



Online Work Readiness Assessment Data Dictionary - Summer 2011



Section	Field Name	Description	Type	Values	Required	Comments
General Info	Client did not show for assessment	If TANF participant fails to show for interview, this box will be checked	Checkbox			
	Case is incomplete/pending	Indication that the case has not been completed or is pending	Checkbox			
	First	First name of the TANF participant	Text		Yes	
	Last	Last name of the TANF participant	Text		Yes	
	Customer ID	Unique personal identifier of the TANF participant	Text		Yes	
	SSN	Social Security Number of the TANF participant	Text		Yes	
	DOB	Date of birth of the TANF participant	Date		Yes	
	Age	Age of the TANF participant, automatically populated when a date of birth is entered	Calculation			
	Gender	Gender of the TANF participant	Radio Button	Male Female		
	Multiple-worker household / 2-parent family	Indication that the individual is associated with another individual in the same case	Checkbox			
	Please enter customer ID	Customer ID of the individual who is associated with the case	Text			
	Residential Address - Street	Residential street address of the TANF participant	Text			
	Residential Address - City	Residential city of the TANF participant	Text			
	Residential Address - State	Residential State of the TANF participant	Drop-down	See State tab		
	Residential Address - ZIP	Residential ZIP code of the TANF participant	Text			
	Same as residential	TANF participant's mailing address is the same as the entered residential address	Checkbox			
	Mailing Address - Street	Mailing street address of the TANF participant	Text			
	Mailing Address - City	Mailing city of the TANF participant	Text			
	Mailing Address - State	Mailing state of the TANF participant	Drop-down	See State tab		
	Mailing Address - ZIP	Mailing ZIP code of the TANF participant	Text			
	Phone	Phone number of the TANF participant	Text			
	Alternate Phone	Additional phone number of the TANF participant	Text			
Cell Phone	Cell phone number of the TANF participant	Text				



**Online Work Readiness Assessment
Data Dictionary - Summer 2011**



Section	Field Name	Description	Type	Values	Required	Comments
General Info (Continued)	Race/Ethnicity	Race/Ethnicity of TANF participant	Multi-pick list	American Indian / Alaska Native		
				Asian		
				Black or African American		
				Native Hawaiian or Other Pacific Islander		
				White		
				Hispanic or Latino		
				Not Hispanic or Latino		
				Some Other Race		
Household	No Household Members	No additional members reside in the TANF participant's household	Checkbox			
	Name	First and last name of a household member	Text			
	DOB	Date of birth of a household member	Text			
	Age	Age of a household member, automatically populated when the household member's date of birth is entered	Calculation			
	Gender	Gender of a household member	Drop-down	Male		
				Female		
	Relationship	Relationship of household member to TANF participant	Drop-down	Birth/Adoptive Child		
				Grand/Great Child		
				Stepchild		
				Other/Unrel. Child		
Spousal Parent						
Non-Parent Spouse						
Other Parent						
Niece/Nephew						
First Cousin						
Aunt/Uncle						
Sibling						
Step-Sibling						
Other Rel. Adult						
Other Unrel. Adult						
Child w/ Child						
Child Parent						
Live-in boyfriend						



