

Appendix I

TANF Closed-Cases Telephone Interview Instrument

**UNIVERSITY OF ILLINOIS – UIS AND UIUC
for ILLINOIS DEPT. OF HUMAN SERVICES**

**TANF CLOSED-CASES
TELEPHONE INTERVIEW INSTRUMENT
FINAL VERSION
DECEMBER 1998 LEAVER COHORT
June 15, 1999**

CODE BEFORE CALLING

SAMPLE REGION FRAME: (SAMPLE REGIONAL GROUP)

PROJECT SAMPLE IDENTIFICATION NUMBER: _____

ANSWER WHEN BRING UP SURVEY INSTRUMENT – THIS IS A:

1. CALL INITIATED BY SRO INTERVIEWING STAFF
2. CALL IN TO SRO FROM SAMPLE MEMBER
3. CALL IN TO SRO FROM LOCATOR

INTRODUCTION

Hello, my name is [__NAME__] and I'm (calling from / talking to you from) the University of Illinois. We are conducting interviews with people who left welfare last November or December. The purpose is to see what has happened to them since they left welfare at this time. We will pay you \$25 for this interview.

IF SRO-INITIATED CALL OR RESPONDENT CALL IN:

We recently sent you a letter telling you more about the study. Did you receive it?

IF NO: I'm sorry it didn't get to you. It was a letter telling you we would be calling again and some information about the study. I'll tell you about the other things that were in the letter.

IF YES: Good. I just want to repeat some of the things we told you in the letter. This is just to be sure they are clear to you. PROCEED WITH TEXT BELOW.

IF LOCATOR CALL IN:

The locator has a letter and a question-and-answer sheet for you telling you about the study. But let me tell you what we say in this material.

FOR ALL RESPONDENTS:

For this study, we selected you by chance from a list of people who left welfare last November or December. We got this list from the Illinois Department of Human Services. This list was given to us only for the purpose of choosing people for this study.

This interview should take about 20 to 30 minutes. Your answers will remain strictly confidential. This means that no one will be able to know which answers you give. I also want you to know that your participation is totally up to you. Any benefits you may be receiving will not be affected by whether or not you participate.

As I said earlier, you will get 25 dollars if you complete our interview. However, if there are some questions you don't want to answer, just tell me and we will skip them.

Would you be willing to be interviewed for this study?

IF NO: TERMINATE CALL AND RECORD REFUSAL.

IF YES: Would now be a convenient time?

IF CONVENIENT TIME: PROCEED WITH INTERVIEW.

IF NOT CONVENIENT TIME: When would be a convenient time to call back?
AND RECORD INFORMATION ON REPORT SHEET.

I really appreciate your willingness to participate. If you have any questions during the interview, do not hesitate to stop and ask me. OK?

IF LOCATOR CALL-IN:

To be sure that I'm talking to the right person, could you please tell me the last four digits of your social security number – and your date of birth.

CHECK THESE AGAINST INFORMATION ON REPORT SHEET. IF EITHER MATCH, CONTINUE WITH INTERVIEW.

IF NEITHER MATCHES, ASK TO SPEAK TO LOCATOR AND GET SUPERVISOR.

- 1. BOTH MATCH**
- 2. ONLY SOCIAL SECURITY DIGITS MATCH**
- 3. ONLY DATE OF BIRTH MATCHES**
- 4. NEITHER MATCHES**

DEFINITIONS OF WELFARE AND WHEN GOT OFF WELFARE

We'll be discussing a number of topics during the interview. I'd like to make sure we have the same things in mind when I mention things like welfare assistance and when you got off of welfare.

DEFINITION OF WELFARE

When I use the term welfare, I mean cash assistance received through TANF – or Temporary Assistance for Needy Families. TANF is the welfare program which replaced the Aid to Families with Dependent Children or AFDC program.

WHEN GOT OFF WELFARE

Next, when I talk about the time you got off welfare, I will be talking about when you got off welfare around last November or December.

If I ask you to think about when you got off welfare around these months, what month makes sense to you? In other words, what month around this time did you get off welfare?

IF MONTH IS NOT NOVEMBER OR DECEMBER 1998, ASK:

Didn't you also get off welfare closer to last November or December?

IF YES—And what month was this? CODE BELOW.

IF NO, CODE ORIGINAL MONTH GIVEN AND CONTINUE.

1. MONTH: _____ [WILL USE IN MONTH THAT FOLLOWS.]
2. DON'T KNOW MONTH
3. TERMINATE INTERVIEW (GIVE REASON ON REPORT SHEET)

QUESTIONS

SECTION I.

EXPERIENCES WITH WELFARE SYSTEM

AND REASONS FOR GETTING OFF (AND BACK ON) WELFARE

I-1 I'd like to begin by asking why you left TANF welfare cash assistance in MONTH.
[PROMPT: Were there any other reasons?]

IF R SAYS DON'T KNOW, SAY: Well, what happened?

ANSWER BOX OPENS:

I-2 Thinking about your own experiences, was there something that helped you in getting off or staying off welfare?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

I-2A IF YES: Could you tell me what has helped you in getting off or staying off welfare? [PROMPT: Are there any other things that have helped you in getting off or staying off welfare?]

ANSWER BOX OPENS:

I-3 Have you had problems in getting off or staying off welfare?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

I-3A IF YES: Could you tell me about these problems? [PROMPT: Are there any others? (Could you tell me about them?)]

ANSWER BOX OPENS:

I-4 As close as you can remember, what was the year and month that you first received welfare cash assistance as an adult – I mean, on your own case?

[INSTRUCTION: OBTAIN AT LEAST AN ESTIMATE OF THE YEAR THAT RESPONDENT FIRST RECEIVED WELFARE CASH ASSISTANCE.]

1. YEAR AND MONTH = _____
2. YEAR = _____
3. DON'T KNOW
4. REFUSE TO ANSWER

I-5 How many months or years have you been on welfare cash assistance as an adult -- again, meaning on your own case? (PROMPT FOR BEST ESTIMATE.)

[IF PROBLEM WITH THIS ASK: Well, maybe it would be easier to think about the times when you have left welfare cash assistance and how long you left for. Since you first began receiving welfare cash assistance on your own case as an adult, how many months or years have you been off of welfare?]

1. TOTAL LENGTH RECEIVED / YEARS = _____
2. TOTAL LENGTH RECEIVED / MONTHS = _____
3. HOW LONG OFF / YEARS = _____
4. HOW LONG OFF MONTHS = _____
5. DON'T KNOW
6. REFUSE TO ANSWER

I-6 People have different reasons for leaving welfare. Thinking about why you left TANF welfare cash assistance in [MONTH], please tell me whether any of the following was part of the reason for why you left welfare.

I-6A The first is: Time limits that were placed on receiving welfare. (PROMPT: Was this part of the reason for why you left welfare?)

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

I-6B What about requirements that you have to work or take training if you stay on welfare? (PROMPT: Was this part of the reason for why you left welfare?)

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

I-6C And what about no additional welfare payments if you have another child? (PROMPT: Was this part of the reason for why you left welfare?)

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

I-6D Did your caseworker encourage you to get off welfare by showing how you would be better off if you left welfare?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES TO I-6D:

I-6E Was this part of the reason for why you left welfare?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

I-6F What about having more money because you or someone else in your household had a job? Was this part of the reason for why you left welfare?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

I-7 Since you left welfare in [MONTH], have you ever started receiving welfare cash assistance again?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES TO I-7 (HAVE STARTED RECEIVING WELFARE AGAIN):

I-7A What were the major reasons that you began receiving welfare cash assistance again?

PROMPT: Were there are any other reasons? Could you tell me about them?

[IF BACK ON WELFARE MORE THAN ONE TIME, SAY: Well, think about the most recent time you started receiving welfare cash assistance again.]

NOTE: THIS IS AN EXTREMELY IMPORTANT QUESTION. PROMPT FOR ADDITIONAL REASONS AND PROBE FOR AS MUCH SPECIFICITY AS POSSIBLE HERE.

1. REASONS: _____

2. DON'T KNOW
3. REFUSE TO ANSWER

I-7B Altogether, during the time after you left welfare in [MONTH], how many weeks or months have you been on welfare cash assistance?

1. WEEKS: _____
2. MONTHS: _____
3. OTHER TIME UNIT: _____
4. DON'T KNOW
5. REFUSE TO ANSWER

I-7C Are you currently receiving TANF welfare cash assistance?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

SECTION II.

SELECTED HARDSHIP EXPERIENCES BEFORE AND AFTER LEAVING WELFARE

PREFACE: Now I'm going to ask you about some things that may or may not have happened to you.

II-1 First, I'd like you to think about the last six months you were on welfare just before you got off of it in MONTH.

II-1A During this time, did you ever get behind in rent or other payment for housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1B During the last six months you were on welfare before [MONTH], did you ever have to move out of a house or apartment because you could not pay for housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

IF YES, HAD TO MOVE:

II-1B1 During this time period, did you ever have to stay with friends or relatives for a period of time because you could not afford housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1B2 During this time period, did you ever have to go to a homeless shelter?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1B3 During this time period, did you ever have to live in a car or on the streets?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1C (During the last six months you were on welfare before [MONTH]), did you ever have to go without electricity, heat, or water service because you could not afford them?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1E (During the last six months you were on welfare before [MONTH],) did your children ever have to live APART FROM YOU with someone else because you could not afford to take care of them?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1F (During this time period,) was there ever a time when somebody in your home -- including yourself -- did not get the medical treatment they needed because you could not afford it?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1G (During this time period,) was there ever a time when anyone in your family ever cut the size of meals or skipped meals because there wasn't enough money for food?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-1H (During this time period,) was there ever a time when the food you bought just didn't last, and you didn't have enough money to get any more?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2 Now, I'm going to ask whether these same things have happened to you during the times when you have been OFF OF WELFARE since [MONTH].

II-2AA After you left welfare in [MONTH], did you ever have to move out of your house or apartment because you were no longer eligible for public housing or other housing where you got lower rent or subsidies from the government?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2A When you have been off welfare since [MONTH], did you ever get behind in rent or other payment for housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2B When you have been off welfare since [MONTH], did you ever have to move out of a house or apartment because you could not pay for housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

IF YES TO II-2B, HAD TO MOVE:

II-2B1 When you have been off welfare since [MONTH], did you ever have to stay with friends or relatives for a period of time because you could not afford housing?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2B2 When you have been off welfare since [MONTH], did you ever have to go to a homeless shelter?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

IF YES TO II-2B, HAD TO MOVE:

II-2B3 During this time period, did you ever have to live in a car or on the streets?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2C (When you have been off welfare since [MONTH],) did you ever have to go without electricity, heat, or water service because you could not afford them?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2E (When you have been off welfare since [MONTH],) did your children ever have to live apart from you with someone else because you could not afford to take care of them?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2F (When you have been off welfare since [MONTH],) was there ever a time somebody in your home – **INCLUDING YOURSELF** -- did not get the medical treatment they needed because you could not afford it?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2G (During this time period), was there ever a time when anyone in your family ever cut the size of meals or skipped meals because there wasn't enough money for food?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

II-2H (During this time period), was there ever a time when the food you bought just didn't last, and you didn't have enough money to get any more?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

SECTION III.

