DRAFT – Survey of Employment and Training Programs Integrating Financial Capability

Survey Questionnaire

*Last updated:* 8/26/2021

**Thank you for agreeing to participate in the *Integrating Financial Capability and Employment Services* survey.** This survey is being conducted for Office of Planning, Research, and Evaluation (OPRE), a division of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services and is being administered by MEF Associates and Urban Institute on behalf of OPRE. This survey will help OPRE to better understand how financial capabilities interventions are delivered in the context of employment and training programs serving adults with lower or modest incomes.

**The survey will take approximately 20 minutes to complete.** We are asking staff and managers of programs that deliver employment and training programs and financial capabilities interventions that are in some way coordinated or integrated to participate in the survey. Survey questions will focus on details about your organization, the employment and training and/or financial capabilities services it offers, the ways the two types of services work together, partnerships and staffing involved in delivering these services, promising practices and challenges in delivering these services, and any relevant outcome measurements and evaluations.

**Your participation is voluntary.** You do not have to answer any question you do not want to, and you may end the survey at any time. Only the study team will see your survey responses and all responses will be kept private. Your name will not be included in any report or publication associated with this study or its results. The information you share will contribute to the evidence policymakers and practitioners have about financial capability interventions delivered in employment and training program contexts, and how they may be helpful for adults with low incomes.

Please take your time as you answer these questions. A government 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 for this information collection is XXXX-XXXX and the expiration date is XX/XX/XXXX.

**If you have any questions about this effort, please contact the project director:**

Sam Elkin

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**By proceeding, you give your consent to participate in this survey.**

# MODULE A. RESPONDENT INFORMATION

*First, we would like to ask you a few questions about you and your role.*

* 1. What is your name*?*

|  |  |
| --- | --- |
|  | First name: *OPEN TEXT* |
|  | Last name: *OPEN TEXT* |

* 1. What is your email address?

|  |  |
| --- | --- |
|  | OPEN TEXT |

* 1. Please provide the name of your organization and your job title or position below.

|  |  |
| --- | --- |
|  | Name of organization: |
|  | Your job title or position: |

* 1. How long have you been at your current role?

|  |  |
| --- | --- |
|  | Years: *Please enter a number without commas or decimals* |
|  | Months: *Please enter a number without commas or decimals* |

# MODULE B. ORGANIZATION INFORMATION

*Programming Note: The questions in this module will be used as screening questions to ensure the programs meet our study definitions of an E&T program.*

Introductory Text: Now that we’ve learned a little about you and your role, we would like to ask a few general questions about the organization you work for.

* 1. In which of the following states or territories does your organization operate? *To select more than one, hold down the CTRL key.*

|  |  |
| --- | --- |
|  | State: [DROPDOWN LIST OF STATES AND TERRITORIES] |

* 1. In which of the following counties in [State selected in B.1.1] does your organization operate? *Select all that apply.*

|  |  |
| --- | --- |
|  | [DROP DOWN LIST OF COUNTIES BASED ON B.1] |

* 1. Please enter the city in which your organization is located. *If your organization has multiple locations, please enter information for the location that serves the largest number of participants.*

PROGRAMING NOTE: B.2 will be repeated for each State/territory selected in B.1.

|  |  |
| --- | --- |
|  | OPEN TEXT |

* 1. About how many individuals does your organizationserve each year on average?

|  |  |
| --- | --- |
|  | Please enter a whole number. |

* 1. Which of the following federal programs does your organization operate? *Select all that apply.*

|  |  |
| --- | --- |
|  | Community Services Block Grant |
|  | H-1B Job Training Grants |
|  | Native Employment Works |
|  | Reentry Employment Opportunities |
|  | Refugee and Entrant Assistance |
|  | Registered Apprenticeship |
|  | Second Chance Act Reentry Initiative |
|  | Supplemental Nutrition Assistance Program (SNAP) Employment and Training |
|  | Temporary Assistance for Needy Families (TANF) |
|  | Vocational Rehabilitation and Employment |
|  | Wagner-Peyser Act Employment Service |
|  | WIOA Adult Program |
|  | WIOA Dislocated Worker Program |
|  | Other (please specify): |
|  | Our organization does not operate any of these federal programs |

* 1. Please describe the characteristics of the individuals your organization serves. *Select all that apply.*

|  |  |
| --- | --- |
|  | Cash assistance recipients (e.g., TANF, General Cash Assistance) |
|  | Chronic illness |
|  | Disability(ies) |
|  | Discouraged workers (i.e., those who want and are available for work, but are not currently looking for work because they believe no jobs are available for them) |
|  | Dislocated workers (i.e., individuals who have been terminated or laid and are unlikely to return to a previous industry or occupation) |
|  | English language learners |
|  | Formerly incarcerated |
|  | Homelessness |
|  | Immigrants |
|  | Justice system involvement (e.g., arrested, on probation, etc.) |
|  | Less than high school diploma or GED |
|  | Mental illness |
|  | Parents/primary caregivers of children under 18 |
|  | Refugees |
|  | Seniors (age 60+) |
|  | Single parents |
|  | Substance use disorder |
|  | Veterans or transitioning service members |
|  | Other (please specify): |

