**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 savellar@mathematica-mpr.com.
* Please click on the START button below to complete your survey.

Screener questions

**Q1. What is the name of the program you are nominating to participate in the HomeEc special topic study?**

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

**Q2. Does the program provide home visiting services to parents with a young child and/or pregnant people?**

* Yes
* No

**Q3. In what community(ies), city(ies), or state(s) does the program provide services?**

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

**Q4. What main activities or services does the program provide to families to support their economic well-being or stability? Please complete one row for each activity (up to three activities).**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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.* |
| **First activity** to support family economic well-being |  |  |  |
| **Second activity** to support family economic well-being |  |  |  |
| **Third activity** to support family economic well-being |  |  |  |

**Q5. Please provide the following information for the person we should contact to learn more about the program.**

 First name:­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Role with the program: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6a. What is your relationship to the contact person?

* Self 🡪 END SURVEY AND SHOW THANK YOU
* Colleague or professional acquaintance 🡪 GO TO Q6b
* Other 🡪 GO TO Q6b

**Q6b. Please provide your name and contact information if you will not be the main point of contact.**

 First name:­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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