

# Pathway Home Evaluation Quasi-experimental design (QED) Baseline Information Form of Study Participants

*November 2022*

The OMB control number for this collection is 1290-0039 and expires on 8/31/2025.

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by Section 169 of the Workforce Innovation and Opportunity Act (WIOA). The obligation to respond to this collection is voluntary. We estimate it takes about 15 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Chief Evaluation Office, 200 Constitution Ave NW, Washington, DC 20210, or email [ChiefEvaluationOffice@dol.gov](mailto:ChiefEvaluationOffice@dol.gov) and reference OMB control number 1290-0039.

Today's Date: | | / | | / | | | |  
Month Day Year

**B. EDUCATION AND EMPLOYMENT HISTORY**

**This page has been left blank for double-sided copying.**

OMB No: 1290-0039  
Expiration Date: 8/31/2025

Check if currently incarcerated.

PartType IS THE STUDY PARTICIPANT BEING  
BY HOME OR THE

**Baseline Information Form**

**FACILITY NAME:**



\_\_\_\_\_  
\_\_\_\_\_

- 1  Program Group GO TO RelDate  
0  Comparison Group

DQCond. WHY IS THIS INDIVIDUAL NOT ELIGIBLE  
FOR THE  
PATHWAY HOME PROGRAM?

**CASEWORKER NAME (or name of individual enrolling  
participant):**

\_\_\_\_\_

- 1  Participant is being released to a county  
not served by program  
2  Participant is not expected to be released  
between 20 and 180 days from now  
3  Not sentenced yet GO TO RelCounty

**ELIGIBILITY AND ENROLLMENT INFORMATION**

Consent. CONFIRM PARTICIPANT SIGNED CONSENT  
FORM

- 1  Yes, signed  
2  No → STOP. HAVE PARTICIPANT SIGN  
CONSENT  
FORM BEFORE PROCEEDING

**A. PARTICIPANT INFORMATION**

**A1. What is your full name?**

\_\_\_\_\_

First Name	Middle Name/Initial	Last
Name		

**A2. What is your social security number? This is just for research purposes and will be kept strictly private.**

\_|\_|\_|\_|\_|-\_|\_|\_|-\_|\_|\_|\_|\_|

**A3. What is your date of birth?**

\_|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|

MONTH                  DAY                  YEAR

**A4. What is your state or county prison ID? If you have multiple, please provide the most recently issued ID.**

\_|\_|\_|\_|\_|\_|\_|-\_|\_|\_|\_|       N/A or don't know

State prison ID       County prison ID

**A5. What county do you expect to return to when you are released?**

\_\_\_\_\_

RelDate. WHAT IS THE EXPECTED RELEASE DATE FOR THIS STUDY PARTICIPANT? *THIS SHOULD BE THE SAME DATE YOU USED TO DETERMINE WHETHER THE PERSON WAS ELIGIBLE FOR THE PATHWAY HOME GRANT PROGRAM.*

\_|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|

**B. EDUCATION AND EMPLOYMENT HISTORY**

RelCounty. WHAT COUNTY IS THE STUDY PARTICIPANT BEING RELEASED INTO?

\_\_\_\_\_

The following questions will be used to help the study team understand the education and employment of study participants prior to incarceration.

**B1. Just before being incarcerated, were you enrolled in any type of school?**

- 1  Yes – Full time
- 2  Yes – Part time
- 0  No

**B2. What is the highest level of education you have completed, including any education received while incarcerated?**

- SELECT ONE ONLY**
- 1  Some high school
  - 2  High school diploma
  - 3  GED/HiSET/TASC
  - 4  Certificate of Completion
  - 5  Some college
  - 6  Associate's degree or vocational degree
  - 7  Bachelor's degree
  - 8  Master's degree or higher
  - 9  None of these

**B3. Do you have any specialized education or work credentials or certificates? Do not include a high school diploma, GED, or college degree.**