* 1. Which of the following types of Employment and Training (E&T) services does your organization directly deliver to participants? By directly deliver, we mean that staff at your organization provide these services. *Select all that apply. For more information on what these services include, hover over each response option.*

|  |  |
| --- | --- |
|  | *Employment counseling or coaching* – *[Definition appears when hovered over:* Identifying job seekers’ skills, personal interests, and barriers to finding a job and using this information to develop individualized employment plans] |
|  | *Job search assistance [Definition appears when hovered over:* Providing guidance in identifying job openings, navigating the job market, or finding and selecting a job] |
|  | *Soft skills training*: *[Definition appears when hovered over:* Preparing job seekers for work, including training in soft skills such as punctuality, interacting with colleagues, and handling conflict] |
|  | *Job development*: *[Definition appears when hovered over:* Working with employers to identify or create a specific opening for clients] |
|  | *Occupational or sectoral training*: *[Definition appears when hovered over:* Training that is tied to a particular occupation] |
|  | *Work-based training*: *[Definition appears when hovered over:* Placing clients into paid or unpaid work experience (including subsidized jobs, apprenticeships, internships, etc.)] |
|  | *Employment retention services*: *[Definition appears when hovered over:* Providing services, case management, coaching, or supports to help employed individuals maintain a job] |
|  | *Case management: [Definition appears when hovered over:* Meeting, typically one-on-one, with an employment specialist or counselor who helps assess needs and refers clients to available services] |
|  | *Other services specifically focused on employment and training, please describe:* |
|  | We don’t provide any of these services |

* 1. Which of the following employment and training services are targeted to low-income individuals over the age of 18? *Select all that apply.*

PROGRAMING NOTE: If their program does not offer any of these services, they are not considered an E&T program for the purposes of this survey and are screened out. They will receive a thank you message, and no more information will be collected from them.

PROGRAMMING NOTE: Only services selected in question B.7 will appear as response categories below.

|  |  |
| --- | --- |
|  | Employment counseling or coaching |
|  | Job search assistance |
|  | Soft skills training |
|  | Occupational or sectoral training |
|  | Work-based training |
|  | Job development or job placement |
|  | Case management |
|  | *{insert response to other E&T services provided}* |
|  | None of these services are targeted to low-income individuals over the age of 18 |

PROGRAMING NOTE: If their program does not offer any of these services for low-income adults, they are not considered an E&T program of interest for the purposes of this survey and are screened out. No more information will be collected from them.

* 1. Does your organization offer any of the following services to increase participants’ financial knowledge? *Select all that apply.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Our organization provides this service | We jointly provide this service with a partner organization | We refer participants to another organization to receive this service | We do not offer this service |
|  | *Financial education* – workshops, classes, or curricula that cover specific topics, such as money management, how to reduce debt, or manage credit |  |  |  |  |
|  | *Financial coaching* – multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant |  |  |  |  |
|  | *Financial counseling* – multiple one-on-one sessions to address specific financial issues facing the participant where the session goals are counselor-defined |  |  |  |  |
|  | *Credit counseling* – multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit |  |  |  |  |

PROGRAMING NOTE:

Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.1 get MODULE D

Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.2 get MODULE E

Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.3 get MODULE F

Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.4 get MODULE G

Respondents who **only** provide financial capability services through a referral (i.e., do **NOT** select “our organization provides this service or “we jointly provide this service with a partner organization” for **any of** B.9.1-B.9.4 and select “we refer participants to another organization to receive this service” **for at least one of** B.9.1-B.9.4) go to MODULE C

If B.9.1-B.9.4 = “we do not offer this service” go to MODULE H.

# REFERRALS

* 1. We understand you may work with multiple partner organizations to provide financial education services. What organization do you work with most closely to provide services to increase participants’ financial knowledge?

|  |  |
| --- | --- |
|  | *OPEN TEXT* |

* 1. Which of the following services does *[organization name from C.1]* offer? *Check all that apply.*

|  |  |
| --- | --- |
|  | *Financial education* – workshops, classes, or curricula that cover specific topics, such as money management, how to reduce debt, or manage credit |
|  | *Financial coaching* – multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant |
|  | *Financial counseling* – multiple one-on-one sessions to address specific financial issues facing the participant where the session goals are counselor-defined |
|  | *Credit counseling* – multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit |

* 1. We may wish to contact staff at *[organization name from C.1]* to learn more about their services. Please provide an email below for your contact at the organization.

|  |  |
| --- | --- |
|  | *OPEN TEXT* |

* 1. How often do members of your organization meet with members of *{organization name from C.1}*?

|  |  |
| --- | --- |
|  | Never |
| * + 1. F | Seldom (quarterly or annually) |
|  | Occasionally (monthly) |
|  | Regularly (weekly) |
|  | Continuously (day-to-day contact) |

* 1. What is the degree of information sharing between your two organizations?

|  |  |
| --- | --- |
|  | We do not share information about our participants with or receive information about our clients from *{organization name from C.1}* |
|  | My organization provides information on our participants to *{organization name from C.1}*, but does not receive information on our participants from *{organization name from C.1}* |
|  | My organization receives information on our participants from *{organization name from C.1},* but does not share information on our participants with *{organization name from C.1}* |
|  | My organization shares information about our participants with and receives information about our participants from *{organization name from C.1}* |

* 1. How is {organization name from *C.1*} reimbursed?

|  |  |
| --- | --- |
|  | *{Organization name from C.1}* assumes all of the cost of serving our participants |
|  | We partially reimburse *{organization name from C.1}* for serving our participants |
|  | We fully reimburse *{organization name from C.1}* for serving our participants |
|  | All resources are held in common with *{organization name from C.1}* |

* 1. To what degree do you and *{organization name from C.1}* share facilities? *Select all that apply.*

|  |  |
| --- | --- |
|  | Participants receive services at *{organization name from C.1}’s* locationprovided by *{organization name from C.1}’s staff* |
|  | *{Organization name from C.1}’s* staffprovide services at our location |
|  | Our staff provide services at *{organization name from C.1}’s* location |
|  | Our organizations are fully co-located |

PROGRAMING NOTE: Respondents will go to the survey thank you page. No additional information will be collected from them.

# FINANCIAL EDUCATION

PROGRAMMING NOTE: Respondents that indicated they offer financial education (B.9.1=“our organization provides this service” or “we jointly provide this service with a partner organization”) will get this module.

## **Financial Education and E&T Service Integration**

* 1. Is financial education a standalone service that is offered to all program participants at your organization? Financial education can include workshops or classes that cover specific topics aim at increasing financial knowledge, such as money management, how to reduce debt, or manage credit.

