

Pathway Home Evaluation (PHE)

FOLLOW-UP SURVEY (Draft)

(2023)

List of preloads

Variable	Description	Values/Format	First used at question #
PH PROGRAM NAME	Name of the Pathway Home program R is associated with	Text	IN3
ENROLLDATE	Date of enrollment	XX/XX/XXXX	IN3
SSN	Binary variable to indicate whether or not SSN was collected at enrollment	Yes No	IN4
INCARCERATED	Binary variable to indicate whether or not R is currently incarcerated	Yes No	B2
PROGRAM GROUP	Binary variable to indicate whether or not R was part of the program group	Yes No	C7

List of constructed variables/fills:

Variable	Description	Source	Values/Format	First used at question #
RELEASE DATE	Release date associated with incarceration spell at time of enrollment	Constructed based on response to IN3	XX/XX/XXXX	B1
CHILDREN	Whether or not R has children	Constructed based on response to B10a	Yes No	C28
CURJOB1	R's current job where they make the most income	Constructed based on response to C8	Text	C9

A. INTRODUCTION

ALL

IN1. This survey is part of the Pathway Home Evaluation. Before beginning the survey, you will answer a few questions to confirm that you are the correct person we want to take this survey.

Thank you for being willing to take the survey! It should take around 25 minutes to complete. It asks questions about services you have received, your work, education, housing, and involvement with the criminal justice system. To thank you for your participation, you will receive a gift card worth \$25.

As a reminder, the Pathway Home Evaluation is funded by the U.S. Department of Labor to learn about the experiences of those who have received reentry and employment services from Pathway Home grant programs such as [PH PROGRAM NAME]. The U.S. Department of Labor contracted with Mathematica to run the study.

Responses to this survey will be used for research purposes only. The reports prepared from this survey will summarize responses across all study participants. The answers you give us will not be matched to your name or other identifying characteristics in any reports. No one at your home, place of work, or programs you've participated in will see your answers. Individual survey answers will not be available to anyone outside the study team.

[WEB ONLY] If you are unfamiliar with the Pathway Home Evaluation or believe you are not the correct respondent for this survey, please call us toll free at [NUMBER] or email us at [EMAIL].

[WEB ONLY] Please click "Next" to continue or close this browser window to exit the survey.

[PHONE ONLY] If you are unfamiliar with the Pathway Home Evaluation or believe you are not the correct respondent for this survey, please let us know now.

ALL

IN2. Please spell your first and last name.

_____ (STRING 50)
FIRST NAME

_____ (STRING 50)
LAST NAME

NO RESPONSE.....M

ALL

IN3. According to our records, you enrolled in the [PH PROGRAM NAME] program on [ENROLLDATE] while you were still incarcerated. On what date were you released from that incarceration spell? Your best estimate is fine.

|_|_| / |_|_| / |_|_|_|_| [RELEASE DATE]

RANGE: (01–12) (01–31) (1930–2025)

NO RESPONSE.....M

IF SSN = YES

IN4. What are the last four digits of your Social Security number?

|_|_|_|

RANGE: (0000–9999)

NO RESPONSE.....M

IF SSN = NO

IN5. We did not collect your Social Security number at the time of study enrollment. Please provide your Social Security number. This is just for research purposes and will be kept strictly private.

PROBE: Providing this information is voluntary, however failing to provide it may prevent us from collecting the administrative data necessary for this study.

|_|_|_|-|_|_|-|_|_|_|_|

RANGE: (0000000000–9999999999)

NO RESPONSE.....M

B. DEMOGRAPHICS

ALL

B0. The first few questions will collect demographic information and information about housing and whether you have any children.

NEW

CONTINUE.....1

ALL

B1. Since [RELEASE DATE], how many different places have you lived?

EGYO
HH3

Please do not count time in jail or prison, time on the street, or when unhoused.

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m One.....1

m Two.....2

m Three.....3

m Four or more.....4

m Have been incarcerated or homeless since [RELEASE DATE].....5

.....

NO RESPONSE.....M

IF INCARCERATED = NO

B2. How would you best describe your current living situation?

REO
BIF
E9

[PHONE VERSION: Would you say you are...

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m Living alone.....1

m Living with a partner.....2

m Living with friends, roommates, or renting a room.....3

m Living with one or both parents.....4

m Living with other family.....5

m Living in a halfway house or shelter.....6

m Living in transitional housing or group home.....7

m Living with others as part of a work-release program.....8

m Transient.....9

m Other (*please specify*).....10

SPECIFY TEXT: Please specify your other living situation:

--

(STRING 200)

NO RESPONSE.....M

IF INCARCERATED = YES

B3. What is your planned living situation for when you are released?REO
BIF
E9[PHONE VERSION: **Would you say you plan to...**

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

- m Live alone.....1
- m Live with a partner.....2
- m Live with friends, roommates, or rent a room.....3
- m Live with one or both parents.....4
- m Live with other family.....5
- m Live in a halfway house or shelter.....6
- m Live in transitional housing or group home.....7
- m No housing planned.....9
- m Other (*please specify*).....10

SPECIFY TEXT: Please specify your other living situation:

(STRING 200)

NO RESPONSE.....M

IF INCARCERATED = NO

B4. Do you feel that your current living situation is safe?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

- m Yes.....1
- m No.....0
- NO RESPONSE.....M

IF INCARCERATED = NO

B5. Are you worried about where you will live next month?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

- m Yes.....1
- m No.....0
- NO RESPONSE.....M

ALL

B6. What is your sex?

