

OMB No.: XXXX-XXXX

Expiration Date: DD/MM/YYYY

TANF Pilot Evaluation Time Use Survey

Welcome to the Temporary Assistance for Needy Families (TANF) Pilot Evaluation time use survey.

To begin the form, click the “Enter” button below.

This survey works best for desktop computers, and works best in current versions of Microsoft Edge, Chrome and Firefox.

PROGRAMMER NOTES:

UNIVERSAL SOFT CHECK IF MISSING RESPONSE AND NO HARD CHECK: **Please provide a response to this question, or click next to move to the next question.**

COMPUTER ASSISTED WEB INTERVIEW (CAWI) ALL

How to complete the survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box that indicates your response or fill in your response.
- To continue to the next webpage, press the **"Next"** button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in some sections.
- Do not use the navigation arrows in your browser.
- If you need to stop before you have finished, you can close the survey and come back to it at any time. The responses you gave before leaving will be securely stored and available when you return to complete the survey.
- **Select "Next" to begin the survey.**

INTRODUCTION & CONSENT

Your state is among five states that were selected by the U.S Department of Health and Human Services (HHS) to participate in pilots to try something different in TANF programs, as authorized by the Fiscal Responsibility Act of 2023 (FRA). Mathematica, The Adjacent Possible, and the American Public Human Services Association are conducting the TANF Pilot Evaluation to understand and learn from these pilots under contract with the Administration for Children and Families at HHS.

What is this survey about?

We want to learn how staff spend their time in [TANF PROGRAM/PILOT NAME]. Your answers will help us understand how the pilot is working from the people who bring it to life every day. This survey is for staff who work directly with TANF participants, such as case managers, coaches, or employment counselors. You may work for [TANF PROGRAM/PILOT NAME]; another government agency, such as [STATE WIOA PROVIDER OR OTHER AGENCY]; or for a contracted partner organization, such as [PARTNER ORGANIZATION NAMES]. Your perspective will provide information to help strengthen TANF programs in your state and across the country.

When should I complete the survey?

Please complete the survey within one week. Think about a “typical” or “average” week in the past month. If this week feels typical, use this week. If not, use another recent week that feels more typical. If you’re not sure about an answer, give your best estimate. You do not need to provide precise calculations.

How long will the survey take?

This survey takes about 10 minutes, though the time to complete this survey will vary by person. Your participation in the survey is completely voluntary. You may choose not to respond at all or to skip any questions. Your individual responses will be kept private and will only be used for research purposes and not shared with anyone outside the study team. We have obtained a Certificate of Confidentiality from the National Institutes of Health. This helps us protect participants' privacy. This means no one can force the study team to give out information that identifies them, even in court. The certificate does not prevent us from making disclosures required by law, such as threats of harm or abuse. We will combine responses for reporting purposes, and we will never report names or identify any responses with a particular person.

If you agree to complete this survey, you can decline to participate in any potential future activities related to the study by calling Mathematica toll-free at 833-678-3825 or writing a message that you do not wish to complete those activities. You can send this message to Jennifer Herard-Tsiagbey, the study’s Data Collection Director, at TANFPilotEval@mathematica-mpr.com. Any information we collect about you before you withdraw from the study will be retained as part of the research.

If you have questions about the TANF Pilot Evaluation or how to complete this survey, please contact the project team at TANFPilotEval@mathematica-mpr.com or 833-678-3825. Thank you for your time and input!

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to learn more about measuring program performance in TANF programs. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Quinn Moore at QMoore@mathematica-mpr.com.

ASK ALL

Do you agree to participate in this survey?

m YES..... 1 A1
m NO..... 0 END1

HARD CHECK: IF CONSENT = M: Please provide a response to this question.

A. PROFESSIONAL EXPERIENCE

ALL

A1. What is your job title?

JOB TITLE

(STRING 100)

MISSING.....m

ALL

A2. Please select the county, jurisdiction, or area of [TANF PROGRAM/PILOT NAME] that you work for from the list below.