MARITAL STATUS AND HOUSEHOLD COMPOSITION: WHEN LEFT WELFARE AND CURRENT

PREFACE: Now I have some questions about your household.

III-1 At the time you left welfare in [MONTH], what was your marital status? Were you ...

1. Married and living with a spouse
2. Living with a partner
3. Separated
4. Divorced
5. Widowed
6. Or, never married
7. OTHER: _____
8. REFUSE TO ANSWER

III-2 And what is your current marital status? Are you now ...

1. Married and living with a spouse
2. Living with a partner
3. Separated
4. Divorced
5. Widowed
6. Or, never married
7. OTHER: _____
8. REFUSE TO ANSWER

***IF III-1 AND III-2 ARE BOTH = 1 (MARRIED AND LIVING WITH A SPOUSE)
OR III-1 AND III-2 ARE BOTH = 2 (LIVING WITH A PARTNER):***

III-2B Is your current (spouse / partner) the same one who lived with you when you left welfare in [MONTH]?

1. YES
2. NO
3. OTHER – EXPLAIN: _____
4. DON'T KNOW
5. REFUSE

III-3 Counting yourself, how many people currently live in your home or in your apartment?

1. NUMBER: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

III-4A What are the ages of your children who are living with you in your home or apartment?

DIRECTION: SPECIFY IF GRANDCHILDREN

1. AGES OF CHILDREN—LIST IN WINDOW: _____
2. NO CHILDREN CURRENTLY LIVING WITH RESPONDENT
3. DON'T KNOW
4. REFUSE TO ANSWER

III-4B How many children under 18 years of age do you have who don't live with you?

1. NUMBER: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

IF ANY OF CHILDREN ARE LIVING APART FROM RESPONDENT:

III-4B1: Where – or with whom – do these children now live?

ANSWER BOX

III-5 Are you – or your spouse or partner – currently pregnant or given birth to any children since you left welfare in [MONTH]?

- 1 YES
- 2 NO
- 3 DON'T KNOW
- 4 REFUSE TO ANSWER

SECTION IV.
HOUSEHOLD EMPLOYMENT WHEN LAST ON WELFARE
AND WHEN LEFT WELFARE

PREFACE: In the next questions, I'd like to ask you about recent work you might have had.

LAST SIX MONTHS WHEN ON WELFARE

IV-P1 During the six months you were on welfare before you got off in MONTH, did you ever have a job which paid you money?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES:

IV-P1A For how much of this six months did you have a job which paid you money?
(PROBE: That is, for how many months or weeks during this time did you have a job?)

1. ALL THE 6-MONTH TIME PERIOD
2. NUMBER OF MONTHS:
3. NUMBER OF WEEKS:
4. DON'T KNOW
5. REFUSE TO ANSWER

AT TIME WHEN LEFT WELFARE IN [MONTH]

IV-1 At the time when you left welfare in [MONTH], did you have a job or jobs which paid you money? (IF YES: How many jobs did you have?)

1. YES, ONE JOB
2. YES, MORE THAN ONE JOB & SPECIFY NUMBER: _____
3. NO → SKIP TO INSTRUCTIONS, PAGE XX
4. DON'T KNOW → SKIP TO INSTRUCTIONS, PAGE XX
5. REFUSE TO ANSWER → SKIP TO INSTRUCTIONS, PAGE XX

IV-2 What was the total number of hours that you were working per week? (PROMPT WITH: Well, on the average OR in general, what was the total number of hours you worked per week?)

1. TOTAL NUMBER OF HOURS PER WEEK: _____
2. TOTAL NUMBER & OTHER UNIT: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

IF ONE JOB WHEN LEFT WELFARE, ASK IV-3 SERIES:

IV-3A What was your pay on this job? For instance, how much did you make an hour or per day? [TAKE OTHER UNITS IF OFFERED; IF PER WEEK, CHECK TO SEE IF THIS IS TAKE-HOME PAY OR PAY BEFORE TAXES.]

1. PAY PER HOUR: _____
2. PAY PER DAY: _____
3. OTHER WAY OF ANSWERING: _____
4. DON'T KNOW
5. REFUSE TO ANSWER

IV-3AA What was your take-home pay in a typical week? [TAKE OTHER UNITS IF OFFERED.]

1. TAKE-HOME PAY PER WEEK: _____
2. OTHER UNIT FOR TAKE-HOME PAY: _____
3. OTHER UNIT FOR PAY BEFORE TAXES: _____
4. DON'T KNOW
5. REFUSE TO ANSWER

IV-3B What kind of company did you work for? (PROBE: That is, what does this company do or what does it make? ADDITIONAL PROBE: Well, what company did you work for?)

1. KIND OF COMPANY: _____
2. DON'T REMEMBER
3. REFUSE TO ANSWER

IV-3C What kind of work did you do there? That is, what did you do on your job? [PROMPT TO BE SPECIFIC AS POSSIBLE, WITH FOR INSTANCE: Could you tell me some more about what you did on this job?]

1. KIND OF WORK: _____
2. DON'T REMEMBER
3. REFUSE TO ANSWER

IV-3D Do you still have this job?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF NO: IV-3DA: What month did you leave this job?

1. MONTH: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

IF MORE THAN ONE JOB WHEN LEFT WELFARE, ASK IV-4 SERIES FOR MAIN JOB:

IV-4A Thinking about your main job, what was your pay? For instance, how much did you make per hour or per day? [TAKE OTHER UNITS IF OFFERED; IF PER WEEK, CHECK TO SEE IF THIS IS TAKE-HOME PAY OR PAY BEFORE TAXES.]

IF RESPONDENT SAYS NO MAIN JOB OR EQUAL: Well, tell me how much you make on your best paying job?

IF EQUAL, NEXT: ... how much you make on the job you spend the most time on?

IF EQUAL, NEXT: ... how much you make on your favorite job?

1. PAY PER HOUR: _____
2. PAY PER DAY: _____
3. OTHER WAY OF ANSWERING: _____
4. DON'T KNOW
5. REFUSE TO ANSWER

IV-4B What kind of company did you work for? (PROBE: That is, what does this company do or what does it make? ADDITIONAL PROBE: Well, what company did you work for?)

1. KIND OF COMPANY: _____
2. DON'T REMEMBER
3. REFUSE TO ANSWER

IV-4C What kind of work did you do there? That is, what did you do on your job? [PROMPT TO BE SPECIFIC AS POSSIBLE, WITH FOR INSTANCE: Could you tell me some more about what you (do / did) on this job?]

1. KIND OF WORK: _____
2. DON'T REMEMBER
3. REFUSE TO ANSWER

IV-4D Thinking about all your jobs at this time, about how much was your take-home pay in a typical week? [IF R SAYS DON'T KNOW, PROMPT FOR TOTAL FOR OTHER TIME UNIT; TAKE OTHER TIME UNIT PAY IF OFFERED; IF UNCLEAR, ASK R IF THIS IS TAKE-HOME PAY OR IF BEFORE TAXES.]

1. TAKE-HOME PAY PER WEEK: _____
2. OTHER WAY OF ANSWERING: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

IV-4D2 Do you still have this main job you've been telling me about?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF NO, DO NOT HAVE THIS MAIN JOB:

IV-4D2A: What month did you leave this job?

1. MONTH: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

IV-4E Do you still have any of the other jobs you had when you left welfare in MONTH?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

INSTRUCTIONS:

IF MARRIED OR PARTNER AT TIME LEFT WELFARE, ASK IV-5 SERIES

IF NOT, SKIP TO IV-6

**EMPLOYMENT OF SPOUSE/PARTNER PRIOR TO LEAVING WELFARE
AND WHEN LEFT WELFARE**

LAST SIX MONTHS WHEN ON WELFARE

IV-PP1 During the six months you were on welfare before you got off in MONTH, did your spouse or partner who lived with you ever have a job which paid money?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES:

IV-PP1A For how much of this six months did your spouse or partner have a job which paid money? (PROBE: That is, for how many months or weeks during this time did they have a job?)

1. ALL THE 6-MONTH TIME PERIOD
2. NUMBER OF MONTHS:
3. NUMBER OF WEEKS:
4. DON'T KNOW
5. REFUSE TO ANSWER

**JOB OF SPOUSE/PARTNER
AT TIME WHEN LEFT WELFARE IN [MONTH]**

IV-5A At the time you left welfare in [MONTH], did your spouse or partner who lived with you have a job or jobs which paid money? [IF YES: How many jobs did they have?]

1. YES, ONE JOB
2. YES, MORE THAN ONE JOB; SPECIFY NUMBER: _____
3. NO → SKIP TO Q-6
4. DON'T KNOW/DON'T REMEMBER → SKIP TO Q-6
5. REFUSE TO ANSWER → SKIP TO Q-6

IF YES TO ABOVE:

IV-5B What was the total number of hours that your spouse or partner was working per week at this time? (PROMPT WITH: Well, what is your best guess for an average week?)

1. TOTAL HOURS WORKED IN WEEK: _____
2. TOTAL USING OTHER UNIT: _____
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

IV-5C Thinking about all the jobs your spouse or partner had, about how much was their take-home pay in a typical a week at this time? [IF R SAYS DON'T KNOW, PROMPT FOR OTHER TIME UNIT – FOR INSTANCE, PER DAY. TAKE TOTAL FOR OTHER TIME UNIT IF OFFERED; IF UNCLEAR, ASK IF THIS IS TAKE-HOME PAY OR PAY BEFORE TAXES.]

1. TAKE-HOME PAY IN WEEK: _____
2. TAKE-HOME PAY USING OTHER UNIT: _____
3. PAY BEFORE TAXES – SPECIFY TIME UNIT: _____
4. DON'T KNOW / DON'T REMEMBER
5. REFUSE TO ANSWER

IF SPOUSE HAD ONE JOB:

IV-5D Does your spouse or partner still have this job?