PHE
BIF
E1

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

- ☐ Female1
- ☐ Male2
- ☐ Prefer not to answer.....r
- NO RESPONSE.....M

ALL

B7. What is the highest level of education you have completed, including any education received while incarcerated?

REO
BIF 23

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

- m Some high school.....1
- m High school diploma or equivalent (GED/HiSET).....2
-
- m Some college.....3
- m Associate degree or vocational degree (two-year degree).....4
- m Bachelor's degree.....5
- m Master's degree or higher.....6
- m None of these.....7
- NO RESPONSE.....M

ALL

B8. Are you currently taking any courses or classes for academic or work-related reasons? For example, college or university degree or certificate programs, computer courses, or job training courses.

NG
C1a

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

- m Yes.....1
- m No.....0

NO RESPONSE.....M

ALL

B9. How would you best describe your marital status?PHE
BIF E5INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

m Single1

m In a committed relationship but not married.....2

m Married.....3

m Separated.....4

m Divorced.....5

m Widowed.....6

NO RESPONSE.....M

ALL

B10a. How many children do you have?PHE
BIF
E6

PROBE: Include both biological and adopted children.

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS. (1-52)

m I do not have any children.....N

NO RESPONSE.....M

IF B10A = 1-52

B10b. Of those children, how many are you a primary caregiver for?BFS
FS54
modINSTRUCTION: DO **NOT** READ RESPONSE OPTIONS. (1-52)

m None.....N

NO RESPONSE.....M

IF B10A = 1-52 AND B10A ≠ B10B

B10c. Do you have any legal agreements or child support orders that require you to provide financial support for a child?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

m Yes.....1

PHE
BIF E8

m No.....2

NO RESPONSE.....M

C. EMPLOYMENT AND INCOME SUPPORT

IF INCARCERATED = NO

C0. The next questions are about your paid work experience since [RELEASE DATE]. Please include any part-time or full-time jobs, self-employment, and under-the-table/off-the-book jobs. Please do not include any unpaid jobs or jobs while incarcerated.

YB EF1

CONTINUE.....1

IF INCARCERATED = NO

C1. Are you currently working a job for pay?

YB E1

REO

PROBE: Working for pay can include regular paid jobs, odd jobs, temporary jobs, work done in your own business, jobs or tasks you find using a web or mobile app, “under the table” work, “off the books” work, paid work experience, apprenticeships, or any other types of work you have done for pay.

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS. IF THEY SAY NO, ASK IF THEY ARE LOOKING FOR WORK.

m Yes.....1

m No, but looking for work.....2

m No, and not looking for work.....3

NO RESPONSE.....M

IF C1 = 1

C2. How many jobs do you currently work?

NEW

|_|_|_|

Range: (01–20)

NO RESPONSE.....M

[If 1 job, go to C8.]

IF C2 > 1

C3. Across all of your current jobs, how many hours do you work in a normal week? Please consider all hours, including any extra hours and overtime. Your best guess is fine.

YEMP-
WS1 mod

PROBE: If less than one hour, report one.

|_|_|_|

Range: (01–168)

NO RESPONSE.....M

IF C2 > 1

C4. Across all of your current jobs, how much are you paid?

PROBE: For the purposes of this question, please think about what you are paid pre-tax.

[PHONE VERSION: Is that weekly, once every two weeks, monthly, or yearly?]

NG
FUP
B16a

	DOLLARS AND		CENTS
(0-250,000)		(0-99)	

m Weekly.....1

m Biweekly (once every 2 weeks).....2

m Monthly.....3

m Yearly.....4

NO RESPONSE.....M

IF C2 > 1

C5. Are any of your current jobs in a career you can see yourself in for the long term?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.EGYO
E18

Select one only

m Yes.....1

m No.....0

NO RESPONSE.....M

IF C2 > 1

C6. Are the following benefits available to you as part of any of your current jobs?

[PHONE VERSION: Please answer with a yes or no.]

INSTRUCTION: READ RESPONSE OPTIONS.

NG B17

Select one per row

	YES	NO
a. Health insurance	1 m	0 m
b. Paid time off/Vacation days	1 m	0 m
c. Paid holidays	1 m	0 m
d. Paid sick days	1 m	0 m

YES	NO
1 m	0 m

e. Retirement or pension plans (for example, 401(l), 403(b), etc.)

NO RESPONSE.....M

IF PROGRAM GROUP = YES
IF C2 > 1

C7. Have you found any of your jobs since [RELEASE DATE] through [PH PROGRAM NAME]?

NEW INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

m Yes.....1

m No.....0

NO RESPONSE.....M

IF C2 > 1

C8intro. Now let's shift gears. My next questions are about the current job where you make the most money. Please answer the following questions thinking only about the one job that you make the most income from.

IF C1 = 1

C8. Where are you currently working? Please tell me the name of the company or employer, or if you are self-employed.

VR F5

PROBE: We ask this because we have a few questions to ask about your job, such as the date you started and how many hours you usually work a week, and it helps to have the name of your employer to refer to.

CURJOB1 (STRING 255)

m Self-Employed.....1

NO RESPONSE.....M

IF C8 ≠ 1
IF CURJOB1 ≠ M, FILL: [CURJOB1]
IF C8 = M, FILL: YOUR CURRENT EMPLOYER

C9. What type of company is [CURJOB1]/[your current employer]? (For example, restaurant, auto repair shop, hospital, etc.)