PROGRAMMING NOTE: If yes, go to D.2. If no, skip to D.3.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How is financial education primarily offered to participants? *Select all that apply.*

|  |  |
| --- | --- |
|  | Our organization provides these services |
|  | We jointly provide these services with a partner organization |
|  | We refer participants to another organization to receive these services  PROGRAMMING NOTE: If D.2.1 or D.2.2, skip to D.10. If D.2.3, skip to D.5. |

* 1. Financial education is offered to participants through which of the following employment and training services? *Select all that apply.* Financial education can include workshops or classes that cover specific topics aim at increasing financial knowledge, such as money management, how to reduce debt, or manage credit.

PROGRAMMING NOTE: Only services selected in question B.8 will appear as response categories below.

|  |  |
| --- | --- |
|  | Employment counseling or coaching |
|  | Job search assistance |
|  | Soft skills training |
|  | Occupational or sectorial training |
|  | Work-based training |
|  | Job development or job placement |
|  | Case management |
|  | *{insert response to other E&T services provided}* |

* 1. How are financial education classes or workshops primarily offered to participants receiving each of the employment and training services below? *Select all that apply.*

PROGRAMMING NOTE: Only services selected in question D.3 will appear as response categories below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Employment counseling or coaching | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job search assistance | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Soft skills training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Occupational or sectorial training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Work-based training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job development or job placement | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Case management | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | *{insert response to other E&T services provided}* | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |

## Strength of Partnership

* 1. We understand you may work with multiple partner organizations to provide financial education services. Which organization do you work with *most closely* to provide financial education services?

|  |  |
| --- | --- |
|  | OPEN ENDED |

* 1. How often do members of your organization meet with members of *{organization name from D.5}*?

|  |  |
| --- | --- |
|  | Never |
| * + 1. F | Seldom (quarterly or annually) |
|  | Occasionally (monthly) |
|  | Regularly (weekly) |
|  | Continuously (day-to-day contact) |

* 1. What is the degree of information sharing between your two organizations?

|  |  |
| --- | --- |
|  | We do not share information about our participants with or receive information about our clients from *{organization name from D.5}* |
|  | My organization provides information on our participants to *{organization name from D.5}*, but does not receive information on our participants from *{organization name from D.5* |
|  | My organization receives information on our participants from *{organization name from D.5},* but does not share information on our participants with *{organization name from D.5}* |
|  | My organization shares information about our participants with and receives information about our participants from *{organization name from D.5}* |

* 1. How is {organization name from *D.5*} reimbursed?

|  |  |
| --- | --- |
|  | *{Organization name from D.5}* assumes all of the cost of serving our participants |
|  | We partially reimburse *{organization name from D.5}* for serving our participants |
|  | We fully reimburse *{organization name from D.5}* for serving our participants |
|  | All resources are held in common with *{organization name from D.5}* |

* 1. To what degree do you and *{organization name from D.5}* share facilities? *Select all that apply.*

|  |  |
| --- | --- |
|  | Participants receive services at *{organization name from D.5}’s* locationprovided by *{organization name from D.5}’s staff* |
|  | *{Organization name from D.5}’s* staffprovide services at our location |
|  | Our staff provide services at *{organization name from D.5}’s* location |
|  | Our organizations are fully co-located |

## **Implementation of Financial Education**

**Introductory Text:** We’d like to learn more about how your organization incorporates financial education into employment and training services. We understand that how financial education is incorporated into E&T services could vary by participant.

For the next set of questions, we’d like you to think about a *typical participant who receives financial education*.

* 1. Can you describe the characteristics of a typical participant who receives financial education? *Select all that apply.*

Only response options selected in B.6 will appear below.

|  |  |
| --- | --- |
|  | Cash assistance recipients (e.g., TANF, General Cash Assistance) |
|  | Chronic illness |
|  | Disability(ies) |
|  | Discouraged workers (i.e., those who want and are available for work, but are not currently looking for work because they believe no jobs are available for them) |
|  | Dislocated workers (i.e., individuals who have been terminated or laid and are unlikely to return to a previous industry or occupation) |
|  | English language learners |
|  | Formerly incarcerated |
|  | Homelessness |
|  | Immigrants |
|  | Justice system involvement (e.g., arrested, on probation, etc.) |
|  | Less than high school diploma or GED |
|  | Mental illness |
|  | Parents/primary caregivers of children under 18 |
|  | Refugees |
|  | Seniors (age 60+) |
|  | Single parents |
|  | Substance use disorder |
|  | Veterans or transitioning service members |
|  | *[Insert text from B.6.16]* |

* 1. What are the most common needs of participants who are offered financial education? *Check all that apply.*

|  |  |
| --- | --- |
|  | Managing daily finances |
|  | Building savings for emergencies |
|  | Resolving issues with debt or credit |
|  | Achieving longer-term financial goals |
|  | Other (please specify): |

* 1. What topics are recommended for a typical participant receiving financial education? *Check all that apply.*

|  |  |
| --- | --- |
|  | Budgeting |
|  | Debt |
|  | Credit |
|  | Savings |
|  | Asset Building |
|  | Asset Limits or Benefit Cliffs |
|  | Other (please specify) |

* 1. Is financial education required for any of your participants?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How does a typical participant access the workshops or classes?

|  |  |
| --- | --- |
|  | Online only |
|  | In-person only |
|  | By telephone only |
|  | Combination of telephone and in-person |
|  | Combination of online and in-person |
|  | Combination of telephone, online, and in-person |

* 1. On average, how many hours of financial education does a typical participant receive?

|  |  |
| --- | --- |
|  | PLEASE ENTER A WHOLE NUMBER |

PROGRAMMING NOTE:

Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.2 go to MODULE E

Respondents who do not select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.2, but do for B.9.3 go to MODULE F

Respondents who do not select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.2 or B.9.3 but do for B.9.4 go to MODULE G

Respondents who do not select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.2- B.9.4 go to MODULE H.

