

## Appendix M

### Family Options 12 Year Study: Adult Child Survey

Thank you for agreeing to participate in this survey as part of the Family Options Study. The Family Options Study is sponsored by the U.S. Department of Housing and Urban Development or HUD. Your participation is voluntary. Some questions are very personal – you should complete the survey when you are in a private, safe location, where other people can't see your answers. You can feel free to end the survey at any time or skip any questions that you do not feel comfortable answering. If you want to skip a question, please select the 'prefer not to answer' response option. Your answers will be kept private. They will be used for research purposes only. Your name will never be linked to your responses in any reports.

This survey should take up to 15 minutes to complete. After you complete the survey, you will receive an email with a link to redeem a \$25 electronic gift card as a token of our appreciation. If you have any questions about the study or about this survey, please contact Ms. Brenda Rodriguez, the Abt Associates Survey Director, at [XXXX@abtassoc.com](mailto:XXXX@abtassoc.com) or call the study's toll-free number xxx-xxx-xxxx.

**PRA Burden Statement:** Public Reporting Burden for this information collection is estimated to average 15 minutes per respondent. The Family Options Study is a multi-site random assignment experiment designed to study the impact of various housing and services interventions for homeless families in five key domains: housing stability, family preservation, adult well-being, child well-being, and self-sufficiency. This information is being collected to capture information about the experiences of the adult children of the families who are enrolled in the Family Options Study. Respondents are not required to respond. The information requested under this collection is protected and held confidential in accordance with 5 U.S.C. § 552a (Privacy Act of 1974) and OMB Circular No. A-130.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Anna P. Guido, Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street SW, Room 8210, Washington, DC 20410-5000. When providing comments, please refer to OMB Control No. 2528-0259. HUD may not conduct and sponsor, and a person is not required to respond to a collection of information unless the collection displays a valid OMB Control Number.

#### Privacy Act Statement

**Authority:** Sec. 501, 502, Housing and Urban Development Act of 1970 (Pub. L. 91- 609), 12 U.S.C. 1701z-1, 1701z-2

**Purpose:** This information is being collected to evaluate the long-term outcomes of the families that enrolled in the Family Options Study between September 2010 and January 2012.

**Routine Use:** Please refer to System of Record Notice.

**Disclosure:** Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits.

**SORN ID:** Homeless Families Impact Study Data Files, PD&R/RRE.XX

*As a first step, we want to make sure that our records are correct. We would like to verify your date of birth.*

1. Please enter your birthdate.

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# Module A. Education and Employment

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*In this first set of questions, we would like to learn about your education and work experiences. Please answer the questions to the best of your ability.*

**A.1** What is the highest grade or year of regular school that you have completed and gotten credit for?

- Kindergarten to 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Some college
- Associate Degree
- Bachelor's Degree
- Master's Degree, Doctorate Degree, or other Professional Degree
- Prefer not to answer

**A.2** Do you have a: \_\_\_\_\_?

- High school diploma
- GED
- Neither
- Prefer not to answer

**A.3** Have you received any of the following education or training credentials?

Have you received:

	Yes	No	Prefer not to answer
An educational, vocational, or technical certificate, trade license	..	..	..
A professional certification or state/industry license	..	..	..

**A.4** Are you currently enrolled in any classes at some place that is providing education or training? Please consider only classes that you have been enrolled in for one month or more. [If you are enrolled in classes but are between terms, or on winter, spring, or summer break please answer Yes.]

- Yes
- No
- Prefer not to answer

**A.5** What is the highest level of school you expect to complete?

- High school
- GED
- Technical certificate

- Two-year degree
- Four-year degree
- Graduate or professional degree
- Prefer not to answer

The next set of questions are about your work experiences.

**A.6** Have you ever worked for pay?

- Yes
- No [SKIP to A.8: Have you ever served on active duty...]
- Prefer not to answer [SKIP to A.8: Have you ever served on active duty...]

**A.7** Are you currently working at a job or business for pay? By working at a job or business for pay, we mean working at a job where you get paid money for the work you do or working for someone besides yourself and getting paid for it.