NG
FUP
B13

(STRING 255)

NO RESPONSE.....M

IF C8 ≠ 1

C10. What is your job title, occupation, or most important duties (for example, nurse aid, distribution specialist, auto/electrical technician, food production worker, etc.)?

NG
FUP
B14

(STRING 255)

NO RESPONSE.....M

IF C8 ≠ 1

IF CURJOB1 ≠ M, FILL: [CURJOB1]

IF C8 = M, FILL: YOUR CURRENT JOB

C11. When did you start working at [CURJOB1]/[your current job]?

PROBE: Please provide the month and year. Your best estimate is fine.

YB E9

/

MONTH YEAR

Range: [01–12] / [2000–2025]

NO RESPONSE.....M

IF C8 ≠ 1

IF CURJOB1 ≠ M, FILL: [CURJOB1]

IF C8 = M, FILL: YOUR CURRENT JOB

C12. How many hours do you work at [CURJOB1]/[your current job] in a normal week?

Please consider all hours, including any extra hours, overtime, and work you did at home.

PROBE: If less than one hour, report one.

YEMP-
WS1 mod

Range: (01–168)

NO RESPONSE.....M

IF C8 ≠ 1
IF CURJOB1 ≠ M, FILL: [CURJOB1] IF C8 = M, FILL: YOUR CURRENT JOB

C13. How much are you paid per hour at [CURJOB1]/[your current job]?
PROBE: For the purposes of this question, please think about your regular scheduled hours, not overtime work.

NG
FUP
B16a

<input type="text"/>	DOLLARS AND	<input type="text"/>	CENTS PER HOUR
(0-99)		(0-99)	
m I am not paid per hour.....N			
NO RESPONSE.....M			

IF C13 = N
IF CURJOB1 ≠ M, FILL: [CURJOB1] IF C8 = M, FILL: YOUR CURRENT JOB

C13a. How much are you paid at [CURJOB1]/[your current job]?
PROBE: For the purposes of this question, please think about what you are paid pre-tax.
[PHONE VERSION: PROBE: Is that weekly, once every two weeks, monthly, or yearly?]

NG
FUP
B16a

<input type="text"/>	DOLLARS AND	<input type="text"/>	CENTS
(0-250,000)		(0-99)	
m Weekly.....1			
m Biweekly (once every 2 weeks).....2			
m Monthly.....3			
m Yearly.....4			
NO RESPONSE.....M			

IF C8 ≠ 1
IF CURJOB1 ≠ M, FILL: [CURJOB1] IF B8 = M, FILL: YOUR CURRENT JOB IF PHONE VERSION: OR, DO YOU

C14. Next, we'd like to understand more about your work schedule at [CURJOB1]/[your current job]. How far in advance do you usually know what days and hours you will need to work?
PROBE: For the purposes of this question, please think about your regular scheduled hours, not overtime work.
[PHONE VERSION: Would you say...]
INSTRUCTION: Read response options.

YEMP-
WS3-
DEL-

- m 3 days or less.....1
 m 4 to 7 days.....2
 m Between 1 and 2 weeks.....3
 m 3 weeks or more.....4
 m [or do you] Always work the same schedule.....5
 NO RESPONSE.....M

IF C8 ≠ 1

IF PHONE: OR

YEMP-
WS4**C15. Which of the following statements best describes how your working hours are decided?**

PROBE: **By working hours, we mean the time you start and finish work, and not the total hours you work per week or month. For the purposes of this question, please think about your regular scheduled hours, not overtime work.**

INSTRUCTION: READ RESPONSE OPTIONS.

- m Starting and finishing times are decided by my employer and I cannot change them on my own.....1
 m Starting and finishing times are decided by my employer but with my input.....2
 m I can decide the time I start and finish work, within certain limits.....3
 m I am entirely free to decide when I start and finish work[, or].....4
 m When I start and finish work depends on things outside of my control and outside of my employer's control.....5
 NO RESPONSE.....M

IF C8 ≠ 1

IF CURJOB1 ≠ M, FILL: [CURJOB1]

IF C8 = M, FILL: YOUR CURRENT JOB

C16. Are the following benefits available to you as part of your current job?

NG B17

[PHONE VERSION: Please answer with a yes or no.]

INSTRUCTION: READ RESPONSE OPTIONS.

Select one per row

	YES	NO
a. Health insurance	1 m	0 m
b. Paid time off/Vacation days	1 m	0 m
c. Paid holidays	1 m	0 m
d. Paid sick days	1 m	0 m
e. Retirement or pension plans (for example, 401(l), 403(b), etc.)	1 m	0 m

NO RESPONSE.....M

IF C8 ≠ 1
ONLY DISPLAY RESPONSE OPTION 1 IF PROGRAM GROUP = YES
IF CURJOB1 ≠ M, FILL: [CURJOB1] IF C8 = M, FILL: YOUR CURRENT EMPLOYER

NEW

C17. How did you find your job at [CURJOB1]/[your current employer]?

INSTRUCTION: Do **not** read response options.