# FINANCIAL COACHING

PROGRAMMING NOTE: Respondents that indicated they offer financial coaching (B.9.2= “our organization provides this service” or “we jointly provide this service with a partner organization”) will get this module.

## Financial Coaching and E&T Service Integration

* 1. Is financial coaching a standalone service that is offered to all program participants at your organization? *Financial coaching includes multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant.*

PROGRAMMING NOTE: If yes, go to E.2. If no, skip to E.3.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How is financial coaching primarily offered to participants? *Select all that apply.*

PROGRAMMING NOTE: If E.2.1 or E.2.2, skip to E.10. If E.2.3, skip to E.5.

|  |  |
| --- | --- |
|  | Our organization provides these services |
|  | We jointly provide these services with a partner organization |
|  | We refer participants to another organization to receive these services |

* 1. Financial coaching is offered to participants through which of the following employment and training services? *Check all that apply*. *Financial coaching includes multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant.*

PROGRAMMING NOTE: Only services selected in question B.8 will appear as response categories below.

|  |  |
| --- | --- |
|  | Employment counseling or coaching |
|  | Job search assistance |
|  | Soft skills training |
|  | Occupational or sectorial training |
|  | Work-based training |
|  | Job development or job placement |
|  | Case management |
|  | *{insert response to other E&T services provided}* |

* 1. How is financial coaching primarily offered to participants receiving each of the E&T services below? *Select all that apply. Financial coaching includes multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant.*

PROGRAMMING NOTE: Only services selected in question E.3 will appear as response categories below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Employment counseling or coaching | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job search assistance | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Soft skills training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Occupational or sectorial training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Work-based training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job development or job placement | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Case management | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | *{insert response to other E&T services provided}* | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |

If respondents “work jointly with a partner organization” or they “refer participants to another organization” for any of the above, go to E.5. Otherwise skip to E.10.

## Strength of Partnership

* 1. We understand you may work with multiple partner organizations to provide financial coaching services. Which organization do you work with *most closely* to provide financial coaching?

If the organization name is the same as in D.5, skip to E.10.

|  |  |
| --- | --- |
|  | OPEN ENDED |

* 1. How often do members of your organization meet with members of *{organization name from E.5}*?

|  |  |
| --- | --- |
|  | Never |
| * + 1. F | Seldom (quarterly or annually) |
|  | Occasionally (monthly) |
|  | Regularly (weekly) |
|  | Continuously (day-to-day contact) |

* 1. What is the degree of information sharing between your two organizations?

|  |  |
| --- | --- |
|  | We do not share information about our participants with or receive information about our participants from *{organization name from E.5}* |
|  | My organization provides information on our participants to *{organization name from E.5}*, but does not receive information on our participants from *{organization name from E.5}* |
|  | My organization receives information on our participants from *{organization name from E.5},* but does not share information on our participants with *{organization name from E.5}* |
|  | My organization shares information about our participants with and receives information about our participants from *{organization name from E.5}* |

* 1. How is {organization name from *E.5*} reimbursed?

|  |  |
| --- | --- |
|  | *{Organization name from E.5}* assumes all of the cost of serving our participants |
|  | We partially reimburse *{organization name from E.5}* for serving our participants |
|  | We fully reimburse *{organization name from E.5}* for serving our participants |
|  | All resources are held in common with *{organization name from E.5}* |

* 1. To what degree do you and *{organization name from E.5}* share facilities? *Select all that apply.*

|  |  |
| --- | --- |
|  | Participants receive services at *{organization name from E.5}’s* locationprovided by *{organization name from E.5}’s staff* |
|  | *{Organization name from E.5}’s* staffprovide services at our location |
|  | Our staff provide services at *{organization name from E.5}’s* location |
|  | Our organizations are fully co-located |

## Implementation of Financial Coaching

**Introductory Text:** We’d like to learn more about how your organization incorporates financial coaching into employment and training services. We recognize how financial coaching is incorporated into E&T services often varies by participant.

For the next set of questions, we’d like you to think about a *typical participant who receives financial coaching*.

* 1. Can you describe the characteristics of a typical participant who receives financial coaching? *Check all that apply.*

Only response options selected in B.6 will appear below.

|  |  |
| --- | --- |
|  | Cash assistance recipients (e.g., TANF, General Cash Assistance) |
|  | Chronic illness |
|  | Disability(ies) |
|  | Discouraged workers (i.e., those who want and are available for work, but are not currently looking for work because they believe no jobs are available for them) |
|  | Dislocated workers (i.e., individuals who have been terminated or laid and are unlikely to return to a previous industry or occupation) |
|  | English language learners |
|  | Formerly incarcerated |
|  | Homelessness |
|  | Immigrants |
|  | Justice system involvement (e.g., arrested, on probation, etc.) |
|  | Less than high school diploma or GED |
|  | Mental illness |
|  | Parents/primary caregivers of children under 18 |
|  | Refugees |
|  | Seniors (age 60+) |
|  | Single parents |
|  | Substance use disorder |
|  | Veterans or transitioning service members |
|  | *[Insert text from B.6.16]* |

* 1. Is financial coaching required for any of your participants?*?*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. On average, how many one-on-one sessions does the typical client participating in financial coaching receive?

|  |  |
| --- | --- |
|  | Please enter a whole number, no commas or decimals |

* 1. How does a typical participant access financial coaching?

|  |  |
| --- | --- |
|  | Online only |
|  | In-person only |
|  | By telephone only |
|  | Combination of telephone and in-person |
|  | Combination of online and in-person |
|  | Combination of telephone, online, and in-person |

PROGRAMMING NOTE Respondents who select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.3, go to MODULE F

Respondents who do not select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.3 but do for B.9.4 go to MODULE G

Respondents who do not select “our organization provides this service” or “we jointly provide this service with a partner organization” for B.9.3 or B.9.4 go to MODULE H.

