



**INTRODUCTION & VERIFICATION INFORMATION**

1. Hello, my name is \_\_\_\_\_.  
I am calling from the Maricopa County Office of Research and Reporting.

May I please speak with **JANE DOE**?

(Hello, my name is \_\_\_\_\_.)

(I am calling from the Maricopa County Office of Research and Reporting.)

2. You may have received a letter letting you know someone from our office would be calling to do a study for the Arizona State Department of Economic Security.

The purpose of the study is to learn more about the experiences of people in Arizona who have received Cash Assistance (welfare) in the past few years.

The state of Arizona has given us your name as someone who has received Cash Assistance. We would like to interview you about your experiences.

The study results will be kept confidential – that is, we will not release any information that could identify you. Anything you tell us will not effect your eligibility for benefits either now or in the future. Your participation is, of course, voluntary.

You will be sent \$20.00 after completing the interview as a token of appreciation.

3. I need to confirm that I'm talking to the right person. Can you please tell me the last four digits in your Social Security Number?

\_\_\_\_\_

4. (INTERVIEWER: DOES SSN **999-99-9999** MATCH?)

YES (**Begin Interview on Next Page q101**)

NO

REFUSED / DON'T KNOW

5. Can you tell me your date of birth?

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_

6. (INTERVIEWER: DOES DOB **2 / 28 / 1959** MATCH?)

YES (**Begin Interview on Next Page q101**)

NO

REFUSED

7. Because I have not been able to verify that I am talking with the right person I can not continue with the interview at this time. Thank you for your time, we may be calling back later.

8. (INTERVIEWER: TERMINATE CALL)

**SECTION 1: EXPERIENCES WITH & WITHOUT CASH ASSISTANCE**

101. For the first few questions we need you to think back to early last year. In general, would you say that your situation **NOW** is much better, better, about the same, worse, or much worse; than it was in **December-97** when you **were receiving** Cash Assistance?

- |       |                      |       |                |
|-------|----------------------|-------|----------------|
| [ 1 ] | MUCH BETTER OFF      | [ 2 ] | BETTER OFF     |
| [ 3 ] | ABOUT THE SAME       | [ 5 ] | MUCH WORSE OFF |
| [ 4 ] | WORSE OFF            | [ 9 ] | REFUSED        |
| [ 6 ] | OTHER RESPONSE _____ |       |                |
| [ 7 ] | DON'T KNOW           |       |                |

102. Why do you say that? **(INTERVIEWER: VERY IMPORTANT TO RECORD VERBATIM RESPONSE)**

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103a. What was the **main reason** you stopped receiving Cash Assistance in **January-98** (What rule or requirement did the DES office say you had not followed?)

ENTER CODE FROM APPENDIX A \_\_\_\_\_

- [ 96 ] OTHER (SPECIFY) \_\_\_\_\_
- [ 97 ] DON'T KNOW **(Skip to q104)**                      [ 99 ] REFUSED **(Skip to q104)**

103b. (Any other reason?) (What rule or requirement did the DES office say you had not followed?)

- [ 00 ] NO, NO OTHER REASON **(Skip to question 111, Next Page)**

ENTER CODE FROM APPENDIX A \_\_\_\_\_

- [ 96 ] OTHER (SPECIFY) \_\_\_\_\_
- [ 97 ] DON'T KNOW **(Skip to q104)**                      [ 99 ] REFUSED **(Skip to q104)**

103c. (Any other reason?) (What rule or requirement did the DES office say you had not followed?)

- [ 00 ] NO, NO OTHER REASON

ENTER CODE FROM APPENDIX A \_\_\_\_\_

- [ 96 ] OTHER (SPECIFY) \_\_\_\_\_
- [ 97 ] DON'T KNOW    [ 99 ] REFUSED

111. Next, I want you to think about the six month period before you stopped getting Cash Assistance in **January-98**, that is **July 97 - Dec 97**. For how many of these six months did you receive Cash Assistance?  
NUMBER OF MONTHS RECEIVING CASH ASSISTANCE\_\_\_\_\_ [9] REFUSED
112. Thinking about those (**INSERT # OF MONTHS FROM QUESTION 111**) months, when you were receiving Cash Assistance, did you ever get behind in rent, mortgage or other payments for housing?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
113. During those (\_\_\_\_) months you were receiving Cash Assistance did you have to move because you could not pay for housing?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
114. Did you have to go to a homeless shelter (during those (\_\_\_\_) months you were receiving Cash Assistance)?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
115. Was your electricity, gas, or water turned off because you could not afford them?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
116. Did your child(ren) have to live with someone else for awhile because you could not afford to keep them with you (during those months you were receiving Cash Assistance)?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
117. During those (\_\_\_\_) months you were receiving Cash Assistance, was there a time when you, or anyone else in your household, did not get needed medical treatment because you could not afford it?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
118. And, during those months, was there ever a time when you or your family did not have enough to eat?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
121. Next, please tell me whether you or anyone in your household received any of the following types of help, benefits or services during those (\_\_\_\_) months you were receiving Cash Assistance from **July 97 - Dec 97**.  
First, did you receive WIC Supplemental Nutrition Benefits (Women, Infants & Children Supplemental Nutrition)? (During those months you were receiving Cash Assistance?)  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
122. (Was your child / were your children) on the free or discount school lunch program?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
123. Did you live in public housing or was any part of your rent or mortgage paid by Section 8, HUD, Public Housing or any other program during those (\_\_\_\_) months you were receiving Cash Assistance?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
124. Did you receive free housing from a parent or other relative?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
125. Did any program or agency pay, or help you pay, for utilities such as electricity, gas or water?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED
126. Did any of your family or friends living with you pay any of your bills or give you money to pay your bills?  
[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