[PREFILLED DROP-DOWN LIST OF JURISDICTIONS SPECIFIC TO EACH STATE]

MISSING.....m

ALL

A3. Which type of organization do you work for?

m State or local human services agency..... 1

m Other government agency..... 2

m Contracted service provider or partner organization..... 3

m Other (specify – string 150)..... 99

MISSING.....m

SOFT CHECK: IF Other selected and Specify is left blank; Please provide a text response before continuing to the next item.

ALL

A4. Which of the following best describes your current role? (If you have more than one role, select your *primary* role or the role you spend most of your time on. If your primary role is eligibility, please select a role from the list below that you do most often, aside from eligibility.)

- m **Case manager, coach, or employment counselor.** A person who works directly with TANF participants to help them fulfill requirements of the program, set goals, provide supports, and progress to employment.....1
- m **Job developer.** A person who identifies employers who have open jobs for TANF participants and might help with matching participants to jobs.....2
- m **Workshop provider.** A person who provides instruction to TANF participants in a group setting.....3
- m **Other (specify – string 150)**99
- MISSING.....m

SOFT CHECK: IF Other selected and Specify is left blank; Please provide a text response before continuing to the next item.

ALL

A5. How many years of experience do you have working on [TANF PROGRAM] in your state?

- m Less than 1 year.....1
- m 1 to 2 years.....2
- m 3 to 5 years.....3
- m 6 to 10 years.....4
- m 11 to 15 years.....5
- m More than 15 years.....6
- MISSING.....m

ALL

A6. Including your current position, how many years of total experience do you have doing similar work?

(Include time at other employers where you did similar work, even if it was in other states.)

- m Less than 1 year.....1
- m 1 to 2 years.....2
- m 3 to 5 years.....3
- m 6 to 10 years.....4
- m 11 to 15 years.....5
- m More than 15 years.....6

MISSING.....m

B. WORK HOURS AND CASELOAD

ALL

B1. How many hours are you paid to work in a typical week?

 |_|_| NUMBER OF HOURS

(Range: 0-99)

MISSING.....m

SOFT CHECK: IF B1 > 80: You reported working [FILL B1] hours. Please review and update your response if needed.

HARD CHECK: IF B1=M: Please provide a response between 0-99 in order to move to the next question.

ALL

B2.* Sometimes staff members spend more time working than they are scheduled or paid to work. About how many hours did you actually work in a typical week within the past month (including overtime and off-the-clock work)?

 |_|_| NUMBER OF HOURS

(Range: 0-99)

If you don't typically spend more time working than you are scheduled or paid to work, enter the same number of hours as you did for the last question. In the previous question, you told us you are paid to work [FILL B1 HOURS] in a typical week.

MISSING.....m

SOFT CHECK: IF B2 > 80: You reported working [FILL B2] hours. Please review and update your response if needed.

ALL
Programmer- fill B2 hours if B2 has a response, otherwise use B1 hours

B3. Of the [FILL B1/B2 RESPONSE] hours you worked in a typical week in the past month, did you work all of these hours on [TANF PROGRAM/PILOT NAME]?

m Yes..... 1 B5

m No.....0
MISSING.....m

ASK IF B3 = 0 OR M

Programmer- fill B2 hours if B2 has a response, otherwise use B1 hours

B4. About how many of the [FILL B1/B2 RESPONSE] hours you worked in a typical week in the past month did you work on [TANF PROGRAM/PILOT NAME]?

NUMBER OF HOURS

(Range: 0-99)

MISSING.....m

HARD CHECK: IF B3=0 AND B4 > RESPONSE IN B1/B2. You reported that you only spent some of your hours on [TANF PROGRAM/PILOT NAME]. Please review and update your response so the hours entered in this question are less than the [FILL B1/B2 HOURS] you work in a week. If you need assistance with this question, please call 833-678-3825 to speak with a member of the study team.

HARD CHECK: IF B4 = M: Please provide a response between 0-99 in order to move to the next question. Your best estimate is fine.

