂∏ Very g	Jood ₃∏ Good	₄∏ Fair	₅∏ Poor 9∏ Decline
E.2 Do you have a physical problem that limits the kind or amount of work that you can do?		ı∏ Yes	₂ No	₃∏ Don't know	₉ ∏ Declii	ne to answer

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(Office Use Only) **BEES ID Number** Expiration Date: / E.3 Do you have an emotional or mental health ı∏ Yes 2∏ No ₃∏ Don't know ₉ □ Decline to answer problem that limits the kind or amount of work you can do? E.4 During the last 30 days, about how often did E.4a ...you feel so depressed that nothing could $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time cheer you up? 5 None of the time ₉☐ Decline to answer $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time E.4b ... you feel hopeless? 5 None of the time ₉ □ Decline to answer $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time E.4c ...you feel restless or fidgety? 5 None of the time ₉☐ Decline to answer $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time E.4d ...you feel that everything was an effort? 5 None of the time ₉ □ Decline to answer $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time E.4e ...you feel worthless? 5 None of the time ₉ □ Decline to answer $_1\square$ All the time $_2\square$ Most of the time $_3\square$ Some of the time $_4\square$ A little of the time E.4f ...you feel nervous? 5 None of the time ₉☐ Decline to answer F. Housing and Household Information Number of people F.1 Number of people in your household (including Children under age 18: ₉ □ Decline to answer yourself): Adults age 18 or older: ₉□ Decline to answer F.2 Do you have a spouse or partner who lives in ₁□ Yes ₂ No ₉□ Decline to answer your household? F.3 Do you have access to a car that runs? ₁ Yes ₂ No ₉☐ Decline to answer F.4 Do you have a valid driver license? ₉☐ Decline to answer ₁□ Yes ₂□ No 1 Housing Choice Partners 2 Public Housing Authority F.5 Did you receive any help with housing search assistance from any of the following organizations? ₉ □ Decline to answer ₃ Other (specify): ₁ Better schools for my children ₂ To be closer to my job ₃ To get a different job ⁴☐ To be in a safer neighborhood F.6 What is the main reason that you recently moved to your current neighborhood? $_{5}\square$ To get a bigger or better home $_{6}\square$ To be near my family, or ₉□ Decline to answer ₇ Other (specify):_ F.7 Which of the following statements best describes ∪ Very satisfied ₃ In the middle ₂ ☐ Somewhat satisfied how satisfied you are with your current 4 Somewhat dissatisfied 5 Very dissatisfied ₉□ Decline to answer neighborhood? F.8 Which of the following statements best describes ₃∏ In the middle ₂ ☐ Somewhat satisfied how satisfied you are with your current apartment or 4 Somewhat dissatisfied 5 Very dissatisfied ₉□ Decline to answer house? F.9 In the past 12 months was there ever a time when, because of cost, you or your household was not able to: F.9a Pay your rent 1 Yes 2 No 9 Decline to answer

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	[If Yes] How often did	I this happen in the past 12 months?			
	ı∏ 1 Month	2 or 3 months			
	₃ 4 to 6 months	$_4\square$ 7 or more months	₉ Decline to answer		
	₁□ Yes ₂□ No		₉ □ Decline to answer		
F.9b Pay your utility	[If Yes] How often did this happen in the past 12 months?				
bills	ı 1 Month	2 2 or 3 months			
	₃ 4 to 6 months	₄ □ 7 or more months	₉ Decline to answer		
	₁□ Yes ₂□ No		₉ ☐ Decline to answer		
F.9c Pay for food	[If Yes] How often did this happen in the past 12 months?				
needed	11 1 time	2 2 or 3 times			
	₃□ 4 to 6 times	₄ □ 7 or more times	$_{9}\square$ Decline to answer		
	ı∏ Yes ₂∏ No		₉ □ Decline to answer		
F.9d Pay for child	[If Yes] How often did	I this happen in the past 12 months?			
care	ı∏ 1 Month	₂ ☐ 2 or 3 months			
	₃ 4 to 6 months	₄ ☐ 7 or more months	₉ □ Decline to answer		
F.9e Pay to fill a prescription for medicine	ı□ Yes ₂□ No		₉ ☐ Decline to answer		
F.9f Pay to see a doctor or get medical assistance	ı∏ Yes ₂□ No		$_{9}\square$ Decline to answer		