127. Did you receive gifts of money or food from family or friends?  
 [ 0 ] NO [ 1 ] YES [ 7 ] DON'T REMEMBER [ 9 ] REFUSED
128. Did you receive gifts of money or food from your church or synagogue?  
 [ 0 ] NO [ 1 ] YES [ 7 ] DON'T REMEMBER [ 9 ] REFUSED
129. Did you receive meals or food from shelters, food kitchens or food banks?  
 [ 0 ] NO [ 1 ] YES [ 7 ] DON'T REMEMBER [ 9 ] REFUSED
130. Did you or anyone living in your household at that time receive counseling or treatment because of a problem with drugs or alcohol?  
 [ 0 ] NO [ 1 ] YES [ 7 ] DON'T REMEMBER [ 9 ] REFUSED
131. Did you or anyone living in your household at that time receive counseling, treatment or shelter because of a problem with physical, emotional, or sexual abuse?  
 [ 0 ] NO [ 1 ] YES [ 7 ] DON'T REMEMBER [ 9 ] REFUSED
132. Other than DES benefits, did you receive other help, benefits or services during those (\_\_\_\_) months you were receiving Cash Assistance during the months of July 97 - Dec 97? (What kind? From whom?)  
 [ 0 ] NO [ 1 ] YES \_\_\_\_\_ [ 9 ] DK / REFUSED
141. (INTERVIEWER: WHAT IS PRINTED ON NEXT LINE?)  
**Don't Know**  
 [ 0 ] Don't Know [ 1 ] MONTH -98 (Skip to question 143a)
142. Have you received Cash Assistance **since** you stopped receiving it in **January-98**?  
 [ 0 ] NO (Skip to question 151, Next Page) [ 1 ] YES [ 9 ] DK/REF (Skip to question 151, Next Page)
- 143a. What was the **main** reason you began receiving Cash Assistance **again** (in Don't Know) after leaving in **January-98**?  
 ENTER CODE FROM APPENDIX A \_\_\_\_\_  
 [ 96 ] OTHER (SPECIFY) \_\_\_\_\_  
 [ 97 ] DON'T KNOW (Skip to q151) [ 99 ] REFUSED (Skip to q151)
- 143b. Were there other reasons why you began receiving Cash Assistance **again** after leaving in **January-98**? (What?)  
 [ 00 ] NO, NO OTHER REASON (Skip to question 151, Next Page)  
 ENTER CODE FROM APPENDIX A \_\_\_\_\_  
 [ 96 ] OTHER (SPECIFY) \_\_\_\_\_  
 [ 97 ] DON'T KNOW (Skip to q151) [ 99 ] REFUSED (Skip to q151)
- 143c. (Any other reason?) (What?)  
 [ 00 ] NO, NO OTHER REASON  
 ENTER CODE FROM APPENDIX A \_\_\_\_\_  
 [ 96 ] OTHER (SPECIFY) \_\_\_\_\_  
 [ 97 ] DON'T KNOW [ 99 ] REFUSED

151. For these next few questions I need you to think only about the months since **January-98** when you did **not** receive Cash Assistance?

During these months, when you were not receiving Cash Assistance, did you ever get behind in rent, mortgage or other payments for housing?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

152. During the months when you were not receiving Cash Assistance since January-98, did you have to move because you could not pay for housing?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

153. Did you have to go to a homeless shelter while you were not receiving Cash Assistance?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

154. Was your electricity, gas, or water turned off because you could not afford them?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

155. Did your child(ren) have to live with someone else for a while, when you were not receiving Cash Assistance, because you could not afford to keep them with you?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

156. During the last year, when you were not receiving Cash Assistance, was there a time when you, or anyone else in your household, did not get needed medical treatment because you could not afford it?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

