

TITLE: The Community Choice Demonstration
HUD Form # N/A
OMB # 2528-0337

LOCATION	CURRENT TEXT	REVISED TEXT
Attachment G_ The Child Assessment & The Obesity and Type II Diabetes Risk Assessment_Assent_Revised; p. 2	<i>[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph]</i> We will also ask you about your gender and sexual orientation. Remember, you can skip any questions you don't want to answer.	<i>[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph]</i> 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>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? (<i>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</i>)</p> <p>[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your ancestry or national origins <input type="checkbox"/> Your gender <input type="checkbox"/> Your race <input type="checkbox"/> Your age <input type="checkbox"/> Your religion <input type="checkbox"/> Your height <input type="checkbox"/> Your weight <input type="checkbox"/> Some other aspect of your physical appearance 	<p>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? (<i>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</i>)</p> <p>[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your ancestry or national origins <input type="checkbox"/> Your sex <input type="checkbox"/> Your race <input type="checkbox"/> Your age <input type="checkbox"/> Your religion <input type="checkbox"/> Your height <input type="checkbox"/> Your weight <input type="checkbox"/> Some other aspect of your physical appearance

	<p> <input type="checkbox"/> Your sexual orientation <input type="checkbox"/> The amount of money your family has <input type="checkbox"/> Other (Specify): _____ </p> <p> <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer </p> <p>p. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):</p> <p>[Source: National Center for Health Statistics, Johns Hopkins question]</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender, non-binary, or another gender <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer </p>	<p> <input type="checkbox"/> Your sexual orientation <input type="checkbox"/> The amount of money your family has <input type="checkbox"/> Other (Specify): _____ </p> <p> <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer </p> <p>p. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):</p> <p>[Source: National Center for Health Statistics, Johns Hopkins question]</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer </p>
Attachment I.2_The Child Assessment_Direct Child Assessment_Follow-up_Revised; p. 13	<p>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? (<i>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</i>)</p> <p>[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]</p> <p><input type="checkbox"/> Your ancestry or national origins</p>	<p>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? (<i>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</i>)</p> <p>[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]</p> <p><input type="checkbox"/> Your ancestry or national origins</p>

	<input type="checkbox"/> Your gender <input type="checkbox"/> Your race <input type="checkbox"/> Your age <input type="checkbox"/> Your religion <input type="checkbox"/> Your height <input type="checkbox"/> Your weight <input type="checkbox"/> Some other aspect of your physical appearance <input type="checkbox"/> Your sexual orientation <input type="checkbox"/> The amount of money your family has <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer <p>p. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):</p> <p><i>[Source: National Center for Health Statistics, Johns Hopkins question]</i></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender, non-binary, or another gender <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Your sex <input type="checkbox"/> Your race <input type="checkbox"/> Your age <input type="checkbox"/> Your religion <input type="checkbox"/> Your height <input type="checkbox"/> Your weight <input type="checkbox"/> Some other aspect of your physical appearance <input type="checkbox"/> Your sexual orientation <input type="checkbox"/> The amount of money your family has <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer <p>p. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):</p> <p><i>[Source: National Center for Health Statistics, Johns Hopkins question]</i></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	p. 1: The typo has been fixed to: "Demonstration" for short.

	<p>these domains vary by child age or gender?</p> <p>p. 30: The report will also summarize any differences in effects by children’s age and gender identified.</p>	<p>p. 4: CA-2. Does the impact of being offered CMRS on these domains vary by child age or sex?</p> <p>p. 30: The report will also summarize any differences in effects by children’s age and sex identified.</p>
<p>Attachment M.1_The Obesity & Type II Diabetes Risk Assessment_Survey_Baseline – Revised; p. 28; p. 33</p>	<p>p. 28: [Source: <i>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.</i>]</p> <p>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]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your Ancestry or National Origins <input type="checkbox"/> Your Gender <input type="checkbox"/> Your Race <input type="checkbox"/> Your Age <input type="checkbox"/> Your Religion <input type="checkbox"/> Your Height <input type="checkbox"/> Your Weight <input type="checkbox"/> Some other Aspect of Your Physical Appearance <input type="checkbox"/> Your Sexual Orientation <input type="checkbox"/> Your Education or Income Level <input type="checkbox"/> Don’t know <input type="checkbox"/> Prefer not to answer 	<p>p. 28: [Source: <i>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.</i>]</p> <p>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]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your Ancestry or National Origins <input type="checkbox"/> Your Sex <input type="checkbox"/> Your Race <input type="checkbox"/> Your Age <input type="checkbox"/> Your Religion <input type="checkbox"/> Your Height <input type="checkbox"/> Your Weight <input type="checkbox"/> Some other Aspect of Your Physical Appearance <input type="checkbox"/> Your Sexual Orientation <input type="checkbox"/> Your Education or Income Level <input type="checkbox"/> Don’t know <input type="checkbox"/> Prefer not to answer

	<p>[Source: <i>Everyday Discrimination Scale, Short Form</i>; https://scholar.harvard.edu/davidrwilliams/node/32397]</p>	<p>[Source: <i>Everyday Discrimination Scale, Short Form</i>; https://scholar.harvard.edu/davidrwilliams/node/32397]</p>
<p>Attachment M.2_The Obesity & Type II Diabetes Risk Assessment_Survey_Follow-up – Revised; p. 30; p. 35</p>	<p>p. 30: [Source: <i>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.</i>]</p> <p>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]</p> <ul style="list-style-type: none"> € 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 <p>[Source: <i>Everyday Discrimination Scale, Short Form</i>;</p>	<p>p. 30: [Source: <i>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.</i>]</p> <p>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]</p> <ul style="list-style-type: none"> € 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 <p>[Source: <i>Everyday Discrimination Scale, Short Form</i>;</p>

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