- m Through [PH PROGRAM NAME] [PROGRAM GROUP ONLY].....1
- m Through referral from a friend or family member.....2
- m Job board or job posting.....3
- m Online advertisement.....4
- m Temporary staffing agency.....5
- m Other (*please specify*).....6

SPECIFY TEXT: Please specify how you found your current job:

(STRING 200)

NO RESPONSE.....M

IF C2 = 1 AND C8 ≠ 1

C18. Is your current job in a career you can see yourself in for the long term?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

EGYO
E18

Select one only

- m Yes.....1
- m No.....0

NO RESPONSE.....M

IF C8 ≠ 1
IF PHONE: OR

C19. How satisfied are you with your current job?

NEW

[PHONE VERSION: Would you say...]

INSTRUCTION: READ RESPONSE OPTIONS.

- m Very satisfied.....1
- m Satisfied.....2

m Neutral.....3
 m Unsatisfied [, or].....4
 m Very unsatisfied.....5
 NO RESPONSE.....M

IF PROGRAM GROUP = YES

IF C8 ≠ 1 AND C17 ≠ 1

C20. Have you found any of your jobs post-release through [PH PROGRAM NAME]?

NEW INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m Yes.....1
 m No.....0
 NO RESPONSE.....M

IF C8 = 1

C21. You indicated that you are self-employed. What type of work do you do?

*NG
FUP
B13
mod*

(STRING 255)

NO RESPONSE.....M

IF C8 = 1

C22. How many hours do you work in a normal week?

*YEMP-
WS1 mod*

PROBE: If less than one hour, report one.

|_|_|_|

Range: (01–168)

NO RESPONSE.....M

IF C8 = 1

C23. How much do you make in a normal week?

PROBE: For the purposes of this question, please think about what you make pre-tax.
 Your best estimate is fine.

*NG
FUP
B16a
mod*

DOLLARS

(0-250,000)

NO RESPONSE.....M

IF C8 = 1

C24. Is your current job in a career you can see yourself in for the long term?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

EGYO
E18

Select one only

m Yes.....1

m No.....0

NO RESPONSE.....M

IF C8 = 1

C25. How satisfied are you with your current job?

NEW

[PHONE VERSION: **Would you say....**]

INSTRUCTION: READ RESPONSE OPTIONS.

m Very satisfied.....1

m Satisfied.....2

m Neutral.....3

m Unsatisfied.....4

m Very unsatisfied.....5

NO RESPONSE.....M

C1 = 2 OR 3

C26. Have you worked any paying jobs since [RELEASE DATE]?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

NEW

Select one only

m Yes.....1

m No.....0

NO RESPONSE.....M

IF INCARCERATED OR IF C26 = 1

C26a. When did you last work a paying job?

PROBE: **Please provide the month and year of when your last paying job ended.**

NEW

|_|_| / |_|_|_|_|

MONTH YEAR

Range: [01–12] / [2000–2024]

NO RESPONSE.....M

IF C1 = 2 OR 3

C27. What is the MAIN reason you are not currently working?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

[PHONE VERSION: IF MORE THAN ONE REASON GIVEN, SAY: Of those reasons, which would you say is MAIN reason?]

Select one only

m Unable to fulfill qualifications

1

m Personal health problems

2

m Unreliable transportation

3

m Instable housing

4

m Unable to find suitable job

5

m Conflicts with other programs or treatments

6

m Incarcerated

7

m Do not want to work

8

m Do not need to work

9

m Other (*please specify*)

10

SPECIFY TEXT: Please specify the other reason:

(STRING 200)

NO RESPONSE.....M

IF INCARCERATED = NO

ONLY DISPLAY RESPONSE OPTION E IF FEMALE = YES

ONLY DISPLAY RESPONSE OPTION F IF CHILDREN = YES

YB
E20
mod**C28. In the past month, did you receive any of the following income supports...**

[PHONE VERSION: Please answer with a yes or no.]

INSTRUCTION: READ RESPONSE OPTIONS.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. TANF or welfare?	<input type="radio"/> m	<input type="radio"/> m
b. Unemployment insurance?	<input type="radio"/> m	<input type="radio"/> m
c. SNAP or food stamps?	<input type="radio"/> m	<input type="radio"/> m
d. Rental assistance or subsidized housing?	<input type="radio"/> m	<input type="radio"/> m
e. [IF FEMALE: Special Supplemental Food Program for Women, Infants, and Children (WIC)?]	<input type="radio"/> m	<input type="radio"/> m
f. [IF AT LEAST 1 CHILD: Childcare subsidies?]	<input type="radio"/> m	<input type="radio"/> m
g. Supplemental Security Income or, Social Security Disability, Retirement, or Survivor's benefits?	<input type="radio"/> m	<input type="radio"/> m
h. Assistance with utilities, such as gas, electricity, or water?	<input type="radio"/> m	<input type="radio"/> m
i. Money from family or friends?	<input type="radio"/> m	<input type="radio"/> m
j. Any other type of income support? <i>(Please specify)</i>	<input type="radio"/> m	<input type="radio"/> m

SPECIFY TEXT: Please specify the other type of income support:

(STRING 200)

NO RESPONSE.....M

D. SERVICE RECEIPT

ALL

D0. The following questions ask you about services you may have received since you enrolled in the evaluation on [ENROLL DATE]. [PROGRAM GROUP ONLY: When thinking about these services, please include services that were provided through [PH PROGRAM] or any other organizations.]

YB EF1

Sometimes we will ask about services received pre-release or post-release. By “pre-release” we mean during the time you were incarcerated. By “post-release” we mean after you were released or since [RELEASE DATE].