157. And, during this period, was there ever a time when you or your family did not have enough to eat?

[0] NO [1] YES [7] DON'T REMEMBER [9] REFUSED

161. Next, please tell me if you or anyone else in your household got any of the following types of help, benefits, or services when you were **not getting Cash Assistance** since **January-98**.
- Did you receive WIC Supplemental Nutrition Benefits (Women, Infants & Children Supplemental Nutrition?)
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
162. (Was your child / were your children) on the free or discount school lunch program?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
163. Did you live in public housing or was any part of your rent or mortgage paid by Section 8, HUD, Public Housing or any other program during the last year, when you were not receiving Cash Assistance?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
164. Did you receive free housing from a parent or other relative?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
165. Did any program or agency pay, or help you pay, for utilities such as electricity, gas or water? (When you were not getting Cash Assistance since **January-98**?)
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
166. Did any of your family or friends living with you pay any of your bills or give you money to pay your bills?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
167. Did you receive gifts of money or food from family or friends?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
168. Did you receive gifts of money or food from your church or synagogue?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
169. Did you receive meals or food from shelters, food kitchens or food banks?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
170. Did you, or anyone living with you, receive counseling or treatment because of a problem with drugs or alcohol since **January-98** when you were not getting Cash Assistance?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
171. Did you, or anyone else living with you, receive counseling, treatment or shelter because of a problem with physical, emotional, or sexual abuse?
- [ 0 ] NO                      [ 1 ] YES                      [ 7 ] DON'T REMEMBER                      [ 9 ] REFUSED
172. Other than DES benefits, did you receive other help, benefits or services since **January-98** when you were not getting Cash Assistance? (What kind? From whom?)
- [ 0 ] NO                      1 ] YES \_\_\_\_\_ [ 9 ] DK/ REFUSED

**SECTION 2: TRANSITIONAL ASSISTANCE**

201. The next questions are about different types of assistance you may or may not have received when you stopped receiving Cash Assistance in January-98?  
When you stopped receiving Cash Assistance in January-98, did you receive information from DES letting you know that you might be able to continue to receive Food Stamps?
- [ 0 ] NO                                      [ 1 ] YES                                      [ 9 ] DK / REFUSED
- 201a. Did you (or your family) continue to receive Food Stamps?
- [ 0 ] NO                                      [ 1 ] YES (**Skip to question 202**)                                      [ 9 ] DK / REFUSED (**Skip to question 202**)
- 201b. Why didn't you receive Food Stamps after you stopped receiving Cash Assistance?
- |                             |   |
|-----------------------------|---|
| [ 0 ] NOT ELIGIBLE          | [ 1 ] NO LONGER NEEDED  |
| [ 2 ] DIDN'T THINK ELIGIBLE | [ 3 ] WASN'T WORTH EFFORT / PAPER WORK ETC.                         |
| [ 6 ] OTHER _____           | [ 7 ] DON'T KNOW                                      [ 9 ] REFUSED |
202. Did DES let you know that you might still be eligible for Medical Assistance (AHCCCS) for yourself when you stopped receiving Cash Assistance?
- [ 0 ] NO                                      [ 1 ] YES                                      [ 9 ] DK / REFUSED
203. Did you continue to receive Medical Assistance (AHCCCS) for yourself after you stopped receiving Cash Assistance?
- [ 0 ] NO                                      [ 1 ] YES (**Skip to question 204**)                                      [ 9 ] DK / REFUSED (**Skip to question 204**)
- 203a. Why didn't you continue to get Medical Assistance (AHCCCS) after you stopped receiving Cash Assistance?
- |                                  |   |
|----------------------------------|---|
| [ 0 ] NOT ELIGIBLE               | [ 1 ] HAD INSURANCE THROUGH EMPLOYER                                |
| [ 2 ] DIDN'T THINK ELIGIBLE      | [ 3 ] HAD INSURANCE THROUGH SPOUSE                                  |
| [ 4 ] HAD OTHER HEALTH INSURANCE | [ 5 ] WASN'T WORTH EFFORT / PAPER WORK ETC.                         |
| [ 6 ] OTHER _____                | [ 7 ] DON'T KNOW                                      [ 9 ] REFUSED |
204. Are you currently covered by Medical Assistance (AHCCCS), do you have other health insurance coverage for yourself or are you currently uninsured? (Is this health insurance coverage through your employer or your (husband's / wife's) employer?)
- |                                       |   |
|---------------------------------------|---|
| [ 1 ] MEDICAL ASSISTANCE / AHCCCS     | [ 2 ] OTHER INSURANCE (NO, NOT EMPLOYER)                                |
| [ 3 ] OTHER INSURANCE (YES, EMPLOYER) | [ 4 ] UNINSURED                                      [ 9 ] DK / REFUSED |
205. Did you receive information from DES, letting you know that your child(ren) might still be eligible for Medical Assistance, when you stopped receiving Cash Assistance in January-98?
- [ 0 ] NO                                      [ 1 ] YES                                      [ 9 ] DK / REFUSED
206. Did your child(ren) continue to receive Medical Assistance (AHCCCS) after you stopped receiving Cash Assistance?
- [ 0 ] NO                                      [ 1 ] YES (**Skip to question 207**)                                      [ 9 ] DK / REFUSED (**Skip to question 207**)
- 206a. Why didn't your child(ren) continue to get Medical Assistance (AHCCCS) after you stopped receiving Cash Assistance?
- |                                  |   |
|----------------------------------|---|
| [ 0 ] NOT ELIGIBLE / NO CHILD    | [ 1 ] HAD INSURANCE THROUGH EMPLOYER                                |
| [ 2 ] DIDN'T THINK ELIGIBLE      | [ 3 ] HAD INSURANCE THROUGH SPOUSE/CHILD'S FATHER                   |
| [ 4 ] HAD OTHER HEALTH INSURANCE | [ 5 ] WASN'T WORTH EFFORT / PAPER WORK ETC.                         |
| [ 6 ] OTHER _____                | [ 7 ] DON'T KNOW                                      [ 9 ] REFUSED |
207. Are your children (Is your child) currently covered by Medical Assistance (AHCCCS), do they have other health insurance coverage or are they currently uninsured? (Is this health insurance coverage through your employer or your (husband's / wife's) employer?)
- |                                       |   |
|---------------------------------------|---|
| [ 1 ] MEDICAL ASSISTANCE / AHCCCS     | [ 0 ] NO CHILD IN HOUSEHOLD   |
| [ 3 ] OTHER INSURANCE (YES, EMPLOYER) | [ 2 ] OTHER INSURANCE (NO, NOT EMPLOYER)                                |
|                                       | [ 4 ] UNINSURED                                      [ 9 ] DK / REFUSED |