# FINANCIAL COUNSELING

PROGRAMMING NOTE: Respondents who indicated they offer financial counseling (B.9.3=“our organization provides this service” or “we jointly provide this service with a partner organization”) will get this module.

## Financial Counseling and E&T Service Integration

* 1. Is financial counseling a standalone service that is offered to all program participants at your organization? *Financial counseling is multiple one-on-one sessions to address specific financial issues facing the participant, where the session goals are counselor defined.*

PROGRAMMING NOTE: If yes, go to F.2. If no, skip to F.3

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How is financial counseling primarily offered to participants? *Select all that apply.*

PROGRAMMING NOTE: If F.2.1 or F.2.2, skip to F.10. If F.2.3, skip to F.5.

|  |  |
| --- | --- |
|  | Our organization provides these services |
|  | We jointly provide these services with a partner organization |
|  | We refer participants to another organization to receive these services |

* 1. Financial counseling is offered to participants through which of the following employment and training services? *Check all that apply.* *Financial counseling is multiple one-on-one sessions to address specific financial issues facing the participant, where the session goals are counselor defined.*

PROGRAMMING NOTE: Only services selected in question B.8 will appear as response categories below.

|  |  |
| --- | --- |
|  | Employment counseling or coaching |
|  | Job search assistance |
|  | Soft skills training |
|  | Occupational or sectorial training |
|  | Work-based training |
|  | Job development or job placement |
|  | Case management |
|  | *{insert response to other E&T services provided}* |

* 1. How is financial counseling primarily offered to participants receiving each of the employment and training services below? *Select all that apply. Financial counseling includes multiple one-on-one sessions to address specific financial issues facing the participant; session goals are defined by the financial counselor.*

PROGRAMMING NOTE: Only services selected in question F.3 will appear as response categories below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Employment counseling or coaching | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job search assistance | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Soft skills training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Occupational or sectorial training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Work-based training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job development or job placement | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Case management | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | *{insert response to other E&T services provided}* | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |

If respondents “work jointly with a partner organization” or they “refer participants to another organization” for any of the above, go to F.5. Otherwise skip to F.10.

## Strength of Partnership

* 1. We understand you may work with multiple partner organizations to provide financial counseling services. Which organization do you work with *most closely* to provide financial counseling?

If the organization name is the same as D.5 or E.5, skip to E.10.

|  |  |
| --- | --- |
|  | OPEN ENDED |

* 1. How often do members of your organization meet with members of *{organization name from F.5}*?

|  |  |
| --- | --- |
|  | Never |
| * + 1. F | Seldom (quarterly or annually) |
|  | Occasionally (monthly) |
|  | Regularly (weekly) |
|  | Continuously (day-to-day contact) |

* 1. What is the degree of information sharing between your two organizations?

|  |  |
| --- | --- |
|  | We do not share information about our participants with or receive information about our participants from *{organization name from F.5}* |
|  | My organization provides information on our participants to *{organization name from F.5}*, but does not receive information on our participants from *{organization name from F.5}* |
|  | My organization receives information on our participants from *{organization name from F.5},* but does not share information on our participants with *{organization name from F.5}* |
|  | My organization shares information about our participants with and receives information about our participants from *{organization name from F.5}* |

* 1. How is {organization name from *F.5*} reimbursed?

|  |  |
| --- | --- |
|  | *{Organization name from F.5}* assumes all of the cost of serving our participants |
|  | We partially reimburse *{organization name from F.5}* for serving our participants |
|  | We fully reimburse *{organization name from F.5}* for serving our participants |
|  | All resources are held in common with *{organization name from F.5}* |

* 1. To what degree do you and *{organization name from F.5}* share facilities? *Select all that apply.*

|  |  |
| --- | --- |
|  | Participants receive services at *{organization name from F.5}’s* locationprovided by *{organization name from F.5}’s staff* |
|  | *{Organization name from F.5}’s* staffprovide services at our location |
|  | Our staff provide services at *{organization name from F.5}’s* location |
|  | Our organizations are fully co-located |

## Implementation of Financial Counseling

**Introductory Text:** We’d like to learn more about how your organization incorporates financial counseling into employment and training services. We recognize how financial counseling is incorporated into E&T services often varies by participant. For the next set of questions, we’d like you to think about a *typical participant who receives financial counseling*.

* 1. Can you describe the characteristics of a typical participant who receives financial counseling? *Select all that apply.*

Only response options selected in B.6 will appear below.

|  |  |
| --- | --- |
|  | Cash assistance recipients (e.g., TANF, General Cash Assistance) |
|  | Chronic illness |
|  | Disability(ies) |
|  | Discouraged workers (i.e., those who want and are available for work, but are not currently looking for work because they believe no jobs are available for them) |
|  | Dislocated workers (i.e., individuals who have been terminated or laid and are unlikely to return to a previous industry or occupation) |
|  | English language learners |
|  | Formerly incarcerated |
|  | Homelessness |
|  | Immigrants |
|  | Justice system involvement (e.g., arrested, on probation, etc.) |
|  | Less than high school diploma or GED |
|  | Mental illness |
|  | Parents/primary caregivers of children under 18 |
|  | Refugees |
|  | Seniors (age 60+) |
|  | Single parents |
|  | Substance use disorder |
|  | Veterans or transitioning service members |
|  | *[Insert text from B.6.16]* |

* 1. Is financial counseling required for any of your participants?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How does a typical participant access financial counseling?

|  |  |
| --- | --- |
|  | Online only |
|  | In-person only |
|  | By telephone only |
|  | Combination of telephone and in-person |
|  | Combination of online and in-person |
|  | Combination of telephone, online, and in-person |

* 1. On average, how many one-on-one financial counseling sessions does the typical participantreceive?

|  |  |
| --- | --- |
|  | *Please enter a whole number, no commas or decimals* |

# CREDIT COUNSELING

PROGRAMMING NOTE: Respondents who indicated they offer credit counseling (B.9.4=“our organization provides this service” or “we jointly provide this service with a partner organization”) will get this module.

