

Appendix B.5. VRFD Follow-up Survey

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Vocational Resource Facilitation Demonstration (VRFD) 12-Month Follow-up Survey Instrument

See Revised Paper Reduction Act Statement

~~Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 25 minutes to read the instructions and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.~~

SECTION A: RESPONDENT SCREENER AND INTRODUCTION

ALL

A1. We are conducting a study for the Social Security Administration to find out more about the experiences of people who have spinal cord injuries or brain injuries.

SampMemb

The purpose of this interview is to learn more about the experiences that people like you may have, including job experience, job training, school, and other things.

The survey takes about 25 minutes to complete. At the end of the interview, we will mail you a gift card for \$25 to thank you for your time. You should receive it within 2 weeks.

CODE ONE ONLY

BEGIN INTERVIEW.....	1	A2
DID NOT RECEIVE OR DOES NOT RECALL LETTER.....	2	NoLetter
NOT A GOOD TIME.....	3	Callback
HUNG UP DURING INTRODUCTION.....	4	HUDI
SUPERVISOR REVIEW.....	5	SUP REV
WILL CALL MPR BACK.....	6	RCB
REFUSED.....	r	REF

A1=1

A2. Your participation in this study is completely voluntary. It will in no way affect your current or future receipt of benefits. You can stop the interview at any time. If any question makes you feel uncomfortable, you can skip that question. We will protect your information we collect from you consistent with applicable Federal laws, regulations, and directives.

Section 1110 of the Social Security Act allows the Social Security Administration (SSA) to collect this information, which will be used to evaluate the Interventional Cooperative Agreement Program (ICAP)/Vocational Resource Facilitation Demonstration (VRFD). Providing this information is voluntary; not providing such will not affect any SSA benefit. As law permits, SSA may disclose your information per routine uses in System of Records Notices 60-0089, 60-0218, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefit programs or to recoup debts under these programs.

If you get tired or need a break at any time, please tell me and we can take a break, or I will call back later to finish the interview.

Let's start the interview now.

CODE ONE ONLY

CONTINUE.....	1	
CALLBACK.....	2	Callback
SUPERVISOR REVIEW.....	3	sup rev
REFUSED.....	r	ref

SECTION B: EDUCATION AND TRAINING

The first few questions are about your education and training experiences.

ALL

B1. Are you currently enrolled in school or taking any classes?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

B1=1

B2. Are you a full-time or part-time student?

CODE ONE ONLY

- FULL-TIME.....1
- PART-TIME.....2
- DON'T KNOW.....d
- REFUSED.....r

ALL

B3. Now I would like to ask you about any [other] training you may have had in the past 12 months. In the past 12 months, have you participated in any of the following training program that was designed to help you find a job, improve your job skills, or learn a new job?

CODE ALL THAT APPLY

- Vocational rehabilitation services.....1
- Job search assistance, job finding, orientation to the world of work.....2
- Vocational education apart from college.....3
- Non-vocational adult education not directed toward a degree.....4
- Work Incentives Planning and Assistance (WIPA) services.....5
- OTHER (SPECIFY).....99
- _____ (STRING 100)
- DON'T KNOW.....d
- REFUSED.....r

ALL

B4. Do your personal goals include completing a certificate, earning a degree, or an industry-certified credential?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

SECTION C: SATISFACTION WITH EMPLOYMENT SERVICES

ALL

C1. In the past 12 months, have you worked with anyone to determine your needs and help connect you to services and supports related to education, employment, health, housing, or anything else? This person could be a case manager, employment specialist, or a resource facilitator, for example.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

C1=1

C2. In the past 12 months, how many times did you meet with this person or people?

- 1-2 times**.....1
- 3-6 times**.....2
- 7 or more times**.....3
- DON'T KNOW.....d
- REFUSED.....r

ALL

C3. In the past 12 months, did you receive any of the following employment services?

