Appendix B

Family Options Study

12-Year Study Tracking Survey

Introduction

Hello, my name is []. I work for a company called Abt Associates. You might remember meeting with me or one of my colleagues a while back. At that time I talked to you about a study that we are doing to find out about what kind of housing is best for families who experienced homelessness. This study is often referred to as the Family Options Study. Abt Associates is an independent research company and we are helping the U.S. Department of Housing and Urban Development (HUD) to do this study.

When we last talked to you, I mentioned that I'd be getting in touch with you again to find out about your housing experiences. I'd like to ask you some questions now. The survey will take about 15 minutes to complete. Your continued participation in the study is voluntary. You can stop the interview at any time and can choose not to answer any question. The information you provide will be kept confidential and only used for research purposes. Your answers to the questions will not affect your current or future receipt of housing assistance or other benefits. You can learn more about how we will protect your information by reviewing the PRA Burden Statement and Privacy Act Statement that was included on the Welcome Back Newsletter you received in the mail. I am also happy to read those statements to you now over the phone. Would you like me to read these statements to you now? [Read the full PRA Burden Statement and Privacy Act Statement if requested by the respondent].

At the end of the interview, I will send you via email a \$20 electronic gift card as a token of our appreciation for taking the time to complete the survey.

Section A: Current housing, homelessness experiences since previous interview, housing program participation

First, I'd like to ask about where you are living/staying right now.

A1. Can you please confirm the address of where you are living/staying now? [CAPI: PRE-FILL WITH ADDRESS WHERE INTERVIEW IS TAKING PLACE. INTERVIEWER; CONFIRM THAT INFORMATION IS CORRECT AND UPDATE AS NEEDED. PROBE FOR BUILDING NAME IF APPLICABLE]

	A1a.	Is there a complex/building name?	
	A1b.	Is there an apartment number?	
	A1c.	What city do you live in?	
	A1d.	What state do you live in?	
	A1e.	What is the zip code?	
		sed1 (1=checked, 0=not checked) Know1 (1=checked, 0=not checked)	
A2.	ls [A1	ADDRESS] the best address to reach you at?	
		•	(SKIP TO A2f)
		NOq ₂ REFUSEDq ₇	
		is the best address to reach you at?	
	Street	t Address:	
	A2a.	Is there a complex/building name?	
	A2b.	Is there an apartment number?	
	A2c.	In what city?	
	A2d.	In what state?	
	A2e.	What is the zip code?	
	A2f. V	What is your home phone number, starting with the area code?	
		Telephone # with area code: ()	
	A2g. \	What is your cell phone number, starting with the area code?	
		Telephone # with area code: () REFUSED2 DON'T KNOW1	

A2h. Do we have your permission to text you at this number?

YESq1
NOq ₂
REFUSEDq7
DON'T KNOWq8

A2i. What is your email address? (This is the email address we will use to send you your \$20 gift card.).

IF VOLUNTEERED: RESPONDENT HAS NO EMAILq6
REFUSEDq7
DON'T KNOWq ₈

A2j. What is the best way for us to reach you for future data collection efforts?

EMAIL	q ₁
HOME PHONE	q ₂
TEXT	q ₃
CELL PHONE	q ₄
REFUSED	q ₇
DON'T KNOW	q ₈

A3. Which of the following best describes your current living situation?

	l you say you are living/staying in SKIP TO A4 WHEN YES RESPONSE IS GIVEN	YES	NO	REF	DK
A3a.	A house or apartment that you own or rent. THIS DOES NOT INLCUDE YOUR PARENT'S or GUARDIAN'S HOME OR APARTMENT	1	2	7	8
A3b.	Your partner's (boy/girlfriends/fiancé, significant other's) place.	1	2	7	8
A3c.	A friend or relative's house or apartment, <u>and paying part of</u> <u>the rent</u> [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	7	8
A3d.	A friend or relative's house or apartment, but <u>not</u> paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	7	8
A3e.	A permanent housing program with services to help you keep your housing (on site or coming to you) IF YES: COLLECT NAME OF PROGRAM: < _	1	2	7	8
A3f.	A transitional housing program	1	2	7	8
A3g.	A domestic violence shelter IF YES: SKIP TO A4	1	2	7	8
A3h.	An emergency shelter	1	2	7	8
A3i.	A voucher hotel or motel IF YES: SKIP TO A4	1	2	7	8
A3j.	A hotel or motel you pay for yourself IF YES: SKIP TO A4	1	2	7	8