- Yes
- No
- Prefer not to answer

**A.8** Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past but not now
- Prefer not to answer

*Since March 2020, the COVID-19 pandemic has been impacting communities worldwide. These next few questions ask about your work experiences during the early months of the pandemic. Please remember these questions are voluntary and you can choose not to answer them if you don't want to.*

**A.9** [ASK ONLY IF EVER WORKED FOR PAY IS YES (A6=1)] The COVID-19 pandemic affected people's personal situations in many ways, including their ability to work. Did any of these things happen to you because of the pandemic?

	Yes	No	Prefer not to answer
Were your hours cut at work?	..	..	..
Were you asked to work more hours than usual?	..	..	..
Were you temporarily laid off or furloughed?	..	..	..
Did you lose your job?	..	..	..
Did you reduce or leave work due to child care or other family responsibilities?	..	..	..
Did the pandemic prevent you from being able to find a job?	..	..	..

## Module B. Community Involvement and Social Networks

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The next set of questions are about any groups you may be part of your involvement in your community, and your satisfaction with various things.

**B.1** Do you participate in any organized activities or groups that meet on a regular basis? These could be organizations or clubs, faith-based groups, or community service groups.

- Yes
- No
- Prefer not to answer

**B.2** Are you registered to vote?

- Yes
- No
- Prefer not to answer

**B.3** Is there at least one person you would feel able to talk to if you were having problems in your life?

- Yes
- No
- Prefer not to answer

**B.4** These next few questions ask about how satisfied or dissatisfied you are with several aspects of your life. For each question, click the answer that best describes how you feel. If you are neutral about something, or are just as satisfied as you are dissatisfied, mark the middle answer (“neutral”). How satisfied are you with...?

	Completely dissatisfied	Very dissatisfied	A little dissatisfied	Neutral	A little satisfied	Very satisfied	Completely satisfied	Prefer not to answer
Your job? (If you have no job, leave blank)	..	..	..	..	..	..	..	..
The neighborhood where you live?	..	..	..	..	..	..	..	..
Your safety in your neighborhood?	..	..	..	..	..	..	..	..
Your safety in school?	..	..	..	..	..	..	..	..
Your educational experiences?	..	..	..	..	..	..	..	..
Your friends and other people you spend time with?	..	..	..	..	..	..	..	..
The way you get along with your parents?	..	..	..	..	..	..	..	..

	<b>Completely dissatisfied</b>	<b>Very dissatisfied</b>	<b>A little dissatisfied</b>	<b>Neutral</b>	<b>A little satisfied</b>	<b>Very satisfied</b>	<b>Completely satisfied</b>	<b>Prefer not to answer</b>
Your standard of living—the things you have like housing, car, furniture, recreation, and the like?	..	..	..	..	..	..	..	..
The amount of time you have for doing things you want to do?	..	..	..	..	..	..	..	..
The way you spend your leisure time—recreation, relaxation, and so on?	..	..	..	..	..	..	..	..
Your life as a whole these days?	..	..	..	..	..	..	..	..

## Module C. Housing

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*In this section, we would like to learn about your housing situation and your housing experiences both as an adult and when you were younger. These questions will help us understand where you have stayed as an adult.*

**C.1** Which of the following best describes your current living situation? (Please select one answer)

- House or apartment you own
- House or apartment that you rent by yourself
- Your partner's (boy/girlfriend's/fiancé's/significant other's/spouse's) place
- Your parent's house or apartment
- House or apartment you rent with roommates
- A friend or relative's house or apartment where you pay part of the rent
- A friend or relative's house where you do NOT pay part of the rent
- A college dormitory or military housing
- A homeless shelter or transitional housing program
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**C.2** Do you think that you will be able to stay in the place where you are living/staying now as long as you want?

- Yes [SKIP to C.3: Have there ever been a time...]
- No [SKIP to C.3a: Why do you think you will not....]
- Don't know
- Prefer not to answer

a. What is the main reason you won't be able to stay where you are living now?

- I am paying more for housing and utilities than I can afford
- I think the landlord will ask me to leave
- I think the people I'm staying with will ask me to leave
- My current living situation is not safe
- This was always supposed to be a short-term situation
- I'm about to move in with my partner
- I'm relocating for work purposes
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**C.3** Has there ever been a time in your life that you experienced homelessness on your own **without** your parents? By experiencing homelessness, we mean times where you didn't have a regular place to live, and you were living in emergency shelter, transitional housing, or in an unsheltered location.