208. (Has your child / Have any of your children) been diagnosed by a health professional as having any physical, developmental, mental or emotional condition that has lasted, or is expected to last, for at least one year? (How many children?)

[ 0 ] NO                    [ 1 ] YES, 1 CHILD                    [ 2 ] YES, 2 OR MORE CHILDREN                    [ 9 ] REFUSED

209. Next, I'd like to ask you about child care. If some of the questions do not apply, just tell me. When you stopped receiving Cash Assistance in **January-98**, did you receive information from DES letting you know that you might be able to get, or continue to get, help paying for child care?

[ 0 ] NO                    [ 1 ] YES                    [ 9 ] DK / REFUSED

210. Has the Arizona Department of Economic Security, ADES, paid any part of your child care expenses since you stopped receiving Cash Assistance in **January-98**?

[ 0 ] NO                    [ 1 ] YES (**Skip to question 211**)                    [ 9 ] DK / REF. (**Skip to question 211**)

210a. Why haven't you received any help from DES to pay for child care?

[ 0 ] NO CHILD (**Skip to question 220, Bottom of Next Page**)

[ 1 ] NOT ELIGIBLE                    [ 2 ] NOT NEEDED / DON'T PAY FOR CHILD CARE  
[ 3 ] DIDN'T THINK ELIGIBLE                    [ 4 ] NOT WORTH EFFORT / PAPER WORK ETC.  
[ 5 ] NO PROVIDER AVAILABLE                    [ 6 ] COSTS TOO HIGH EVEN WITH DES HELP  
[ 7 ] OTHER \_\_\_\_\_                    [ 9 ] DON'T KNOW / REFUSED

211. Are there any children ages 6 through 12 currently living with you?

[ 0 ] NO (**Skip to question 214**)                    [ 1 ] YES                    [ 9 ] DK / REFUSED (**Skip to question 214**)

212. Do you have some kind of extended or after-school care for your children who are in school? (Who provides this care for your child(ren)?)

[ 00 ] NO (**Skip to question 214**)

[ 01 ] SCHOOL / PRESCHOOL                    [ 02 ] HEAD START PROGRAM  
[ 03 ] FRIEND NOT IN HOUSEHOLD                    [ 04 ] ROOMMATE / FRIEND IN HOUSEHOLD  
[ 05 ] SPOUSE NOT IN HOUSEHOLD                    [ 06 ] SPOUSE IN HOUSEHOLD  
[ 07 ] OTHER RELATIVE NOT IN HOUSEHOLD                    [ 08 ] OTHER RELATIVE IN HOUSEHOLD  
[ 09 ] PARTNER NOT IN HOUSEHOLD                    [ 10 ] PARTNER IN HOUSEHOLD  
[ 11 ] CHURCH / COOPERATIVE                    [ 12 ] CHILD CARE CENTER  
[ 13 ] HOME BASED CHILD CARE / CHILD CARE HOME                    [ 14 ] PRIVATE CARE PROVIDER IN YOUR OWN HOME  
[ 96 ] OTHER \_\_\_\_\_                    [ 99 ] REFUSED

213. Overall, how satisfied or dissatisfied are you with your current child care provider? Would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied?