CONTINUE.....1

Reentry planning services

ALL

DISPLAY PROBE IF PROGRAM GROUP = YES

*EGYO
SR12*

D1. Since [ENROLL DATE], have you received or participated in any of the following reentry planning services?

PROBE: Please include services provided by any organization.

[PHONE VERSION: Please answer yes or no to each of the following.]

INSTRUCTION: READ RESPONSE OPTIONS.

Select one per row

	YES	NO
a. Help getting photo identification, including getting your driver's license back or reinstated	1 m	0 m
b. Help getting an occupational license reinstated	1 m	0 m
c. Planning for benefits assistance (SNAP, Medicaid, etc.)	1 m	0 m
d. Planning for post-release housing	1 m	0 m
e. Referrals for medical services and/or mental health treatment	1 m	0 m

NO RESPONSE.....
M

Work experiences and training related services

ALL

DISPLAY PROBE IF PROGRAM GROUP = YES

REO
grantee
survey

D2. Since [ENROLL DATE], have you participated in any occupational skills training in a classroom or other non-workplace setting?

PROBE: Please include any education or training provided by any organization.

Select one only

- m Yes..... 1
- m No..... 0
- NO RESPONSE..... M

IF D2 = 1

D2a. Did you participate in these occupational skills training activities....

PROBE: By “pre-release” we mean during the time you were incarcerated. By “post-release” we mean after you were released or since [RELEASE DATE].

INSTRUCTION: READ RESPONSE OPTIONS.

NEW

Select one only

- m Pre-release only..... 1
- m Post-release only[, or]..... 2
- m Both pre-release and post-release..... 3
- NO RESPONSE..... M

IF D2 = 1

D2b. Did your occupational skills training lead to an industry-recognized credential?

An industry-recognized credential is a degree, diploma, certificate, or certification that provides recognition of a technical or occupational skill necessary to obtain employment or advance within an occupation. It is developed or endorsed by a nationally recognized industry, professional, or occupational association and/or sought out or accepted by employers within the industry.¹ Examples include Certified Welder or HVAC Technician.

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

- m Yes..... 1
- m No..... 0
- NO RESPONSE..... M

¹ Definition adapted from https://wdr.doleta.gov/directives/attach/TEGL/TEGL_7-14-Acc.pdf

IF D2b = 1

D2c. What industry recognized credential did you receive?

(STRING 255)
NO RESPONSE.....M

IF D2 = 1

D2d. What type of job was this occupational skills training preparing you for?

(STRING 255)
NO RESPONSE.....M

IF D2 = 1

D2e. Did you graduate from or complete the occupational skills training program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

SNAP
C15
mod

Select one only

- m Yes, graduated or completed the occupational skills training program.....1
- m No, stopped participating before graduating or completing the occupational skills training program.....2
- m Still participating in the occupational skills training program.....3

NO RESPONSE.....M

IF D2E = 2

EGYO
YB
D2/d5
mod

D2f. Why did you stop participating in the occupational skills training program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select all that apply

- o Unreliable transportation1
- o The program did not fit in with your schedule.....2
- o Started a job.....3
- o Moved.....4
- o Had to care for a family member.....5
- o Had health problems or an injury.....6
- o Did not like the program.....7

- ☐ Did not get along with program staff 8
- ☐ Did not like or get along with other participants 9
- ☐ Was asked to leave 10
- ☐ Started a new training or apprenticeship program 11
- ☐ The program was not offered for the occupation or industry you wanted to work in. 12
- ☐ Became incarcerated. 13
- ☐ Other (SPECIFY) 99

SPECIFY TEXT: Please specify the other reason:

 (STRING 200)

NO RESPONSE.....M

ALL

DISPLAY PROBE IF PROGRAM GROUP = YES

D3. Since [ENROLL DATE], have you participated in any *unpaid* training opportunities in a work setting (might be called work-based learning, pre-apprenticeship, or unpaid internship)?

PROBE: Please include any unpaid training opportunities provided by any organization.

Select one only

m Yes.....1

m No.....0

NO RESPONSE.....M

IF D3 = 1

D3a. Did you participate in these unpaid training activities....

INSTRUCTION: READ RESPONSE OPTIONS.

NEW

Select one only

m Pre-release only.....1

m Post-release only[, or].....2

m Both pre-release and post-release.....3

NO RESPONSE.....M

ALL

DISPLAY PROBE IF PROGRAM GROUP = YES

REO
grantee
survey

D4. Since [ENROLL DATE], have you participated in any *paid* employment-based training (including on the job training, paid internships, apprenticeships, subsidized employment, and transitional jobs)

PROBE: Please include any paid training opportunities provided by any organization.

Select one only

m Yes.....1
m No.....0
NO RESPONSE.....M

IF D4 = 1

D4a. Did you participate in these paid employment-based training activities....

INSTRUCTION: READ RESPONSE OPTIONS.

NEW

Select one only

m Pre-release only.....1
m Post-release only[, or].....2
m Both pre-release and post-release.....3

NO RESPONSE.....M

IF D4 = 1

D4b. Did these paid employment-based training activities lead to an industry-recognized credential?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m Yes.....1
m No.....0
NO RESPONSE.....M

IF D4b = 1

D4c. What industry recognized credential did you receive?

(STRING 255)
NO RESPONSE.....M

IF D4 = 1

D4d. What type of job was this paid employment-based training preparing you for?