ALL

IF B3 = 1, FILL [HOURS] WITH B2 RESPONSE

IF B3 = 0 OR M, FILL [HOURS] WITH B4 RESPONSE

B5. Did any of the [HOURS] hours include time spent determining participant eligibility for [TANF PROGRAM/PILOT NAME]?

m Yes..... 1

m No.....0 B7

MISSING.....m

ASK IF B5 = 1 OR M

B6. How many hours did you spend determining participant eligibility for [TANF PROGRAM/PILOT NAME] cash assistance in a typical week in the past month?

If you did not spend any of your hours working on participant eligibility, please enter "0".

NUMBER OF HOURS

(Range: 0-99)

MISSING.....m

HARD CHECK: IF B3=0 AND B4 < B6. You reported that you only spent some of your hours on [TANF PROGRAM/PILOT NAME]. Please review and update your response so the hours entered in this question are less than the [FILL B4 HOURS] you spend on [FILL TANF PROGRAM/Pilot NAME]. If you need assistance with this question, please call 833-678-3825 to speak with a member of the study team.

HARD CHECK: IF B3=1 AND RESPONSE FROM B1/B2 < B6. You reported that you spend all of your hours on [TANF PROGRAM/PILOT NAME]. Please review and update your response so the hours entered in this question are less than the [FILL B1/B2 HOURS] you work each week. If you need assistance with this question, please call 833-678-3825 to speak with a member of the study team.

HARD CHECK: IF B6 = M: Please provide a response between 0-99 in order to move to the next question. Your best estimate is fine.

ALL

B7. Do you have a caseload of TANF participants you work with consistently?

m Yes..... 1
m No.....0 B9
MISSING.....m

ASK IF B7 = 0

B7a. About how many TANF participants do you work with consistently or on a regular basis?

|_|_| NUMBER OF PARTICIPANTS
(Range: 0-99)
MISSING.....m

ASK IF B7 = 1 OR M

B8. How many TANF participants are on your current caseload?

|_|_| NUMBER OF PARTICIPANTS
(Range: 0-99)
MISSING.....m

ALL

B9. How many TANF participants did you communicate with individually in an average week over the course of the past month for any activities beyond eligibility? (This includes texting, emailing, calling, or meeting virtually or in-person. Please only include interactions where there was back and forth communication with the participant.)

|_|_|

NUMBER OF PARTICIPANTS

(Range: 0-99)

MISSING.....m

C. HOW YOU SPEND YOUR WORK TIME

ALL

IF B3 = 1, FILL [HOURSCALCULATED] WITH B2 RESPONSE MINUS B6 RESPONSE., IF NO RESPONSE TO B2, USE B1 RESPONSE MINUS B6 RESPONSE.

IF B3 = 0 OR M, FILL [HOURSCALCULATED] WITH B4 RESPONSE MINUS B6 RESPONSE

IF NO RESPONSE TO B6 USE B2, B1, or B4 ONLY AS DESCRIBED ABOVE

C_Info. We want to understand how you usually spend your work time. You said you spent [HOURSCALCULATED] hours working on [TANF PROGRAM/PILOT NAME] in a typical week this past month—not including any hours you spent on work related to participant eligibility.

[PROGRAMMER NOTE: Add page break here]

Please estimate your weekly hours in each category below with these instructions in mind.

- Include time you spent preparing, doing the activity, and following up.
- Include activities you do with individual participants or with groups of participants (like workshops).
- If you did not spend time on an activity during a *typical week* in the past month, enter 0. Some activities might not be things you do.
- If you spent time on an activity in some weeks but not others during the past month, enter your best estimate of the average hours per week.
- You do not need to provide precise calculations. Please give us your best estimate of an average week.

We will add up the hours you enter as you go to help you spread the [HOURSCALCULATED] hours you said you spent working on [TANF PROGRAM/PILOT NAME] in a typical week this past month. The percentage of time you spent on each category will show up as you enter the hours. You can adjust time in each category as you need to.

