

Introduction

Hello, my name is []. May I please speak with _____?

IF RESPONDENT COMES TO THE PHONE: I'm calling on behalf of [BEES program].

IF PHONE OR IN-PERSON: I work for Abt Associates, or Abt, which is an independent research company. Abt is helping the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) with its evaluation of the Building Evidence on Employment Strategies (BEES) study. We are conducting a survey with you because you agreed to be in a study about a program offered at [NAME OF ORGANIZATION] called [BEES program]. Thank you for taking the time to talk with me today.

This survey will include questions on your employment and education activities, your use of services, and your overall well-being. This survey will take about 15 minutes to complete. When we are done, we will send you a link to access a \$15 gift card, as a thank you. You agreed to be part of the study around [RAD] when you signed a consent form to let researchers collect information from you. We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program staff better understand how to help people get better jobs, earn more, and improve general well-being.

Before we begin the survey, I would like to assure you that all of your responses during this survey will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the survey if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for studies about the different types of employment services that are the focus of this study. By participating in this study, you will help the government learn if and how programs like [BEES program] make a difference in people's lives and how to improve programs in the future.

According to the Paperwork Reduction Act (PRA), 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.

Do you have any questions before we begin?

Let's begin now.

Screener/Verification:

First I just need to verify that I am speaking with the correct person.

Read the following text and ask Q1 of everyone.

1. What is your date of birth? _____ (MM/DD/YYYY)

Ask Q2 only if the DOB in Q1 does not match what is in our records.

2. What are the last 4 digits of your Social Security number?

DISCONTINUED TEXT: *I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.*

DRAFT

SECTION A: SERVICE RECEIPT AND PARTICIPATION^{A0}.

Since [RAMY], have you received [non-employment services relevant to BEES program]?

INTERVIEWER, IF NECESSARY, SAY: That is the date you applied to get into the [BEES program]. Please tell me about both help/services you have received from [BEES program], and help/services you have received from other programs or organizations.

- 1 YES
- 2 NO
- 7 DK
- 8 REF

A1.

I would like you to tell me about assistance you may have received since random assignment (month, year) [RAMY] from organizations and programs in your community to help you find or keep a job, or to help you deal with problems that interfered in your ability to work.

INTERVIEWER, IF NECESSARY, SAY: That is the date you applied to get into the [BEES program]. Please tell me about both help you have received from [BEES program], and help you have received from other programs or organizations.

Did you receive help with ...

- | | |
|--|-------|
| a. ...preparing a resume or filling out job applications? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| b. ...preparing for job interviews? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| c. ...looking for jobs, including subsidized jobs, or deciding what kinds of jobs to look for? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| d. ...getting referrals to available jobs or setting up interviews for specific job openings? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| e. ...planning your future career or educational goals, including a work or job assessment? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| f. ...paying for transportation for a job or paying for work tools or uniforms? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |
| g. ...training to learn a new job or skill? | 1 YES |
| | 2 NO |
| | 7 DK |
| | 8 REF |

Did you receive help with ...

h. ...education to learn a new job or skill?	1 YES
	2 NO
	7 DK
	8 REF
i. ... supports, accommodations, or coaching while working, provided by someone other than your employer?	1 YES
	2 NO
	7 DK
	8 REF
j. ... On-the-Job Training (OJT) as part of a program that reimbursed your employer for some of your wages during a training period?	1 YES
	2 NO
	7 DK
	8 REF
k. ... how to act when you are at work? This includes issues like being on time, managing your tasks, relating to your supervisor, and handling conflicts.	1 YES
	2 NO
	7 DK
	8 REF
l. ...some other employment service?	1 YES (SPECIFY: _____)
	2 NO
	7 DK
	8 REF

A2.

Are you currently receiving any of these services related to finding or keeping a job?

- 1 YES
- 2 NO
- 7 DK
- 8 REF

A3.

You indicated that you received help related to finding or keeping a job since [RAMY].

IF NUMBER OF 1/YES RESPONSES IN A1 SUMS TO 1, SHOW: Where did you receive this help most often? Was it...

IF NUMBER OF 1/YES RESPONSES IN A1 SUMS TO MORE THAN 1, SHOW: Where did you receive most of these services? Was it...

INTERVIEWER: READ LIST, SELECT ONE.