1. NO
2. YES
3. NOT APPLICABLE – NOT WITH THIS SPOUSE/PARTNER
4. DON'T KNOW
5. REFUSE TO ANSWER

IF NO: IV-5DA: What month did they leave this job?

1. MONTH: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

IF SPOUSE HAD MORE THAN ONE JOB:

IV-5E1 Does your spouse or partner still have the main – or best paying job – they had when you left welfare in [MONTH]?

1. NO
2. YES
3. NOT APPLICABLE – NOT WITH THIS SPOUSE/PARTNER
4. DON'T KNOW
5. REFUSE TO ANSWER

IF NO: IV-5E1A: What month did they leave this job?

1. MONTH: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

IV-5E2 Does your spouse or partner still have any of the other jobs they had when you left welfare in [MONTH]?

1. NO
2. YES
3. NOT APPLICABLE – NOT WITH THIS SPOUSE/PARTNER
4. DON'T KNOW
5. REFUSE TO ANSWER

EMPLOYMENT WHEN LEFT WELFARE – OTHER HOUSEHOLD MEMBERS

ASK IV-6 OF ALL RESPONDENTS:

IV-6 Not counting yourself – and not counting any spouse or partner, did any other adult 18 years or over in your household have a job for pay when you left welfare in [MONTH]?

[IF NEEDED FOR THOSE WITH NO SPOUSE/PARTNER: That's in the question for those who did have a spouse or partner.]

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

SECTION V. PART ONE.
RESPONDENT'S EMPLOYMENT SINCE LEFT WELFARE

PREFACE: Now, let's turn to some questions about jobs you might have had since you left welfare in MONTH.

IF EMPLOYED AT TIME LEFT WELFARE:

V-PP1 Since you left welfare in MONTH, has there ever been a time when you did not have a job for pay?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF UNEMPLOYED AT TIME LEFT WELFARE:

V-P1 Have you ever worked either part-time or full-time for pay since you left welfare in MONTH?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

CURRENT EMPLOYMENT:

V-1A2 Are you currently working either part-time or full-time for pay? [IF YES: How many jobs do you currently have?]

1. YES, ONE JOB
2. YES, MORE THAN JOB – SPECIFY NUMBER:
3. NO CURRENT JOBS
4. DON'T KNOW → SKIP TO UNEMPLOYED Qs
5. REFUSE TO ANSWER → SKIP TO UNEMPLOYED Qs

IF HAVE HAD ANY UNEMPLOYMENT SINCE LEFT WELFARE:

V-1A3 Thinking about the current time – or the most recent time when you did not have a job for pay, could you tell me – what are the main reasons why you don't or didn't have one. (PROMPT WITH: Are there any other main reasons? What are they? PROBE FOR AS MUCH SPECIFICITY AS POSSIBLE.)

ANSWER BOX

**IF EMPLOYED AT TIME LEFT WELFARE (EARLIER)
OR EMPLOYED SINCE LEFT WELFARE (V-P1 = 1 ABOVE):**

SERIES ABOUT CHANGING JOBS

V-P2 Have you ever changed jobs since you left welfare in MONTH?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES, HAVE CHANGED JOBS:

V-P2A How many times have you changed jobs during this time?

1. ONE
2. MORE THAN ONE: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

V-P2B I'd like you to think about the most recent time you changed jobs since you left welfare in MONTH. Why did you change jobs? Any other reasons?

- | |
|-------------------|
| 1. REASONS: _____ |
|-------------------|
2. DON'T KNOW
 3. REFUSE TO ANSWER

V-P2C Was the hourly wage of your new job more, less, or about the same as that of your old job?

1. MORE
2. LESS
3. ABOUT THE SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

V-P2D And, was the number of hours you worked in a week on your new job more, less, or about the same as that for your old job?

1. MORE
2. LESS
3. ABOUT THE SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

**IF HAVE HAD PERIODS OF BOTH EMPLOYMENT AND UNEMPLOYMENT
SINCE LEFT WELFARE:**
[V-PP1 = 1 OR V-P1 = 1]

SERIES ON LEAVING JOB WITHOUT HAVING ANOTHER ONE

V-P3 Have you ever left a job without having another one to go to since you left welfare in MONTH?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES, HAVE LEFT A JOB WITHOUT ANOTHER:

V-P3A I'd like you to think about the most recent time you left a job without having another one. Why did you leave this job? Any other reasons?

- | |
|-------------------|
| 1. REASONS: _____ |
|-------------------|
2. DON'T KNOW
 3. REFUSE TO ANSWER

INSTRUCTION: ASK V-3 SERIES FOR ALL CURRENTLY UNEMPLOYED RESPONDENTS:
--

V-3C How long has it been since you worked at a part-time or full-time job for pay?
[PROMPT ALTERNATIVE: Or, about what month was it when you left your last job?]

1. NUMBER OF WEEKS: _____
2. NUMBER OF MONTHS: _____
3. MONTH/DATE LEFT LAST JOB: _____
4. DON'T KNOW
5. REFUSE TO ANSWER

V-3E Are you currently looking for a job?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES:

V-3E1 About how many employers have you contacted in the past month?

1. NUMBER OF EMPLOYERS: _____
2. DON'T KNOW
3. REFUSE

SECTION V-4 SERIES: NATURE OF CLIENT'S EMPLOYMENT AFTER WELFARE
--

ASK FOLLOWING QUESTIONS (SECTION V-4 SERIES) FOR ALL THOSE WHO HAVE HAD ANY EMPLOYMENT SINCE LEAVING WELFARE. ONLY THOSE WHO HAVE NOT HAD ANY JOB SINCE LEAVING WELFARE WILL SKIP THIS SERIES.

**IF CURRENTLY HAVE MORE THAN ONE JOB,
ASK V-4PP1 AND V-4PP2:**

V-4PP1: Altogether, how many hours a week do you work on these jobs?

1. TOTAL HOURS A WEEK: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

V-4PP2: About how much is your total take-home pay in a typical week for all your jobs? (ASK FOR TOTAL FOR OTHER TIME UNIT IF R SAYS DON'T KNOW; IF UNCLEAR, ASK R IF TAKE-HOME PAY OR PAY BEFORE TAXES.)

1. TOTAL EARNINGS IN WEEK: _____
2. OTHER TOTAL AND UNIT: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

QUESTIONS ABOUT ONLY JOB, BEST JOB, OR MOST RECENT JOB

PREFACE IF CURRENTLY EMPLOYED: Now I'd like to ask you some questions about your current job. If you have more than one job, we'd like to know about the best job you currently have. [IF NEEDED, DEFINE BEST JOB AS: the job where you generally make the most per week; IF EQUAL, THEN: the job you like the most.]

PREFACE IF NOT CURRENTLY EMPLOYED: Now I'd like to ask you some questions about the most recent job you have had since leaving welfare in [MONTH].

V-4A What kind of company (do / did) you work for? [PROBE: That is, what does this company do or what does it make? ADDITIONAL PROBE: Well, what company (do / did) you work for?]

1. KIND OF COMPANY: _____
2. SAME COMPANY TOLD YOU ABOUT WHEN LEFT WELFARE
3. DON'T REMEMBER
4. REFUSE TO ANSWER

V-4B What kind of work (do / did) you do there? That is, what (do / did) you do on your job? [PROMPT TO BE SPECIFIC AS POSSIBLE, WITH FOR INSTANCE: Could you tell me some more about what you (do / did) on this job?]

1. KIND OF WORK: _____
2. SAME JOB TOLD YOU ABOUT WHEN LEFT WELFARE
3. DON'T REMEMBER
4. REFUSE TO ANSWER

V-4C How satisfied or dissatisfied (are / were) you with this job? Would you say ...

1. very satisfied
2. somewhat satisfied
3. neither satisfied nor dissatisfied
4. somewhat dissatisfied
5. or, very dissatisfied
6. DON'T KNOW
7. REFUSE TO ANSWER

IF SATISFIED (1 OR 2):

V-4D1 What things (do/did) you like most about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

V-4D2 And, what – if anything -- (do/did) you dislike about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

IF NEITHER SATISFIED NOR DISSATISFIED, DON'T KNOW, OR REFUSE:

V-4D3 What – if anything -- (do/did) you like about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

V-4D4 And, what – if anything -- (do/did) you dislike about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

IF DISSATISFIED (4 OR 5):

V-4D5 What things (do/did) you dislike most about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

V-4D6 And, what – if anything -- (do/did) you like about your job? (PROMPT: Any other things?)

ANSWER BOX OPENS:

BACK TO ALL THOSE WHO HAVE CURRENT OR HAD MOST RECENT JOB SINCE LEFT WELFARE:

V-4E How long (have you worked / did you work) in this job? (PROMPT: That is, how many months, weeks, or days?)

1. NUMBER OF MONTHS: _____
2. NUMBER OF WEEKS: _____
3. NUMBER OF DAYS: _____
4. DON'T KNOW/DON'T REMEMBER
5. REFUSE TO ANSWER

V-4F How many hours a week (do / did) you normally work in this job?

1. HOURS PER WEEK: _____
2. OTHER ANSWER: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

V-4G What (is / was) your hourly pay on this job? [IF R SAYS DON'T KNOW, ASK FOR OTHER WAY R CAN GIVE THIS AND RECORD UNDER OTHER; IF UNCLEAR, CHECK TO SEE IF BEFORE OR AFTER TAXES.]

1. HOURLY PAY: _____
2. OTHER PAY AND TIME UNIT: _____
3. DON'T KNOW/DON'T REMEMBER
4. REFUSE TO ANSWER

V-4G1 And, about how much (is/was) your take-home pay in a typical week for this job? [IF R SAYS DON'T KNOW, ASK FOR OTHER WAY R CAN GIVE THIS AND RECORD UNDER OTHER; IF UNCLEAR, CHECK TO SEE IF BEFORE OR AFTER TAXES.]

1. TAKE-HOME PAY PER WEEK: _____
2. OTHER PAY AND TIME UNIT: _____
3. DON'T KNOW/DON'T REMEMBER
4. REFUSE TO ANSWER

V-4H About how long (does / did) it usually take you to get to work for this job? (INSTRUCTION: WE WANT ONE-WAY ESTIMATE.)

1. MINUTES: _____
2. HOURS: _____
3. DON'T KNOW/DON'T REMEMBER
4. REFUSE TO ANSWER

V-4H1 How (do/did) you get to work? That is, do you drive; do you get a ride from someone else; do you take mass transit; do you walk, or what?