[ 1 ] VERY SATISFIED (**Skip to question 214**)                    [ 2 ] SATISFIED (**Skip to question 214**)  
[ 3 ] DISSATISFIED                    [ 4 ] VERY DISSATISFIED  
[ 7 ] DON'T KNOW (**Skip to question 214**)                    [ 9 ] REFUSED (**Skip to question 214**)

213a. Why are you dissatisfied?

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214. Are there any children ages 0 through 5 currently living with you?  
 [ 0 ] NO **(Skip to question 217)** [ 1 ] YES [ 9 ] DK / REFUSED **(Skip to question 217)**
215. Do you have child care for your child(ren) who are too young to attend school?  
 (Who provides this care for your child(ren)?)  
 [ 00 ] NO **(Skip to question 217)**  
 [ 01 ] SCHOOL / PRESCHOOL [ 02 ] HEAD START PROGRAM  
 [ 03 ] FRIEND NOT IN HOUSEHOLD [ 04 ] ROOMMATE / FRIEND IN HOUSEHOLD  
 [ 05 ] SPOUSE NOT IN HOUSEHOLD [ 06 ] SPOUSE IN HOUSEHOLD  
 [ 07 ] OTHER RELATIVE NOT IN HOUSEHOLD [ 08 ] OTHER RELATIVE IN HOUSEHOLD  
 [ 09 ] PARTNER NOT IN HOUSEHOLD [ 10 ] PARTNER IN HOUSEHOLD  
 [ 11 ] CHURCH / COOPERATIVE [ 12 ] CHILD CARE CENTER  
 [ 13 ] HOME BASED CHILD CARE / CHILD CARE HOME [ 14 ] PRIVATE CARE PROVIDER IN YOUR OWN HOME  
 [ 96 ] OTHER \_\_\_\_\_ [ 99 ] REFUSED
216. Overall, how satisfied or dissatisfied are you with your current child care provider?  
 Would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied?  
 [ 1 ] VERY SATISFIED **(Skip to question 217)** [ 2 ] SATISFIED **(Skip to question 217)**  
 [ 3 ] DISSATISFIED [ 4 ] VERY DISSATISFIED  
 [ 7 ] DON'T KNOW **(Skip to question 217)** [ 9 ] REFUSED **(Skip to question 217)**
- 216a. Why are you dissatisfied?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
217. Do you get money from the (father / mother) of your child(ren) to help support (him/her/them)?  
 (A parent who does not live with you.) (Through the child support system or paid directly to you?)  
 [ 0 ] NO [ 1 ] YES **(Skip to question 219)** [ 9 ] REFUSED **(Skip to question 220)**
218. Has the (mother / father) of your child(ren) been ordered by the court to pay child support?  
 [ 0 ] NO **(Skip to question 220)** [ 1 ] YES **(Skip to question 220)**  
 [ 7 ] DON'T KNOW **(Skip to question 220)** [ 9 ] REFUSED **(Skip to question 220)**
219. Are you receiving the full amount of child support that you are supposed to be getting?  
 [ 0 ] NO [ 1 ] YES [ 9 ] DON'T KNOW / REFUSED
220. Let's talk about something a little different. Have you heard of the earned income tax credit?  
 [ 0 ] NO **(Skip to question 301)** [ 1 ] YES [ 9 ] DK / REFUSED **(Skip to question 301)**
- 220a. Have you ever received this earned income tax credit?  
 [ 0 ] NO [ 1 ] YES **(Skip to quest 301)** [ 9 ] DK / REFUSED **(Skip to question 301)**
- 220b. Why haven't you received it?  
 [ 0 ] NOT ELIGIBLE [ 1 ] DID NOT APPLY  
 [ 2 ] DIDN'T THINK ELIGIBLE [ 3 ] WASN'T WORTH EFFORT / PAPER WORK ETC.  
 [ 6 ] OTHER \_\_\_\_\_ [ 7 ] DON'T KNOW [ 9 ] REFUSED