**Online Work Readiness Assessment
Data Dictionary - Summer 2011**



Section	Field Name	Description	Type	Values	Required	Comments
Household (Continued)	Financial Responsibility	Financial responsibility toward the household member	Drop-down	Pending		
				Recipient		
				Non-member		
				Step-parent		
				Receive SSI		
				Spouse		
				Excluded Alien		
				Alien Sponsor		
				Caretaker Rel.		
Benefits	Please enter all additional benefits the participant is receiving and indicate the monthly allowance he or she is receiving	Additional benefits received by TANF participant	Checkbox	Child Care		
				Child Support		
				Housing		
				Medicaid		
				Student Scholarships / Grants		
				Supplemental Nutrition Assistance Program (SNAP)		
				Supplemental Security Income		
				Transportation		
				Other non-monetary governmental benefits		
	Veterans Benefits					
	Paid/received per month	Dollar amount per benefit received above, with the exception of Medicaid	Text			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Currently Working	Are you currently working?	Question whether the TANF participant is currently employed	Radio button	Yes No		
	If not currently working, have you ever held a paying job?	Question whether the TANF participant has ever been employed	Radio button	Yes No		
	Since you currently have a job, why is it not meeting your needs?	Question to why the currently-employed TANF participant is looking for new employment	Text			
	If offered a job tomorrow, do you own appropriate clothes to	Question whether TANF participant has appropriate attire for job	Radio button	Yes No		
	Do you own or have access to the appropriate tools and resources for a job?	Question whether TANF participant has appropriate tools or resources for job	Radio button	Yes No		
Reasons Not Working	Employer Initiated	Previous employer issues causing TANF participant's unemployment status	Multi-pick list	Laid off due to company downsizing or poor job performance Did not pass drug test Criminal Record		
	Job Opportunity	Job opportunity issues causing TANF participant's unemployment status	Multi-pick list	Quit No Jobs Available		
	Satisfaction/Motivation	Satisfaction/motivation issues causing TANF participant's unemployment status	Multi-pick list	Did not like the work involved Do not want to work Schedule/shift issue Too busy to work		
	Compensation	Compensation issues causing TANF participant's unemployment status	Multi-pick list	Low wages/hours No benefits Poor benefits		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Reasons Not Working (Continued)	Worksite Behavior	Worksite behavior issues causing TANF participant's unemployment status	Multi-pick list	Insubordination		
				Interpersonal conflicts		
				Tardiness/Absence		
	Experience/Skills	Experience/skill issues causing TANF participant's unemployment status	Multi-pick list	Inadequate education, experience, or skills		
				Language barrier		
				Returned to school		
	Health	Health issues causing TANF participant's unemployment status	Multi-pick list	Physical health		
				Mental health/stress		
				Pregnancy		
	Household	Household issues causing TANF participant's unemployment status	Multi-pick list	Alcohol/drugs		
Issue with child						
Issue with household member						
Childcare	Childcare issues causing TANF participant's unemployment status	Multi-pick list	Need to work close to home			
			Can not find childcare			
			Location of available childcare			
Housing / Transportation	Housing or transportation issues causing TANF participant's unemployment status	Multi-pick list	Can not afford			
			No transportation			
			Vehicle needs repair			
Other	Other issues causing TANF participant's unemployment status	Text	No permanent housing			
			Did not provide specific reason			
	Did not provide specific reason	TANF participant did not present a reason he/she is not currently employed	Checkbox			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Job History	Current Job	Indicates TANF participant's current employment	Checkbox			
	Employer	Employer name for TANF participant	Text		Yes	If yes is selected to A1 Currently Working
	Begin Date	Date that TANF participant started the job	Text		Yes	
	End Date	Date that TANF participant ended the job, if not current job	Text			
	Street	Street address of TANF participant's employer	Text			
	City	City of TANF participant's employer	Text			
	State	State of TANF participant's employer	Drop-down	See State tab		
	ZIP	ZIP of TANF participant's employer	Text			
	Contact Person	Personal contact at TANF participant's employer	Text			
	Contact Phone	Personal contact's phone number at TANF participant's employer	Text			
	Type of Work (job function)	Type of job TANF participant is performing	Text			
	Special skills	Any special skill that the TANF participant has	Text			
	Avg hrs/wk	Average hours per week that the TANF participant works	Text			
	Shift usually worked	Work shift that TANF participant usually works	Drop-down	<ul style="list-style-type: none"> Day Afternoon Evening Night Weekends Only Split On Call Shift work Irregular 		
Pay	Rate of pay	Text				



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Job History (Continued)	Per	Period of pay	Drop-down	Hour		
				Week		
				Day		
				Bi-Monthly		
				Monthly		
				Bi-Weekly		
	Benefits received	Benefits received from the employer	Multi-pick list	Yearly		
				None		
				Paid sick days		
				Paid vacation		
				Paid holidays		
	Would this employer rehire you?	Question whether TANF participant thinks he/she would be rehired by the employer	Drop-down	Health plan		
				Insurance		
				Yes		
Employer Initiated	Previous employer issues causing TANF participant's unemployment status	Multi-pick list	No			
			Not Sure			
			Laid off due to company downsizing or poor job performance			
Job Opportunity	Job opportunity issues causing TANF participant's unemployment status	Multi-pick list	Did not pass drug test			
			Criminal Record			
Satisfaction/Motivation	Satisfaction/motivation issues causing TANF participant's unemployment status	Multi-pick list	Quit			
			No Jobs Available			
			Did not like the work involved			
Compensation	Compensation issues causing TANF participant's unemployment status	Multi-pick list	Do not want to work			
			Schedule/shift issue			
			Too busy to work			
Worksite Behavior	Worksite behavior issues causing TANF participant's unemployment status	Multi-pick list	Low wages/hours			
			No benefits			
			Poor benefits			
Experience/Skills	Experience/skill issues causing TANF participant's unemployment status	Multi-pick list	Insubordination			
			Interpersonal conflicts			
			Tardiness/Absence			
Health	Health issues causing TANF participant's unemployment status	Multi-pick list	Inadequate education, experience, or skills			
			Language barrier			
			Returned to school			
			Physical health			
				Mental health/stress		
				Pregnancy		
				Alcohol/drugs		
				Issue with child		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Job History (Continued)	Household	Household issues causing TANF participant's unemployment status	Multi-pick list	Issue with household member		
				Need to work close to home		
	Childcare	Childcare issues causing TANF participant's unemployment status	Multi-pick list	Can not find childcare		
				Location of available childcare		
				Can not afford		
	Housing / Transportation	Housing or transportation issues causing TANF participant's unemployment status	Multi-pick list	No transportation		
Vehicle needs repair						
No permanent housing						
Other	Other issues causing TANF participant's unemployment status	Text				
Did not provide specific reason	TANF participant did not present a reason he/she is not currently employed	Checkbox				