Experiencing homelessness 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. 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.

- Yes

- No [SKIP to C.4: Evicted since turned 18...]
  - Not sure [SKIP to C.4: Evicted since turned 18...]
  - Prefer not to answer [SKIP to C.54: Evicted since turned 18...]
- a. [ASK IF YES TO C.3] Were you age 17 or younger at any of those times you experienced homelessness on your own WITHOUT your parents?
    - Yes
    - No
    - Prefer not to answer
  - b. [ASK IF YES TO C.3a] Were you age 18 or older at any of those times that you experienced homelessness on your own, WITHOUT your parents?
    - Yes
    - No
    - Prefer not to answer

**C.4** Since you turned 18, have you been evicted or asked to leave a place you were living? Please answer “yes” only if you have been evicted on your own WITHOUT your parents.

- Yes
- No
- Prefer not to answer

**C.5** Has there ever been a time in your life that you stayed with a friend or relative or “couch surfed” on your own WITHOUT your parents because you could not find or afford a place of your own?

- Yes
- No
- Not sure [SKIP to C.6: Think about all the different places...]
- Prefer not to answer [SKIP to C.6: Think about all the different places...]

a. [ASK IF YES TO C.4] Were you age 17 or younger at any of those times that you stayed with a friend or relative or couch surfed on your own, by yourself, without your parents?

- Yes
- No
- Prefer not to answer

b. [ASK IF YES TO C.4a] Were you age 18 or older at any of those times that you stayed with a friend or relative or couch surfed on your own, by yourself, without your parents?

- Yes
- No
- Prefer not to answer

**C.6** Think about all of the different places you have lived/stayed during the past 6 months. How many different places have you lived/stayed? Please include the place where you currently live/stay.

- a. [Enter number of places stayed 1-100] \_\_\_\_\_
- b. “ Prefer not to answer

## Module D. Health

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In this section, we would like to learn more about your health and well-being.

**D.1** Overall, how would you rate your health during the past month/30 days? (Please select one)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Prefer not to answer

**D.2** How much time during the past month have you felt....?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Prefer not to answer	Don't Know
Nervous?	..	..	..	..	..	..	..
Hopeless?	..	..	..	..	..	..	..
Restless or fidgety?	..	..	..	..	..	..	..
So depressed nothing could cheer you up?	..	..	..	..	..	..	..
That everything was an effort?	..	..	..	..	..	..	..
Worthless?	..	..	..	..	..	..	..

**D.3** Is there a place you usually go when you are sick and need health care?

- Yes
- There is no place [SKIP to D.4: Do you have health insurance?]
- More than one place
- Prefer not to answer [SKIP to D.4: Do you have health insurance?]
- Don't know [SKIP to D.4: Do you have health insurance?]

D3a. What kind of place?

- A doctor's office or health center
- Urgent care center or clinic in drug store or grocery store
- Hospital emergency room
- A VA Medical Center or VA outpatient clinic
- Some other place
- Does not go to one place most often
- Refused
- Don't know

**D.4** Do you have health insurance?

- Yes
- No **[SKIP TO D5** statements about food situation]
- Prefer not to answer **[SKIP TO D5** statements about food situation]

a. [ASK IF YES to D.4: Do you have health insurance]: What kind of health insurance or health care coverage do you have?

- Private health insurance plan from employer or workplace
- Private health insurance plan purchased directly by you or your parent/guardian
- Private health insurance plan through a state or local government or community program
- Medicaid
- Military health care/VA
- No coverage of any type
- Other (specify) \_\_\_\_\_
- Prefer not to answer

**D.5** Below we show you two statements that people have made about their food situation. Please check whether the statement was OFTEN, SOMETIMES, or NEVER TRUE for you/you and other members of your household in the last 30 days.

a. The first statement is: “The food that I bought just didn’t last, and I didn’t have money to get any more.” Was that often, sometimes, or never true for you in the last 30 days?

- Often true
- Sometimes true
- Never true
- Prefer not to answer

b. The second statement is “We couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 30 days?