- 1 [BEES program],
- 2 [Local name] or WELFARE OFFICE,
- 3 [Local name for WORKFORCE CENTER, WIA PROGRAM, CAREER CENTER, OR STOP],
- ONE- 4 AN UNEMPLOYMENT OFFICE,
- 5 Department of Rehabilitation or vocational rehabilitation agency
- 6 [LOCAL FOOD STAMP PROGRAM] OR SNAP,
- 7 An organization that addresses mental health or substance use (such as a clubhouse or community mental health center, or
- 8 A community-based organization that provides employment services or other social services, or
- 7 SOME OTHER SOURCE? (SPECIFY _____)
- 97 DON'T KNOW
- 98 REFUSED

A4.

How much time since [RAMY] did you spend participating in these services related to finding or keeping a job? Please give your answer in either days, weeks, or months.

- 01 RESPONSE PROVIDED IN DAYS: SPECIFY: _____ (RANGE 1-90)
- 02 RESPONSE PROVIDED IN WEEKS: SPECIFY: _____ (RANGE 1-52)
- 03 RESPONSE PROVIDED IN MONTHS SPECIFY: _____ (RANGE 1-25)
- 97 DK
- 98 REF

A5.

In the month after you applied to [BEES program], that is, [RESTORE RAMY + 1 MONTH], how much time did you spend, receiving these services related to finding or keeping a job? Please consider services from any source. Please give your answer in either days or weeks.

- 01 RESPONSE PROVIDED IN DAYS: SPECIFY: _____ (RANGE 1-31)
- 02 RESPONSE PROVIDED IN WEEKS: SPECIFY: _____ (RANGE 1-4)
- 96 NONE IN THAT MONTH
- 97 DK
- 98 REF

A6.

Thinking of the people you have worked with at agencies or organizations since [RAMY], is there a person to whom you can turn for advice or support when you have problems or things that worry you?

- 1 YES
- 2 NO [SKIP TO A9]
- 7 DON'T KNOW [SKIP TO A9]
- 8 REFUSED [SKIP TO A9]

A7.

At which organization or program did this person work? Was it...

- 1 [Local name for workforce center, WIA program, career center, or one-stop],
- 2 Family Resource Centers, [state specific program], or Welfare to Work,
- 3 Department of Rehabilitation or vocational rehabilitation agency,
- 4 An organization that addresses mental health or substance use (such as a clubhouse, or community mental health center),
- 5 A community-based organization that provides social services, or
- 6 Some other place? (Specify _____)
- 97 DK
- 98 REF

A8.

Are you still in touch with this person?

- 1 YES
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

A9.

Have you enrolled in any of the following types of education or vocational training classes since [RAMY]?

	1. YES	2. NO	7. DK	8. REF
1.) Vocational training program?				

2.) Technical or trade school? [insert relevant examples of local programs]				
3.) ESL classes (English as Second Language)?				
3.) Adult basic education or GED courses?				
4.) 2-year or community college?				
5.) 4-year college or university?				
6.) Graduate school?				
7.) Somewhere else? (SPECIFY: _____)				

A.9A. (IF YES TO ANY A9)

Was this class/were any of these classes taken online?

- 1 YES
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

FOR EACH "YES" TO A9_1 TO A9_7, ASK A9.B TO A9E:

A.9B_1 to 6 (Only for A9 1 to 6)

What was the name of the program or school that offered the [A9 response] classes?

Specify: _____

- 97 Don't know
- 98 Refused

A.9C_1 to 7

Are you currently enrolled in these [A9 response] classes?

- 1 YES
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

PROGRAMMING NOTE: IF A.9C_X=1 (currently enrolled in classes) THEN DO NOT ASK A9D BUT CODE AS 77/7777 AND CONTINUE ON TO A9.E ELSE, ASK A9E.

A.9D_1 to 7

When did you stop taking these [A9 response] classes?

Probe: Could you give me your best estimate? This helps us understand how long you were taking classes. Please remember all information you provide is private and will not be shared.

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY-CURRENT YEAR, 9997, 9998)

- 77/7777 STILL TAKING CLASSES
- 97/9997 DON'T KNOW
- 98/9998 REFUSED

A.9E_1 to 7

When did your classes at [A9.B response] start?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
97/9997 DON'T KNOW
98/9998 REFUSED

A10.

Now I'd like to ask you about professional certifications and licensures that you've obtained. Since [RAMY], have you earned or received a professional certification or state or industry license?

INTERVIEWER, IF NECESSARY: A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, a Project Management Profession or PMP certification, or an IT certification.