1  Yes (name of credential/certificate)

0  No

**B4. Have you ever had a paying job lasting 3 months or longer?**

1  Yes

0  No

**B5. How many months or years of work experience do you have? Do not include work experience while incarcerated. You should include time when you were self-employed.**

|\_|\_| YEARS and |\_|\_| MONTHS

n  No work experience/Have never worked TO C1 **SKIP →**

**B6. Prior to your (most recent) incarceration, were you working?**

**IF NO: Were you looking for work?**

1  Yes, regular work

2  Yes, occasional or temporary work

3  No, but looking for work

4  No, and not looking for work

**B6a. The next questions are about the last job you had before your current/most recent incarceration.**

**How many hours per week were you working at the last job you had just before your current/most recent incarceration?**

(If you were working two jobs at the same time, please answer about the job where you worked the most hours.)

**SELECT ONE ONLY**

1  Working 30 hours per week or more

2  Working 1 to 29 hours per week

**B6b. Still thinking about the last job you had before your (current/most recent) incarceration, how much money did you make, on average, at this job?**

\$ \_\_\_\_\_

1  Hourly 2  Weekly 3  Bi-weekly 4

Monthly

**B6c. What kind of company was it (where you worked before incarceration)? What does the company make, sell, or do?**

**B6d. What was your job title (at the last job you had before incarceration)?**

---

**C. EXPERIENCE WITH CRIMINAL JUSTICE SYSTEM**

MONTH DAY YEAR

**C. EXPERIENCE WITH CRIMINAL JUSTICE SYSTEM**

The next questions are about your experience with the criminal justice system. Your answers will only be used for the study and will not be used for anything other than research purposes. To help the study team understand if and how services are helping individuals, they need to understand what life was like for people before their (current/most recent) incarceration.

**C1.** How old were you the first time that you were arrested? If you are not sure, use your best guess.

|\_|\_| AGE AT FIRST ARREST

**C1a.** How many times have you been arrested, including arrests for technical violations of parole or probation?

- 1  Once
- 2  Two to five times
- 3  Six to ten times
- 4  Eleven to nineteen times
- 5  Twenty or more times

**C2.** Approximately how many times have you been convicted?

|\_|\_| NUMBER OF CONVICTIONS IF 0 SKIP TO C5a

**C3.** Have you ever been convicted of a felony?

- 1  Yes
- 0  No

**C4.** [If cohort NE 2] Have you ever been convicted of any of the following:

- Theft, burglary, robbery, or larceny 1  Yes 0  No
- a. Assault, battery, or other violent offenses 1  Yes 0  No
- b. Drug or alcohol offenses (such as DUI/DWI, possession, distribution) 1  Yes 0  No
- c. Disorderly conduct, loitering, disturbing the peace 1  Yes 0  No
- d. Financial crimes such as fraud, embezzlement, or forgery 1  Yes 0  No
- e. Something else: \_\_\_\_\_ 1  Yes 0  No

**C5a.** Not including your (current/most recent) period of incarceration, how many times have you been incarcerated in an adult correctional facility?

- 0  Never
- 1  Once
- 2  Two times
- 3  Three to five times
- 4  Six to nine times
- 5  Ten or more times

**C5b.** IF Cohort NE 2 and C5a>0: For how long had you been out before you started your current incarceration period? \_\_\_\_

**C6.** What was the start date of your (current/most recent) period of incarceration?

**C7.** What was the reason for your (current/most recent) incarceration?

Was it a....

(If more than one reason, please select the most serious offense.)

**SELECT ONE ONLY**

- 1  Felony
- 2  Misdemeanor
- 3  Violation of probation or parole

**C8.** What charge is your (current/most recent) incarceration most closely tied to? If your current incarceration is for a technical violation of parole or probation, please select the charge most closely tied to your parole or probation.