- Often true
- Sometimes true
- Never true
- Prefer not to answer

**D.6** In the past 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- Yes
- No
- Prefer not to answer

**D.7** In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No
- Prefer not to answer

**D.8** In the last 30 days, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No
- Prefer not to answer

**D.9** In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No
- Prefer not to answer

**D.10** In general, how you would say your household's finances usually work at the end of the month? Do you find that you usually end up with.... (Select one answer)

- Some money left over
- Just enough money to make ends meet
- Not enough money to make ends meet
- Prefer not to answer

## Module E. Behaviors

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*This section asks questions about personal behaviors, including experiences related to smoking, drinking, using marijuana or other drugs. We understand that these questions may be hard for you to answer. Please remember that your answers will be kept private, and your name will never be linked to your answers in reports. You can also choose not to answer any question by selecting the ‘prefer not to answer’ response.*

**E.1** Have you ever smoked a cigarette, even a few puffs?

- Yes
- No [SKIP TO E.2: Have you ever used an e-cigarette...]
- Prefer not to answer [SKIP TO E.2: Have you ever used an e-cigarette...]

**a.** [ASK IF YES TO E.1] Have you smoked a cigarette in the past 30 days?

- Yes
- No
- Prefer not to answer

**E.2** Have you ever used an e-cigarette, even once or twice? (By e-cigarette, we mean devices such as JUUL, Vuse, blu, and Logic. E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, or mods.)

- Yes
- No [SKIP TO E.3: How about chewing tobacco...]
- Prefer not to answer [SKIP TO E.3: Have you ever used chewing tobacco...]

**a.** [ASK IF YES TO E.2] Have you used an e-cigarette in the past 30 days?

- Yes
- No
- Prefer not to answer

**E.3** Have you ever used chewing tobacco, snuff, or dip, such as Copenhagen, Grizzly, Skoal, or Longhorn? Have you ever used chewing tobacco, snuff, or dip, even just a small amount?

- Yes
- No [SKIP TO E.4: Have you ever had a drink....]
- Prefer not to answer [SKIP TO E.4: Have you ever had a drink....]

**a.** [ASK IF YES TO E.3] Have you used chewing tobacco, snuff, or dip in the past 30 days?

- Yes
- No

**E.4** Have you ever had a drink of an alcoholic beverage? (By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink.)

- Yes
- No [SKIP TO E.5: Have you ever used marijuana...]

- Prefer not to answer [SKIP TO E.5: Have you ever used marijuana...]
- a. [ASK IF YES TO E.4] Have you had a drink of an alcoholic beverage in the past 30 days?
  - Yes
  - No [SKIP TO E5: Have you ever used marijuana...]
  - Prefer not to answer [SKIP TO E5: Have you ever used marijuana...]
- b. [ASK IF YES TO E.4a: Have you had a drink of an alcoholic beverage in the past....] In the last 30 days, have you had something alcoholic to drink, such as a beer, wine, or hard liquor, right before or during school or work hours?
  - Yes
  - No
  - Prefer not to answer

**E.5** Have you ever used marijuana, for example: weed, grass or pot, in your lifetime?

- Yes
- No [SKIP TO E.6: Excluding marijuana and alcohol, have you ever used any drugs...]
- Prefer to answer [SKIP TO E.6: Excluding marijuana and alcohol, have you ever used any drugs...]
- a. [ASK IF YES to E.5] Have you used marijuana in the last 30 days?
  - Yes
  - No [SKIP TO E.6: Excluding marijuana and alcohol, have you ever used any drugs...]
  - Prefer not to answer [SKIP TO E.6: Excluding marijuana and alcohol, have you ever used any drugs...]
- b. [ASK IF YES to E.5a: Have you used marijuana in the last 30 days] In the last 30 days, have you used marijuana right before or during school or work hours?
  - Yes
  - No
  - Prefer not to answer

**E.6** Excluding marijuana and alcohol, have you ever used any drugs like cocaine or crack or heroin, or any other substance or prescription drug to get high or to achieve an altered state?

- Yes
- No [SKIP TO E.7: Have you ever been arrested...]
- Prefer not to answer [SKIP TO E.7: Have you ever been arrested.]
- a. [ASK IF YES to E.6] In the last 30 days, did you use this drug or other substance right before school or during school or work hours?
  - Yes
  - No
  - Prefer not to answer

*Before you answer the next few questions, please remember, your answers will be kept private. Although your truthful answers are important, you can choose not to answer by selecting the response ‘prefer not to answer’.*

**E.7** Have you ever been arrested or taken into custody by the police?

- Yes
- No [SKIP TO E.8: Have you ever been physically abused...]
- Prefer not to answer [SKIP TO E.8: Have you ever been physically abused...]

