

Promoting Opportunity Demonstration (POD) Baseline Questionnaire



Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 0960-0XXX, expiring xx-xxx-20xx. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. You may send comments about our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Mathematica Policy Research is conducting a study for the Social Security Administration (SSA). As part of this study, we will interview thousands of people who currently receive Social Security Disability Benefits.

The study is about a new program that SSA is administering called the Promoting Opportunity Demonstration or POD. Thank you for volunteering to participate in this program. We are asking all who volunteer to complete this survey. Participation in the survey is voluntary but very important.

We will send you a \$25 check in appreciation for completing and returning the survey. The survey takes about 20 minutes to complete. You may skip any question you do not wish to answer. Your responses will be kept private and used only for research purposes. Your responses will be combined and reported with other responses in total; no individual names or responses will be reported

Thank you for taking the time to complete this survey!

If you have any questions about the survey or would like to complete it by telephone, please contact the POD helpline at 1-888-771-9188 (this is a toll-free call).

When you finish the survey, please mail it back with the last two pages of the consent form filled out (page 3 with the checkboxes and page 4 with your name and signature) in the envelope provided. Just insert the completed form and consent form pages into the envelope, seal it, and put it in the mail. No postage is necessary. The form is preprinted with Mathematica's mailing address:

**POD Study Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08540**

INSTRUCTIONS FOR FILLING OUT THE SURVEY

You may complete this form using a blue or black pen or a pencil. Please provide only one answer to each question unless the question asks for more than one answer. Start at the top of the next page with the first item –Question 1. After you read the question, pick the answer that best applies to you. Continue on to each question that follows.

Please answer questions by clearly writing your answer in the space provided or by marking the box that best matches your answer as shown in the examples below.

Write your answers like this:

- Very satisfied
 Somewhat satisfied

Not like this:

- Very satisfied
 Somewhat satisfied

For figures or amounts:

Write your answers like this:

\$			2	5	0	0	.		
----	--	--	---	---	---	---	---	--	--

Not like this:

	2	5	0	0			.		
--	---	---	---	---	--	--	---	--	--

If you want to change your response, circle the correct answer and draw a line through the incorrect answer:

- Very satisfied
 ~~Somewhat satisfied~~

Some questions you will not need to answer. For these questions, there will be instructions to tell you which question to “skip” to next.

1. Do you ever eat chocolate?

- Yes
 No → **SKIP TO QUESTION 3**

2. In the last seven (7) days, how many chocolate bars have you eaten?

		BARS
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Before we begin, please identify who is filling out this survey.

1. Who is completing this form?

- ₁ I am completing it myself or with help → **SKIP TO QUESTION 6 ON NEXT PAGE**
- ₀ Someone is completing it for me - on my behalf

2. How is this person related to you?

MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↴

3. What is this person's name?

FIRST NAME

LAST NAME

4. Is the person who is completing this form the most knowledgeable about the person receiving Social Security Disability Insurance (SSDI) benefits and his or her day-to-day activities? This includes knowledge of services or supports that he or she may have received.

- ₁ Yes
- ₀ No → **This form should be completed by the person who is most knowledgeable about the individual receiving SSDI. Please have that person complete this form or have him/her call Mathematica at 888-771-9188 to complete the survey by telephone. Thank you!**

5. Do you live with the person filling out the form?

- ₁ Yes
- ₀ No

The first questions are about the Promoting Opportunity Demonstration (POD).

6. Enrolling in POD is voluntary. This means that...

MARK ONE ONLY

- ₁ You have no choice and must enroll in POD
- ₂ You can choose whether or not you want to enroll in POD

7. A primary goal of POD is to help you...

MARK ONE ONLY

- ₁ Increase work and earnings
- ₂ Go back to school
- ₃ Get health insurance

The next questions are about employment.

8. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own. By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

- ₁ Yes → SKIP TO QUESTION 11
- ₀ No

9. When did you last work for pay? Your best guess is fine.

YEAR

10. Think about the last four weeks. Have you been looking for work during the last four weeks?

By looking for work, we mean looking for a job, either full-time or part-time, for which you will be paid.

- ₁ Yes
- ₀ No

11. In the last 12 months, did you work at a job that paid you more than \$1,000 a month (before taxes and deductions)?

- ₁ Yes
- ₀ No

11a. During the next 12 months, how likely do you think it is that you will be working at a job for pay? Do you think it is ...

MARK ONE ONLY

- ₁ Very likely
₂ Somewhat likely
₃ Not very likely
₄ Not at all likely

12. For each of the statements below, please mark whether you strongly agree, agree, disagree, or strongly disagree.

MARK ONE PER ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is difficult for me to work because I am afraid I will lose my disability cash benefits.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. It is difficult for me to work because I am afraid I will lose my health insurance.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. I am limited in my ability to work because of a physical or mental condition.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. I am limited in my ability to work because I do not have reliable transportation to and from work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. I am limited in my ability to work because I am caring for children or others.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. I am limited in my ability to work because I am finishing a school or training program.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. I don't have the skills or training I need to return to work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. Many workplaces are not accessible to people with my disability.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i. It will be difficult to receive Social Security disability benefits in the future if I work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

13. Did you receive any on the job training, job coaching, or support services in the past year?

MARK ONE ONLY

- 1 Yes
- 2 No → SKIP TO QUESTION 15
- 3 Not needed/Not used

14. Where did you go to receive on the job training, job coaching, or support services in the past year?

MARK ONE OR MORE BOXES

- 1 A vocational rehabilitation agency
- 2 A welfare agency
- 3 A mental health agency
- 4 A state agency
- 5 A workforce center or unemployment office
- 6 An employer
- 7 Some other place - *specify* ↴

15. Have you ever spoken with or received services from a benefit specialist or Work Incentive Planning Assistance (WIPA) program provider? These are programs funded by Social Security to provide information to beneficiaries about how their earnings from work affect their benefits.