CODE ONE PER ROW

YES	NO	DON'T KNOW	RE F
-----	----	------------	------

a. Help developing a return to work or education plan.	1	0	d	r
b. Help identifying potential barriers to work or school .	1	0	d	r
c. Help identifying accommodations to overcome barriers to work or school	1	0	d	r
d. Coaching on disclosing your disability to an employer or co-workers	1	0	d	r
e. Information on disability rights, laws, or legislation....	1	0	d	r
f. Referral to non-employment community-based service	1	0	d	r
g. Advocacy and support for inclusion or access to resources	1	0	d	r
h. Help completing medical documentation or paperwork	1	0	d	r

ALL

C4. In the past 12 months, have you had help with learning about or getting into a school or training program, including help with an application, entrance exam, or interview?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C5. In the past 12 months, have you had any training to help you learn new job skills? Please do not include any training you had on the job directly from an employer.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C6. In the past 12 months, have you had help in finding or applying for a job, such as help finding jobs available, filling out an application, writing a resume, or going for an interview?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C7. In the past 12 months, have you received any help while working at a job, such as help with job accommodations or learning job duties? This could include help from a job coach. Please do not include any help given by an employer.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C8. In the past 12 months, have you received any help with learning about, getting, or using assistive technology?

This could include help with special tools or equipment, software, or devices that help you perform school or work activities that are difficult to do because of your disability.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C9. In the past 12 months, have you had help with transportation to or from any workplace activity?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C10. In the past 12 months, have you had help in understanding or applying for state or federal disability benefits, such as Social Security, SSI, SSDI, NJ Temporary Disability, Division of Developmental Disabilities (DDD), Personal Preference Program (PPP), Personal Assistance Service Program (PASP), or NJ WorkAbility? This is sometimes called benefits counseling or benefits planning?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ALL

C11. In the past 12 months, have you received any other services to help you work, go to school, or help your family in other ways?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

C11=1

C11a. What kind of other services did you receive?

RECORD VERBATIM

_____ (STRING 100)

DON'T KNOW.....d

REFUSED.....r

ALL

C12. In the past 12 months, have you needed any [other] help or services preparing for work or school that you did not receive?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

C12=1

C12a. What help or other services did you need that you did not get?

DISCOVERING JOB INTERESTS/SKILLS.....1

CAREER COUNSELING.....2

HELP FINDING A JOB.....3

SUPPORT ON THE JOB (JOB COACHING)4

HELP GETTING INTO SCHOOL/TRAINING.....5

UNDERSTANDING SSA/OTHER BENEFITS.....6

COMPUTER LITERACY CLASSES.....7

FINANCIAL LITERACY/MONEY MANAGEMENT TRAINING.....8

REFERRAL TO ANOTHER AGENCY.....9

TRANSPORTATION SERVICES.....10

CASE MANAGEMENT.....11

HELP WITH MEDICAL ISSUES OR SECONDARY COMPLICATIONS.....12

OTHER (SPECIFY)13

DON'T KNOW.....d

REFUSED.....r

ALL

C13. How satisfied are you with the services you received to help you prepare for a job or school?

- Very satisfied,..... 1
- Somewhat satisfied,..... 2
- Not very satisfied, or..... 3
- Not at all satisfied?..... 4
- DON'T KNOW..... d
- REFUSED..... r

ALL

C14. In the past 12 months, how successful do you think you have been in reaching your goals?

- Very successful,..... 1
- Somewhat successful,..... 2
- Not very successful, or..... 3
- Not at all successful?..... 4
- DON'T KNOW..... d
- REFUSED..... r

SECTION D: CURRENT EMPLOYMENT STATUS

ALL

The next questions are about your work activities.

D1. In the past 12 months, have you worked at a job, organization, or business for pay or profit? This includes work you may do for a business that you own.

IF NEEDED READ: **By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.**

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

ALL

D2. In the past 12 months, have you done any volunteer work for an organization?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

D1=0

D3. In the past 12 months, have you been looking for work?

IF NEEDED READ: **By looking for work, I mean looking for a job, either full-time or part-time, for which you will be paid.**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

IF D1=0, D, R (NOT EMPLOYED), SKIP TO SECTION E

D1=1

NBS
Modified

D4. Now please think about all the jobs you have had in the past 12 months. When answering these questions, please include both part-time and full-time jobs, but only include jobs you worked at for pay or profit. This could be work you do for a business that you own.

How many jobs for pay or profit have you had in the past 12 months?