**a.** [ASK IF YES TO E.7] As an adult, have you ever been sentenced to spend time in a corrections institution, like a jail or prison?

- Yes
- No

*We know that some of these answers may be personally upsetting to you. At the end of the interview, you will see a list of phone numbers. You can call these numbers anytime if you feel you would like to talk to someone about your experiences.*

**E.8** Have you ever been physically, abused or threatened with violence by a person who you were romantically involved with, such as a spouse, boy/girlfriend, or partner?

- Yes
- No
- Prefer not to answer

## Module F. Demographics

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The next set of questions are about you and how you identify yourself.

**F.1** Are you (check all that apply):

- Male
- Female
- Transgender, non-binary, or another gender
- Prefer not to answer

**F.2** What is your race? (Check all that apply)

- American Indian or Alaska Native
- Asian
  - Chinese
  - Japanese
  - Filipino
  - Vietnamese
  - Korean
  - Asian Indian
  - Other
- Black or African American
- Native Hawaiian or Pacific Islander
  - Samoan
  - Chamorro
  - Tongan
  - Fijian
  - Other
- White
- Prefer not to answer

**F.3** Are you of Hispanic, Latino, or of Spanish origin?

- No, Not Hispanic, Latino, or Spanish origin
- Yes, Hispanic, Latino, or Spanish origin
  - Mexican, Mexican American Chicano
  - Salvadorean
  - Cuban
  - Dominican
  - Puerto Rican
  - Other
- Prefer not to answer

**F.4** Are you married or in a long-term relationship?

- Married
- Relationship for over 6 months
- Relationship for less than 6 months
- No, not married or in a long-term relationship
- Prefer not to answer

**F.5** Have you ever had a baby/fathered a baby?

- Yes
- No [SKIP TO SECTION G Contact Information]
- Prefer not to answer [SKIP TO SECTION G Contact Information]

**F.6** [ASK If YES TO F.5] to Have you ever had a baby/fathered a baby] How old were you when you had your first baby/fathered your first baby?

- ENTER AGE [0-100]\_\_\_\_\_
- Prefer not to answer

# Module G. Contact Information Updates

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Before you exit this survey, please take a moment to provide your contact information. This information will help us to reach you for future studies, and to ensure that we send your link to access your \$25 gift certificate to the correct place.

**G.1** Please enter your name [FIRST MI LAST].

Prefer not to answer

**G.2** Please enter mailing address [STREET, APT, CITY, STATE, ZIP].

Prefer not to answer

**G.3** Please enter your primary phone number and indicate what type of phone it is:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Home

Cell

Work

Other

Prefer not to answer

a. [ASK IF G3=CELL] Do we have your permission to contact you via text message to your cell phone for study purposes only?

Yes

No

Prefer not to answer

**G.4** Since we want to be able to reach you in the future, we are interested in your personal email, not your work or school email which may change. This is the email address we will use to send you a link to redeem your \$25 gift card Please enter your permanent email address: \_\_\_\_\_@\_\_\_\_\_

**G.5** Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like you to provide the names, telephone numbers and addresses of two people who will always know how to reach you. Please provide contact information for two people who are living outside your household and who always know where you are and how to reach you. But please do not provide your parent who is already participating in the Family Options Study. These individuals might be another relative or a close friend. We would only contact them to ask about your contact information if we were not able to contact you in the future.

Please tell me the name and contact information of a **person who does not live with you now but will always** know how and where to reach you. We will not tell them why we're trying to contact you other than to participate in a research study.

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_

APARTMENT/UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

CELL  HOME  WORK  OTHER  DON'T KNOW

SECONDARY PHONE: \_\_\_\_\_

CELL  HOME  WORK  OTHER  DON'T KNOW

EMAIL: \_\_\_\_\_

**G.6** Please tell me the name and contact information another **person who does not live with you now, but will always** know how and where to reach you:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_

APARTMENT/UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

CELL  HOME  WORK  OTHER  DON'T KNOW

SECONDARY PHONE: \_\_\_\_\_

CELL  HOME  WORK  OTHER  DON'T KNOW

EMAIL: \_\_\_\_\_

Thank you very much for your time today. You are an important part of the Family Options Study and we appreciate you taking the time to complete this survey.