- 1 Yes
- 2 No

The next questions are about your health.

16. In general, would you say your health is...

MARK ONE ONLY

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

17. Do you have health insurance coverage now?

That is, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?

- 1 Yes
- 0 No → SKIP TO QUESTION 19

18. What kinds of health coverage do you have?

MARK ONE OR MORE BOXES

- 1 Medicare
- 2 Medicaid also known as {FILL STATE SPECIFIC NAME}
- 7 Private insurance through own employer
- 8 Private insurance through spouse/partner/parent
- 9 Private insurance paid by self/family
- 10 Other plan - *specify* ↴

The next questions are about your background, education and earnings.

19. What is your ethnic background? Are you...

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

20. What is your race? Do you think of yourself as...

MARK ONE OR MORE BOXES

- ₁ Alaska Native or American Indian
- ₂ Asian
- ₃ Black or African/American
- ₄ Native Hawaiian or other Pacific Islander
- ₅ White
- ₆ Other - *specify* ↴

21. Are you currently living with a spouse or with someone who is like a spouse to you?

- ₁ Yes
- ₀ No

22. This question is about your current living situation. Thinking about the place you live, would you say that this place is a...

MARK ONE ONLY

- Single family home, mobile home, or regular apartment
- ₂ Other situation, such as a group home, personal care or something else?

23. What is the highest year or grade in school that you have completed?

MARK ONE ONLY

| GRADE(1-12)

- ₁ High school diploma, GED or certificate of completion
- ₂ 2-year college degree
- ₃ 4-year college degree (bachelor's degree)
- ₄ Other - *specify* ↴

24. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include any money from jobs, public assistance programs, or any other source.

Household means people who live in your house on a permanent basis and contribute to the household financially. Please include your own income and the income of everyone living with you. Do not include income from people who live in your household temporarily. If you live in a group home, please include only your own income.

MARK ONE ONLY

- ₁ Less than \$10,000
- ₂ \$10,000 to less than \$20,000
- ₃ \$20,000 to less than \$30,000
- ₄ \$30,000 to less than \$40,000
- ₅ \$40,000 to less than \$50,000
- ₆ \$50,000 or more

We would like to send you \$25 in appreciation for completing and returning the survey. Please write your mailing address below so that we can send you \$25. We will also reach out to you in a year for your second survey.

25. What is your mailing address?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

26. What is the best telephone number to call to reach you?

AREA CODE

NUMBER

27. Is this number a ...

MARK ONE ONLY

 Cell phone Landline Work/office

28. What is another telephone number to call to reach you?

AREA CODE

NUMBER

29. Is this number a ...

MARK ONE ONLY

- Cell phone
 Landline
 Work/office

30. When we contact you for the next survey in about a year, may we send you a text message on your cell phone? Depending on your service plan, standard text message rates may apply.

- Yes
 No

30a. What is the best e-mail address where we may send you study-related information? Study information may include sending an email to verify your address and telephone number, an invitation to complete a survey, or a reminder about the survey.

EMAIL ADDRESS

To help us to get back in touch with you in a year for your second survey, please provide the name, address and telephone number of two people who will always know how to reach you. This information will be kept private and will only be used if we are unable to reach you.

FIRST PERSON

31. Please provide the name of someone who lives with you and will always know how to contact you. If you live alone, please provide the name of someone who will always know how to contact you.

FIRST NAME

LAST NAME

32. What is this person's street address if he/she does not live with you?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

33. What is the best telephone number to reach this person?

AREA CODE

NUMBER

34. Is this number a ...

MARK ONE ONLY

- ₁ Cell phone
₂ Landline
₃ Work/office

35. What is this person's relationship to you?

MARK ONE ONLY

- ₁ Spouse/Partner
₂ Parent
₃ Legal guardian
₄ Friend
₅ Other relative or some other relationship - *specify* ↴

SECOND PERSON

- 36.** Please provide the name of someone who does not live with you and will always know how to contact you.

FIRST NAME

LAST NAME

- 37.** What is this person's street address?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

- 38.** What is the best telephone number to reach this person?

AREA CODE

NUMBER

- 39.** Is this number a ...

MARK ONE ONLY

- ₁ Cell phone
 ₂ Landline
 ₃ Work/office

40. What is this person's relationship to you?

MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↴

Thank you for completing this survey!

Please return the completed survey and last two pages of the consent form (checkboxes and signature pages) in the self-addressed, postage-paid envelope provided or mail to:

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