PROBE: Please include any job that you worked at in the past 12 months for a week or more. Count a job that you started, stopped and started again as separate jobs.

|_|_| NUMBER OF JOBS
(1-99)

DON'T KNOW.....d

REFUSED.....r

D1=1

D4a. Are you currently working at a job for pay or profit?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

D1=1

D5. Did you return to work at your former employer or job prior to your injury?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

D1=1

D6. Is the kind of business or industry of your current/last job different than the one where you worked prior to your injury?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

D1=1

D7. Are your tasks or the kind of work you do/did different from the kind of work you did prior to your injury?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

D1=1

D8. [Are/Were] you self-employed at this job?

NBS

PROBE: Self-employed means that you [work/worked] for yourself or [own/owned] your own business.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

D1=1

D9. Is/Was this job a temporary or seasonal job?

PROBE: A *Temporary job* is one in which a person is hired to meet the short-term and/or project needs of an employer. Temporary help has come to be used across a broad range of skills and occupations to substitute for employees on leave, on vacation, or in emergencies, or to provide supplemental support where there are temporary skills shortages or specific projects or peak load needs.

PROBE: A *seasonal job* is one in which a person is hired to support existing staff during a busy season—such as holiday help or summer work.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

D1=1

D10. How many hours per week [do/did] you typically work at this job?

|_|_| HOURS PER WEEK
(0-99)

- DON'T KNOW.....d
- REFUSED.....r

D1=1

D11. How much [do/did] you typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

PROBE: Your best estimate is fine.

\$ |_|_|_|, |_|_|_| . |_|_|_|
(\$0-999,999.99)

- DON'T KNOW.....d
- REFUSED.....r

D1=1

**D12. Is/Was that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?
CODE ONE ONLY**

- HOURLY..... 1
DAILY..... 2
WEEKLY..... 3
BI-WEEKLY..... 4
TWICE A MONTH..... 5
MONTHLY..... 6
ANNUALLY..... 7
PER UNIT OR PIECE..... 8
OTHER (SPECIFY)..... 9
_____ (STRING 100)
DON'T KNOW..... d
REFUSED..... r

D1=1

D13. Please indicate if your [main/current/last] employer [offers/offered] you any of the following benefits.

*NBS
Modified*

IF NECESSARY, READ: Please answer 'yes' if you are eligible for the benefit even if you haven't started to receive it yet.

CODE ONE PER ROW

YES	NO	DON'T KNOW	REFUSE D
-----	----	------------	----------

a. Health care insurance? (IF NECESSARY: medical and/or hospital)	1	0	d	r
b. Dental benefits?	1	0	d	r
c. Sick days with pay?	1	0	d	r
d. Paid vacation?	1	0	d	r
e. Free or low-cost childcare?	1	0	d	r
f. Transportation, a transportation allowance, or transportation discounts?	1	0	d	r
g. Long-term disability benefits?	1	0	d	r
h. Pension or retirement benefits?	1	0	d	r
i. Short-term disability benefits?	1	0	d	r
j. Flexible health or dependent care spending accounts?	1	0	d	r

D1=1

D14. Has your [main/current/last] employer made any accommodations because of your physical or mental condition. For example, provided you with any special equipment or assistive technology or kept your job available to you, even though you have to go out on disability from time to time.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

D1=1

D15. Taking all things into account, how satisfied (are/were) you with your [main/current/last] job?

CODE ONE ONLY

- Very satisfied,.....1
- Somewhat satisfied,.....2
- Not very satisfied, or.....3
- Not at all satisfied?.....4
- DON'T KNOW.....d
- REFUSED.....r

D1=1

D16. The next questions are about any expenses you may have had for services or other support related to your condition that you need in order to work. In the past month, did you have any of the following expenses related to your condition that help you to work?

[PROBE:] Please think about any expenses you paid out of pocket.

CODE ONE PER ROW

YES	N	DK	R
-----	---	----	---

a. Transportation costs, such as vehicle modifications or paratransit	1	0	d	r
b. Attendant care costs, such as services performed to help prepare for work	1	0	d	r
c. Medical exam or prescription drug costs	1	0	d	r
d. Physical device costs, such as wheelchairs, dialysis equipment, or pacemakers	1	0	d	r
e. Residential modification costs, such as exterior ramps, railings, pathways, or enlarging a doorway	1	0	d	r
f. Other costs	1	0	d	r

IF D16A, D16B, D16C, D16D, D16E, OR D16F = 1
REPEAT FOR EACH YES AT D16

D17. In the past month, how much did you spend on expenses for [FILL SERVICE FROM D16]?