## Credit Counseling and E&T Service Integration

* 1. Is credit counseling a standalone service that is offered to all program participants at your organization?*Credit counseling can be multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit.*

PROGRAMMING NOTE: If yes, go to G.2. If no, skip to G.3

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How is credit counseling primarily offered to participants? *Select all that apply.*

PROGRAMMING NOTE: If G.2.1 or G.2.2, skip to G.10. If G.2.3, skip to G.5.

|  |  |
| --- | --- |
|  | Our organization provides these services |
|  | We jointly provide these services with a partner organization |
|  | We refer participants to another organization to receive these services |

* 1. Credit counseling is offered to participants through which of the following employment and training services? *Select all that apply.* *Credit counseling can be multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit.*

PROGRAMMING NOTE: Only services selected in question B.8 will appear as response categories below.

|  |  |
| --- | --- |
|  | Employment counseling or coaching |
|  | Job search assistance |
|  | Soft skills training |
|  | Occupational or sectorial training |
|  | Work-based training |
|  | Job development or job placement |
|  | Case management |
|  | *{insert response to other E&T services provided}* |

* 1. How is credit counseling primarily offered to participants receiving each of the employment and training services below? *Select all that apply. Credit counseling can be multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit.*

PROGRAMMING NOTE: Only services selected in question G.3 will appear as response categories below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Employment counseling or coaching | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job search assistance | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Soft skills training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Occupational or sectorial training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Work-based training | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Job development or job placement | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | Case management | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |
|  | *{insert response to other E&T services provided}* | Our organization provides these services ourselves | We jointly provide these services with a partner organization | We refer participants to another organization |

If respondents “work jointly with a partner organization” or they “refer participants to another organization” for any of the above, go to G.5. Otherwise skip to G.10.

## Strength of Partnership

* 1. We understand you may work with multiple partner organizations to provide credit counseling services. Which organization do you work with *most closely* to provide credit counseling?

If the organization name is the same as D.5, E.5, or F.5, skip to F.10.

|  |  |
| --- | --- |
|  | OPEN ENDED |

* 1. How often do members of your organization meet with members of *{organization name from G.5}*?

|  |  |
| --- | --- |
|  | Never |
| * + 1. F | Seldom (quarterly or annually) |
|  | Occasionally (monthly) |
|  | Regularly (weekly) |
|  | Continuously (day-to-day contact) |

* 1. What is the degree of information sharing between your two organizations?

|  |  |
| --- | --- |
|  | We do not share information about our participants with or receive information about our participants from *{organization name from G.5}* |
|  | My organization provides information on our participants to *{organization name from G.5}*, but does not receive information on our participants from *{organization name from G.5}* |
|  | My organization receives information on our participants from *{organization name from G.54},* but does not share information on our participants with *{organization name from G.5}* |
|  | My organization shares information about our participants with and receives information about our participants from *{organization name from G.5}* |

* 1. How is {organization name from *G.5*} reimbursed?

|  |  |
| --- | --- |
|  | *{Organization name from G.5}* assumes all of the cost of serving our participants |
|  | We partially reimburse *{organization name from G.5}* for serving our participants |
|  | We fully reimburse *{organization name from G.5}* for serving our participants |
|  | All resources are held in common with *{organization name from G.5}* |

* 1. To what degree do you and *{organization name from G.5}* share facilities? *Select all that apply.*

|  |  |
| --- | --- |
|  | Participants receive services at *{organization name from G.5}’s* locationprovided by *{organization name from G.5}’s staff* |
|  | *{Organization name from G.5}’s* staffprovide services at our location |
|  | Our staff provide services at *{organization name from G.5}’s* location |
|  | Our organizations are fully co-located |

## Implementation of Credit Counseling

**Introductory Text:** We’d like to learn more about how your organization incorporates credit counseling into employment and training services. We recognize how credit counseling is incorporated into E&T services often varies by participant. For the next set of questions, we’d like you to think about a *typical participant who receives credit counseling*.

* 1. Can you describe the characteristics of a typical participant who receives credit counseling? *Select all that apply.*

Only response options selected in B.6 will appear below.

|  |  |
| --- | --- |
|  | Cash assistance recipients (e.g., TANF, General Cash Assistance) |
|  | Chronic illness |
|  | Disability(ies) |
|  | Discouraged workers (i.e., those who want and are available for work, but are not currently looking for work because they believe no jobs are available for them) |
|  | Dislocated workers (i.e., individuals who have been terminated or laid and are unlikely to return to a previous industry or occupation) |
|  | English language learners |
|  | Formerly incarcerated |
|  | Homelessness |
|  | Immigrants |
|  | Justice system involvement (e.g., arrested, on probation, etc.) |
|  | Less than high school diploma or GED |
|  | Mental illness |
|  | Parents/primary caregivers of children under 18 |
|  | Refugees |
|  | Seniors (age 60+) |
|  | Single parents |
|  | Substance use disorder |
|  | Veterans or transitioning service members |
|  | *[Insert text from B.6.16]* |

* 1. Is credit counseling required for any of your participants?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. How does a typical participant access credit counseling?

|  |  |
| --- | --- |
|  | Online only |
|  | In-person only |
|  | By telephone only |
|  | Combination of telephone and in-person |
|  | Combination of online and in-person |
|  | Combination of telephone, online, and in-person |

* 1. On average, how many one-on-one credit counseling sessions does the typical participantreceive?

|  |  |
| --- | --- |
|  | *Please enter a whole number, no commas or decimals* |

# FINANCIAL ACCESS

## Emergency Savings Programs

* 1. Does your program offer access to an emergency savings program? *An emergency savings program provides incentives or subsidies to promote and support savings for emergencies.*

|  |  |
| --- | --- |
|  | * Yes |
|  | * No |

PROGRAMMING NOTE: If yes, go to H.2. If no, skips to H.9.