(STRING 255)
NO RESPONSE.....M

IF D4 = 1

D4e. Did you graduate from or complete the paid employment-based training program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

SNAP
C15

Select one only

- m Yes, graduated or completed the paid employment-based training program.....1
- m No, stopped participating before graduating or completing the paid training employment-based training program.....2
- m Still participating in the paid employment-based training program.....3
- NO RESPONSE.....M

IF D4E = 2

EGYO
YB
D2/d5
mod

D4f. Why did you stop participating in the paid employment-based training program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select all that apply

- o Unreliable transportation1
- o The program did not fit in with your schedule.....2
- o Started a job.....3
- o Moved.....4
- o Had to care for a family member.....5

- ☐ Had health problems or an injury.....6
- ☐ Did not like the program.....7
- ☐ Did not get along with program staff 8
- ☐ Did not like or get along with other participants 9
- ☐ Was asked to leave 10
- ☐ Started a new training or apprenticeship program 11
- ☐ The program was not offered for the occupation or industry you wanted to work in. 12
- ☐ Became incarcerated. 13
- ☐ Other (SPECIFY) 99

SPECIFY TEXT: Please specify the other reason:

(STRING 200)

NO RESPONSE.....M

Employment-related services

ALL
DISPLAY PROBE IF PROGRAM GROUP = YES

D5. Since [ENROLL DATE], have you received any of the following employment-related services?

[PHONE VERSION: Please answer yes or no to each of the following...]

PROBE: Please include any employment-related services provided by any organization.

INSTRUCTION: READ RESPONSE OPTIONS.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Help exploring different career options, such as taking a career interest assessment or listening to speakers describe workplaces and careers	1 m	0 m
b. Job search assistance, including help filling out an application, writing a resume, or practicing for an interview	1 m	0 m
c. Help learning how to be ready for a job (for example, training on expectations in the workplace, such as being on time, or guidance on ways to communicate effectively and receive feedback)	1 m	0 m
d. Help with other job-related items, such as help getting clothes, uniforms, or tools	1 m	0 m
e. Help with learning how to talk to employers about criminal record	1 m	0 m

NO RESPONSE.....M

IF D5ANY = 1

D5a. Did you participate in these employment-related services...

INSTRUCTION: READ RESPONSE OPTIONS.

NEW

Select one only

m Pre-release only.....1

m Post-release only[, or].....2

m Both pre-release and post-release.....3

NO RESPONSE.....M

Legal-related services

ALL

DISPLAY PROBE IF PROGRAM GROUP = YES

EGYO
SR12
mod**D6. Since [ENROLL DATE], have you received help with any of the following legal-related services?**

PHONE VERSION: Please answer yes or no to each of the following.

PROBE: Please include any legal-related services provided by any organization.

INSTRUCTION: READ RESPONSE OPTIONS.

Select one per row

	YES	NO
a. Help getting legal fees or fines paid or waived	1 m	0 m
b. Help with a housing issue (such as an eviction)	1 m	0 m
c. [IF AT LEAST 1 CHILD: Help with a modification to a child support order or a custody agreement]	1 m	0 m
d. Help cleaning up your record, including getting your record sealed, expunged, or receiving a pardon	1 m	0 m

IF D6ANY = 1

D6a. Did you receive legal-related services...

INSTRUCTION: READ RESPONSE OPTIONS.

NEW

Select one only

m Pre-release only.....1

m Post-release only.....2

m Both pre-release and post-release.....3

NO RESPONSE.....M

Other services

ALL

- D7. Since [ENROLL DATE] have you participated in peer-support or mentoring?
- PROBE: **Supporters or mentors provide knowledge and experience, as well as emotional, social, or practical help.**
- INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.
- m Yes1
- m No.....2
- NO RESPONSE.....M

E. Program Experience [PROGRAM GROUP ONLY]

IF PROGRAM GROUP = YES

E0. The next series of questions are about your experiences with the [PH PROGRAM NAME] program.

CONTINUE.....1

IF PROGRAM GROUP = YES

E1. Which of the following best describes your current status at the [PH PROGRAM NAME] program?

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

- m Currently enrolled in the [PH PROGRAM NAME] program and have not yet graduated or completed the program1
- m Graduated from or completed the [PH PROGRAM NAME] program.....2
- m Stopped participating in the [PH PROGRAM NAME] program before graduating or completing the program.....3
- m Never participated in [PH PROGRAM NAME] program services.....4
- NO RESPONSE.....M

IF E1 = 1

E2. Are you currently receiving post-release services from [PH PROGRAM NAME] program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

- m Yes.....1
- m No.....2
- NO RESPONSE.....M

IF E1 = 2 OR 3

E3. Did you ever receive post-release services from [PH PROGRAM NAME] program?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

- m Yes.....1
- m No.....2
- NO RESPONSE.....M

IF E1 = 3 OR 4
FILL [STOP PARTICIPATING/NOT ENROLL] FROM D1
IF E1 = 3 : [STOP PARTICIPATING]
IF E1 = 4 : [NOT ENROLL]

E4. Why did you [stop participating/not enroll] in post-release services from the [PH PROGRAM NAME] program?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select all that apply

- ☐ Unreliable transportation.....1
 - ☐ The program did not fit in with your schedule.....2
 - ☐ Got a job.....3
 - ☐ Moved.....4
 - ☐ Had to care for a family member.....5
 - ☐ Had health problems or an injury.....6
 - ☐ Did not like the program.....7
 - ☐ Did not get along with program staff.....8
 - ☐ Did not like or get along with other participants.....9
 - ☐ Were asked to leave.....10
 - ☐ The program did not offer training for the job you wanted.....11
 - ☐ The program did not meet your needs.
.....12
 - ☐ Were incarcerated.
.....13
 - ☐ Some other reason (please specify).....14
-
- (STRING 255)
- NO RESPONSE.....M

IF E1 = 1, 2, OR 3

E5intro. The next series of questions will ask about your experiences with case management. By case management we mean having someone, such as a social worker, who meets with you to assess your needs, helps connect you to services based on your needs, and meets with you regularly to see how you're doing.