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Legal Barriers	Have you ever been convicted of any criminal offense other than a minor traffic violation?	Question whether TANF participant has been convicted of a crime	Radio button	Yes No		
	If yes, what type of offense was it?	Type of criminal offense	Multi-pick list	Misdemeanor Felony Other		
	If yes, explain	Explanation of criminal offense	Text			
	If yes, are you on parole or probation now?	Question whether TANF participant is currently on parole or probation	Radio button	Yes No		
	Do you have any upcoming court dates?	Question whether TANF participant has any upcoming court dates	Radio button	Yes No		
	If yes, explain reason	Reason TANF participant is going to appear in court	Text			
	Date	Date of court appearance	Text			
Experience	Communicated with customers by phone or email?	Question whether TANF participant has experience communicating with customers by phone or email	Radio button	Yes No		
	Are you proficient?	Question whether TANF participant is proficient in communicating with customers by phone or email	Radio button	Yes No		
	Does (communicating with customers by phone or email) interest you?	Question whether TANF participant has interest communicating with customers by phone or email	Radio button	Yes No		
	Communicated and/or interacted with customers in-person?	Question whether TANF participant has experience communicating and/or interacting with customers in-person	Radio button	Yes No		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Are you proficient?	Question whether TANF participant is proficient in communicating and/or interacting with customers in-person	Radio button	Yes		
				No		
	Does (communicating and/or interacted with customers in-person) interest you?	Question whether TANF participant has interest communicating and/or interacted with customers in-person	Radio button	Yes		
				No		
	Worked in a retail or food position working directly with customers?	Question whether TANF participant has experience working in a retail or food position directly with customers	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in working in a retail or food position directly with customers	Radio button	Yes		
				No		
	Does (working in a retail or food position directly with customers) interest you?	Question whether TANF participant has interest working in a retail or food position directly with customers	Radio button	Yes		
				No		
	Worked with an electronic machine such as a cash register, bar code scanner, or calculator?	Question whether TANF participant has experience working with an electronic machine such as a cash register, bar code scanner, or calculator	Radio button	Yes		
				No		
Are you proficient?	Question whether TANF participant is proficient in working with an electronic machine such as a cash register, bar code scanner, or calculator	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Does (working with an electronic machine such as a cash register, bar code scanner, or calculator) interest you?	Question whether TANF participant has interest working with an electronic machine such as a cash register, bar code scanner, or calculator	Radio button	Yes		
				No		
	Used math skills. For example adding, subtracting, making change, counting money in a cash	Question whether TANF participant has experience using math skills	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in using math skills	Radio button	Yes		
				No		
	Does (using math skills) interest you?	Question whether TANF participant has interest using math skills	Radio button	Yes		
				No		
	Performed housekeeping tasks such as vacuuming, cleaning, or dusting?	Question whether TANF participant has experience performing housekeeping tasks such as vacuuming, cleaning, or dusting	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in performing housekeeping tasks such as vacuuming, cleaning, or dusting	Radio button	Yes		
				No		
	Does (performing housekeeping tasks such as vacuuming, cleaning, or dusting) interest you?	Question whether TANF participant has interest performing housekeeping tasks such as vacuuming, cleaning, or dusting	Radio button	Yes		
				No		
Taken food or beverage orders?	Question whether TANF participant has experience taking food or beverage orders	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Are you proficient?	Question whether TANF participant is proficient in taking food or beverage orders	Radio button	Yes		
				No		
	Does (taking food or beverage orders) interest you?	Question whether TANF participant has interest taking food or beverage orders	Radio button	Yes		
				No		
	Cleaned tables and/or eating areas?	Question whether TANF participant has experience cleaning tables and/or eating areas	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in cleaning tables and/or eating areas	Radio button	Yes		
				No		
	Does (cleaning tables and/or eating areas) interest you?	Question whether TANF participant has interest cleaning tables and/or eating areas	Radio button	Yes		
				No		
	Served food or beverages?	Question whether TANF participant has experience serving food or beverages	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in serving food or beverages	Radio button	Yes		
				No		
Does (serving food or beverages) interest you?	Question whether TANF participant has interest serving food or beverages	Radio button	Yes			