	l you say you are living/staying in SKIP TO A4 WHEN YES RESPONSE IS GIVEN	YES	NO	REF	DK
A3k.	A residential drug or alcohol treatment program IF YES: SKIP TO NOTE BEFORE A4	1	2	7	8
A3I.	Jail or prison IF YES: SKIP TO NOTE BEFORE A4	1	2	7	8
A3m.	A car or other vehicle IF YES: SKIP TO A4	1	2	7	8
A3n.	An abandoned building IF YES: SKIP TO A4	1	2	7	8
A3o.	Anywhere outside [PROBE: STREETS, PARKS, ETC.] IF YES: SKIP TO A4	1	2	7	8
АЗр.	OTHER à SPECIFY: <a3p_1_other>:</a3p_1_other> IF YES, NO, DK OR : SKIP TO	1	2	7	8
	A4				

BASE: ALL

A4. How long have you lived in this place? You can tell me this answer in days, weeks, or months, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS. IF 0, RECORD THAT AS WELL.

<a4a1> NUMBER OF DAYS</a4a1>	
<a4a2> NUMBER OF WEEKS</a4a2>	
<a3a3> NUMBER OF MONTHS</a3a3>	
REFUSED	
DON'T KNOW	1

A5. Now, I'd like you to think about the last six months—that is, since [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW]. Were there any times when you were homeless in the last six months? By homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go.

Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please **do not include** any times when you may have stayed with friends or relatives because you did not have your own place to stay. Please **do not include** times when you lived in a transitional housing program or permanent housing program.

YESq1	
NOq ₂	(SKIP TO A7)
REFUSEDq7	(SKIP TO A7)
DON'T KNOWq ₈	(SKIP TO A7)

A6. How many times were you homeless in the last six months? [INTERVIEWER/CAPI: RECORD NUMBER OF TIMES THE PERSON WAS HOMELESS.]

NUMBER OF TIMES	
REFUSEDq.1	(SKIP TO A9)
DON'T KNOWq.2	(SKIP TO A9)

BASE: A8≥1

- A7. Again, please think about the last six months—that is, since [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW]. Were there any times when you were living with a friend or relative because you could not find or afford a place of your own?

YESq1	
NOq ₂	(SKIP TO A9)
REFUSEDq ₇	(SKIP TO A9)
DON'T KNOWq ₈	(SKIP TO A9)

A8. Altogether, how much time in the past six months, would you say you spent living with a friend or relative because you could not find or afford a place of your own? You can tell me this answer in days, weeks, or months, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS, YEARS. IF 0, RECORD THAT AS WELL].

<a80a1>NUMBER OF D</a80a1>	AYS	· · · · · · · · · · · · · · · · · · ·
<a8a2> NUMBER OF W</a8a2>	/EEKS	
<a8a3> NUMBER OF M</a8a3>	ONTHS	
REFUSED		2
DON'T KNOW	-1	

A9. Again, please think about the past six months —that is, since [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW] and today, have you participated in any housing programs other than where you are living now? This could be a housing program where you lived or a program that helped you pay some or all of the rent in your own apartment or house.

YESq1	
NOq ₂	(SKIP TO B1)
REFUSEDq7	
DON'T KNOWq ₈	

A10. During the past six months, that is between [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW] and today, we are interested in knowing if you participated in any of the following types of programs. When answering these questions, please do not include the place you are living now. During the past six months, did you...

a. [Pro	ogram Type	YES	NO	REFUSED	DON'T KNOW
	a.	Spend at least one night in shelter because you did not have your own place to stay?				
	b.	· · ·				
	c.	Spend at least one night in a transitional housing program?				
	d.	Spend any time living in a place where you received assistance paying your rent with temporary rental assistance. This temporary assistance could be called rapid rehousing				
-	e.	Spend any time living in a place where your rent was partially covered by a rent subsidy such as public housing, Section 8 or a Housing Choice Voucher?				
	f.	Receive any other form of housing assistance? Please Specify:				

We've already talked about your experiences in the last six months that is since [SIX MONTHS PRIOR TO INTERVIEW DATE].

A11. Now, I'd like to ask you about your experiences since the beginning of the COVID-19 pandemic. Were there any times you were homeless since the COVID-19 pandemic began in March 2020? By homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go.

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

A12. Now, I'd like you think back a little further to the three years before the start of the COVID-19 pandemic—that is between early 2017 and early 2020. Were there any time you were homeless during that three year period between early 2017 and early 2020, ? Again, by homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go.

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

Section B: Family Composition

Now I'd like to ask you about some of the people in your family.

B1. I am going to read you a list of people who have been part of your family during the time since [RA YR].

