## **Instrument 1**

**HomeEc Special Topic Study - Program Eligibility Screener** 

OMB#: 0970-0356 Expiration Date: 02/29/2024

## Supporting Family Economic Well-Being through Home Visiting (HomeEc) Special Topic Study

## PROGRAM ELIGIBILITY SCREENER

## Introduction

Thank you for your interest in the HomeEc special topic study. We are studying how the COVID-19 pandemic has affected early childhood home visiting's family economic well-being services. This brief questionnaire will help us understand a little more about your program. If selected, we will reach out to schedule a time with a representative from the program to discuss more about your program.

- This survey should take about 10 minutes to complete.
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- **This survey is voluntary**. There are no direct risks or benefits to participating. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. You may withdraw from this study at any time without penalty.
- This study has received approval from the Health Media Lab Institutional Review Board (IRB). If you have any questions about this study or your rights as a research volunteer, please contact Sarah Avellar at <a href="mailto:savellar@mathematica-mpr.com">savellar@mathematica-mpr.com</a>.
- Please click on the START button below to complete your survey.

Q1. What is the name of the program you are nominating to participate in the HomeEc special topic study?				
Q2. Does the program pr	rovide home visiting servi	ces to parents with a you	ng child and/or pregnant p	eople?
☐ Yes ☐ No				
Q3. In what community(	ies), city(ies), or state(s) d	loes the program provide	services?	
	s or services does the prog e complete one row for ea	_	to support their economic wattivities).	vell-
	Type of activity Please very briefly describe the activity, such as coaching, case management, financial education, financial assistance or other activities	Did the program provide this activity during the COVID-19 pandemic (that is, in 2020 and 2021)?	If activity was provided during the COVID-19 pandemic: What was the intended number of hours per family for this activity? Please note if the intended number of hours is per week/per month or per year.	
<b>First activity</b> to support family economic well-being			The second secon	
Second activity to support				
family economic well-being <b>Third activity</b> to support				
family economic well-being				
Q5. Please provide the for program.	ollowing information for t	he person we should con	tact to learn more about the	e
First name:				
Last name:				
Phone:				
Email address:				
Role with the prog	gram:			
Q6a. What is your relation	nship to the contact person?	•		
	SURVEY AND SHOW TE professional acquaintance - TO Q6b			
Q6b. Please provide you	r name and contact infori	nation if you will not be t	the main point of contact.	
First name:				
Last name:				
Phone:				

Thank you for completing the HomeEc Special Topic Study Eligibility Screener!