* 1. How do participants access the emergency savings program? *Check all that apply*.

PROGRAMMING NOTE: Only those financial knowledge services indicated in B.9 will appear below.

|  |  |
| --- | --- |
|  | * An emergency savings program is offered through participation in financial education |
|  | * An emergency savings program is offered through participation in financial coaching |
|  | * An emergency savings program is offered through participation in financial counseling |
|  | * An emergency savings program is offered through participation in credit counseling. |
|  | * An emergency saving program is offered through participation in our employment and training services |
|  | * Other (please explain): |

* 1. Do you partner with another organization to provide the emergency savings program?

PROGRAMMING NOTE: If yes, go to H.4. If no, skip to H.5

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. Please list the name of the organization(s) you work with to provide the emergency savings program. *List up to three.*

|  |  |
| --- | --- |
|  | OPEN ENDED |
|  | OPEN ENDED |
|  | OPEN ENDED |

* 1. Are participants automatically enrolled in the emergency savings program?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | It depends (please explain): |

* 1. As part of the emergency saving program, do participants receive a match when saving money in these accounts?

PROGRAMMING NOTE: If yes, go to H.7. If no, skip to H.8

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. What is the match rate?

|  |  |
| --- | --- |
|  | OPEN ENDED (please enter a rate) |

* 1. Are there restrictions on the types of expenses participants can use their emergency savings for? *For example, some emergency savings programs have restrictions that prevent or penalize using the savings for a non-approved purpose.*

|  |  |
| --- | --- |
|  | No |
|  | Yes (please specify): |

## Safe and Affordable Financial Products

* 1. Does your program offer access to safe and affordable financial products? *Safe and affordable financial products include banking and savings accounts, or low-cost loans to promote credit-building.*

PROGRAMMING NOTE: If yes, go to H.10. If no, skips to H.15

|  |  |
| --- | --- |
|  | * Yes |
|  | * No |

* 1. How do participants access the safe and affordable financial products? *Check all that apply*.

PROGRAMMING NOTE: Only those financial knowledge services indicated in B.9 will appear below.

|  |  |
| --- | --- |
|  | * Safe and affordable financial products are offered through participation in financial education |
|  | * Safe and affordable products are offered through participation in financial coaching |
|  | * Safe and affordable financial products are offered through participation in financial counseling |
|  | * Safe and affordable financial products are offered through participation in credit counseling |
|  | * Safe and affordable financial products are offered through participation in our employment and training services |
|  | * Other (please explain): |

* 1. Do you partner with another organization to provide safe and affordable financial products?

PROGRAMMING NOTE: If yes, go to H.12. If no, skip to H.13

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. Please list the name of the organization(s) you work with to provide the safe and affordable financial products. *List up to three.*

|  |  |
| --- | --- |
|  | OPEN ENDED |
|  | OPEN ENDED |
|  | OPEN ENDED |

* 1. Are participants automatically enrolled in safe and affordable financial products?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | It depends (please explain): |

* 1. Do the safe and affordable financial products have any of the features below? *Check all that apply.*

|  |  |
| --- | --- |
|  | No overdraft fee |
|  | No monthly fees |
|  | Incentivized deposits |
|  | Other (please specify) |

## Asset-Building Programs

* 1. Does your program offer access to asset-building programs? *Asset-Building Programs support investments in assets such as a home, small business, or education. Individualized Development Accounts (IDAs) and Child Savings Accounts (CSAs) are examples of asset-building programs.*

PROGRAMMING NOTE: If yes, continue to H.16. If no, skip to H.23

|  |  |
| --- | --- |
|  | * Yes |
|  | * No |

* 1. How do participants access asset-building programs? *Check all that apply*.

PROGRAMMING NOTE: Only those financial knowledge services indicated in B.9 will appear below.

|  |  |
| --- | --- |
|  | * Asset-building programs are offered through participation in financial education |
|  | * Asset-building programs are offered through participation in financial coaching |
|  | * Asset-building programs are offered through participation in financial counseling |
|  | * Asset-building programs are offered through participation in credit counseling |
|  | * Asset-building programs are offered through participation in our employment and training services |
|  | * Other (please explain): |

* 1. Do you partner with another organization to provide asset-building programs?

PROGRAMMING NOTE: If yes, go to H.18. If no, skip to H.19.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. Please list the name of the organization(s) you work with to provide the asset-building program. *List up to three.*

|  |  |
| --- | --- |
|  | OPEN ENDED |
|  | OPEN ENDED |
|  | OPEN ENDED |

* 1. Are participants automatically enrolled in asset-building programs?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | It depends (please explain): |

* 1. Do participants receive a match when saving in asset-building accounts?

PROGRAMMING NOTE: If yes, go to H.21. If no, skip to H.22

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. What is the match rate?

|  |  |
| --- | --- |
|  | OPEN ENDED (please enter a rate) |

* 1. Which assets can participants use savings for without a penalty?

|  |  |
| --- | --- |
|  | Education |
|  | Home purchase |
|  | Business Capitalization |
|  | Other (please specify) |

## Tax Preparation Assistance

* 1. Does your program offer access to tax preparation assistance? *Assisting low-income workers to prepare and file their taxes.*

PROGRAMMING NOTE: If yes, continue to H.24.

If no, but the respondents’ program offers at least one of the following: financial education, financial coaching, financial counseling, emergency savings programs, low-risk financial products, or asset-building programs, goes to MODULE I.