	Hours [Range: 0-99]	%
<p>C1. Working with participants to provide services (case management, coaching, service delivery)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Getting participants started with the program (orientation, assessment, goal-setting, employment plans)</i> • <i>Providing ongoing case management, coaching, or employment services</i> • <i>Providing or referring participants to work, education, training, supportive, or other services</i> • <i>Talking with program staff or service providers about individual</i> 	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	[DISPLAY % OF WEEKLY HOURS]

<p><i>participant cases</i></p> <p><i>Do not include time spent trying to reach clients and getting no response or on administrative tasks like tracking participation, sanctions, or data entry. Put time for these tasks in administrative and compliance-related tasks in C4.</i></p>		
<p>C2. Employer and partner engagement</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <i>Building relationships with employers or community partners</i> <i>Learning about employer or other partner needs</i> <i>Doing job development or finding job leads</i> <i>Organizing or doing job fairs, hiring events, or service or resource fairs</i> 	<p> _ _ </p>	<p>[DISPLAY % OF WEEKLY HOURS]</p>
<p>C3. Staff support, communication, training, or professional development</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <i>Participating in or providing training or professional development</i> <i>Attending staff or supervisory meetings (not about individual participants)</i> <i>Communicating or learning about program operations or policies</i> 	<p> _ _ </p>	<p>[DISPLAY % OF WEEKLY HOURS]</p>
<p>C4. Administrative and compliance-related tasks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <i>Case noting, updating files, or doing data entry</i> <i>Texting, emailing, calling clients and getting no response</i> <i>Tracking participant hours or getting documentation about participation</i> <i>Initiating, tracking, communicating about, or removing sanctions</i> <i>Tracking or getting documentation about participant outcomes</i> <i>Reviewing reports on participation or outcomes</i> <i>Doing office administrative task</i> 	<p> _ _ </p>	<p>[DISPLAY % OF WEEKLY HOURS]</p>
<p>C5. WEEKLY TOTAL HOURS</p> <p><i>Total number of hours from Questions C1 through C4</i></p>	<p>[DISPLAY SUM OF C1-C4]</p>	<p>[DISPLAY % OF WEEKLY HOURS]</p>

SOFT CHECK: IF C5 HOURS SUM IS > OR < [HOURSCALCULATED]; **Please check that the total hours sum to the number of hours you previously reported working on [TANF PROGRAM/PILOT NAME] in a typical week this past month, not including any hours you spent on work related to participant eligibility (i.e., [HOURSCALCULATED] hours).**

SOFT CHECK: IF THE "HOURS" ENTRIES ARE BLANK FOR ROWS = C1 FROM C4: **Please enter a response for the row(s) without a number or enter 0.**

PROGRAMMER NOTE

DISPLAY SUM OF C1-C4 IN C5 HOURS.
IF ANY C1-C4 IS LEFT BLANK, CODE AS M.

If C1 >0

C1_A-DInfo Working with participants (detailed categories)

We want to understand more about how you spend time working with participants. You said you spent [FILL C1 RESPONSE] hours working with participants to provide services in a typical week this past month. Please estimate how many of these weekly hours you spent in each category below.

- Include time you spent preparing, doing the activity, and following up.
- Include activities you do with individual participants or with groups of participants (like workshops).
- If you did not spend time on an activity during a *typical week* in the past month, enter 0. Some activities might not be things you do.
- If you spent time on an activity in some weeks but not others during the past month, enter your best estimate of the average hours per week.
- You do not need to provide precise calculations. Please give us your best estimate of an average week.

We will add the hours as you go to get to the total of [FILL C1 RESPONSE] hours you said you spent working with participants in a typical week this past month.

Working with participants to provide services (case management, coaching, service delivery)	Typical hours per week [Range: 0-99]
<p>C1a. Orientation, assessment, and case management or coaching</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Doing outreach to new participants</i> • <i>Giving an orientation, conducting initial and ongoing needs assessments</i> • <i>Helping participants set goals, develop action steps, and update progress</i> • <i>Providing or connecting participants to supportive services (child care, transportation, bus passes, housing, clothing, or food assistance)</i> 	<p> </p> <p> </p>
<p>C1b. Work, education, and training services</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Assessing job interests and skills and career planning</i> • <i>Providing work readiness or job search support (soft skills, resumes, interviewing; applications)</i> • <i>Referring to or providing training, education or ESL</i> • <i>Connecting to jobs or work experiences (internships; transitional/subsidized jobs; on-the-job training; community service; apprenticeships)</i> • <i>Providing job retention and advancement support</i> 	<p> </p> <p> </p>