BI. I all going to read you a list of people who have been part of your failing during the time since [RA TR].					
List of family members with Respondent at last interview		with you now?	32. Is [FOCAL CHILD 1 NAME/FOCAL CHILD 2 NAME/OTHER ADULT CHILD 1OTHER ADULT CHILD 3], who was born in [DOB MO/YR], staying ith you now?		
		<b2_x> (X=1-9) IF DOB=MISSING: Is</b2_x>	B2_X> (X=1-9) F DOB=MISSING: Is [B1aB1e] , who is about [AGE] years old, staying with you now?		
		IF DOB AND AGE=M Is [B1aB1e] , Who	GE=MISSING: Who was a child when we first talked to you in [YR]; who was an adult when we first talked to you in [YR] staying with you now?		
B1a YES NO Refused		YES NO Refused Don't Know			
with you now? IF DOB AND AGE= Is [B3aB3e] , Wh we first talked to y		who was born in ing with you now? s [B3aB3e] ,] years old, staying MISSING: o was a child when bu in [YR]; who was irst talked to you in	B4. IF [NAME] is >15: Now that [NAME] is older, we would like to invite them to enroll in the study. In order for us to invite them to enroll and obtain their consent to participate, we need to be able to reach them. When we contact them in the fall, we will further explain the study and let them decide whether to participate. We will not use their contact information for any other purpose. You may want to let them know that we will be in contact in the coming months to ask them if they want to participate in this important research. [If B4_X = 2] Could you please tell us [NAMEs] address, phone number and email? [If B4_X = 1]Could you please tell us [NAMEs] phone number and email?		
B3a [FC1NAME]	YES NO Refused Don't Know	2	Street Address: Street Apt# City State Zip Phone Number: ()		

OMB Clearance Number: 2528-0259 Expires: xx/xx/xxxx

We would like to know if there are any other people living with you now, whom we haven't talked about yet. We are especially interested in people that you consider part of your family. By part of your family, we mean those people who would go with you if you were to move.

B5. **<B5>** Not including yourself and the people we just asked about, are there other people *that you consider part of your family, living with you right now*?

YES1	
NO2	SKIP TO C1
REFUSED7	
DON'T KNOW8	

B5a. How many of the people who we haven't talked about yet, but are *living with you right now* are adults, 18 years old or older?

<b5a1> NUMBER OF ADULTS</b5a1>	
<b5a2> NUMBER OF CHILDREN</b5a2>	
REFUSED	2
DON'T KNOW	1

B5b. How many of the people who we haven't talked about yet, but are *living with you right now* are children, 17 years old or younger?

<b5a1> NUMBER OF ADULTS</b5a1>	
<b5a2> NUMBER OF CHILDREN</b5a2>	
REFUSED	2
DON'T KNOW	1

B6. Please tell me the first names of the adults who are living with you now whom we haven't talked about. By adults I mean people 18 years old or older. Do not include yourself.
<B6_X> (X=1-10)

B6a.

B6b

OMB Clearance Number: 2528-0259 Expires: xx/xx/xxxx

B7. Please tell me the first names of the children who are living with you now whom we haven't talked about. By children I mean people 17 years old or younger. Please do not include children 18 years old or older.
<B7_X> (X=1-10)

B7a.	
B7b.	
B7c.	
B7d.	

Now I have some questions about these family members. Let's start with the adults. MORE COLUMNS WILL BE ADDED AS NEEDED. THESE ITEMS ARE ONLY COLLECTED FOR FAMILY MEMBERS WHO HAVE JOINED THE FAMILY SINCE THE LAST INTERVIEW.

	FAMILY MEMBER 1 (B6a-X)	FAMILY MEMBER 3 (B7a-X)
B8.What is [B6a/B7a]'s	HUSBAND OR WIFE1	HUSBAND OR WIFE1
relationship to you?	ROMANTIC/PARTNER2	ROMANTIC PARTNER2
	CHILD3	CHILD3
<b8_x> (X=1-7)</b8_x>	STEP-CHILD4	STEP-CHILD4
_ 、 ,	FOSTER CHILD5	FOSTER CHILD5
	CHILD OF PARTNER6	CHILD OF PARTNER6
	SON- OR	SON- OR
	DAUGHTER-IN-LAW7	DAUGHTER-IN-LAW7
	MOTHER OR FATHER8	MOTHER OR FATHER8
	STEP-PARENT9	STEP-PARENT9
	MOTHER- OR FATHER-IN-LAW	MOTHER- OR FATHER-IN-LAW
	OR PARTNER'S PARENT 10	OR PARTNER'S PARENT 10
	GRANDPARENT11	GRANDPARENT11
	BROTHER OR SISTER12	BROTHER OR SISTER12
	BROTHER- OR	BROTHER- OR
	SISTER-IN-LAW13	SISTER-IN-LAW13
	GRANDCHILD14	GRANDCHILD14
	OTHER RELATIVE15	OTHER RELATIVE15