If no, and respondents’ program does NOT offer any financial capability services, goes to MODULE J.

|  |  |
| --- | --- |
|  | * Yes |
|  | * No |

* 1. How do participants access tax preparation assistance? *Check all that apply*.

PROGRAMMING NOTE: Only those financial knowledge services indicated in B.9 will appear below.

|  |  |
| --- | --- |
|  | * Tax preparation assistance is offered through participation in financial education |
|  | * Tax preparation assistance is offered through participation in financial coaching |
|  | * Tax preparation assistance is offered through participation in financial counseling |
|  | * Tax preparation assistance is offered through participation in credit counseling |
|  | * Tax preparation assistance is offered through participation in our employment and training services |
|  | * Other (please explain): |

* 1. Do you partner with another organization to provide tax preparation assistance?

|  |  |
| --- | --- |
|  | Yes |
|  | No  PROGRAMMING NOTE: If yes, go to H.26. If no, skip to H.27 |

* 1. Please list the name of the organization(s) you work with to provide tax preparation assistance. *List up to three.*

|  |  |
| --- | --- |
|  | OPEN ENDED |
|  | OPEN ENDED |
|  | OPEN ENDED |

* 1. For your typical participant, what does tax preparation assistance consist of? *Select all that apply.*

|  |  |
| --- | --- |
|  | Free individual tax assistance |
|  | Assistance with accessing free tax preparation software |
|  | Discounts on paid preparation services |
|  | Workshops on tax preparation |
|  | Other (please specify): |

# EVALUATION

* 1. Which, if any, of the following outcomes are tracked for participants receiving financial capability services? *Select all that apply.*

|  |  |
| --- | --- |
|  | Consumer Financial Protection Bureau Financial Well-Being Scale |
|  | Credit Access |
|  | Credit Scores |
|  | Debt |
|  | Savings or Savings Rates |
|  | Employment Status |
|  | Job Quality |
|  | Wages or Earnings |
|  | Banked Status |
|  | Financial Security |
|  | Other (please specify) |
|  | None, we do not track outcomes for clients participating in workshops or classes |

* 1. Are you aware of any efforts to evaluate interventions or programs that deliver financial capability services and employment services together? If so, please include a description below and a link to the evaluation if available.

|  |  |
| --- | --- |
|  | Yes (please explain):  Link: |
|  | No |

* 1. Are you or others in your organization interested in evaluating the effectiveness of providing financial capability services to your E&T program participants?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# PREVIOUS INTEGRATION OF FINANCIAL CAPABILITY

**Introductory Text:** You indicated that your organization currently does not offer services to increase participants’ financial knowledge, skills, or access to low-risk financial products. We would like to learn more about whether your organization previously offered these services.

PROGRAMMING NOTE: Only respondents indicating that they do not currently offer financial education, counseling, or access to financial products as indicated in B.9, H.1, H.9, H.15, and H.23 will receive questions in this section

* 1. In the past 5 years, has your organization offered services to increase participants’ financial knowledge? Check all that apply.

PROGRAMMING NOTE: If organization has not offered any of these services in the past 5 years, skip to J.3. Otherwise go to J.2.

|  |  |
| --- | --- |
|  | *Financial education -* Workshops or classes that cover specific topics, such as money management, how to reduce debt, or manage credit. |
|  | *Financial coaching -* Multiple one-on-one sessions that focus on topics related to achieving the financial goals set by the participant |
|  | *Financial counseling -* Multiple one-on-one sessions to address specific financial issues facing the participant; session goals are counselor defined |
|  | *Credit counseling -* Multiple one-on-one sessions delivered by a credit counselor who covers topics on how to reduce debt or improve credit |
|  | To my knowledge, my organization has not offered any of these services in the past 5 years |

* 1. Can you tell us a little about the reasons your organization no longer provides services to increase participants’ financial knowledge?

PROGRAMMING NOTE: Skip to J.4

|  |  |
| --- | --- |
|  | OPEN TEXT |

* 1. Can you tell us a little about the reasons your organization has not offered services to increase participants’ financial knowledge?

|  |  |
| --- | --- |
|  | OPEN TEXT |

* 1. In the past 5 years, has your organization offered services to increase participants’ financial access?

PROGRAMMING NOTE: If organization has not offered these services, skip to J.6. Otherwise go to J.5.

|  |  |
| --- | --- |
|  | *Emergency savings programs:* Programs that provide incentives or subsidies to promote and support savings for emergencies |
|  | *Access to low-risk financial products:* Products include banking and savings accounts, low-cost loans to promote credit-building |
|  | *Tax preparation assistance:* Assist low-income workers to prepare and file their taxes and promote awareness of tax credits for which they may be eligible, such as EITC or the child tax credit. |
|  | *Asset-Building Programs:* Programs, such as Individualized Development Accounts (IDAs), that support investments in assets such as a home or a small business |
|  | To my knowledge, my organization has not offered access to financial products or services in the past 5 years |

* 1. Can you tell us a little about the reasons your organization no longer provides services to increase participants’ financial access?

PROGRAMMING NOTE: Skip to end of survey.

|  |  |
| --- | --- |
|  | OPEN TEXT |

* 1. Can you tell us a little about the reasons your organization has not provided access to products or services to increase participants’ financial access?

|  |  |
| --- | --- |
|  | OPEN TEXT |

# SURVEY CLOSE

Respondents who offer at least one of the following: financial education, counseling, or access to financial products as indicated in B.9, H.1, H.9, H.15, and H.23 will receive this question. Otherwise go to thank you page.

Please use the space below to describe what is most successful, innovative, or promising about your program.

|  |  |
| --- | --- |
|  | * OPEN ENDED |

## THANK YOU PAGE

Thank you for participating in our survey**!** If you have any outstanding questions about this study, please contact the Project Director Sam Elkin at [sam.elkin@mefassociates.com](mailto:sam.elkin@mefassociates.com).