- 1 YES
- 2 NO [SKIP TO A12]
- 97 DON'T KNOW [SKIP TO A12]
- 98 REFUSED [SKIP TO A12]

A11.

What type of license or certification is it?

INTERVIEWER PROBE: What type of trade or work does it qualify you to do?

-
- 97 DON'T KNOW
 - 98 REFUSED

A12.

Since [RAMY], have you received help for problems related to substance use?

- 1 YES
- 2 NO [GO TO A19]
- 7 DON'T KNOW [GO TO A19]
- 8 REFUSED [GO TO A19]

A13.

What type of treatment s did you receive for problems related to substance use? Was it ...

- 1 hospital inpatient,
- 2 inpatient in a residential drug treatment program,
- 3 intensive outpatient,
- 4 outpatient.
- 5 or some other type? (Specify _____)
- 97 DK
- 98 REF

A14. When did you start receiving this help?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)

97/9997	DON'T KNOW
98/9998	REFUSED

A15.

Are you still receiving this help?

1	YES (SKIP TO A17)
2	NO
97	DON'T KNOW
98	REFUSED

A16.

When was the last time you received this help?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)	
97/9997	DON'T KNOW
98/9998	REFUSED

A17.

During the time in which you were receiving help for problems related to substance use, how often did you receive help? Was it...

1	Four or more times a week,
2	Two or more times a week,
3	Once a week,
4	2-3 times a month
5	Once a month, or?
6	Less than once a month
7	DK
8	REF

A18.

Have you been taking any of the following while in the care of a medical professional during the past [30 days]?

1	methadone,
2	buprenorphine (including Subutex ®, Suboxone ®)
3	naltrexone (including Vivitrol ®)
97	DK
98	REF

A19

Since [RAMY], have you received help for problems related to your emotions, nerves, anger management or mental health? This would include help dealing with depression, anxiety, or other conditions from a mental health center, a therapist, a psychologist or psychiatrist, social worker, counselor, doctor, or other provider.

1	YES	
2	NO	[GO TO SECTION B]
97	DON'T KNOW	[GO TO SECTION B]
98	REFUSED	[GO TO SECTION B]

A20.

Where did you receive help with problems related to your emotions, nerves, anger management or mental health? Was it at...

- 1 A private therapist's or psychiatrist's office,
- 2 [local program name(s)] or other community mental health center
- 3 [local hospital name(s)] or other hospital
- 4 [local treatment facilities] or other in-patient treatment facility
- 5 A vocational rehabilitation agency,
- 6 [local organization name(s)] or other community-based organization
- 7 or some other place? (Specify _____)
- 97 DK
- 98 REF

A21. When did you start receiving this help?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
 97/9997 DON'T KNOW
 98/9998 REFUSED

A22.

Are you still receiving this help?

- 1 YES (SKIP TO A24)
- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

A23.

When was the last time you received this help?

MM (RANGE = 1-12, 97, 98) /YYYY (RANGE = YYYY - CURRENT YEAR, 9997, 9998)
 97/9997 DON'T KNOW
 98/9998 REFUSED

A24.

During the time in which you were receiving this help, how often did you receive help? Was it...

- 1 Four or more times a week
- 2 Two or three times a week,
- 3 Once a week,
- 4 2-3 times a month,
- 5 Once a month, or
- 6 Less than once a month?
- 7 DK

SECTION B: PROGRAM SATISFACTION

PROGRAM GROUP ONLY

Now, I'm going to ask you some questions about your experiences with [BEES program].

B1.

Since [RAMY], have you received any services from [BEES program] or participated in any [BEES program] activities?

- 1 YES
 - 2 NO [SKIP TO B3]
 - 7 DON'T KNOW
 - 8 REFUSED
-

B2.

Which of the following best describes your current situation with [BEES program]?

[Response options may be customized by site]

- 1 Currently working with an [employment specialist], but haven't found a job yet, [GO TO SECTION C]
 - 2 Found a job and currently working with an employment specialist, [SKIP TO B5]
 - 3 Started the program but stopped before you found a job, [SKIP TO B4]
 - 4 Started the program and stopped after you found a job, [SKIP TO B4] or
 - 5 Never worked with [BEES program] staff on employment-related activities? [SKIP TO B3]
 - 7 DON'T KNOW
 - 8 REFUSED
-

B3.

What was the primary reason you did not participate in [BEES program]?