			No			
Prepared food?	Question whether TANF participant has experience preparing food	Radio button	Yes			
			No			
Are you proficient?	Question whether TANF participant is proficient in preparing food	Radio button	Yes			
			No			
Does (preparing food) interest you?	Question whether TANF participant has interest preparing food	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Assisted a handicapped or elderly person with daily living tasks such as grooming, dressing, or eating?	Question whether TANF participant has experience assisting a handicapped or elderly person with daily living tasks	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in assisting a handicapped or elderly person with daily living tasks	Radio button	Yes		
				No		
	Does (assisting a handicapped or elderly person with daily living tasks) interest you?	Question whether TANF participant has interest assisting a handicapped or elderly person with daily living tasks	Radio button	Yes		
				No		
	Taken care of children?	Question whether TANF participant has experience taking care of children	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in taking care of children	Radio button	Yes		
				No		
Does (taking care of children) interest you?	Question whether TANF participant has interest taking care of children	Radio button	Yes			
			No			
Worked in cosmetology (e.g., cut or braided hair, painted nails)?	Question whether TANF participant has experience working in cosmetology	Radio button	Yes			
			No			
Are you proficient?	Question whether TANF participant is proficient in working in cosmetology	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Does (working in cosmetology) interest you?	Question whether TANF participant has interest working in cosmetology	Radio button	Yes		
				No		
	Read instructions or reports?	Question whether TANF participant has experience reading instructions or reports	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in reading instructions or reports	Radio button	Yes		
				No		
	Does (reading instructions or reports) interest you?	Question whether TANF participant has interest reading instructions or reports	Radio button	Yes		
				No		
	Written business letters, memorandums, or other office documents?	Question whether TANF participant has experience writing business letters, memorandums, or other office documents	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in writing business letters, memorandums, or other office documents	Radio button	Yes		
				No		
	Does (writing business letters, memorandums, or other office documents) interest you?	Question whether TANF participant has interest writing business letters, memorandums, or other office documents	Radio button	Yes		
				No		
Worked on a computer (typing, basic knowledge of word processing, entering information/data)?	Question whether TANF participant has experience working on a computer	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Are you proficient?	Question whether TANF participant is proficient in working on a computer	Radio button	Yes		
				No		
	Does (working on a computer) interest you?	Question whether TANF participant has interest working on a computer	Radio button	Yes		
				No		
	Resolved customer inquiries or complaints?	Question whether TANF participant has experience resolving customer inquiries or complaints	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in resolving customer inquiries or complaints	Radio button	Yes		
				No		
	Does (resolving customer inquiries or complaints) interest you?	Question whether TANF participant has interest resolving customer inquiries or complaints	Radio button	Yes		
				No		
Filled out forms?	Question whether TANF participant has experience filling out forms	Radio button	Yes			
			No			
Are you proficient?	Question whether TANF participant is proficient in filling out forms	Radio button	Yes			
			No			
Does (filling out forms) interest you?	Question whether TANF participant has interest filling out forms	Radio button	Yes			
			No			
Supervised other people who reported to you?	Question whether TANF participant has experience supervising other people who reported to you	Radio button	Yes			
			No			
Are you proficient?	Question whether TANF participant is proficient in supervising other people who reported to you	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Does (supervising other people who reported to you) interest you?	Question whether TANF participant has interest supervising other people who reported to you	Radio button	Yes		
				No		
	Harvested local commodities (such as timber, farming, local product manufacturing, or wreath-making)?	Question whether TANF participant has experience in harvesting local commodities	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in harvesting local commodities	Radio button	Yes		
				No		
	Does (harvesting local commodities) interest you?	Question whether TANF participant has interest in harvesting local commodities	Radio button	Yes		
				No		
	Acquired skills through cultural activities (such as canoe-building, beadwork, hide tanning, totem-pole building, or cultural dress sewing)?	Question whether TANF participant has acquired skills through cultural activities	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in cultural activities	Radio button	Yes		
