

# **Appendix J**

## **Grantee Site Visit Interview Guide**

## Older Adults Home Modification Program Grantee Site Visit Interview Guide<sup>1</sup>

Today's Date (mm/dd/yyyy)	Person Interviewed:			Interviewer Name
	Name	Job Title	Organization	
		(dropdown menu: Project manager, program manager, OT, OTA, CAPS, other [Specify])		

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. Your participation in the Evaluation as a grantee is mandatory as a condition of the grant. The public reporting burden for your collection of information is estimated to be 2 hours per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

**Suggested Script:** *“As we’ve discussed, I’d like to ask you about your grant under the HUD Older Adults Home Modification Program. Now that you’ve begun providing home modification services to homeowners in your community, could you please take a few minutes to reflect on your experiences and provide us feedback? Your reflections will help HUD determine the sustainability of this new Program and may help you improve your program.”*

- 1.** What have been your biggest successes implementing HUD’s Program in your community?
- 2.** What have been the biggest obstacles you’ve encountered implementing the Program? Obstacles may be associated with recruitment, enrollment, staffing capacity, language/translation, attrition, etc.
  - 2a. What actions did you take to overcome these obstacles?
- 3.** Please describe your process for determining client eligibility. \_\_\_\_\_
  - 3a. When multiple older adult homeowners live in the same home, what has been your process for identifying which person should be the client?
- 4.** Please describe your existing older adult services program and any similarities and/or differences between its approach and the HUD Program Services Model. \_\_\_\_\_
  - 4a. How were you able to coordinate your program with the HUD Program?
  - 4b. *(Ask if grantee said their program deviated from HUD’s model)* Why did you decide to include features that differ from HUD’s Program Services Model? \_\_\_\_\_
  - 4c. (Optional): Please provide documents or website(s) that support the adaptations you made to HUD’s model (e.g., the evidence base of these features).

<sup>1</sup> Code for this document: Black font=Question asked of the person being interviewed; *Blue font*=Instructions for the interviewer.

**5.** Please describe experiences you consider important to highlight or lessons you learned during implementation of the HUD Program. \_\_\_\_\_

**6.** Based on your experience thus far, are you interested in continuing the HUD Program and its Program Services Model in your community?  Yes ([Go to 6b](#))  No ([Go to 6a](#))

**6a.** Why aren't you going to continue the program? *Specify:*  
\_\_\_\_\_  
(Go to 7)

**6b.** How have the lessons you've documented shaped your plans for continuing this program once the HUD grant ends?

**6c.** Have you begun talking with partners in your community about continuing the OAHM Program?

**6d.** What steps will you need to take to continue the OAHM Program?

**7.** When you encountered home hazards or client needs that could not be addressed with HUD's Program grant funds, did you, or were you able to, refer homeowners to other agencies or organizations who could help address these hazards or needs?  
 Yes [Go to 7a](#)  No [Go to 8](#)

7a. Please summarize your most common referrals: \_\_\_\_\_

7b. Please describe your referral process: \_\_\_\_\_

**8.** In your opinion, is the program having a positive impact on your community?

Yes [Go to 8a](#)  No [Go to 8b](#)

8a. Please describe how or why the program is having a positive impact: \_\_\_\_\_ [Go to 9](#)

8b. Please describe how or why the program is *not* having a positive impact. \_\_\_\_\_

**9.** Please describe how you staffed your program, including subcontractor support and employment opportunities for low-income individuals in your community: \_\_\_\_\_

**10.** What would it mean for your community if HUD's Program was no longer available?

**11.** Were you able to leverage other resources that helped you implement HUD's Program?

Yes ([Go to 11a](#))  No ([Go to 12](#))

11a. Provide details such as funding amounts and identify resources (e.g., donated materials, volunteer labor, private funding for services not covered by HUD grant, etc.): \_\_\_\_\_

**12.** Is there anything else important or interesting that you'd like to share about your experience with HUD's Program?