[Response options may be customized by site]

- 1 You didn't have transportation/had issues with transportation
- 2 You were incarcerated
- 3 You didn't have the time
- 4 You got a job
- 5 You moved
- 6 You were expecting a child
- 7 You had child care problems
- 8 You had health problems or an injury
- 9 A family member became ill
- 10 You had pressure from your family
- 11 You did not like the program
- 12 You did not like or get along with the program staff
- 13 You no longer wanted to find employment
- 14 Some other reason (*SPECIFY*: _____)
- 97 DK
- 98 REF

[ALL B3 RESPONSES GO TO SECTION C]

B4.

What was the primary reason you stopped going to [BEES program]?

[Response options may be customized by site]

- 1 You didn't have transportation/had issues with transportation

- 2 You were incarcerated
- 3 You didn't have the time
- 4 You got a job
- 5 You moved
- 6 You were expecting a child
- 7 You had child care problems
- 8 You had health problems or an injury
- 9 A family member became ill
- 10 You had pressure from your family
- 11 You did not like the program
- 12 You did not like or get along with the program staff
- 13 You no longer wanted to find employment
- 14 Some other reason (*SPECIFY*: _____)
- 97 DK
- 98 REF

[ALL B4 RESPONSES GO TO NEXT SECTION]

B5.

Did [BEES program] staff help you find a job?

- 1 YES
 - 2 NO
 - 7 DK
 - 8 REF
-

B6.

How satisfied were you with the job you found? Were you...

- 1 Very satisfied,
 - 2 Somewhat satisfied,
 - 3 Not very satisfied, or
 - 4 Not at all satisfied?
 - 7 DK
 - 8 REF
-

B7.

Thinking of your whole experience with [program name], how satisfied are you with the service you've received from [program name] and its partners?

- 1. Very satisfied.
 - 2. Somewhat Satisfied.
 - 3. Not very satisfied, or.
 - 4. Not at all satisfied?
-

[Child Support Specific Questions: B8 through B10 will only be used with relevant programs]

B8.

Thinking about the last conversation you had with your child support caseworker, please state whether you strongly agree, agree, disagree or strongly disagree/don't know with the following statements.

1. Your caseworker was polite and friendly
2. Your caseworker treated you with courtesy and respect.
3. Your caseworker was impartial and nonjudgemental.
4. Your caseworker understood the details of your case.
5. Your caseworker kept you informed of what was happening on your case.

B10.

In general, would you say your relationship with your children is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. DK
7. No answer

DRAFT

C. Contact Information

Respondent Information

Before we complete this portion of the survey, I would also like to make sure I have your contact information recorded correctly. This information will help us to reach you for future surveying efforts, and to ensure that we send your link to access your gift card to the correct email address. We may also use this information to call you and ask how your survey experience was.

C1. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

1. YES, STILL CORRECT (SKIP TO H2)
2. NO, NAME CHANGED

- a. What is your first name now? [IF POSSIBLE, PREFILL FROM FIRST]
- b. What is your middle initial now? [IF POSSIBLE, PREFILL FROM MIDDLE]
- c. What is your last name now? [IF POSSIBLE, PREFILL FROM LAST]

C2. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

1. YES, STILL CORRECT (SKIP TO H3)
2. NO, MOVED

- a. What is your new street address or PO box number? _____
- b. Is there a complex or building name? _____
- c. Is there an apartment number? _____
- d. In what city? _____
- e. In what state? _____
- f. What is the zip code? _____

C3. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

1. YES, STILL CORRECT (SKIP TO H4)
2. NO, CHANGED
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

C4. IF MISSING, SKIP TO H5. IF ≠ MISSING: I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary phone number?

1. YES, STILL CORRECT (SKIP TO H5)
2. NO, CHANGED
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

C5. Do you have another phone number where we can reach you?

1. YES, ADDITIONAL PHONE NUMBERS AVAILABLE
2. NO (SKIP TO H6)
 - a. What is the new number, starting with the area code?

____ - ____ - _____

- b. Is that a home, cell, shelter, work, or other number?
 1. Home
 2. Cell
 3. Shelter
 4. Work
 5. Other

[REPEAT H5 UNTIL ALL PHONE NUMBERS ARE RECORDED]

C6. IF MISSING, SKIP TO H7. IF ≠ MISSING: I have your email address recorded as [abc@abc.abc]. Is this still correct or do you have a new email address?