**SELECT ONE ONLY**

- 1  Theft, burglary, robbery, or larceny
- 2  Assault, battery, or other violent offense
- 3  Drug or alcohol offense (such as DUI/DWI, possession, distribution)
- 4  Disorderly conduct, loitering, disturbing the peace
- 5  Financial crime such as fraud, embezzlement, or forgery
- 6  Something else? \_\_\_\_\_

**C9.** What (is/was) the maximum length of your (current/most recent) sentence?

**SELECT ONE ONLY**

- 0  N/A – awaiting sentence
- 1  Less than 90 days
- 2  At least 90 days, but less than 6 months
- 3  6 months to less than 12 months
- 4  Between 1 and 2 years
- 5  Between 3 and 5 years
- 6  More than 5 years

[Skip C10 and C11 if cohort = 2]

**C10.** What is your best guess on the date that you will be released?

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

N  N/A, on work release

**C11.** Not including your current period of incarceration, what is the total time you have spent incarcerated over your lifetime?

- 1  This is my first incarceration
- 2  Less than 6 months
- 3  6 months to less than 12 months
- 4  Between 1 and 2 years
- 5  Between 3 and 5 years
- 5  More than 5 years

**D. REENTRY SERVICES**

**E4. What is your primary language?**

**SELECT ONE ONLY**

- 1  English
- 2  Spanish
- 3  Other (*specify*) \_\_\_\_\_

**E5. How would you best describe your marital status?**

**SELECT ONE ONLY**

- 1  Single
- 2  In a committed relationship but not married
- 3  Married
- 4  Separated
- 5  Divorced
- 6  Widowed

**E6. Do you have any children (include both biological or adopted children)?**

- 1  Yes (IF YES: **How many?**): |\_\_|\_\_|
- 0  No **SKIP TO E9**

**E7. Prior to your (most recent) incarceration, how many of your children lived with you at least 50% of the time?**

|\_\_|\_\_| NUMBER OF YOUR CHILDREN WHO LIVED WITH YOU

**E8. Do you have any legal agreements or child support orders that require you to provide financial support for a child?**

- 1  Yes
- 0  No

**E9. Do you have a mental or physical disability that limits your ability to work?**

- 1  Yes
- 0  No

The next question asks about what services you would be interested in receiving.

[Skip D1 if cohort = 2]

**D1. Are you required to participate in [PROGRAM NAME]?**

- 1  Yes
- 0  No

**D2. Which of the following services would you be interested in receiving if they were available to you?**

**SELECT ALL THAT APPLY**

- 1  Employment services (job search assistance, job readiness training, and job placement)
- 2  Case management (a dedicated individual to assist with planning and access to services)
- 3  Supportive services (e.g., housing assistance or mental health services)
- 4  Training for a specific job (*specify job*): \_\_\_\_\_
- 5  Anything else? (*specify*): \_\_\_\_\_

**E. PARTICIPANT DEMOGRAPHICS**

The next questions will help the study team understand study participants. They will only be used for statistical purposes.

**E1. What is your gender?**

**SELECT ALL THAT APPLY**

- 1  Female
- 2  Male
- 3  Transgender female
- 4  Transgender male
- 5  Gender variant/non-binary
- 6  Other gender identity (*specify*): \_\_\_\_\_
- r  Prefer not to answer

**E2. Are you Hispanic or Latino?**

- 1  Yes
- 0  No

**E3. What is your race?**

**SELECT ALL THAT APPLY**

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black, African American
- 4  Native Hawaiian or other Pacific Islander
- 5  White
- 6  Other (*specify*): \_\_\_\_\_

**F. CONTACT INFORMATION**

Thanks for all the information you've provided so far.

We would like to interview you again [after your release] and we would like to know how to get in touch with you. The next series of questions are just to understand how to best reach you if we have a hard time contacting you for the follow-up survey. Please do your best to answer. We understand that you may not know some of these details yet or they may change, but please give your best guess. And as a reminder, this information will be kept private and never shared with anyone outside the study team. It will only be used to contact you about the follow-up survey.