CONTINUE.....1

IF E1 = 1, 2, OR 3

E5. Did you receive case management from [PH PROGRAM NAME] staff pre-release?

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m Yes.....1

m No.....2

NO RESPONSE.....M

IF E5 = 1

E5a. Did any of your pre-release case management occur in person?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

NEW

m Yes.....1

m No.....2

NO RESPONSE.....M

IF E5 = 1

E6. How would you rate your overall pre-release case management?[PHONE VERSION: **Would you say it was....**]

NEW

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m Excellent.....1

m Very Good.....2

m Good.....3

m Fair[, or].....4

m Poor.....5

NO RESPONSE.....M

IF E1 = 1, 2, OR 3

IF E2 = 1, FILL: [HAVE YOU RECEIVED]

IF E3 = 1, FILL: [DID YOU RECEIVE]

E7. [Have you received/did you receive] case management from [PH PROGRAM NAME] after release in [RELEASE DATE]?

NEW

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

m Yes.....1

m No..... 2

NO RESPONSE..... M

IF E7 = 1

IF E2 = 1, FILL: [HAVE YOU INTERACTED WITH]

IF E3 = 1, FILL: [DID YOU INTERACT WITH]

E8. How many times [have you interacted with/did you interact with] your case manager post-release?

NEW

[PHONE VERSION: **Would you say ...**]

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m 1 or 2 times..... 1

m 3 to 5 times[,or]..... 2

m 6 or more times..... 3

NO RESPONSE..... M

IF E7 = 1

IF E2 = 1, FILL: [HAS] AND [OCCURRED]

IF E3 = 1, FILL: [DID] AND [OCCUR]

E9. [Has/Did] any of your post-release case management [occurred/occur] in person?

NEW

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m Yes..... 1

m No..... 2

NO RESPONSE..... M

IF E5 = 1 AND E7 = 1

IF E2 = 1, FILL: [IS]

IF E3 = 1, FILL: [WAS]

E10. [Is/Was] your post-release case manager the same person you worked with pre-release?

NEW

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

m Yes, same person as pre-release..... 1

m No, different person than pre-release..... 2

m Same person at first, but then was changed to different person.....3
NO RESPONSE.....M

IF E7 = 1

E11. How would you rate your overall post-release case management?

[PHONE VERSION: **Would you say...**
INSTRUCTION: READ RESPONSE OPTIONS.

NEW

- Select one only
- m Excellent.....1
m Very Good.....2
m Good.....3
m Fair[, or].....4
m Poor.....5

F. HEALTH AND WELL-BEING

ALL

F0. The next series of questions are about your health and well-being.

CONTINUE.....1

ALL

F1. In general would you say your *physical* health is...

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m Excellent.....1

m Very Good.....2

m Good.....3

m Fair[, or].....4

m Poor.....5

NO RESPONSE.....M

ALL

F2. In general would you say your *mental* health is...

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m Excellent.....1

m Very Good.....2

m Good.....3

m Fair[, or].....4

m Poor.....5

NO RESPONSE.....M

ALL

F3. Since [RELEASE DATE], has there been a time when you needed to go to a doctor, the dentist, or the hospital but couldn't because you didn't have money or medical insurance?

INSTRUCTION: DO NOT READ RESPONSE OPTIONS.

Select one only

m Yes.....1

m No.....2

YB I1
mod

YB I1
mod

RExO
J1 mod

NO RESPONSE.....M

ALL

- F4. Since [RELEASE DATE], has there been a time when you wanted mental health counseling but couldn't get it because you didn't have money or couldn't find a provider?**

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

RExO
J1 mod

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

- F5. Since [RELEASE DATE], has there been a time when you wanted substance use treatment but couldn't get it because you didn't have money or couldn't find a provider?**

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

RExO
J1 mod

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

- F6. Does your physical health ever limit your ability to work?**

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

PHE
BIFE9
mod

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

- F7. Does your mental health ever limit your ability to work?**

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select one only

PHE
BIFE9
mod

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

F8. Since [RELEASE DATE], how often has alcohol or drug use interfered with your responsibilities, either at work or elsewhere?YB I10
mod

[PHONE VERSION: Would you say...

INSTRUCTION: READ RESPONSE OPTIONS.

Select one only

m Never.....1

m 1 time[, or].....2

m More than 1 time.....3

NO RESPONSE.....M

IF F8 = 2 OR 3

F9. Since [RELEASE DATE], did you spend any time in a treatment program for substance abuse?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*RExO
J8a

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

F10. Are you currently covered by health insurance? This could include coverage from your or someone else's employer, coverage purchased directly from a private insurance company, and Medicaid or any other government program that pays for medical care.INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*WW
55.21
mod

m Yes.....1

m No.....2

NO RESPONSE.....M

ALL

F11. Do you agree or disagree with the following statements about your current relationships with family and friends?YB
55.21

[PHONE VERSION: [READ STATEMENT], Do you strongly agree, agree, disagree, or strongly disagree with that statement.]

