

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.

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

B. EDUCATION AND EMPLOYMENT HISTORY

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

☐ Check if currently incarcerated

PartType IS THE STUDY PARTICIPANT BEING
Baseline Information Form Y HOME OR THE

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

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.

- |_|_| AGE AT FIRST ARREST

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

- |__|__| NUMBER OF CONVICTIONS IF 0 SKIP TO C5a

- 1 ☐ Yes
0 ☐ No

- Thrift, 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

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

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

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

- 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? _____

- 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

- N ☐ N/A, on work release

- 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

6

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 sex?

- 1 ☐ Female
 2 ☐ Male
 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):* _____

E4. What is your primary language?**SELECT ONE ONLY**

- 1 ☐ English
 2 ☐ Spanish
 3 ☐ 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?		<input type="checkbox"/> 1 Mother <input type="checkbox"/> 2 Father <input type="checkbox"/> 3 Sibling <input type="checkbox"/> 4 Spouse <input type="checkbox"/> 5 Friend <input type="checkbox"/> 6 Grandparent <input type="checkbox"/> 7 Case manager <input type="checkbox"/> 8 Probation/Parole Officer						
		<input type="checkbox"/> 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 0 Home 2 0 Cell 3 0 Work		1 0 Home 2 0 Cell 3 0 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?		<input type="checkbox"/> 1 Mother <input type="checkbox"/> 2 Father <input type="checkbox"/> 3 Sibling <input type="checkbox"/> 4 Spouse <input type="checkbox"/> 5 Friend <input type="checkbox"/> 6 Grandparent <input type="checkbox"/> 7 Case manager <input type="checkbox"/> 8 Probation/Parole Officer						
		<input type="checkbox"/> 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 0 Home 2 0 Cell 3 0 Work		1 0 Home 2 0 Cell 3 0 Work			

Does this person have a Facebook account? ☐ 1 Yes – User name: _____

☐ 0 No

3. What is the name and address of the third 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?	<input type="checkbox"/> 1 Mother Officer <input type="checkbox"/> 2 Father <input type="checkbox"/> 3 Sibling <input type="checkbox"/> 4 Spouse <input type="checkbox"/> 5 Friend <input type="checkbox"/> 6 Grandparent <input type="checkbox"/> 7 Case manager <input type="checkbox"/> 8 Probation/Parole <input type="checkbox"/> 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: (____) - ____ - ____ Area Code Number 1 <input type="radio"/> Home 2 <input type="radio"/> Cell 3 <input type="radio"/> Work		Phone 2: (____) - ____ - ____ Area Code Number 1 <input type="radio"/> Home 2 <input type="radio"/> Cell 3 <input type="radio"/> Work	
		Email Address: _____	
Does this person have a Facebook account? 1 <input type="radio"/> Yes – User name: _____ <div style="text-align: right;">0 <input type="radio"/> No</div>			

H4. Thank you for enrolling in the study.

H5. As mentioned in the consent form, you will receive \$15 as a ‘thank you’ for providing us with this information. How would you like the \$15 provided to you?

SELECT ONE ONLY

- 1 ☐ IF CARD2COMMISSARY=1: Deposited into my commissary account
- 2 ☐ IF CARD2FACILITY=1: Sent to the facility in the form of a gift card to be put in my file and provided to me at the time of my release
- 3 ☐ IF CARD2COMMUNITY=1: (Or) sent to a family member or friend in the form of a gift card
- N ☐ I do not have anyone the card can be sent to. The study team will hold the \$15 gift card for you until you are released. Just give the study team a call at [PHONE NUMBER] after you're released and have an address where it can be mailed to.

H5a. What is the name of the person to whom you want us to send the \$15 gift card?

Name: _____

H5b. What is their address?

ADDRESS: Number and Street _____ Apt. No. _____

State _____ ZIP Code _____

Thank you again for enrolling in the study!