**TITLE: The Community Choice Demonstration**

**HUD Form # N/A**

**OMB # 2528-0337**

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| **LOCATION** | **CURRENT TEXT** | **REVISED TEXT** |
| Attachment G\_The Child Assessment & The Obesity and Type II Diabetes Risk Assessment\_Assent\_Revised; p. 2 | *[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph]* We will also ask you about your ~~gender~~ and sexual orientation. Remember, you can skip any questions you don’t want to answer. | *[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph]* We will also ask you about your sex and sexual orientation. Remember, you can skip any questions you don’t want to answer. |
| Attachment L\_The Child and MOVED Assessments\_Consent - CLEAN\_Revised; p. 4 | Children aged 12 years and older will also be asked additional questions about health behaviors and how they see their identity, including their ~~gender~~ and sexual identity.  | Children aged 12 years and older will also be asked additional questions about health behaviors and how they see their identity, including their sex and sexual orientation.  |
| Attachment I.1\_The Child Assessment\_Direct Child Assessment\_Baseline\_Revised; p. 6; p. 13 | **p. 6: A.14** [ASK IF CHILD 12+ & ANSWERED “A FEW TIMES A YEAR” OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? (*Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13*)[*Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question*][ ]  Your ancestry or national origins[ ]  Your ~~gender~~[ ]  Your race[ ]  Your age[ ]  Your religion[ ]  Your height[ ]  Your weight[ ]  Some other aspect of your physical appearance[ ]  Your sexual orientation[ ]  The amount of money your family has[ ]  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t know[ ]  Prefer not to answer**p. 13: B.15** [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):[*Source: National Center for Health Statistics, Johns Hopkins question*][ ]  Male[ ]  Female[ ]  Transgender, non-binary, or another gender[ ]  Don’t know[ ]  Prefer not to answer | **p. 6: A.14** [ASK IF CHILD 12+ & ANSWERED “A FEW TIMES A YEAR” OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? (*Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13*)[*Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question*][ ]  Your ancestry or national origins[ ]  Your sex[ ]  Your race[ ]  Your age[ ]  Your religion[ ]  Your height[ ]  Your weight[ ]  Some other aspect of your physical appearance[ ]  Your sexual orientation[ ]  The amount of money your family has[ ]  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t know[ ]  Prefer not to answer**p. 13: B.15** [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):[*Source: National Center for Health Statistics, Johns Hopkins question*][ ]  Male[ ]  Female[ ]  Prefer not to answer |
| Attachment I.2\_The Child Assessment\_Direct Child Assessment\_Follow-up\_Revised; p. 13 | **p. 6: A.14** [ASK IF CHILD 12+ & ANSWERED “A FEW TIMES A YEAR” OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? (*Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13*)[*Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question*][ ]  Your ancestry or national origins[ ]  Your ~~gender~~[ ]  Your race[ ]  Your age[ ]  Your religion[ ]  Your height[ ]  Your weight[ ]  Some other aspect of your physical appearance[ ]  Your sexual orientation[ ]  The amount of money your family has[ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_ )[ ]  Don’t know[ ]  Prefer not to answer**p. 13: B.15** [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):[*Source: National Center for Health Statistics, Johns Hopkins question*][ ]  Male[ ]  Female[ ]  Transgender, non-binary, or another gender[ ]  Don’t know[ ]  Prefer not to answer | **p. 6: A.14** [ASK IF CHILD 12+ & ANSWERED “A FEW TIMES A YEAR” OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? (*Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13*)[*Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question*][ ]  Your ancestry or national origins[ ]  Your sex[ ]  Your race[ ]  Your age[ ]  Your religion[ ]  Your height[ ]  Your weight[ ]  Some other aspect of your physical appearance[ ]  Your sexual orientation[ ]  The amount of money your family has[ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_ )[ ]  Don’t know[ ]  Prefer not to answer**p. 13: B.15** [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):[*Source: National Center for Health Statistics, Johns Hopkins question*][ ]  Male[ ]  Female[ ]  Prefer not to answer |