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	FAMILY MEMBER 1 (B6a-X)	FAMILY MEMBER 3 (B7a-X)
B9 Is [B6a/B7a] male, female,	MALE1	MALE1
or nonbinary?	FEMALE2	FEMALE2
	NONBINARY6	NONBINARY6
<b9_x> (X=1-7)</b9_x>	REFUSED7	REFUSED7
	DON'T KNOW8	DON'T KNOW8
B10 What is [B6a/B7a]'s Date of Birth?		
<b10m_x> Month</b10m_x>	/	/
<b10d_x> Day <b10y_x></b10y_x></b10d_x>	MM DD YYYY	MM DD YYYY
Year		
(X=1-7)	REFUSED2	REFUSED2
	DON'T KNOW1	DON'T KNOW1
<b10age_x> Added</b10age_x>		
variable/Used to Calculate		
age of DOB For B11. (0=less		
than year, -1=Don't know, -2 refused)		
IF REFUSED OR DON'T		
KNOW ASK B10a:	Age	Age
B10a: How old is [NAME] now?		

Section C: Employment Status

Now I'd like to ask a couple of questions about your current employment.

C1.	Last week, did you do any work for pay?	
	Yes	q1 (SKIP TO D)
	No	q ₂
	REFUSED	q ₇
	DON'T KNOW	q ₈

C2. When was the last time (month/year) that you worked for pay?

___/__/___ MM DD YYYY

REFUSED	2
DON'T KNOW	1

Section D: Contact Information

SECONDARY CONTACT

[PROGRAMMER: LOOP THROUGH EXISTING SECONDARY CONTACTS TO CONFIRM CONTACT INFORMATION FOR UP TO THREE SECONDARY CONTACTS. IF INFORMATION CAN'T BE CONFIRMED, IT WILL BE UPDATED. IF LESS THAN THREE CONTACTS ARE AVAILABLE, WE WILL ASK FOR NEW CONTACTS.

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

D1. When we last spoke on you said that [CONTACT X] was a person who would always know where you are and how to reach you. Is [CONTACTX] still a person who does not live with you and will always know how to contact you?

Yes1	SKIP TO D3
No2	
REFUSED7	
DON'T KNOW8	

D2. Could you please tell me the name of a person who does not live with you and will always know how to contact you? We will not tell them why we are trying to contact you other than to participate in a research study.

Yes	1
No	2 SKIP TO CLOSING
REFUSED	7
DON'T KNOW	8

D2a. What is his/her first name?

D2b.What is his/her middle name?D2c.What is his/her last name?

D2d. Does his/her name have a suffix?

D3. IF CONTACT #X CONFIRMED ASK: Is [CONTACT #1]'s address still: DISPLAY FULL INFORMATION FROM THE SAMPLE FOR CONTACT 1

IF CONTACT #X IS NEW ASK: What is (his/her) street address?

FIELD INTERVIEWER NOTE: PLEASE PROBE TO GET A FULL ADDRESS

	Street address:
D3d.	Is there a complex/building name? Is there an apartment number? In what city? In what state? What is the zip code?
D4. What is (his/her) home phone number, starting with the area code?
	Telephone # with area code: ()
	NO HOME NUMBER AVAILABLE
D5. What is (his/her) cell phone number, starting with the area code?
	Telephone # with area code: ()
	NO CELL NUMBER AVAILABLE
D6. What is (his/her) email address?
	NO EMAIL ADDRESS AVAILABLE

D7. What is (his/her) relationship to you?

Friend	1
Relative	2
OTHER (SPECIFY	_)95
REFUSED	
DON'T KNOW	98

Thank you very much for your time today. The company Virtual Incentives will be sending you an email with instructions on how to collect and redeem your \$20 gift certificate. Reward emails come from reward@virtualrewardcenter.com and you should receive your email within 14 days. Once you go to the Virtual Incentives site, you will be able to select your preference for your reward. Please follow the instructions in the letter. If you need assistance with your Virtual Reward, please contact support@virtualrewardcenter.com and reference the longer link at the bottom of the letter.

[IF THE PARTICIPANT DOES NOT HAVE AN EMAIL ADDRESS] We will mail you a gift certificate valued at \$20. First I'll need to confirm I have the right address to send this to you. Is <ADDRESS> correct? What address should we use to mail you the gift certificate? Thank you so much for your time. We will process your preference for the gift certificate and you should receive it in the mail within 30 days.