We will send you an email with a link to redeem your \$25 gift card, a token of our appreciation. You should receive an email from "reward@virtualrewardcenter.com" within 14 days at the same email where you received the invitation to participate in this survey. The email will contain instructions on how to collect and redeem your \$25 gift certificate.

**G.7** I have that email address as: \_\_\_\_\_@\_\_\_\_\_ Is that correct?

- Yes (SKIP TO CLOSING SCRIPT)
- No
- Prefer not to answer (SKIP TO CLOSING SCRIPT)

**G.8** Please enter your permanent email address: \_\_\_\_\_@\_\_\_\_\_

**CLOSING SCRIPT:** Thank you for your participation in the Family Option Study. We are providing all participants with a list of resources that provide services and assistance to individuals and families. You can call or contact these organizations to help connect with specific resources in your area.

## Community Resources

Type of Organization(s)	Name of Organization(s) and Contact Information
General resource with specialists who can provide assistance in accessing local resources to address a variety of needs including food, housing, and utility assistance, as well as legal and employment services. Requests can be made anonymously.	United Way 211 Call 211 <a href="#">Call 211 for Essential Community Services   United Way 211</a>
Income Assistance/Temporary Assistance for Needy Families (TANF)/Welfare	Office of Family Assistance <a href="#">Help for Families   The Administration for Children and Families (hhs.gov)</a>
Energy assistance	Low Income Home Energy Assistance Program (LIHEAP) <a href="#">LIHEAP Map State and Territory Contact Listing   The Administration for Children and Families (hhs.gov)</a> Call: 1-866-674-6327 Email: <a href="mailto:energy@ncat.org">energy@ncat.org</a>
General food assistance/food stamps	Food and Nutrition Service <a href="#">SNAP State Directory of Resources   Food and Nutrition Service (usda.gov)</a>
Free and reduced meals for students	Food and Nutrition Service, National School Lunch Program <a href="#">Directory of State Contacts</a>
Food banks, emergency food	Feeding America <a href="#">Find Your Local Food Bank   Feeding America</a>
Public health insurance (Medicaid) for adults	Medicaid <a href="#">Beneficiary Resources   Medicaid</a>
Public health insurance (Medicaid and SCHIP) for children	Children's Health Insurance Program (CHIP) <a href="#">Find Coverage for Your Family   InsureKidsNow.gov</a> To apply: 1-800-318-2596
Mental health assistance for adults	National Alliance on Mental Illness Call: 1-800-950-6264 (NAMI) Text: 62640 Email: <a href="mailto:helpline@nami.org">helpline@nami.org</a> <a href="#">Find Your Local NAMI   NAMI: National Alliance on</a>

	<a href="#">Mental Illness</a>
Job training and job placement assistance	Department of Labor <a href="#">American Job Center Finder   CareerOneStop</a>
Help with budgeting	Financial Literacy and Education Commission <a href="#">MyMoney.gov</a> , My Money Tools <a href="#">Consumer Resources   Consumer Financial Protection Bureau (consumerfinance.gov)</a>
Information about savings or checking accounts (including programs for the unbanked, individual development accounts, etc.)	Consumer Financial Protection Bureau <a href="#">Bank Accounts and Services</a> <a href="#">cfpb_checklist_opening_bank_account_web.pdf (consumerfinance.gov)</a>

<b>National toll-free hotlines</b>		
Crisis counseling related to natural or human-caused disaster, including the COVID-19 pandemic	SAMSHA National Distress Hotline	1-800-985-5990
Trained Crisis Counseling for people experiencing mental health-related distress	National Suicide and Crisis Hotline	988
Suicide prevention	National Suicide Prevention Hotline	1-800-SUICIDE (1-800-784-2433)
Domestic violence	National Domestic Violence Hotline	1-800-799-SAFE (7233)
Abuse and sexual assault	Rape Abuse & Incest Network National Hotline	1-800-656-HOPE (4673)