1. RESPONDENT DRIVES
2. RESPONDENT GETS RIDE FROM SOMEONE ELSE
3. MASS TRANSIT
4. TAXI
5. WALK
6. OTHER: _____
7. DON'T KNOW
8. REFUSE

SECTION V. PART TWO.
EMPLOYMENT OF OTHER ADULTS IN FAMILY
SINCE RESPONDENT LEFT WELFARE

INSTRUCTION: ASK V-5 IF RESPONDENT
CURRENTLY HAS SPOUSE OR PARTNER LIVING WITH HIM/HER

V-5 Is your spouse or partner currently working either part-time or full-time for pay? [IF YES: How many jobs do they currently have?]

1. YES, ONE JOB
2. YES, MORE THAN ONE JOB – SPECIFY NUMBER:
3. NO CURRENT JOBS
4. DON'T KNOW → SKIP TO UNEMPLOYED Qs
5. REFUSE TO ANSWER → SKIP TO UNEMPLOYED Qs

IF MORE THAN ONE JOB, ASK V-6B AND V-6C:

V-6B Altogether, how many hours a week do they work on these jobs?

1. TOTAL HOURS A WEEK: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

V-6C About how much is their total take-home pay in a typical week for all their jobs? (ASK FOR TOTAL FOR OTHER TIME UNIT IF R SAYS DON'T KNOW; IF UNCLEAR, ASK R IF TAKE-HOME PAY OR PAY BEFORE TAXES.)

1. TOTAL EARNINGS IN WEEK: _____
2. OTHER TOTAL AND UNIT: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

IF SPOUSE/PARTNER CURRENTLY WORKING:

PREFACE: Now, I'd like to ask you questions about the job your spouse or partner currently has – or what they consider to be their main job.

V-7A What kind of company do they work for? [PROBE: That is, what does this company do or what does it make? ADDITIONAL PROBE: Well, what company do they work for?]

1. KIND OF COMPANY: _____
2. SAME COMPANY TOLD YOU ABOUT WHEN LEFT WELFARE
3. DON'T REMEMBER
4. REFUSE TO ANSWER

V-7B What kind of work do they do there? That is, what do they do on their job?
[PROMPT TO BE SPECIFIC AS POSSIBLE, WITH FOR INSTANCE: Could you tell me some more about what they do on this job?]

1. KIND OF WORK: _____
2. SAME JOB TOLD YOU ABOUT WHEN LEFT WELFARE
3. DON'T REMEMBER
4. REFUSE TO ANSWER

V-7C How many hours a week do they normally work in this job?

1. HOURS PER WEEK: _____
2. OTHER ANSWER: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

V-7D What is their hourly pay on this job? [IF R SAYS DON'T KNOW, ASK FOR OTHER WAY R CAN GIVE THIS AND RECORD UNDER OTHER; IF UNCLEAR, CHECK TO SEE IF BEFORE OR AFTER TAXES.]

1. HOURLY PAY: _____
2. OTHER PAY AND TIME UNIT: _____
3. DON'T KNOW/DON'T REMEMBER
4. REFUSE TO ANSWER

V-7E And, about how much is their take-home pay in a typical week for this job? [IF R SAYS DON'T KNOW, ASK FOR OTHER WAY R CAN GIVE THIS AND RECORD UNDER OTHER; IF UNCLEAR, CHECK TO SEE IF BEFORE OR AFTER TAXES.]

1. TAKE-HOME PAY PER WEEK: _____
2. OTHER PAY AND TIME UNIT: _____
3. DON'T KNOW/DON'T REMEMBER
4. REFUSE TO ANSWER

V-7F Since you left welfare in [MONTH], has there ever been a time when your spouse or partner did not have a job for pay?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES, HAS BEEN A TIME:

V-7F1 Thinking of the most recent time when they did not have a job, could you tell me – what are the main reasons why they didn't have one? (PROMPT WITH: Are there any other main reasons? What are they? PROBE FOR AS MUCH SPECIFICITY AS POSSIBLE.)

ANSWER BOX OPENS

IF SPOUSE/PARTNER NOT CURRENTLY WORKING:

V-8 What are the main reasons why your spouse or partner does not currently have a job? (PROMPT WITH: Are there any other main reasons? What are they? PROBE FOR AS MUCH SPECIFICITY AS POSSIBLE.)

ANSWER BOX OPENS

V-8A Is your (spouse/partner) currently looking for a job?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

ASK V-9 OF ALL RESPONDENTS:

V-9 Not counting yourself – and not counting any spouse or partner, does anyone else in your family 18 or over who lives with you currently work for pay?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

SECTION VI.

POSSIBLE EMPLOYMENT BARRIERS

PREFACE:

FOR RESPONDENTS WITHOUT CURRENT SPOUSE/PARTNER: I'd like to ask you about some possible problems you might have had in your attempts to get or keep a job since you left welfare in [MONTH].

FOR RESPONDENTS WITH CURRENT SPOUSE/PARTNER: I'd like to ask you about some possible problems you and your spouse or partner might have had in your attempts to get or keep a job since you left welfare in [MONTH].

VI-1 WITHOUT CURRENT SPOUSE/PARTNER: First, has your PHYSICAL health been a problem for you in getting or keeping a job since [MONTH]?

WITH CURRENT SPOUSE/PARTNER: First, has the PHYSICAL health of either yourself or your (spouse/partner) been a problem for getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-1A WITHOUT CURRENT SPOUSE/PARTNER: Has dealing with mental health or emotional problems been a problem for you in getting or keeping a job since [MONTH]?

WITH CURRENT SPOUSE/PARTNER: Has dealing with mental health or emotional problems been a problem for getting or keeping a job for either yourself or your spouse or partner since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-2 Has paying for child care been a problem for you in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-3 Has finding someone to take care of your children been a problem for you in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-4 Since [MONTH], has finding child care for the hours you needed to work been a problem for you in getting or keeping a job?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-5 During this time period, has getting your children to and from child care been a problem for you in getting or keeping a job?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

- VI-6 Since [MONTH], has caring for an elderly or disabled relative been a problem for you in getting or keeping a job?
IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?
1. YES
 2. NO
 3. DON'T KNOW
 4. REFUSE TO ANSWER
- VI-7 Has HAVING OR PAYING FOR transportation to and from work been a problem for you in getting or keeping a job since [MONTH]?
IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?
1. YES
 2. NO
 3. DON'T KNOW
 4. REFUSE TO ANSWER
- VI-8 Have additional expenses relating to work -- such as expenses for uniforms, work clothes, tools, and these sorts of things -- been a problem for you in getting or keeping a job since [MONTH]?
IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?
1. YES
 2. NO
 3. DON'T KNOW
 4. REFUSE TO ANSWER
- VI-9 Has inadequate education or training been a problem for you in getting or keeping a job since [MONTH]?
IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?
1. YES
 2. NO
 3. DON'T KNOW
 4. REFUSE TO ANSWER

VI-10 Has a language barrier been a problem for you in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-11 Has the lack of jobs close to where you live been a problem for you in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-12 Has dealing with stress from problems in your personal and family life been a problem for either you or your spouse or partner in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VI-13 Has dealing with drug and alcohol issues either in your personal or family life been a problem for either you or your spouse or partner in getting or keeping a job since [MONTH]?

IF SAYS IS NOT LOOKING / HAVE NOT LOOKED, PROMPT: Would this be a problem?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

OTHER PROBLEMS

VI-14 WITHOUT CURRENT SPOUSE/PARTNER: Have you had any other problems getting or keeping a job since [MONTH]?

WITH CURRENT SPOUSE/PARTNER: Have you or your (spouse/partner) had any other problems getting or keeping a job since [MONTH]?

IF YES: Could you tell me about these problems?

1. OTHER PROBLEMS

2. NO PROBLEMS

3. DON'T KNOW

4. REFUSE TO ANSWER

SECTION VII.

RECENT EDUCATION AND TRAINING ACTIVITIES

VII-1 **PREFACE:** In the last two years, did you complete any of the following kinds of training or education?

VII-1A: In the last two years, did you complete any courses to improve your reading, writing, or math skills?

1. YES

2. NO

3. DON'T KNOW

4. REFUSE

VII-1B: In the last two years, did you complete any courses which count toward getting a high school diploma or GED?

1. YES

2. NO

3. DON'T KNOW

4. REFUSE

IF YES:

VII-1B1: In the past two years, did you obtain a high school diploma or GED?

1. YES

2. NO

3. DON'T KNOW

4. REFUSE

VII-1C: In the last two years, did you complete any courses which count toward getting a degree or certificate past high school?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES:

VII-1C1: Did you obtain a degree or certificate beyond high school?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES:

VII-1C2: What kind of degree or certificate did you receive?

1. DEGREE/CERTIFICATE: _____
2. DON'T KNOW
3. REFUSE

VII-1D: In the last two years, did you complete any vocational education classes – that is, classes where you learned a particular job or specific skills for a job?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

VII-1E: Did you have any job where your employer was given money by a program or by the government to pay part of your wages for you to learn job skills?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

VII-1F: Did you have any (other) jobs where part of the time was spent learning how to do a particular job or learning specific skills for a job?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

VII-1G: In the last two years, did you have any training which taught you how to look for a job, how to interview, how to put together a resume, and things like that?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

VII-1H: Did you have any training where you actually looked for a job as part of the training?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

VII-1I: Did you have any training which talked about the importance of getting to work on time, having a good attitude on the job, and things like this?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES TO ANY OF THE ABOVE TRAINING AND EDUCATION ACTIVITIES:

VII-2 Did any of this education and training help you get a job? IF YES: Which kinds of education and training helped you get a job? PROMPT FOR AS MUCH SPECIFICITY AS POSSIBLE.

- | |
|------------------------------------|
| 1. KINDS THAT HELPED TO GET A JOB: |
| 2. NONE OF THEM DID |
| 3. DON'T KNOW |
| 4. REFUSE |

VII-3 Did any of this education and training help you keep a job? IF YES: Which kinds of education and training helped you keep a job? PROMPT FOR AS MUCH SPECIFICITY AS POSSIBLE.

- | |
|-------------------------------------|
| 1. KINDS THAT HELPED TO KEEP A JOB: |
| 2. NONE OF THEM DID |
| 3. DON'T KNOW |
| 4. REFUSE |

EDUCATION/TRAINING ACTIVITIES

VII-4 Did any of this education and training help you get a pay raise or get a better-paying job? IF YES: Which kinds of education and training helped you get a pay raise or get a better-paying job? PROMPT FOR AS MUCH SPECIFICITY AS POSSIBLE.