<ul style="list-style-type: none"> Talking with other staff or partners to coordinate work, education, and training services for participants 	
C1c. Personal or family services <i>Providing or connecting participants to services such as:</i> <ul style="list-style-type: none"> General health, mental health, or substance use services Domestic violence or legal supports Parenting, fatherhood, or marriage support programs Disability benefits counseling or accessing health insurance 	<input type="text"/> <input type="text"/>
C1d. TOTAL HOURS OF WORKING WITH PARTICIPANTS TO PROVIDE SERVICES <i>Total of hours from Questions C1a through C1c</i>	[DISPLAY SUM OF C1a-C1c]

SOFT CHECK: IF C1d > OR < C1 RESPONSE; **Please check that the total hours sum to the number of hours you previously reported working with participants in a typical week this past month.**

SOFT CHECK: IF THE "HOURS" ENTRIES ARE BLANK FOR ROWS = C1a FROM C1c: **Please enter a response for the row(s) without a number or enter 0.**

PROGRAMMER NOTE

DISPLAY SUM OF C1a-C1c IN C1d TYPICAL HOURS PER WEEK.
 IF ANY C1a-C1c IS LEFT BLANK, CODE AS M.

If C4>0

C4_A-DInfo Administrative and compliance-related tasks (detailed categories)

We want to understand more about the administrative and compliance work you do. You said you spent [FILL C4 RESPONSE] hours on administrative and compliance-related tasks in a typical week this past month. Please estimate how many of these weekly hours you spent in each category below.

- Include time you spent preparing, doing the activity, and following up.
- If you did not spend time on an activity during a *typical week* in the past month, enter 0. Some activities might not be things you do.
- If you spent time on an activity in some weeks but not others during the past month, enter your best estimate of the average hours per week.
- You do not need to provide precise calculations. Please give us your best estimate of an average week.

We will add the hours as you go to get to the total of [FILL C4 RESPONSE] hours you said you spent on administrative and compliance tasks in a typical week this past month.

Administrative and compliance-related tasks	Typical hours per week [Range: 0-99]
C4a. Administrative tasks to support case management and service delivery <i>Examples:</i> <ul style="list-style-type: none"> • Updating case notes or participant records (paper or electronic) • Preparing or reviewing reports on case management or service delivery • Doing office administrative tasks 	_ _
C4b. Monitoring and verifying participation <i>Examples:</i> <ul style="list-style-type: none"> • Tracking required hours in assigned activities • Collecting documentation from participants and verifying participation with providers • Preparing or reviewing reports on participation • Initiating, tracking, communicating about, or removing sanctions 	_ _
C4c. Collecting information on participant outcomes <i>Examples:</i> <ul style="list-style-type: none"> • Gathering information on employment and earnings • Gathering information on other participant outcomes, such as family stability, education and skill building, or health and family relationships • Entering outcome data and preparing or reviewing outcome reports 	_ _
C4d. TOTAL HOURS OF ADMINISTRATIVE AND COMPLIANCE-RELATED TASKS <i>Total of hours from Questions C4a through C4c</i>	[DISPLAY SUM OF C4a-C4c]

SOFT CHECK: IF C4d > OR < C4 RESPONSE; **Please check that the total hours sum to the number of hours you previously reported that you spent on administrative and compliance-related tasks in a typical week this past month.**

SOFT CHECK: IF THE "HOURS" ENTRIES ARE BLANK FOR ROWS = C4a FROM C4c: **Please enter a response for the row(s) without a number or enter 0.**

PROGRAMMER NOTE

DISPLAY SUM OF C4a-C4c IN C4d TYPICAL HOURS PER WEEK.
IF ANY C4a-C4c IS LEFT BLANK, CODE AS M.

D. SUBMIT SURVEY

IF CONSENT = 0

END1. Thank you for your time. If you clicked “No” by mistake and would like to participate in the survey, please contact TANFPilotEval@mathematica-mpr.com or 833-678-3825.

IF CONSENT = 1

END2. Thank you for completing this survey!

To exit the survey, please close this tab or your internet browser.