\$ |__| , |__| |__| |__| . |__| |__| AMOUNT
(0-9,999.99)

DONKNOW.....d

REFUSED.....r

GO TO D17 FOR NEXT EXPENSE OR E1 IF NO OTHER EXPENSES

IF CANNOT PROVIDE AN AMOUNT AT D17, ASK FOR EACH

D18. Was it ...

Less than \$100?.....1

Between \$100 and \$199?.....2

Between \$200 and \$299?.....3

\$300 or more?.....4

Don't know.....d

REFUSED.....r

ALL

IF D1=0, FILL "GETTING A JOB," ELSE DO NOT FILL

D19. Do your personal goals include [getting a job,] moving up in a job or learning new job skills?

YES.....1

NO.....0

DONKNOW.....d

REFUSED.....r

ALL

D20. How likely do you think it is that you will be working at a paid job in about a year?

Very likely.....1

Somewhat likely.....2

Not very likely.....3

Not at all likely.....4

DONKNOW.....d

REFUSED.....r

ALL

D21. The following are some reasons why it might be difficult to work following a Spinal Cord Injury (SCI) or Brain Injury (BI). To what extent do you experience the following barriers to work.

				CODE ONE PER ROW		
				A LOT	A LITTLE	NOT AT ALL
a.	I am limited in my ability to work because my injury is too severe.	1	2	3		
b.	I am worried that my injury will get worse if I work.	1	2	3		
c.	I am limited in my ability to work because I do not have reliable transportation to and from work.	1	2	3		
d.	I am limited in my ability to work because I do not have help for daily living activities, such as dressing or bathing.	1	2	3		
e.	I am limited in my ability to work because I am caring for children or others.	1	2	3		
f.	I am limited in my ability to work because I am finishing a school or training program.	1	2	3		
g.	I don't have the skills or training I need to return to work.	1	2	3		
h.	Employers will not provide supports, accommodations, or the flexibility I need because of my injury.	1	2	3		
i.	Work is not available.	1	2	3		
j.	Other reason not listed (SPECIFY) _____	1	2	3		

SECTION E: INCOME

I'm going to ask you about the income you personally received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes income and benefits from different programs. When answering these questions, please think only about your own earnings and benefits, and don't include earnings or benefits that other family members may have received.

ALL

E1. Last month did you receive any income from...

INTERVIEWER: READ EACH SOURCE. IF RESPONDENT VOLUNTEERS 'I ONLY GET SSDI OR SOCIAL SECURITY,' CONFIRM A "NO" RESPONSE FOR A-I, THEN ENTER "1" FOR E1M.

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Veterans' benefits?	1	0	d	r
b. Public assistance or welfare payments?	1	0	d	r
c. Workers' compensation?	1	0	d	r
d. Private disability insurance?	1	0	d	r
e. Unemployment benefits?	1	0	d	r
f. Private pensions or government employee pensions?	1	0	d	r
g. Disability insurance for a disabled adult child?	1	0	d	r
h. SNAP benefits or food stamps?	1	0	d	r
i. Government energy assistance?	1	0	d	r
j. Government childcare assistance?	1	0	d	r
k. Other sources on a regular basis but not from jobs or Social Security?	1	0	d	r
l. Other sources <u>not</u> on a regular basis? (SPECIFY) _____ (STRING 100)	1	0	d	r
m. IF VOLUNTEERED BY RESPONDENT: SSDI ONLY	1	0	d	r

INTERVIEWER: IF NOT VOLUNTEERED, ENTER "0".

IF OTHER SPECIFY (99): **What other sources of income were received?**

E1A, E1B, E1C, E1D, E1E, E1F, E1G, E1H, **OR** E1I=1. IF E1J=1, SKIP.

FILL WITH INCOME SOURCE FROM E1 (FOR E1I, FILL VERBATIM RESPONSE)
E2[1] SHOULD CORRELATE TO E1A; E2[2] SHOULD CORRELATE TO E1B , ETC.

E2. How much income did you receive last month from [SOURCE FROM E1]?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ |__| , |__|__|__| . |__|__| AMOUNT SKIP TO E4
(0-9,999.99)

DON'T KNOW.....d

REFUSED.....r

GO TO E2 FOR NEXT INCOME SOURCE OR E4 IF NO OTHER SOURCES OF INCOME

IF CANNOT PROVIDE AN AMOUNT AT E2, ASK FOR EACH

E3. Was it...