- | |
|-------------------------------------|
| 5. KINDS THAT HELPED TO KEEP A JOB: |
|-------------------------------------|
- 6. NONE OF THEM DID
 - 7. DON'T KNOW
 - 8. REFUSE

VII-5 And, do you think any of this education and training will help you get a job in the future? IF YES: Which kinds of education and training do you think will help you get a job in the future? PROMPT FOR AS MUCH SPECIFICITY AS POSSIBLE.

- | |
|---------------------------------------|
| 1. KINDS THAT WILL HELP TO GET A JOB: |
|---------------------------------------|
- 2. NONE OF THEM WILL
 - 3. DON'T KNOW
 - 4. REFUSE

SECTION VIII.
SELECTED COSTS, BENEFITS, AND SUPPORTS
AFTER LEAVING WELFARE

PREFACE: In the next section, I'll be asking about various areas of your family's life since you left TANF welfare cash assistance in [MONTH].

FOOD STAMPS

VIII-1 First, let's talk about Food Stamps. Since you left welfare, have you ever received food stamps?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES, HAVE RECEIVED FOOD STAMPS AFTER LEFT WELFARE:

VIII-1A Do you get food stamps now?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, DON'T GET FOOD STAMPS NOW BUT HAVE SINCE LEFT:

VIII-1A1 Why don't you get food stamps now?

ANSWER BOX

IF NO, HAVE NOT RECEIVED FOOD STAMPS SINCE LEFT WELFARE:

VIII-1B Did you think you would be eligible to receive food stamps after you left welfare cash assistance?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

VIII-1C Did your case worker or someone else from the welfare office tell you that you might be eligible for food stamps after you left welfare cash assistance?

1. YES, SOMEONE TOLD
2. NO, SOMEONE DID NOT TELL
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

VIII-1D Have you applied for food stamps since you left welfare in [MONTH]?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, HAVE NOT APPLIED:

VIII-1D1 Why haven't you applied for food stamps?

1. REASON: _____
2. DON'T KNOW
3. REFUSE

MEDICAID FOR SELF

VIII-2 Now, let's talk about Medicaid. Since you left welfare, have you ever received a Medicaid card for yourself?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES, HAVE RECEIVED MEDICAID CARD FOR SELF:

VIII-2A Do you have a Medicaid card for yourself now?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, DON'T HAVE MEDICAID CARD FOR SELF NOW BUT HAVE SINCE LEFT:

VIII-2A1 Why don't you have a Medicaid card for yourself?

ANSWER BOX

IF NO, HAVE NOT RECEIVED MEDICAID CARD FOR SELF SINCE LEFT WELFARE:

VIII-2B Did you think you would be eligible to get a Medicaid card for yourself after you left welfare cash assistance?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

VIII-2C Did your case worker or someone else from the welfare office tell you that you might be eligible to get a Medicaid card for yourself after you left welfare cash assistance?

1. YES, SOMEONE TOLD
2. NO, SOMEONE DID NOT TELL
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

MEDICAID CARD FOR SELF (CONTINUED)

VIII-2D Have you applied for a Medicaid card for yourself since you left welfare in [MONTH]?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, HAVE NOT APPLIED:

VIII-2D2 Why haven't you applied for a Medicaid card for yourself?

1. REASON: _____
2. DON'T KNOW
3. REFUSE

MEDICAID FOR CHILDREN

VIII-3 Since you left welfare, have you ever received a Medicaid or KidCare card for your children?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES, HAVE RECEIVED MEDICAID OR KIDCARE CARD FOR CHILDREN:

VIII-3A Do you have a Medicaid or KidCare card for your children now?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, DON'T HAVE MEDICAID OR KIDCARE CARD FOR CHILDREN NOW BUT HAVE SINCE LEFT:

VIII-3A1 Why don't you have a Medicaid or KidCare card for your children now?

ANSWER BOX

MEDICAID/KIDCARE CARD FOR CHILDREN (CONTINUED)

IF NO, HAVE NOT RECEIVED MEDICAID/KIDCARE CARD FOR CHILDREN SINCE LEFT WELFARE:

VIII-3B Did you think you would be eligible to get a Medicaid or KidCare card for your children after you left welfare cash assistance?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

VIII-3C Did your case worker or someone else from the welfare office tell you that you might be eligible to get a Medicaid or KidCare card for your children after you left welfare cash assistance?

1. YES, SOMEONE TOLD
2. NO, SOMEONE DID NOT TELL
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE

VIII-3D Have you applied for a Medicaid or KidCare card for your children since you left welfare in [MONTH]?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF NO, HAVE NOT APPLIED:

VIII-3D1 Why haven't you applied for a Medicaid or KidCare card for your children?

1. REASON: _____
2. DON'T KNOW
3. REFUSE

OTHER HEALTH INSURANCE COVERAGE

VIII-4 Not counting Medicaid, do you have health insurance coverage for yourself?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES:

VIII-4A Do you have this health insurance coverage through your employer or your spouse's employer? IF NO: What kind of program covers you?

1. YES
2. NOT THROUGH EMPLOYER – OTHER IS: _____
3. NOT THROUGH EMPLOYER; DON'T KNOW OTHER
4. DON'T KNOW WHETHER THROUGH EMPLOYER OR NOT
5. REFUSE TO ANSWER

VIII-5 Not counting Medicaid or KidCare, do your children have any health insurance coverage?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES:

VIII-5A Do you have this health insurance coverage through your employer or the employer of your spouse or partner? IF NO: What kind of program covers them?

1. YES
2. NOT THROUGH EMPLOYER – OTHER IS: _____
3. NOT THROUGH EMPLOYER; DON'T KNOW OTHER
4. DON'T KNOW WHETHER THROUGH EMPLOYER OR NOT
5. REFUSE TO ANSWER

EARNED INCOME TAX CREDIT

VIII-6 Now let's turn to a different topic. Have you heard of the earned income tax credit?

1. YES
2. YES, BUT DO NOT KNOW WHAT IT IS
2. NO, HAVE NOT HEARD
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES TO VIII-6, HAVE HEARD OF (VIII-6= 1):

VIII-6A Do you know what it is?

1. YES; THINK SO
2. KIND OF; VAGUE NOTION
3. NO
4. DON'T KNOW
5. REFUSE TO ANSWER

VIII-6B Have you received this earned income tax credit?

1. YES
2. THINK SO; MIGHT HAVE
3. NO
4. DON'T KNOW
5. REFUSE TO ANSWER

IF NO TO VIII-6B, HAVE NOT RECEIVED IT:

VIII-6C Why haven't you received it?

1. DIDN'T APPLY FOR IT
2. OTHER REASON: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

CHILD CARE

VIII-7AAA Now I'd like to ask about child care for people who are working, looking for work or taking classes or training. You might have already told me some of this – but since you left welfare in [MONTH], have you been working, looking for work, or taken any classes or training?

1. YES HAVE BEEN DOING ONE OF THESE
2. NO – SKIP TO CHILD SUPPORT SECTION
3. DON'T KNOW; REFUSE – SKIP TO CHILD SUPPORT SECTION

CHILD CARE FOR CHILDREN 6 TO 12 YEARS OLD

VIII-7 You already told me this – but remind me again – do you currently have children who are 6 to 12 years old who are living with you?

1. YES
2. NO – SKIP TO NEXT SUB-SECTION
3. REFUSE TO ANSWER

IF HAVE CHILDREN 6 TO 12 YEARS OLD:

VIII-7A For the next few questions, I'd like you to think about your children who are 6 to 12 years old.

When these children are not in school – AND when you are working, looking for work, or at classes or training – who usually takes care of these children? [IF SAYS DEPENDS, ASK: Well, who takes care of them most of the time when they are not in school?]

1. SPOUSE/PARTNER
2. OTHER CHILDREN IN HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
3. OTHER CHILDREN OUTSIDE HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
4. STAY AT SCHOOL; SCHOOL PROGRAM
5. FRIENDS AND NEIGHBORS
6. RELATIVE
7. BABYSITTER
8. SPOUSE/PARTNER NOT LIVING WITH CLIENT
9. CHURCH
10. CHILD CARE CENTER
11. OTHER: _____
12. DON'T WORK AT THESE TIMES; NO CARE NEEDED
13. NO ONE TAKES CARE OF CHILDREN
14. DON'T KNOW
15. REFUSE TO ANSWER

IF PREVIOUS QUESTION RESPONSE IS < 12:

VIII-7B Do you pay for this type of child care?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VIII-7C How dependable is this type of child care for you? That is, when your children 6 to 12 are not in school -- AND you are at work, looking for work or taking classes or training -- can you always count on getting this child care; usually count on getting this child care; or can you count on it only some of the time?

1. ALWAYS COUNT ON
2. USUALLY COUNT ON
3. ONLY SOME OF THE TIME (OR LESS)
4. DON'T KNOW
5. REFUSE

VIII-7D When this type of child care is not available for your children who are 6 to 12 years old, what do you do? That is, who takes care of your children when this happens?

1. RESPONSE BOX: (OR EARLIER LIST – BUT INCLUDE R STAYS HOME)
2. DON'T KNOW
3. REFUSE TO ANSWER

CHILD CARE FOR CHILDREN UNDER 6 YEARS OLD

VIII-8 The next set of questions is for those who have children under 6 years old? Do you currently have any children under 6 years old who are living with you?

1. YES
2. NO – SKIP TO NEXT SUB-SECTION
3. REFUSE TO ANSWER

IF HAVE CHILDREN UNDER 6 YEARS OLD:

VIII-8AA Are any of these children in school, pre-school, or Headstart programs?

1. YES
2. NO
3. REFUSE TO ANSWER

VIII-8A Not counting the time when your children under 6 are in school, pre-school, or Headstart – (PAUSE) – who usually takes care of your children under 6 years old when you are working, looking for work, or at classes or training? [IF SAYS DEPENDS, ASK: Well, who takes care of them most of the time when they are not in school, pre-school, or Headstart?]

1. SPOUSE/PARTNER
2. OTHER CHILDREN IN HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
3. OTHER CHILDREN OUTSIDE HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
4. STAY AT SCHOOL; SCHOOL PROGRAM
5. FRIENDS AND NEIGHBORS
6. RELATIVE
7. BABYSITTER
8. SPOUSE/PARTNER NOT LIVING WITH CLIENT
9. CHURCH
10. CHILD CARE CENTER
11. OTHER: _____
12. ONLY WORK WHEN CHILDREN IN PRE-SCHOOL/SCHOOL
13. NO ONE
14. DON'T KNOW
15. REFUSE TO ANSWER

IF VIII-8A QUESTION RESPONSE IS < 12:

VIII-8B Do you pay for this type of child care?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VIII-8C How dependable is this type of child care for you? That is, when your children under 6 are not in school or pre-school -- AND you are at work, looking for work or taking classes or training -- can you always count on getting this child care; usually count on getting this child care; or can you count on it only some of the time?