| Revised - Attachment G Mobility Services Tracking Tool\_Revised; p. 1 | Under **Data fields to be collected on each head of household**one bullet point was for “Gender of Children” | This bullet point has been eliminated because that information is not being collected. |
| Supporting Statement A; p. 1; p. 4; p. 30 | p.1: “Demponstration” for short.p. 4: CA-2. Does the impact of being offered CMRS on these domains vary by child age or ~~gender~~?p. 30: The report will also summarize any differences in effects by children’s age and ~~gender~~ identified. | p. 1: The typo has been fixed to: “Demonstration” for short.p. 4: CA-2. Does the impact of being offered CMRS on these domains vary by child age or sex? p. 30: The report will also summarize any differences in effects by children’s age and sex identified. |
| Attachment M.1\_The Obesity & Type II Diabetes Risk Assessment\_Survey\_Baseline – Revised; p. 28; p. 33 | p. 28: [*Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement invariance across gender and age in a population-based sample. Psychological Assessment.*]p. 33: C60. [IF RESPONSE TO AT LEAST ONE QUESTION ABOVE IS “A FEW TIMES A YEAR” OR MORE] What do you think is the main reason for this experience? [SELECT ALL THAT APPLY. This item is asked only once and not for each time that a person reports discrimination]€ Your Ancestry or National Origins   € Your ~~Gender~~   € Your Race   € Your Age   € Your Religion€ Your Height   € Your Weight€ Some other Aspect of Your Physical Appearance€ Your Sexual Orientation€ Your Education or Income Level   € Don’t know€ Prefer not to answer [*Source: Everyday Discrimination Scale, Short Form;* [*https://scholar.harvard.edu/davidrwilliams/node/32397*](https://scholar.harvard.edu/davidrwilliams/node/32397)] | p. 28: [*Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement invariance across sex and age in a population-based sample. Psychological Assessment.*]p. 33: C60. [IF RESPONSE TO AT LEAST ONE QUESTION ABOVE IS “A FEW TIMES A YEAR” OR MORE] What do you think is the main reason for this experience? [SELECT ALL THAT APPLY. This item is asked only once and not for each time that a person reports discrimination]€ Your Ancestry or National Origins   € Your Sex   € Your Race   € Your Age   € Your Religion€ Your Height   € Your Weight€ Some other Aspect of Your Physical Appearance€ Your Sexual Orientation€ Your Education or Income Level   € Don’t know€ Prefer not to answer [*Source: Everyday Discrimination Scale, Short Form;* [*https://scholar.harvard.edu/davidrwilliams/node/32397*](https://scholar.harvard.edu/davidrwilliams/node/32397)] |
| Attachment M.2\_The Obesity & Type II Diabetes Risk Assessment\_Survey\_Follow-up – Revised; p. 30; p. 35 | p. 30: [*Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement invariance across gender and age in a population-based sample. Psychological Assessment.*]p. 35: C60. [IF RESPONSE TO AT LEAST ONE QUESTION ABOVE IS “A FEW TIMES A YEAR” OR MORE] What do you think is the main reason for this experience? [SELECT ALL THAT APPLY. This item is asked only once and not for each time that a person reports discrimination]€ Your Ancestry or National Origins   € Your ~~Gender~~  € Your Race   € Your Age   € Your Religion€ Your Height   € Your Weight€ Some other Aspect of Your Physical Appearance€ Your Sexual Orientation€ Your Education or Income Level   € Don’t know€ Prefer not to answer [*Source: Everyday Discrimination Scale, Short Form;* [*https://scholar.harvard.edu/davidrwilliams/node/32397*](https://scholar.harvard.edu/davidrwilliams/node/32397)] | p. 30: [*Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement invariance across sex and age in a population-based sample. Psychological Assessment.*]p. 35: C60. [IF RESPONSE TO AT LEAST ONE QUESTION ABOVE IS “A FEW TIMES A YEAR” OR MORE] What do you think is the main reason for this experience? [SELECT ALL THAT APPLY. This item is asked only once and not for each time that a person reports discrimination]€ Your Ancestry or National Origins   € Your Sex   € Your Race   € Your Age   € Your Religion€ Your Height   € Your Weight€ Some other Aspect of Your Physical Appearance€ Your Sexual Orientation€ Your Education or Income Level   € Don’t know€ Prefer not to answer [*Source: Everyday Discrimination Scale, Short Form;* [*https://scholar.harvard.edu/davidrwilliams/node/32397*](https://scholar.harvard.edu/davidrwilliams/node/32397)] |
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