**SECTION 3: LAST MONTH ON CASH ASSISTANCE (December-97)**

301. What was your marital status in **December-97**, before you stopped receiving Cash Assistance? Were you married, separated, divorced, widowed, or never married?
- [ 1 ] MARRIED                      [ 3 ] SEPARATED (LEGALLY OR OTHER)                      [ 4 ] DIVORCED  
 [ 5 ] WIDOWED                      [ 6 ] NEVER MARRIED                      [ 9 ] REFUSED
302. How many adults 19 and older were living in your home or apartment at that time, **not including you**?
- [ 0 ] NONE (**Skip to q303**)                      [ 1 ] ONE                      [ 2 ] TWO                      [ 3 ] THREE  
 [ 4 ] FOUR                      [ 5 ] FIVE OR MORE                      [ 6 ] OTHER \_\_\_\_\_                      [ 9 ] REFUSED
- 302a. Was the **other parent** of any of your children living with you at that time?
- [ 0 ] NO                      [ 1 ] YES                      [ 6 ] OTHER RESPONSE \_\_\_\_\_                      [ 9 ] REFUSED
303. And how many people 18 or younger **were** living in your home or apartment **then**?
- [ 0 ] NONE                      [ 1 ] ONE                      [ 2 ] TWO                      [ 3 ] THREE  
 [ 4 ] FOUR                      [ 5 ] FIVE OR MORE                      [ 6 ] OTHER \_\_\_\_\_                      [ 9 ] REFUSED
304. At the time you stopped receiving Cash Assistance in **December-97**, did you have a job or jobs, which paid you money? (How many jobs did you have?)
- [ 0 ] NO (**Skip to question 310, NEXT PAGE**)  
 [ 1 ] YES, ONE JOB                      [ 2 ] YES, 2 JOBS                      [ 3 ] YES, 3 JOBS                      [ 4 ] YES, 4 OR MORE JOBS  
 [ 7 ] CAN'T REMEMBER (**Skip to question 310, NEXT PAGE**)  
 [ 9 ] REFUSED (**Skip to question 310, NEXT PAGE**)
305. About how many hours were you working each week on (all of) your job(s) when you stopped receiving Cash Assistance in **December-97**? (What is your best guess?) (In an average or typical week?)
- NUMBER OF HOURS PER WEEK \_\_\_\_\_ [ 99 ] REFUSED
306. (Thinking about your main or highest paying job) how much did you make an hour at that time?
- PAY PER HOUR \_\_\_\_\_ -OR- OTHER PAY RATE . \_\_\_\_\_ per \_\_\_\_\_  
 [ 9997 ] CAN'T REMEMBER                      [ 9999 ] REFUSED
307. What kind of company did you work for then? (The main or highest paying job?) (What did this company do or what did it make?) (What company did you work for?)
- |                                     |  |
|-------------------------------------|--|
| [ 01 ] RETAIL TRADE / SALES         | [ 02 ] WHOLESALE TRADE / SALES                           |
| [ 03 ] MANUFACTURING                | [ 04 ] FINANCE / INSURANCE / REAL ESTATE                 |
| [ 05 ] HEALTH                       | [ 06 ] LEGAL   |
| [ 07 ] EDUCATION                    | [ 08 ] CONSTRUCTION                                      |
| [ 09 ] AGRICULTURE / MINING / MISC. | [ 10 ] TRANSPORTATION / COMMUNICATION / PUBLIC UTILITIES |
| [ 11 ] RESTAURANT / FAST FOOD       | [ 12 ] HOTEL / RESORT / HOSPITALITY                      |
| [ 13 ] CHILD OR ADULT CARE          | [ 14 ] ENTERTAINMENT                                     |
| [ 15 ] NON PROFIT                   | [ 16 ] PUBLIC ADMINISTRATION / GOVERNMENT / MILITARY     |
| [ 96 ] OTHER _____                  | [ 99 ] DON'T KNOW / REFUSED                              |
308. What kind of work did you do there? (Would you say you were a technician, did you work in sales, as a secretary or clerk, provide child care, cook or serve food, do housekeeping, or were you a craftsman, an operator or a laborer?)
- |                           |                            |                     |
|---------------------------|----------------------------|---------------------|
| [ 01 ] TECHNICAL          | [ 02 ] SALES /CASHIER      | [ 03 ] CLERICAL     |
| [ 04 ] CHILD / ADULT CARE | [ 05 ] COOK / FOOD SERVICE | [ 06 ] HOUSEKEEPING |
| [ 07 ] CRAFTSMAN          | [ 08 ] OPERATOR/LABORER    |                     |
| [ 96 ] OTHER _____        |                            | [ 99 ] REFUSED      |
309. (Thinking about (both / all) of your jobs at that time) About how much was your take home pay from (all of) your job(s) in an average or typical week including tips? (What was the amount(s) of your check(s)?) (And how much did you usually get in tips?)
- PAY PER WEEK \_\_\_\_\_ OTHER RESPONSE \_\_\_\_\_  
 [ 997 ] CAN'T REMEMBER                      [ 999 ] REFUSED