1. ALWAYS COUNT ON
2. USUALLY COUNT ON
3. ONLY SOME OF THE TIME (OR LESS)
4. DON'T KNOW
5. REFUSE

VIII-8D When this type of child care is not available for your children who are under 6 years old, what do you do? That is, who takes care of your children when this happens?

1. RESPONSE BOX: (OR EARLIER LIST – BUT INCLUDE R STAYS HOME)
2. DON'T KNOW
3. REFUSE TO ANSWER

CHILD CARE FOR CHILDREN OVER 12 YEARS OLD

VIII-9 The next questions are for those who have children over 12 years of age? Do you have any children who are over 12 years of age who live with you?

1. YES
2. NO – SKIP TO NEXT SUB-SECTION
3. REFUSE TO ANSWER

IF HAVE CHILDREN OVER 12 YEARS OLD:

VIII-9A For the next few questions, I'd like you to think about your children who are over 12 years old.

When these children are not in school – AND when you are working, looking for work, or at classes or training – who usually takes care of these children? [IF SAYS DEPENDS, ASK: Well, who takes care of them most of the time when they are not in school?]

1. SPOUSE/PARTNER
2. OTHER CHILDREN IN HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
3. OTHER CHILDREN OUTSIDE HOUSEHOLD: And, what is the age of the oldest child who is taking care of your children? _____
4. STAY AT SCHOOL; SCHOOL PROGRAM
5. FRIENDS AND NEIGHBORS
6. RELATIVE
7. BABYSITTER
8. SPOUSE/PARTNER NOT LIVING WITH CLIENT
9. CHURCH
10. CHILD CARE CENTER
11. OTHER: _____
12. ONLY WORK WHEN IN SCHOOL
13. NO ONE; THEY ARE OLD ENOUGH TO STAY ON OWN
14. DON'T KNOW
15. REFUSE TO ANSWER

IF ABOVE QUESTION RESPONSE IS < 12:

VIII-9B Do you pay for this type of child care?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

VIII-9C How dependable is this type of child care for you? That is, when your children over 12 are not in school -- AND you are at work, looking for work or taking classes or training -- can you always count on getting this child care; usually count on getting this child care; or can you count on it only some of the time?

1. ALWAYS COUNT ON
2. USUALLY COUNT ON
3. ONLY SOME OF THE TIME (OR LESS)
4. DON'T KNOW
5. REFUSE

VIII-9D When this type of child care is not available for your children who are over 12 years old, what do you do? That is, who takes care of your children when this happens?

1. RESPONSE BOX: (OR EARLIER LIST – BUT INCLUDE R STAYS HOME)
2. DON'T KNOW
3. REFUSE TO ANSWER

**ASK VIII-10, -10A, -10B, AND -10C FOR ALL THOSE WHO INDICATE THEY PAY FOR CHILD CARE:
[YES TO VIII-7B, VIII-8B, OR VIII-9B]**

VIII-10 Do you currently get any help paying for your child care from the government or from a social service agency – or a better rate on what child care costs you?

1. YES
2. NO
3. DON'T KNOW
4. NOT APPLICABLE; NOT CURRENTLY NEED CHILD CARE
5. REFUSE TO ANSWER

IF YES, CURRENTLY GET HELP:

VIII-10A Who helps you pay for child care – or, as far as you know, why do you get the better rate on child care?

1. WHO HELPS PAY: _____
2. DON'T KNOW / DON'T REMEMBER
3. REFUSE TO ANSWER

IF NO, DON'T CURRENTLY GET HELP:

VIII-10B Do you know of any programs that help people pay for child care?

1. YES
2. NO
3. DON'T KNOW / DON'T REMEMBER
4. REFUSE TO ANSWER

IF YES, KNOW OF PROGRAMS:

VIII-10BB Why don't you receive any help paying for child care from these programs?

1. REASON: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

VIII-10C In a typical week during the school year, how much do you currently pay out of pocket for child care expenses for all your children – including those getting after-school care? [IF R SAYS DON'T KNOW, ASK IF CAN REPORT FOR OTHER TIME PERIOD – SUCH AS TYPICAL DAY OR MONTH.]

1. OUT OF POCKET EXPENSES PER WEEK: _____
2. OUT OF POCKET PER MONTH: _____
3. OUT OF POCKET PER DAY: _____
4. OUT OF POCKET-OTHER: _____
5. DON'T KNOW
6. NOT APPLICABLE; NOT CURRENTLY NEED CHILD CARE
7. REFUSE TO ANSWER

ASK VIII-10D THROUGH -10F IF HAVE SOMEONE/SERVICE TAKING CARE OF ANY CHILDREN:

VIII-10D Overall, how satisfied or dissatisfied are you with the current arrangements you have for taking care of your children while you are at work, looking for work, or taking classes or training?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Or, very dissatisfied
5. DON'T KNOW
6. REFUSE

VIII-10E How would you rate the quality of the child care your children get? Would you rate this ...

1. Excellent
2. Good
3. Pretty good
4. Only fair
5. Or, poor
6. DON'T KNOW
7. REFUSE

VIII-10F How satisfied or dissatisfied are you with the cost of your current child care arrangements?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Or, very dissatisfied
5. DON'T KNOW
6. REFUSE

**VIII-10G AND VIII-10H ASKED OF EVERYONE WHO GETS QUESTIONS
IN THIS CHILD CARE SECTION:**

VIII-10G How difficult is it to find people or services to take care of your children that you feel comfortable with while you are at work, looking for work, or taking classes or training? Would you say this is ...

1. Very difficult
2. somewhat difficult
3. not very difficult
4. or, not at all difficult
5. DON'T KNOW
6. REFUSE

VIII-10H Do you have needs for child care which are not currently being met? IF SO: so, what are these unmet needs? THEN PROMPT WITH: Do you have any other unmet child care needs?

1. NO UNMET CHILD CARE NEEDS

RESPONSE BOX

CHILD SUPPORT

VIII-11P Now, let's talk about child support. Are there any parents of your children who do not live with you?

1. YES → CONTINUE BELOW
2. NO → SKIP TO NEXT SECTION
3. DON'T KNOW
4. REFUSE

IF YES TO ABOVE:

VIII-11 Thinking of these parents of your children who do not live with you, do any of them pay money to help support your children, either through the child support system or directly to you?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

[ASKED OF ALL WHO ARE ASKED QUESTIONS IN THIS SECTION -- RATHER THAN JUST THOSE WHO SAID NO TO ABOVE]

VIII-11A: Are you supposed to be receiving child support because the courts have ordered a parent to pay?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE TO ANSWER

IF YES TO ABOVE:

VIII-11A1: Are you receiving the full amount of child support payments that the Court has ordered you to receive?

1. YES
2. YES BUT PASS THROUGH
3. NO
4. DON'T KNOW
5. REFUSE TO ANSWER

CHILD SUPPORT QUESTIONS (CONTINUED)

IF YES TO VIII-11 ABOVE (PARENTS ARE PAYING – THROUGH SYSTEM OR DIRECTLY TO RESPONDENT):

VIII-11B1: Now, I'd you to think about the payments you should be receiving either through the child support system or through money given directly to you by the parent. Generally, can you count on getting the full amount every month, most of the time, some of the time, hardly ever, or never?

1. EVERY MONTH
2. MOST OF THE TIME
3. SOME OF THE TIME
4. HARDLY EVER
5. NEVER
6. OTHER: _____
7. DON'T KNOW
8. REFUSE TO ANSWER

VIII-11B2: And, either through the child support system or through payments made directly to you by the parent, how much child support did you receive last month?

1. AMOUNT: _____
2. OTHER: _____
3. DON'T KNOW
4. REFUSE TO ANSWER

OTHER AID, SERVICES, AND BENEFITS

VIII-12 Next, I'm going to read you a list of different types of benefit programs and supports. For each, I'd first like you to tell me whether you or someone in your household got the benefit or service during the last six months you were on welfare before [MONTH]. For each, you can just tell me yes or no.

READ EACH, AND SELECT IF RESPONDENT SAYS YES. [THOSE NOT SELECTED ARE THOSE FOR WHICH THE RESPONDENT SAYS NO, DOES NOT KNOW, OR REFUSES TO ANSWER]

AS YOU PROCEED THROUGH THE LIST, YOU MAY HAVE TO REMIND RESPONDENT ABOUT THE RELEVANT TIME PERIOD.

1. SSI, or Supplemental Security Income
2. Social Security
3. Money from any retirement or pension fund
4. Township general assistance
5. WIC Supplemental Nutrition benefits (PROMPT: that is – Women Infants and Children supplemental nutrition benefits)
6. School lunch program
7. Payments for doing foster care
8. Military veterans' medical benefits
9. Workers' Compensation
10. Unemployment benefits
11. Home heating assistance
12. Rent subsidy or public housing
13. Free housing from a parent or other relative
14. Help in paying bills from family or friends who live with you
15. Gifts of money or food from family or friends
16. Gifts of money or food from your church
17. Meals or food from shelters, food kitchens or food pantries
18. Did you receive benefits or supports from any other places? (IF YES: Could you tell me about these?): _____

VIII-13 [We're getting close to the end.] And now, I'd like you to tell me whether you or someone in your household has gotten these benefits or services during the times you have been OFF welfare since [MONTH]? Again, you can just tell me yes or no.

READ EACH, AND SELECT IF RESPONDENT SAYS YES. [THOSE NOT SELECTED ARE THOSE FOR WHICH THE RESPONDENT SAYS NO, DOES NOT KNOW, OR REFUSES TO ANSWER]

AGAIN, AS YOU PROCEED THROUGH THE LIST, YOU MAY HAVE TO REMIND THE RESPONDENT ABOUT THE RELEVANT TIME PERIOD.

1. SSI, or Supplemental Security Income
2. Social Security
3. Money from any retirement or pension fund
4. Township general assistance
5. WIC Supplemental Nutrition benefits [WIC = Women Infant and Children]
6. School lunch program
7. Payments for doing foster care
8. Military veterans' medical benefits
9. Workers' Compensation
10. Unemployment benefits
11. Home heating assistance
12. Rent subsidy or public housing
13. Free housing from a parent or other relative
14. Help in paying bills from family or friends who live with you
15. Gifts of money or food from family or friends
16. Gifts of money or food from your church
17. Meals or food from shelters, food kitchens or food pantries
18. Have you received benefits or supports from any other places? (IF YES: Could you tell me about these?): _____

INFORMAL / FAMILY SUPPORT SYSTEMS

VIII-14 Next, I have several questions which ask how often you have someone who can do several kinds of things when you need them.