Less than \$150,.....1

\$150 to less than \$300,.....2

\$300 to less than \$500, or.....3

\$500 or more?.....4

DON'T KNOW.....d

REFUSED.....r

ALL

E4. Do you currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher?

HOPE VI,
MTO

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

ALL

Now I'd like you to think about the income of all members in your household.

Effects of
Housing
Choice
Vouchers
on Welfare

E5. What was the total combined income of all members of this household during [LAST CALENDAR YEAR]? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member.

Your best estimate is fine.

\$ |__|__|__| , |__|__|__| AMOUNT
(\$0-999,999)

DON'T KNOW.....d

E5=D, R

E6. Would you say the total combined income of all members of your household during [CALENDAR YEAR] was...

CODE ONE ONLY

- Less than \$10,000,..... 1
- \$10,000 to less than \$20,000,..... 2
- \$20,000 to less than \$30,000,..... 3
- \$30,000 to less than \$40,000,..... 4
- \$40,000 to less than \$50,000, or..... 5
- \$50,000 or more?..... 6
- DON'T KNOW..... d
- REFUSED..... r

ALL

E7. In about a year, how likely do you think it is that you will earn enough to support yourself without financial help from your family or government benefit programs?

CODE ONE ONLY

- ~~Very~~likely..... 1
- ~~Somewhat~~likely..... 2
- ~~Not~~very likely..... 3
- ~~Not~~at all likely..... 4
- DON'T KNOW..... d
- REFUSED..... r

SECTION F: HEALTH

The next few questions ask about your health.

ALL

F1. In general, how would you rate your health?

CODE ONE ONLY

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair, or..... 4
- Poor?..... 5
- DON'T KNOW..... d
- REFUSED..... r

ALL

F2. Since your initial discharge from a Kessler Institute for Rehabilitation inpatient facility, have you stayed overnight in a hospital?

CODE ONE ONLY

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

ALL

F3. What kinds of health coverage do you have?

PROBE: Any other kind?

PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

PROBE: Medicaid is state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

CODE ALL THAT APPLY

- PRIVATE INSURANCE..... 1
- MEDICAID..... 2
- MEDICARE..... 3
- OTHER PLAN (SPECIFY)..... 99
- _____ (STRING 100)
- NO INSURANCE _____ 4
- DON'T KNOW..... d
- REFUSED..... r

SECTION H: RESPONDENT CONTACT INFORMATION

We are almost done. I'd like to confirm some information about [you/BENEFICIARY]. This information will ensure that your gift card is sent to the correct address.

ALL

H6. Is this the correct spelling of your name? [READ FIRST MIDDLE LAST SUFFIX]. Is that correct?

YES, ALL CORRECT.....1

NO, NAME NOT CORRECT.....0

REFUSED.....r

H6=0

H7. What is the correct spelling of your name?

_____ (STRING 50)
FIRST NAME

_____ (STRING 50)
MIDDLE INITIAL/NAME

_____ (STRING 50)
LAST NAME

_____ (STRING 25)
SUFFIX

DON'T KNOW.....d

REFUSED.....r

ALL

H8. Our records show that your current address is (FILL FROM PRELOADS). Is this correct?

YES, ADDRESS IS CORRECT.....1
NO, ADDRESS NOT CORRECT.....0
REFUSED.....r

H8=0

H9. What is [your/his/her] current address?

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP
DON'T KNOW.....d
REFUSED.....r

ALL

H10. We have your telephone number as: [AREA CODE/PHONE NUMBER]. Is still the best telephone number to use to reach you?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

H10=0

H10a. What is your telephone number, starting with area code?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
201-989) (200-999) (0000-9999)
NO HOME NUMBER.....0
DON'T KNOW.....d
REFUSED.....r

IF HAVE EMAIL ADDRESS ON FILE

H11. We have your email address as [EMAIL ADDRESS]. Is this still the best email address to reach you at?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

IF DO NOT HAVE EMAIL ADDRESS ON FILE OR H7=0 OR D

H11a. What is your email address?

- _____ (STRING 100)
- DON'T KNOW.....d
- REFUSED.....r

ALL

END. Thank you very much for your time today. You can expect to receive your \$25 gift card within 2 weeks.