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F.11. Child's name				
1 2		3	4	
First:	First:	First:	First:	
_ast:	Last:	Last:	Last:	
☐ Decline to answer	Last:	9☐ Decline to answer	9☐ Decline to answer	
12. Are you the parent/guardian of th	nis child?			
☐ Yes ₂☐ No [SKIP to next child] ☐ Decline to answer	1 Yes 2 No [SKIP to next child] 9 Decline to answer	1 Yes 2 No [SKIP to next child] 9 Decline to answer	1 Yes 2 No [SKIP to next child	
F.13. What is the child's age?				
\ge:	Age:	Age:	Age:	
☐ Decline to answer	₉ ☐ Decline to answer	₉ Decline to answer	₉ Decline to answer	
F.14. What grade is he/she in?				
☐ Not in school [SKIP to F16]	☐ Not in school [SKIP to F16]	☐ Not in school [SKIP to F16]	☐ Not in school [SKIP to F16]	
☐ Early Head Start	2□ Early Head Start	2□ Early Head Start	2 Early Head Start	
□ Pre-school	₃ Pre-school	₃ Pre-school	₃ Pre-school	
	I □ Dro V	₄□ Pre-K	₄∏ Pre-K	
_ □ Pre-K	₄□ Pre-K			
_ □ Pre-K □ Kindergarten	₅ Kindergarten	$_{5}$ Kindergarten	₅∐ Kindergarten	
□ Pre-K □ Kindergarten □ 1 st Grade	₅∏ Kindergarten ₅∏ 1 st Grade	$_{5}$ Kindergarten $_{6}$ 1st Grade	₅∏ Kindergarten ெ 1 st Grade	
□ Pre-K □ Kindergarten □ 1 st Grade □ 2 nd Grade	₅☐ Kindergarten ெ 1 st Grade □ 2 nd Grade	$_{5}$ Kindergarten $_{6}$ $_{1}$ 1st Grade $_{7}$ $_{2}$ Orade	5 Kindergarten 6 1 st Grade 7 2 nd Grade	
□ Pre-K □ Kindergarten □ 1 st Grade □ 2 nd Grade □ 3 rd Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3 rd Grade	
□ Pre-K □ Kindergarten □ 1 st Grade □ 2 nd Grade □ 3 rd Grade □ 4 th Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3 rd Grade 9 4 th Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3 rd Grade 9 4 th Grade	
□ Pre-K □ Kindergarten □ 1 st Grade □ 2 nd Grade □ 3 rd Grade □ 4 th Grade □ 5 th Grade	s Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3 rd Grade 9 4 th Grade 10 5 th Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade	
4 Pre-K 5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade 11 6th Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade 11 6th Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3'd Grade 9 4 th Grade 10 5 th Grade 11 6 th Grade	Kindergarten	
4 Pre-K 5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade 11 6th Grade 12 7th Grade 13 8th Grade	s Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade	5 Kindergarten 6 1 st Grade 7 2 nd Grade 8 3 rd Grade 9 4 th Grade 10 5 th Grade	5 Kindergarten 6 1st Grade 7 2nd Grade 8 3rd Grade 9 4th Grade 10 5th Grade	

Attachment D – Baseline Information Form for Participants OMB Control No:

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E 40th Our de	II 40th Over de	□ 40th O: d-	T 4 Oth Core de	
₁₅ 10 th Grade	₁₅ 10 th Grade	₁₅ 10 th Grade	₁₅ 10 th Grade	
$_{16}$ 11 th Grade	16 11 th Grade	16 11 th Grade	$_{16}$ 11 th Grade	
17 12 th Grade	17 12th Grade	17 12th Grade	17□ 12 th Grade	
18 Post-secondary school	18 Post-secondary school	18 Post-secondary school	18 Post-secondary school 19	
Other (Specify):	Other (Specify):	Other (Specify):	Other (Specify):	
99 Decline to answer	99 Decline to answer	99 Decline to answer	99 Decline to answer	
F.15. What is the name of the school the	child currently attends?	T		
Name of school:	Name of school:	Name of school:	Name of school:	
9☐ Decline to answer	9☐ Decline to answer	9☐ Decline to answer	9☐ Decline to answer	
F.16. Has a doctor or other health profess	sional EVER told you that [CHILD] had asth	ma?		
¹☐ Yes ²☐ No ³☐ Don't know 9☐ Decline to answer	☐ Yes 2☐ No 3☐ Don't know 9☐ Decline to answer	☐ Yes 2☐ No 3☐ Don't know 9☐ Decline to answer	☐ Yes 2☐ No 3☐ Don't know 9☐ Decline to answer	
F.17. How many attacks of wheezing has	[CHILD] had in the last 12 months?			
Number of attacks:	Number of attacks:	Number of attacks:	Number of attacks:	
g☐ Decline to answer	□ Decline to answer	□ Decline to answer	9☐ Decline to answer	

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YOUR CONTACT INFORMATION						
Current address:						
City:	State:		Zip Code:			
Home phone #: ()	Cell #: ()		Work #: ()		
Is this address the best one to mail	something to you? 1 Ye	es 2 No				
Alternative address:						
City:	State:	ZIP Code	e:			
Email address:						
Which is the primary social network	you use? 1 Facebook	₂ Twitter ₃		Other (specify): Decline to answer		
What name do you use in that soci	al network?					
Can we contact you by text messa	ge? 1 Yes 2 No)	9 🗌 🛭	Decline to answer		
What is your preferred mode of cor	ntact? (Check all that apply	y) A ☐ Phone B D ☐ Other (spe		ail		
	CONTACT INFORMATI					
INSTRUCTIONS: In the space belo reach you over the next year. We w possible.						
1. Name:						
How is this person related to you?	1 Spouse/Partner 2 I	Parent ₃[] Siste	er/Brother ₄□ Ad	ult child 5☐ Friend	₆ □ Other	
Current address:						
City:	State:		ZIP	Code:		
Home phone #: ()	Cell #: ()	Wo	rk #: ()		
Email address:						
2. Name:						
How is this person related to you?	₁ □ Spouse/Partner ₂ □ I	Parent ₃□ Siste	er/Brother ₄□ Ad	ult child ₅∏ Friend	₆ □ Other	
Current address:						
City:	State:		ZIP	Code:		
Home phone #: ()	Cell #: ()	Wo	rk #: ()		
Email address:						
3. Name:						
How is this person related to you?	₁ Spouse/Partner ₂ I	Parent ₃[] Siste	er/Brother 4 Ad	ult child ₅∏ Friend	₆ □ Other	
Current address:						
City:	State:		ZIP	Code:		
Home phone #: ()	Cell #: ()	Wo	rk #: ()		
Email address:	1		· · · · · · · · · · · · · · · · · · ·			

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand programs that aim to improve employment outcomes for low-income adults. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing 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 OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: 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 Dan Bloom (MDRC); 200 Vesey Street, 23rd Floor, New York, NY 10281-2103.