A. First, how often do you have someone you can count on to run errands if you need them to? Would you say ...

1. always
2. almost always
3. most of the time
4. some of the time
5. hardly ever
6. or, never
7. DON'T KNOW
8. REFUSE

B. How often do you have someone you can count on to lend you some money if you really needed it in a time of financial crisis, like at the end of the month?

1. always
2. almost always
3. most of the time
4. some of the time
5. hardly ever
6. or, never
7. DON'T KNOW
8. REFUSE

C. How often do you have someone you can count on to give you encouragement and reassurance if you really needed it?

1. always
2. almost always
3. most of the time
4. some of the time
5. hardly ever
6. or, never
7. DON'T KNOW
8. REFUSE

INFORMAL SUPPORTS (CONTINUED – VIII-14)

D. How often do you have someone you can count on to watch your kids for you if you needed them to?

1. always
2. almost always
3. most of the time
4. some of the time
5. hardly ever
6. or, never
7. DON'T KNOW
8. REFUSE

E. (And,) how often do you have someone you can count on to lend you a car or give you a ride if you need them to?

1. always
2. almost always
3. most of the time
4. some of the time
5. hardly ever
6. or, never
7. DON'T KNOW
8. REFUSE

SECTION IX. WELL-BEING SECTION

IX-1 If you were to consider your life in general these days, how satisfied or dissatisfied are you? Would you say you are ...

- 1 very satisfied
- 2 somewhat satisfied
- 3 somewhat dissatisfied
- 4 or very dissatisfied
- 5 DON'T KNOW; CAN'T CHOOSE
- 6 REFUSE

[NOTE: THE FOLLOWING WILL HAVE SAME RESPONSE CATEGORIES AS ABOVE.]

IX-2 And, we'd also like to know how satisfied or dissatisfied you are with the following aspects of your life.

- A. What about your ***household's current financial situation?*** Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?
- B. What about your ***housing conditions?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]

IX-2 (CONTINUED)

- C. What about your ***neighborhood as a place for your children to grow up?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- D. What about ***the quality of your relationship with your child or children?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- E. What about ***the quality of your relationship with your spouse or partner,*** if you have one? [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? INCLUDE A “NOT APPLICABLE” RESPONSE.]
- F. What about ***your personal health and physical condition?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- G. What about ***the health and physical condition of your child or children?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- H. What about ***the quality of the health care that you and your family can afford?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- I. What about ***how your child or children are doing in school?*** [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]
- J. And how satisfied or dissatisfied are with ***your friendships?*** [PROMPT: that is, the friendships you have with others?] [Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?]

SECTION X: RELATIONSHIPS

X-1 Right now, I have some questions about your relationships. As I ask them, just tell me if you can't answer them right now.

First, now or in the past, have you been in a relationship where you were physically, emotionally, or sexually abused? By abused, I mean not only physical or sexual violence – but also threats, intimidation, or attempts to control your behavior.

1. YES
2. NO
3. DON'T KNOW
4. CAN'T ANSWER RIGHT NOW
5. REFUSE TO ANSWER

IF YES:

X-1A Are you currently in such a relationship?

1. YES
2. NO
3. DON'T KNOW
4. CAN'T ANSWER RIGHT NOW
5. REFUSE

X-1B Has dealing with an abusive relationship been a problem to you in getting or keeping a job?

1. YES
2. NO
3. DON'T KNOW
4. CAN'T ANSWER RIGHT NOW
5. REFUSE

X-1C Since you left welfare in [MONTH], would you say the abuse has increased, decreased, or stayed about the same?

1. INCREASED
2. DECREASED
3. STAYED ABOUT THE SAME
4. DON'T KNOW
5. CAN'T ANSWER RIGHT NOW
6. REFUSE

SECTION X: RELATIONSHIPS (CONTINUED)

X-2 In the past 12 months, did a spouse, ex-spouse, boyfriend or girlfriend – or ex-boyfriend or girlfriend – ever:

A. Prevent you from finding a job or going to work or school?

1. YES
2. NO
3. DON'T KNOW
4. NOT APPLICABLE; NO SUCH RELATIONSHIP IN PAST SIX MONTHS
5. REFUSE TO ANSWER

[NOTE: THE FOLLOWING WILL USE SAME RESPONSE CATEGORIES.]

B. Try to discourage you from finding a job or going to work?

C. Make you feel guilty about working?

D. Refuse to help you, or went back on promises to help you, with child care, transportation, or housework?

E. Make it difficult for you to attend or complete programs or classes that would help you get a good job?

F. Harass you with telephone calls at your job?

G. Injure you?

H. Cause you to go to a shelter?

I. Cause you to lose or quit your job?

J. Not show up, or else show up under the influence of alcohol or drugs for child sitting?

SECTION XI.
SELECTED DEMOGRAPHICS, OVERALL ASSESSMENT QUESTIONS,
AND CLOSING SECTION

XI-1 Next, I'd like to know -- what is your highest grade or level of school? Would you say this is ...

1. less than eighth grade
2. less than a high school diploma
3. a high school diploma or GED
4. trade or technical school beyond high school
5. some junior college education
6. an associates degree from a junior college
7. some education at a four-year college
8. a 4-year college or university degree or more
9. OTHER: _____
10. REFUSE TO ANSWER

XI-2 Do you have a driver's license?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF YES:

XI-2A: Does your household have a car which you usually use?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

IF HOUSEHOLD HAS CAR:

XI-2B: Do you have automobile insurance for this car?

1. YES
2. NO
3. DON'T KNOW
4. REFUSE

XI-3 Now, I'd like you to think about last month. Adding together all of the money you and others in your household received from ANY source in the last month, about how much total money did your household receive after taxes? Again, we're interested in your best guess for last month.

1. TOTAL AMOUNT: _____
2. DON'T KNOW
3. REFUSE TO ANSWER

OVERALL ASSESSMENT QUESTIONS

XI-4 Now I would like to talk with you about how your life today compares with your life when you left welfare around [MONTH].

XI-4A First, how about the amount of money you have? Compared to when you left welfare in MONTH, are you now better off, worse off, or about the same?

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4B How about your ability to provide for your family? [IF NEEDED: Are you now better off, worse off, or about the same?]

[PROMPT: compared to when you left welfare in MONTH]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4C In terms of medical care for your children, do you think you now are better off, worse off, or about the same as you were when you left welfare in MONTH?

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4D How about medical care for yourself? Are you now better off, worse off, or about the same? [PROMPT: compared to when you left welfare in MONTH]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4E How about your health? [IF NEEDED: Do you now feel better, worse, or about the same?]

[PROMPT: compared to when you left welfare in MONTH]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4F How about your housing? [IF NEEDED: Are you now better off, worse off, or about the same?]

[PROMPT: compared to when you left welfare in MONTH]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4G How about your feeling of self-esteem or self-worth? Do you now feel better, worse, or about the same as you did when you left welfare in [MONTH]?

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4H How about your feelings about working? [IF NEEDED: Have your feelings about working gotten better, gotten worse, or stayed about the same?]

[PROMPT: compared to when you left welfare in MONTH]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4I And, what about how your child or children feel about you? [IF NEEDED:
Are these feelings better, worse, or about the same as when you left welfare in
MONTH?]

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

XI-4J And -- overall, do you think that your family is now better off, worse off, or
about the same as it was when you left welfare in MONTH?

1. BETTER
2. WORSE
3. SAME
4. DON'T KNOW
5. REFUSE TO ANSWER

CLOSING QUESTIONS

XI-5 And finally, for one last question: At the present time, what are the most important
things you need in order to get a job or keep your job? [PROMPT: Are there any
other important things you need? PROBE FOR AS MUCH SPECIFICITY AS
POSSIBLE.]

ANSWER BOX OPENS:

- XI-6 Before we finish, I need to check the correct spelling of your name and your correct address in order for you to receive the 25 dollars we will be sending you for your participation in our study. GET THIS AND THEN: I also need to get your social security number.

NOTE: MOST RESPONDENTS WILL RECEIVE A CHECK FOR \$25 WITHIN THREE WEEKS AFTER THEY COMPLETE THE INTERVIEW. THE ONLY EXCEPTION MIGHT BE THOSE CONTACTED BY COOK COUNTY LOCATORS – AND THE LOCATORS WILL PROVIDE PAYMENT INFORMATION TO THE RESPONDENT AT THE END OF THEIR INTERVIEW.

IF RESPONDENT WILL NOT GIVE SOCIAL SECURITY NUMBER, ASK FOR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER AND DATE OF BIRTH. PUT THESE ON THE INTERVIEW REPORT SHEET. TELL RESPONDENT THAT WE NEED THIS IN ORDER TO VERIFY CHECK WILL BE WRITTEN TO CORRECT PERSON.

PUT THIS INFORMATION ON REPORT SHEET.
CODE ZIP CODE BELOW (AND CHECK TO SEE IF THIS DESCRIBES RESPONDENT'S RESIDENCE.)

1. RESIDENTIAL ZIP CODE: _____

- XI-7 CLOSING COMMENT: Thank you very much for your time and the information you have provided. Have a good (day / evening). You have contributed a great deal to our study of the welfare changes in Illinois.

RECORD ANY CLOSING COMMENTS BY RESPONDENT.

1. CLOSING COMMENTS: _____
2. NO CLOSING COMMENTS

SECTION XII.

QUESTIONS AFTER INTERVIEW IS ENDED

XII-1 RESPONDENT'S GENDER:

1. MALE
2. FEMALE
3. UNCERTAIN

XII-2 RATE RESPONDENT'S OVERALL UNDERSTANDING OF THE QUESTIONS. THINK IN TERMS OF THE NUMBER OF QUESTIONS UNDERSTOOD AND THE DEGREE TO WHICH EACH WAS UNDERSTOOD.

1. EXCELLENT UNDERSTANDING
2. GOOD UNDERSTANDING
3. ADEQUATE UNDERSTANDING
4. POOR UNDERSTANDING
5. VERY POOR UNDERSTANDING

XII-3 RATE RESPONDENT'S OVERALL COOPERATIVENESS.

1. ENTHUSIASTIC
2. COOPERATIVE
3. HESITANT
4. HOSTILE

XII-4 DID THE RESPONDENT ASK ANY QUESTIONS AND/OR GIVE ANY INFORMATION OR RESPONSES THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE PROJECT TEAM?