310. Did any other adults living with you have a job that paid money when you stopped receiving Cash Assistance in **December-97?** (How many (other adults had jobs for pay?))
- [ 0 ] NO (Skip to question 312)  
 [ 1 ] YES, ONE [ 2 ] YES, TWO [ 3 ] YES, THREE OR MORE  
 [ 7 ] CAN'T REMEMBER (Skip to question 312)  
 [ 9 ] REFUSED (Skip to question 312)
311. About how much was (his / her / their) take home pay in a typical or average week?
- TAKE HOME PAY PER WEEK \_\_\_\_\_ OTHER RESPONSE \_\_\_\_\_  
 [ 997 ] CAN'T REMEMBER [ 999 ] REFUSED
312. Next we need to know about money you and other members of your household received in **December-97** from sources other than employment?  
 First, how much did you receive in Cash Assistance in **December-97?**
- Amount of Cash Assistance \$ \_\_\_\_\_ [ 999 ] DK / REFUSED
313. What about Food Stamps? How much did you receive in Food Stamps in **December-97?**
- Amount of Food Stamps \$ \_\_\_\_\_ [ 999 ] DK / REFUSED
314. Did you (or anyone else in your household) receive S.S.I. in **December-97?**
- [ 0 ] NO [ 1 ] YES (How much?) \_\_\_\_\_ [ 999 ] DK / REFUSED
315. What about S.S.D.I. (Social Security Disability Insurance)? (Did you, or anyone else in your household, receive S.S.D.I. in **December-97?**)
- [ 0 ] NO [ 1 ] YES (How much?) \_\_\_\_\_ [ 999 ] DK / REFUSED
316. Did you (or anyone else in your household) receive General Financial Assistance?
- [ 0 ] NO [ 1 ] YES (How much?) \_\_\_\_\_ [ 999 ] DK / REFUSED
317. What about Child Support? (Did you receive any Child Support payments in **December-97?**)
- [ 0 ] NO [ 1 ] YES (How much?) \_\_\_\_\_ [ 999 ] DK / REFUSED
318. Did You, or anyone else in your household, receive any other cash assistance, donations, or gifts in **December-97?**
- [ 0 ] NO [ 1 ] YES (How much?) \_\_\_\_\_ [ 999 ] DK / REFUSED

#### SECTION 4: CURRENT SITUATION

401. Now we have a few questions about your current situation. Has your marital status changed since **December-97?** (Are you married, separated, divorced, widowed, or never married?)
- [ 0 ] NO CHANGE / SAME AS ABOVE  
 [ 1 ] MARRIED [ 3 ] SEPARATED (LEGALLY OR OTHER) [ 4 ] DIVORCED  
 [ 5 ] WIDOWED [ 6 ] NEVER MARRIED [ 9 ] REFUSED
402. How many adults 19 and older live in your home or apartment now, **not including you?**
- [ 0 ] NONE (Skip to q403) [ 1 ] ONE [ 2 ] TWO [ 3 ] THREE  
 [ 4 ] FOUR [ 5 ] FIVE OR MORE [ 6 ] OTHER \_\_\_\_\_ [ 9 ] REFUSED
- 402a. Is the **other parent** of any of your children living with you now?
- [ 0 ] NO [ 1 ] YES [ 6 ] OTHER RESPONSE \_\_\_\_\_ [ 9 ] REFUSED
403. And how many people 18 or younger **are** living there **now?**
- [ 0 ] NONE [ 1 ] ONE [ 2 ] TWO [ 3 ] THREE  
 [ 4 ] FOUR [ 5 ] FIVE OR MORE [ 6 ] OTHER \_\_\_\_\_ [ 9 ] REFUSED

**404. Are you currently working either part-time or full-time and receiving money for the work?**

(How many jobs do you have?)

- [ 0 ] NO (Skip to question 410)  
[ 1 ] YES, ONE JOB [ 2 ] YES, 2 JOBS [ 3 ] YES, 3 JOBS [ 4 ] YES, 4 OR MORE JOBS  
[ 7 ] CAN'T REMEMBER (Skip to question 410)  
[ 9 ] REFUSED (Skip to question 410)

**405. How many hours are you working each week on (all of) your job(s)? (In an average or typical week?)**

NUMBER OF HOURS PER WEEK \_\_\_\_\_ [ 99 ] REFUSED

**406. (Thinking about your main or highest paying job) how much do you make an hour?**

PAY PER HOUR \_\_\_\_\_ -OR- OTHER PAY RATE \_\_\_\_\_ per \_\_\_\_\_.