INSTRUCTION: READ RESPONSE OPTIONS.

Select one per row

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. There are people I know who will help me if I really need it	1 m	2 m	3 m	4 m
b. I have a trustworthy person to turn to if I have problems	1 m	2 m	3 m	4 m

G. CRIMINAL JUSTICE INVOLVEMENT

ALL

G0. You told us earlier that you were released on [RELEASE DATE]. The next series of questions will ask about involvement you may have had with the criminal legal system since that date.

NEW

As a reminder, the answers you give us will not be matched to your name or other identifying characteristics in any reports. No one at your home, place of work, or programs you've participated in will see your answers.

CONTINUE.....1

ALL

G1. Since [RELEASE DATE], how many times have you been arrested or taken into custody for any reason?

RP
F1

PROBE: This includes being arrested for a new crime, illegal offense, or a probation or parole violation. Please do not include minor motor vehicle violations.

NUMBER OF ARRESTS

(RANGE 1–99)

m None.....99

NO RESPONSE.....M

IF G1 ≠ N

INCLUDE [FIRST] IF G1 > 1

G2. Since [RELEASE DATE], in what month and year were you [first] arrested?

RP
F2

PROBE: If you aren't sure of the exact date, please just give your best estimate.

 /

MONTH YEAR

Range: [01–12] / [2020–2024]

NO RESPONSE.....M

ALL

G3a. Since [RELEASE DATE], how many times have you violated probation or parole?RP
F1
mod**PROBE: Please include any technical probation or parole violations. [WEB ONLY: If you have not been convicted or pleaded guilty to a crime or illegal offense, please select “None.”]**

NUMBER OF CONVICTIONS

(RANGE 0–99)

m None.....99

NO RESPONSE.....M

ALL

G3b. Since [RELEASE DATE], how many times have you been convicted or pleaded guilty to a crime or illegal offense?RP
F1
mod**PROBE: Please do not include probation or parole violations or minor motor vehicle violations. [WEB ONLY: If you have not been convicted or pleaded guilty to a crime or illegal offense, please select “None.”]**

NUMBER OF CONVICTIONS

(RANGE 0–99)

m None.....99

NO RESPONSE.....M

ALL

G4. Since [RELEASE DATE], have you been sentenced to spend time in a prison, jail, or other correctional facility?YB F7
mod**Please include instances when you did not actually serve the time, parole and probation violations included.**

[PHONE VERSION: IF YES, PROBE: Were you sentenced to time in jail prison, or to another type of correctional facility?]

INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.

Select all that apply

- ☐ Sentenced to time in jail
- 1
- ☐ Sentenced to time in prison
- 2
- ☐ Sentenced to another type of correctional facility
- 3
- ☐ Another type of sentence (such as community service, house arrest, etc.)
- 4
- ☐ None of the above
- 0
- NO RESPONSE
- M

IF G4 ≠ 0

G4a. Was this because of...

RP
F7

INSTRUCTION: READ RESPONSE OPTIONS.

Select all that apply

- ☐ A crime committed before [RELEASE DATE]?.....1
- ☐ A crime committed after [RELEASE DATE]? [Or.].....2
- ☐ A probation or parole violation?.....3
- ☐ Some other reason (please specify).....4

(STRING 255)

NO RESPONSE.....M

IF G4 ≠ 0

G4b. What is the total time you have spent in incarceration since [RELEASE DATE]? This includes time spent awaiting trial.

RP
F8

|_|_|_|.

Range: [01–999]

NO RESPONSE.....M

G4b_unit.

Days

1

Weeks

2

Months

3

Years

4

ALL

G5. Since [RELEASE DATE], have you been required to pay any fines or fees?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

m Yes.....1

m No.....0

NO RESPONSE.....M

NG
FUP
D7a

ALL

G6. Since [RELEASE DATE], how many months did you spend on probation or parole?

|_|_|_|. MONTHS

Range: [01–999]

m I did not spend any time on parole/probation since [RELEASE DATE].....0

m I have been on parole/probation the whole time.....99

NO RESPONSE.....M

RP
F9

IF G6 ≠ 0

G6a. Are you currently on probation or parole?INSTRUCTION: DO **NOT** READ RESPONSE OPTIONS.*Select one only*

m Yes.....1

m No.....0

RP
F10

NO RESPONSE.....M

ALL

G7. Thank you for completing our survey! As a thank you, we'd like to send you a \$40 gift card. Would you prefer a Visa gift card mailed to you, or an Amazon ecode delivered by email?

Select one only

m Visa gift card sent by mail.....1

m Amazon ecode sent by email.....2

NO RESPONSE.....M

IF G7 = 1

MailAddress. Please provide your mailing address.

INSTRUCTION: CONFIRM ADDRESS WITH RESPONDENT BEFORE CONTINUING.

_____(STRING (60))
Street Address Line 1

_____(STRING (60))
Street Address Line 2

_____(STRING (10))
ZIP Code

_____(STRING (20))
City

_____(STRING (2))
State

IF G7 = 2

EmailAddress. Please provide your email address.

INSTRUCTION: CONFIRM EMAIL ADDRESS WITH RESPONDENT BEFORE CONTINUING.

(STRING (50))_____

ALL

G8. (FINAL) Thank you! Your survey has been submitted.