				No		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Does (acquiring skills through cultural activities) interest you?	Question whether TANF participant has interest in cultural activities	Radio button	Yes		
				No		
	Worked with the government or government agencies (including State, Tribal, county, local, etc.)?	Question whether TANF participant has experience in working with the government	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in working with the government	Radio button	Yes		
				No		
	Does (working with the government) interest you?	Question whether TANF participant has interest in working with the government	Radio button	Yes		
				No		
	Contributed to a local community event?	Question whether TANF participant has experience in contributing to a community event	Radio button	Yes		
				No		
Are you proficient?	Question whether TANF participant is proficient in contributing to a community event	Radio button	Yes			
			No			
Does (contributing to a local community event) interest you?	Question whether TANF participant has interest in contributing to a local community event	Radio button	Yes			
			No			
Worked in local tourism?	Question whether TANF participant has experience working in local tourism	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Are you proficient?	Question whether TANF participant is proficient in working in local tourism	Radio button	Yes		
				No		
	Does (working in local tourism) interest you?	Question whether TANF participant has interest working in local tourism	Radio button	Yes		
				No		
	Participated in local subsistence hunting, fishing, or gathering?	Question whether TANF participant has experience participating in local subsistence hunting, fishing, or gathering	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in participating in local subsistence hunting, fishing, or gathering	Radio button	Yes		
				No		
	Does (participating in local subsistence hunting, fishing, or gathering) interest you?	Question whether TANF participant has interest participating in subsistence gathering	Radio button	Yes		
				No		
Served as a guide for visitors to the local community (hunting/fishing guide, activities guide, hiking guide, etc.)?	Question whether TANF participant has experience serving as a guide for visitors to the local community	Radio button	Yes			
			No			
Are you proficient?	Question whether TANF participant is proficient in serving as a guide for visitors to the local community	Radio button	Yes			
			No			
Does (serving as a guide for visitors to the local community) interest you?	Question whether TANF participant has interest serving as a guide for visitors to the local community	Radio button	Yes			
			No			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Held an apprenticeship to gain experience using a particular skill or skills?	Question whether TANF participant has experience holding an apprenticeship to gain experience using a particular skill or skills	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in holding an apprenticeship to gain experience using a particular skill or skills	Radio button	Yes		
				No		
	Does (holding an apprenticeship to gain experience using a particular skill or skills) interest you?	Question whether TANF participant has interest in holding an apprenticeship to gain experience using a particular skill or skills	Radio button	Yes		
				No		
	Worked in preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)?	Question whether TANF participant has experience working in preserving, protecting, or conserving natural resources	Radio button	Yes		
				No		
	Are you proficient?	Question whether TANF participant is proficient in working in preserving, protecting, or conserving natural resources	Radio button	Yes		
				No		
	Does (working in preserving, protecting, or conserving natural resources) interest you?	Question whether TANF participant has interest working in preserving, protecting, or conserving natural resources	Radio button	Yes		
				No		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Experience (Continued)	Do you have experience serving in military?	Question whether TANF participant has experience serving in military	Radio button	Yes		
				No		
	If yes, please explain	Question asking TANF participant to explain experience serving in military	Text			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Spoken Languages	Do you know any languages other than English?	Question whether TANF participant is fluent in languages other than English	Radio button	Yes		
				No		
	(If yes) Language	Question regarding what non-English languages are spoken by TANF participant	Text			
Spoken Languages	How fluent are you?	Question regarding non-English language fluency	Radio button	Limited		
				Average		
				Fluent		
Work Interests	What type of work interests you?	Question regarding work interests	Multi-pick list	Working alone		
				Working with ideas		
				Working with people or things		
				Working with children		
				Working with numbers		
				Working with elderly, disabled, or those in need		
				Working outdoors with tools or objects		
				Working indoors		
				Organizing things		
				Working with words and numbers		
				Helping people		
				Cleaning or organizing rooms, areas, etc		