- [ 9997 ] CAN'T REMEMBER [ 9999 ] REFUSED

**407. What kind of company do you work for? (The main or highest paying job?) (What does this company do or what does it make?) (What company do you work for?)**

- |                                     |  |
|-------------------------------------|--|
| [ 01 ] RETAIL TRADE / SALES         | [ 02 ] WHOLESALE TRADE / SALES                           |
| [ 03 ] MANUFACTURING                | [ 04 ] FINANCE / INSURANCE / REAL ESTATE                 |
| [ 05 ] HEALTH                       | [ 06 ] LEGAL   |
| [ 07 ] EDUCATION                    | [ 08 ] CONSTRUCTION                                      |
| [ 09 ] AGRICULTURE / MINING / MISC. | [ 10 ] TRANSPORTATION / COMMUNICATION / PUBLIC UTILITIES |
| [ 11 ] RESTAURANT / FAST FOOD       | [ 12 ] HOTEL / RESORT / HOSPITALITY                      |
| [ 13 ] CHILD OR ADULT CARE          | [ 14 ] ENTERTAINMENT                                     |
| [ 15 ] NON PROFIT                   | [ 16 ] PUBLIC ADMINISTRATION / GOVERNMENT / MILITARY     |
| [ 96 ] OTHER _____                  | [ 99 ] DON'T KNOW / REFUSED                              |

**408. What kind of work do you do on that job? (Would you say you are a technician, do you work in sales, as a secretary or clerk, provide child care, cook or serve food, do housekeeping, or are you a craftsman, an operator or a laborer?)**

- |                           |                            |                     |
|---------------------------|----------------------------|---------------------|
| [ 01 ] TECHNICAL          | [ 02 ] SALES /CASHIER      | [ 03 ] CLERICAL     |
| [ 04 ] CHILD / ADULT CARE | [ 05 ] COOK / FOOD SERVICE | [ 06 ] HOUSEKEEPING |
| [ 07 ] CRAFTSMAN          | [ 08 ] OPERATOR/LABORER    |                     |
| [ 96 ] OTHER _____        |                            | [ 99 ] REFUSED      |

**409. (Thinking about (both / all) of your jobs) About how much is your take home pay from (all of) your job(s) in an average or typical week including tips? (What is the amount(s) of your check(s)?) (And how much did you usually get in tips?)**

PAY PER WEEK \_\_\_\_\_ OTHER RESPONSE \_\_\_\_\_

- [ 997 ] CAN'T REMEMBER [ 999 ] REFUSED

**410. Do any other adults living with you have a job that pays money? (How many (other adults have jobs for pay?))**

- [ 0 ] NO (Skip to question 412)  
[ 1 ] YES, ONE [ 2 ] YES, TWO [ 3 ] YES, THREE OR MORE  
[ 7 ] CAN'T REMEMBER (Skip to question 412)  
[ 9 ] REFUSED (Skip to question 412)

**411. About how much is (his / her / their) take-home pay in a typical or average week? (What is the amount(s) of (his/her/their) check(s)?)**

TAKE HOME PAY PER WEEK \_\_\_\_\_ OTHER RESPONSE \_\_\_\_\_

- [ 997 ] DON'T KNOW [ 999 ] REFUSED



456a. And what **one** thing helps you **the most** in keeping a job?

ENTER CODE FROM APPENDIX B \_\_\_\_\_

[ 96 ] OTHER (SPECIFY) \_\_\_\_\_  
[ 97 ] DON'T KNOW [ 99 ] REFUSED

456b. Is there anything **else** that helps you in keeping a job? (What is that?)

[ 00 ] NO, NOTHING ELSE

ENTER CODE FROM APPENDIX B \_\_\_\_\_

[ 96 ] OTHER (SPECIFY) \_\_\_\_\_  
[ 97 ] DON'T KNOW [ 99 ] REFUSED

**SECTION 5: INFORMATION VERIFICATION & INTERVIEW TERMINATION**

501. Before we finish I need to check the spelling of your name and make sure we have your correct address to mail the \$20 check to you for participating in our study. I also need to make sure we have your social security number recorded correctly.

**(INTERVIEWER: REFER TO COVER SHEET, MAKE ANY CORRECTIONS NECESSARY, CIRCLE CORRECT ADDRESS, AND INITIAL VERIFICATIONS)**

502. Thank you very much for your time and the information you have provided. Do you have any comments you would like to make at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

503. If you have any questions about this study please call us collect at (602) 506-1600. If you have questions about any of the services we have talked about, you can call your local Family Assistance Office or the closest DES office. If you have any questions about the study that you would like to talk with DES about you can call (602) 229-2766.

504. (INTERVIEWER: TERMINATE INTERVIEW AND COMPLETE THE FOLLOWING QUESTIONS?)  
RATE RESPONDENT'S OVERALL UNDERSTANDING OF THE QUESTIONS.

[ 1 ] EXCELLENT UNDERSTANDING [ 2 ] GOOD UNDERSTANDING  
[ 3 ] AVERAGE UNDERSTANDING [ 5 ] VERY POOR UNDERSTANDING  
[ 4 ] POOR UNDERSTANDING

505. RATE RESPONDENT'S OVERALL COOPERATIVENESS.

[ 1 ] ENTHUSIASTIC [ 2 ] COOPERATIVE  
[ 3 ] HESITANT [ 4 ] HOSTILE

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

[ 0 ] NO  
[ 1 ] YES (What?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_