1. YES, STILL CORRECT (SKIP TO H7)
2. NO, CHANGED
3. NO LONGER HAVE ANY WORKING EMAIL ADDRESSES (SKIP TO INSTRUCTION ABOVE I8)

a. What is your new email address? _____

C7. Do you have [IF H6=MISSING: an email address / IF H6≠MISSING: any other email addresses]?

1. YES, ADDITIONAL EMAIL ADDRESSES ARE AVAILABLE
2. NO (SKIP TO INSTRUCTIONS ABOVE H8)

a. What is the additional email address? _____

[REPEAT H7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of three people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.

C8. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

1. YES (VERIFY CONTACT #1 INFORMATION THEN GO TO H9)
2. NO
7. REFUSED
8. DON'T KNOW

IF NO: Could you please tell me the name of a person who does not live with you and will always know how to contact you?

1. YES
2. NO
7. REFUSED
8. DON'T KNOW

IF YES:

	CONFIRM INFO BELOW	Check if correct	ENTER/CHANGE INFO
a. first name	[DISPLAY FIRST NAME]	<input type="checkbox"/>	
b. middle name	[DISPLAY MIDDLE NAME]	<input type="checkbox"/>	
c. Last name	[DISPLAY LAST NAME]	<input type="checkbox"/>	
d. Suffix	[DISPLAY SUFFIX]	<input type="checkbox"/>	
e. Street Address/PO Box	[DISPLAY STREET ADDRESS]	<input type="checkbox"/>	
f. Complex or Building Name	[DISPLAY COMPLEX NAME]	<input type="checkbox"/>	
g. Apartment Number	[DISPLAY APT NUMBER]	<input type="checkbox"/>	
h. City	[DISPLAY CITY]	<input type="checkbox"/>	
i. State	[DISPLAY STATE]	<input type="checkbox"/>	
j. Zip	[DISPLAY ZIP]	<input type="checkbox"/>	
k. Home Phone	[DISPLAY HOME PHONE]	<input type="checkbox"/>	
l. Cell Phone	[DISPLAY CELL PHONE]	<input type="checkbox"/>	
m. Email (enter NA if no working email address)	[DISPLAY EMAIL]	<input type="checkbox"/>	
n. Relationship	[DISPLAY RELATIONSHIP]	<input type="checkbox"/>	1. Friend 2. Relative 3. Other Specify 7. REFUSED 8. DON'T KNOW

C9. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

1. YES (VERIFY CONTACT #2 INFORMATION)
2. NO
7. REFUSED
8. DON'T KNOW

IF YES, GO TO I11; ELSE:

C10. IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

1. YES
2. NO
7. REFUSED
8. DON'T KNOW

IF YES:

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____
- e. What is the street address or PO box number? _____

- f. Is there a complex or building name? _____
- g. Is there an apartment number? _____
- h. In what city? _____
- i. In what state? _____
- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
_____ - _____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
_____ - _____ - _____
- m. What is [his/her] email address? _____
- n. What is [his/her] relationship to you?
 - 1. Friend
 - 2. Relative
 - 3. Other (Specify:)
 - 7. REFUSED
 - 8. DON'T KNOW

C11. When we last spoke in [MONTH AND YEAR OF RAD] you said that [CONTACT #3] was a person who would always know where you are and how to reach you. Is [CONTACT#3] still a person who does not live with you and will always know how to contact you?

- 1. YES (VERIFY CONTACT #3 INFORMATION)
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

IF YES, GO TO CLOSING; ELSE:

C12. IF NO: Could you please tell me the name of a second person who does not live with you and will always know how to contact you?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

IF YES:

- a. What is his/her first name? _____
- b. What is his/her middle name? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____

Attachment J – 6-Month Follow-Up Participant Survey

- e. What is the street address or PO Box number? _____
- f. Is there a complex or building name? _____
- g. Is there an apartment number? _____
- h. In what city? _____

- i. In what state? _____

- j. What is the zip code? _____
- k. What is [his/her] home phone number, starting with the area code?
____ - ____ - _____
- l. What is [his/her] cell phone number, starting with the area code?
____ - ____ - _____
- m. What is [his/her] email address? _____
- n. What is [his/her] relationship to you?
1. Friend
 2. Relative
 3. Other (Specify:)
 7. REFUSED
 8. DON'T KNOW

Thank you very much for your time today.

We want to make sure we know where to send your gift card. How would you like us to send your gift card?

- Email: Please provide your email.
- Text it to your cell phone: Please provide your cell phone number.
- Mail it to you: Please provide your address we can mail it to.