[Skip F1a and F1b if cohort = 2]

**F1a. What was your living situation just before your incarceration?** (IF NECESSARY, READ CATEGORIES)

**MARK ONE ONLY**

- 1  Living alone
- 2  Living with a partner
- 3  Living with friends or roommates
- 4  Living with one or both parents
- 5  Living with other family
- 6  Living in a halfway house or shelter
- 7  On the street or in your car
- 8  Other (specify) \_\_\_\_\_

**F1b. IF F1a NE-6, 7, or 8: Did you own or rent the home you were living in before your incarceration?**

- 1  Own    2  Paid rent    3  Did not own or pay rent

**F1c. What was your address before your [most recent] incarceration?**

IF NO ADDRESS BEFORE INCARCERATION: **What was the last address you had?**

ADDRESS: Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

**F2a. Do you have a plan for where you will stay when you are released?**

- 1  Yes
- 0  No      **SKIP TO F3**

**F2b. How would you best describe your [living situation/ planned living situation for when you are released]? [IF NECESSARY: Will you be living....]**

**MARK ONE ONLY**

- 1  Living alone
- 2  Living with a partner
- 3  Living with friends or roommates
- 4  Living with one or both parents
- 5  Living with other family
- 6  Living in a halfway house or shelter
- 7  Transient

8  Other (specify) \_\_\_\_\_

**F2c. [What is your address/What is the address of the place you plan to stay]? We understand if you're not sure; in that case, please give your best guess about the place where you'll likely stay.**

SAME AS F1c

ADDRESS: Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

**F3. What is the best phone number to reach you (after your release)?**

|\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|

**F3a. Is this your personal phone number, or does it belong to a family member or friend?**

- 1  Personal phone number
- 2  This number belongs to a family member or friend
- 3  This number belongs to another individual or program

**F3b. What is the name of that family member, friend, or other contact?**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**F3c. IF F3a=1: Do we have permission to text you at this phone number if we need to reach you?**

- 1  Yes    0  No    n  N/A – not a cell phone

**F4. What is your primary email address?** \_\_\_\_\_

**F5a. Do you have any social media accounts that may be helpful for contacting you following release?**

1  Yes – Facebook profile name: \_\_\_\_\_

2  Yes – Instagram user name: \_\_\_\_\_

3  Yes – Other platform: \_\_\_\_\_

– User name: \_\_\_\_\_

0  No → **SKIP TO NEXT SECTION**

**F5b. Do you give the study team permission to contact you via social media, such as Facebook and Instagram, if we have trouble reaching you later?**

1  Yes

0  No



**G. CONTACT INFORMATION – OTHER CONNECTIONS**

We would like to ask you for the name, address, and telephone number of 3 close relatives, friends, or other connections (parole officer, case worker, or social worker is ok) we can contact in case you move and we cannot easily locate you for your next interview. **All information collected will be kept private, and we will only contact these people if we are unable to reach you directly after multiple attempts.** Please consider telling us about your grandparents, siblings, friends, or staff at service locations that you expect to interact with following release. **Some contact information is better than no contact information! Please provide as many contacts as possible, even if you do not know all of the information.**

**1. What is the name and address of the first relative, friend, or other connection?**

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS: Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

How is this person related to you?   
 1 Mother  2 Father  3 Sibling  4 Spouse  5 Friend  6 Grandparent  7 Case manager  8 Probation/Parole Officer   
 9 Other \_\_\_\_\_

What name does this person know you as? In other words, how should we ask for you if we need to contact them?  
 \_\_\_\_\_

**TELEPHONE and EMAIL:**

Phone 1: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Area Code Number Area Code Number  
 1 Home  2 Cell  3 Work  1 Home  2 Cell  3 Work

Does this person have a Facebook account?  1 Yes – User name: \_\_\_\_\_

0 No

**2. What is the name and address of the second relative, friend, or other connection?**

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS: Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

How is this person related to you?   
 1 Mother  2 Father  3 Sibling  4 Spouse  5 Friend  6 Grandparent  7 Case manager  8 Probation/Parole Officer   
 9 Other \_\_\_\_\_

What name does this person know you as? In other words, how should we ask for you if we need to contact them?  
 \_\_\_\_\_

**TELEPHONE and EMAIL:**

Phone 1: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Area Code Number Area Code Number  
 1 Home  2 Cell  3 Work  1 Home  2 Cell  3 Work

Does this person have a Facebook account?  1 Yes – User name: \_\_\_\_\_

0 No

