**Diaper Distribution Demonstration and Research Pilot**

*Partner Organizations Data Infrastructure Survey*

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1. Outside of DDDRP, does your organization distribute diapers and/or diapering supplies? Yes/No

[If 1== no, skip to 3]

1. [If 1== yes] Outside of DDRP, how does your organization collect information ***about the people receiving diapers or diapering supplies*?**
2. We *only* collect overall counts of people, families, or the diapering supplies we distribute
3. We collect more than overall counts. We collect the following information **about people receiving diapers or diapering services**:

|  |  |  |
| --- | --- | --- |
| Information that identifies individuals | | |
| * Name | Yes | No |
| * Address | Yes | No |
| * Phone Number | Yes | No |
| * Email | Yes | No |
| * Date of Birth | Yes | No |
| * Social Security Number | Yes | No |
| Demographic information | | |
| * Race/ethnicity | Yes | No |
| * Family Size | Yes | No |
| * Child age(s) | Yes | No |
| * Income | Yes | No |
| * Employment Status | Yes | No |
| * Gender | Yes | No |
| * Other (Please Describe) | Yes | No |

1. What non-diaper services does your organization currently offer?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Service | Within this organization | Via external referral | Not Offered | Unknown |
| **Employment Services** | | |  |  |
| * Skills training and opportunities for job experience |  |  |  |  |
| * Career counseling |  |  |  |  |
| * Job search |  |  |  |  |
| * Post-employment supports |  |  |  |  |
| * Employment supplies |  |  |  |  |
| **Education and Cognitive Development Services** | | |  |  |
| * Early child educational programs   (Head Start, Early Head Start, Other 0-5 education) |  |  |  |  |
| * K-12 education supports |  |  |  |  |
| * Extracurricular programs |  |  |  |  |
| * School Supplies |  |  |  |  |
| * College readiness supports |  |  |  |  |
| * Postsecondary education supports |  |  |  |  |
| * Adult education programs |  |  |  |  |
| * Financial aid assistance |  |  |  |  |
| * Home visits |  |  |  |  |
| **Income and Asset Building Services** | | |  |  |
| * Training and Counseling Services |  |  |  |  |
| * Benefit Coordination and Advocacy |  |  |  |  |
| * Asset Building |  |  |  |  |
| * Loans and Grants |  |  |  |  |
| **Housing Services** | | |  |  |
| * Housing payment assistance |  |  |  |  |
| * Eviction prevention services |  |  |  |  |
| * Utility payment assistance |  |  |  |  |
| * Housing placement/rapid re-housing |  |  |  |  |
| * Housing maintenance and improvements |  |  |  |  |
| * Weatherization services |  |  |  |  |
| **Health and Social/Behavioral Development Services** | | |  |  |
| * Health services, screening, and assessments |  |  |  |  |
| * Reproductive health services |  |  |  |  |
| * Wellness education |  |  |  |  |
| * Mental/behavioral health |  |  |  |  |
| * Support groups |  |  |  |  |
| * Dental services, screenings, and exams |  |  |  |  |
| * Nutrition and food/meals |  |  |  |  |
| * Family skills development |  |  |  |  |
| * Emergency hygiene assistance |  |  |  |  |
| **Civic Engagement and Community Involvement Services** | | |  |  |
| * Voter education, Leadership training, Citizenship classes |  |  |  |  |

1. At your organization, are multiple customer needs assessed using a single intake process? Yes/No
2. Is *diaper need* currently assessed at the time you assess need for other services? Yes/No
3. Does your organization’smain data system currently include the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Information that identifies individuals | | | |
| * Name | | Yes | No |
| * Address | | Yes | No |
| * Phone Number | | Yes | No |
| * Email | | Yes | No |
| * Date of Birth | | Yes | No |
| * Social Security Number | Yes | | No |
| (b) Demographic information | | | |
| * Race/ethnicity | | Yes | No |
| * Family Size | | Yes | No |
| * Child age(s) | | Yes | No |
| * Employment status | | Yes | No |
| * Gender | | Yes | No |
| * Income | | Yes | No |
| * Other (Please Describe) | | Yes | No |
| 1. Assessment of service needs | |  |  |
| * Diaper need | | Yes | No |
| * Need for other services provided by our organization | | Yes | No |
| * Need for services not provided by our organization | | Yes | No |
| (d) The services that individuals or households receive | | | |
| * Diapers/Diapering Supplies | | Yes | No |
| * Non-diaper services provided by your organization | | Yes | No |
| * Referrals to external service organizations | | Yes | No |

(7) If your organization currently stores client, assessment, or service information in more than one data system, please describe. (text)

(8) How often does your organization face the following challenges with data collection and reporting?   
 (1= not at all, 2= some of the time, 3= regularly 0= unsure)

1. Inadequate technology to collect and/or report data
2. Inadequate training for staff or volunteers doing data entry
3. Insufficient staff time for data reporting
4. Known data quality challenges, such as incomplete or inaccurate records
5. Coordinating client information across the services they receive
6. Other (please describe)

(9) Do you currently anticipate any challenges for data collection under DDDRP? Please explain.

*For example: are there data elements or data collection methods that are a consistent challenge for you and/or your partners? Are there particular types of questions that would be difficult for you to collect information on given your current data infrastructure?*

(10) Please provide contact information in case we find that your responses require clarification:

* Name
* Title
* Email Address
* Phone Number