IS THERE ANYTHING ABOUT THE RESPONDENT WHICH IS PARTICULARLY WORTHY OF NOTE?

1. YES – THESE ARE: _____
2. NO / NOT THAT I'M AWARE OF / DON'T KNOW

XII-5 DID YOU OPEN AND USE ANY OF THE NOTE BOXES?

1. YES
3. NO

Appendix II

Categories of Administrative Reasons for Case Closings, with Frequencies and Percentages for the Population of Closed Cases

TAR: Cancellation Type Actions Reasons	Closed Case Population		
	Frequency	% of known	% of total
Earned Income: Eligible for Medical Extension			
8 Income Exceeds Limits -- Employment (State Funds).	567	0.5%	0.4%
13 Income Exceeds Limits -- More than Federal Poverty Level	32,083	29.4%	23.4%
14 Income Exceeds Limits -- More than TANF Payment Level	6,374	5.9%	4.6%
58 Client Requested Cancel -- Employment (Federal Match)	5,989	5.5%	4.4%
84 Client Requested Cancel -- Employment (State Funds)	247	0.2%	0.2%
Earned Income Subtotal	45,260	41.6%	33.0%
Client Action or Non-cooperation			
9 Recip. Initiative/Noncoop -- Cancellation of Case in Suspension	3	0.0%	0.0%
16 Recip. Initiative/Noncoop -- Refused to Cooperate with Child Support Enforcement	1	0.0%	0.0%
48 Recip. Initiative/Noncoop -- In Sanction for 3 Months	2	0.0%	0.0%
51 Recip. Initiative/Noncoop -- Citizenship Requirement	2	0.0%	0.0%
57 Recip. Initiative/Noncoop -- Failed to Verify Earned Income	3,694	3.4%	2.7%
59 Recip. Initiative/Noncoop -- Financial Management	223	0.2%	0.2%
60 Recip. Initiative/Noncoop -- Refused Retinal Scanning	8	0.0%	0.0%
61 Recip. Initiative/Noncoop -- Failure to Keep Appointment for Empl Interview	2,599	2.4%	1.9%
63 Recip. Initiative/Noncoop -- Auto Cancel/Report not Returned	8	0.0%	0.0%
65 Recip. Initiative/Noncoop -- Failure to Verify Income of Parent	40	0.0%	0.0%
66 Recip. Initiative/Noncoop -- Failure to Verify Income of Step-Parent	7	0.0%	0.0%
67 Recip. Initiative/Noncoop -- Participation in Strike	1	0.0%	0.0%
69 Recip. Initiative/Noncoop -- Failure to Apply for UCB	107	0.1%	0.1%
72 Recip. Initiative/Noncoop -- Alien Sponsor Failed to Comply	11	0.0%	0.0%
85 Recip. Initiative/Noncoop -- Unable to Complete Home Visit*	10	0.0%	0.0%
87 Recip. Initiative/Noncoop -- Failure to Return Redetermination Report*	1,097	1.0%	0.8%
88 Recip. Initiative/Noncoop -- Failure to Provide Verification*	2,921	2.7%	2.1%
89 Recip. Initiative/Noncoop -- Failure to Keep Appointment*	29,573	27.1%	21.5%
91 Recip. Initiative/Noncoop -- Client Requested Cancellation	3,502	3.2%	2.6%
93 Recip. Initiative/Noncoop -- Refused to Cooperate with Activity Requirement	384	0.4%	0.3%

TAR: Cancellation Type Actions Reasons	Closed Case Population		
	Frequency	% of known	% of total
95 Recip. Initiative/Noncoop – Client Req. Canc. -- Obj. to Support Enforcement	26	0.0%	0.0%
96 Recip. Initiative/Noncoop – Failure to Cooperate -- SSN Requirement	205	0.2%	0.1%
97 Recip. Initiative/Noncoop – Failure to Provide Relationship Information	100	0.1%	0.1%
Client Action or Non-cooperation Subtotal	44,524	40.9%	32.4%
Other Reason			
<i>No Longer an Eligible Person on Case</i>			
6 Child	452	0.4%	16.3%
38 Conviction for Misrepresenting Address			
49 Case Has Been Combined	39	0.0%	0.0%
54 Case transferred to DCFS due to Policy Change -- child-only	1	0.0%	0.0%
55 Case transferred to DCFS due to Policy Change -- family	16	0.0%	0.0%
70 No Longer an Eligible Person -- Caretaker Relative	480	0.4%	0.4%
76 No Longer an Eligible Person -- Child	5,437	5.0%	4.0%
77 No Longer an Eligible Person -- Admitted to Institution	23	0.0%	0.0%
<i>Assets Exceed Limits</i>			
41 Assets Exceed Limits	91	0.1%	0.1%
<i>Unearned Income Increases</i>			
31 Unearned Income Increases -- New/Increased SS Benefits	237	0.2%	0.2%
32 Unearned Income Increases -- New/Increased Fed. Gov't Benefits	115	0.1%	0.1%
33 Unearned Income Increases -- State/Local Gov't Benefits	346	0.3%	0.3%
34 Unearned Income Increases -- Non-Governmental Benefits	21	0.0%	0.0%
35 Unearned Income Increases -- Lump Sum Payment Received	5	0.0%	0.0%
<i>Contributions/Support</i>			
11 Contributions/Support -- Person in Home	19	0.0%	0.0%
12 Contributions/Support -- Person Outside Home	15	0.0%	0.0%
21 Contributions/Support -- Child Support Payment (4-Month Medical Extension)	909	0.8%	0.7%
22 Contributions/Support -- Voluntary Contributions	23	0.0%	0.0%
24 Contributions/Support -- Child Support Payment (No Medical Extension)	17	0.0%	0.0%

TAR: Cancellation Type Actions Reasons	Closed Case Population		
	Frequency	% of known	% of total
<i>Other Income</i>			
5 Other Income -- Equal to or Greater Than TANF Payment Level	1,399	1.3%	1.0%
17 Other Income -- Parent/Legal Guardian Liability Sufficient to Meet Needs	69	0.1%	0.1%
42 Other Income -- Income Greater than Gross Income Limit	159	0.2%	0.1%
43 Other Income -- Liability of Step-Parent Sufficient	13	0.0%	0.0%
<i>Reduced Need</i>			
53 Reduced Need -- Reduced Need and Income Greater Than Payment Level	15	0.0%	0.0%
<i>Client Move or Cannot Locate</i>			
64 EBT -- Did not Access Benefits	452	0.4%	0.3%
78 Moved or Cannot Locate -- No Longer Illinois Resident	5,930	5.4%	4.3%
90 Unable to Locate	2,780	2.6%	2.0%
Other Reasons Subtotal	19,063	17.5%	13.9%
Total Known Reasons	108,847	100%	79.3%
Unknown/Missing/Invalid Reasons	28,483		20.7%
TOTAL	137,330		100%
<i>*Beginning 1/99, these TARs trigger 2-month medical extension</i> <i>Source: IDHS</i>			

Appendix III

Summary of Commonly Reported Administrative Outcome Data for Single-Parent Leavers (Illinois)

Population of Single-Parent Leavers: (1) n=124,819	Quarter before exit	Quarter of Exit	1 st Qtr after Exit	2 nd Qtr after Exit	3 rd Qtr after Exit	4 th Qtr after Exit	Full Year after Exit
Primary Employment Outcomes ¹							
(2) Employment Rate (% with any UI earnings in quarter)	49.1%	55.3%	54.0%	53.3%	53.5%	54.5%	Ever employed in year after exit: 69.5%
(3) Mean Quarterly Earnings (across those with any earnings in quarter)	\$1,916	\$2,420	\$2,663	\$2,746	\$2,846	\$2,959	4Q earnings of those with earnings in any quarter: \$8,909
(4) Median Quarterly Earnings (across those with any earnings in quarter)	\$1,625	\$2,223	\$2,471	\$2,527	\$2,615	\$2,720	4Q earnings of those with earnings in any quarter: \$7,368
Additional Employment Outcomes ¹							
(A-1) Employed in All 4 Quarters							38.9%
(A-2) Mean Earnings of Those Employed in All 4 Quarters	\$1,836	\$2,677	\$3,124	\$3,232	\$3,473	\$3,442	4Q earnings: \$13,271
(A-3) Median Earnings of Those Employed in All 4 Quarters	\$1,608	\$2,591	\$2,963	\$3,045	\$3,287	\$3,254	4Q earnings: \$12,381
(A-4) Percentage of Leavers with Quarterly Earnings Greater than or Equal to \$500	38.1%	47.3%	46.7%	46.1%	46.6%	47.8%	Over \$500 in any quarter: 62.9%
Recidivism ²			3 Months after Exit	6 Months after Exit	9 Months after Exit	12 Months after Exit	Ever Return in 12 Months
(6) Percent Currently Active on TANF			16.2%	18.6%	17.5%	16.3%	28.9%

Medicaid ²	3 Months before exit	Month of Exit	3 Months after Exit	6 Months after Exit	9 Months after Exit	12Months after Exit	Ever receive in first 12 months after exit
(8a) Percent of leavers participating in Medicaid, by month after exit	92.8%	41.8%	57.0%	51.7%	47.4%	40.0%	68.8%
(A-6) Participation by those not active on TANF	Not Applicable	41.8%	48.9%	40.8%	36.4%	28.5%	56.2%
Food Stamps ²	3 Months before exit	Month of Exit	3 Months after Exit	6 Months after Exit	9 Months after Exit	12Months after Exit	Ever receive in first 12 months after exit
(9) Percent of leavers receiving food stamps by month after exit ³	85.1%	Not Reported	33.0%	34.8%	34.2%	32.8%	56.0%
(A-7) Receipt by those not active on TANF ³	Not Applicable	Not Reported	21.8%	21.9%	21.9%	21.3%	39.1%
Child Care Subsidy	Quarter before exit	Quarter of Exit	1stQtr after Exit	2nd Qtr after Exit			
(A-10) Receiving Child Care Subsidy (% of all leavers)	15.7%	18.3%	17.4%	16.5%			

¹ All cohorts have employment data for 1st quarter after exit; later cohorts drop out of analyses for 2nd, 3rd, and 4th quarters after exit.

² All cohorts have recidivism, Medicaid, and food stamp data for seven months after exit; later cohorts drop out of analyses on eight or more months after exit.

³ Because data on one-month issuances of food stamps are not available, the percentages reported underestimate coverage by this program; because this type of issuance is particularly common for the month of TANF exit and the month after exit, these percentages are not reported

Data Source: IDES Quarterly Wage File and IDHS Client Database (CDB)