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Work Interests (Continued)	What type of work interests you? (Continued)	Question regarding work interests (Continued)	Multi-pick list (Continued)	Solving complex problems		
				Creating or making things or objects		
				Fixing objects		
				Drawing, painting, or sketching		
				Building things		
				Writing letters, memorandums, or other written documents		
				Operating office machines		
				Operating motorized machines or equipment		
				Operating own business		
				Protecting people or areas (providing security)		
				Using computers		
				Bookkeeping or accounting		
				Working with the government or government agencies (including State, Tribal, county, local, etc.)		
Using traditional skills (canoe building, art work, baskets, beadwork)						



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Work Interests (Continued)	What type of work interests you? (Continued)	Question regarding work interests (Continued)	Multi-pick list (Continued)	Teaching traditional skills (canoe building, art work, baskets, beadwork)		
				Farming, fishing, and hunting for commercial or community use		
				Sewing (seamstress, tailor, traditional dress, etc.)		
				Providing customer service		
				Preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)		
	Other					
	If Other, specify		Text			



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Career Interests	What specific type of job/career interests you specifically?	Question regarding the career interests of the TANF participant	Multi-pick list	Construction		
				Computer work (typing, data entry)		
				Nursing		
				Teaching (teacher, teacher assistant, etc)		
				Social services (working with people such as social workers, case managers, etc.)		
				Landscaping and grounds keeping		
				Working with animals (working in a veterinarian's office, etc.)		
				Restaurant jobs (cashier, server, host/hostess, cleaning, manager, etc.)		
				Cosmetology (beauty salon or barber shop)		
				Security Jobs		
				Office work (filing, answering phones, etc.)		
				Health aide		
				Housekeeping		
				Child care		
				Mechanical		
				Hospitality (hotels)		
Retail jobs (cashier, supervisor, stocker, manager, etc.)						
Manufacturing						
Truck driving						



Employment



Section	Field Name	Description	Type	Values	Required	Comments
Career Interests (Continued)	What specific type of job/career interests you specifically? (Continued)	Question regarding the career interests of the TANF participant (Continued)	Multi-pick list (Continued)	Bookkeeping or accounting		
				Farming, fishing, and hunting for commercial or community use		
				Tourism		
				Logging		
				Using traditional skills (canoe building, art work, baskets, or beadwork)		
				Working with the government or government agencies (including State, Tribal, county, local, etc.)		
	Natural resource employment (game warden, land management, forestry, etc.)					
	If Other, specify		Text	Other		



Education



Section	Field Name	Description	Type	Values	Required	Comments
Highest Grade	None	No schooling completed by TANF participant	Radio button	None		
	Elementary, Middle, or Junior High School (1-8)	Grades 1-8 completed by TANF participant	Radio button	1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
	Dates of Attendance	Dates TANF participant attended grades (1-8)	Text			
	High School (9-12)	Grades 9-12 completed by TANF participant	Radio button	9		
				10		
				11		
				12		
	Dates of Attendance	Dates TANF participant attended grades (9-12)	Text			
	College or Vocational School (After High School) (13-16)	College/vocational courses completed by TANF participant	Radio button	13		
				14		
15						
16						
Dates of Attendance	Dates TANF participant attended schooling beyond high school (13-16)	Text				
Post College/Graduate School (17-20)	Post College/Graduate School completed by TANF participant	Radio button	17			
			18			
			19			
			20+			
Dates of Attendance	Dates TANF participant attended post/graduate school (17-20)	Text				
Are you currently enrolled in school or training programs?	Question whether TANF participant is enrolled in school or training programs	Radio button	Yes			
No						
If yes, indicate total number of years	Total number of years of training that TANF participant has participated	Text				
If yes, please specify what school, degree, or training program you are currently enrolled in	Name of school/program that TANF participant is participating	Text				



Education



Section	Field Name	Description	Type	Values	Required	Comments
Diploma, Degree, Certificate	High School Diploma	Question whether TANF participant has obtained a high school diploma	Checkbox			
	From:	If TANF participant has a high school diploma, list the name of the institution	Text			
	Location	If TANF participant has a high school diploma, list the city, state, or country of the institution	Text			
	GED/Equivalency	Question whether TANF participant has obtained a GED	Checkbox			
	From:	If TANF participant has a GED, list the name of the institution	Text			
	Location	If TANF participant has a GED, list the city, state, or country of the institution	Text			
	Vocational, Technical, or Trade School Diploma/Certification	Question whether TANF participant has obtained an alternate diploma/certificate	Checkbox			
	Specify	Name of alternate diploma/certificate	Text			
	From:	If TANF participant has an alternate diploma/certificate, list the name of the institution	Text			
	Location	If TANF participant has an alternate diploma/certificate, list the city, state, or country of the institution	Text			
	License Expiration Date	Expiration date of vocational, technical, or trade license	Text			
	Professional License	Question whether TANF participant has obtained a professional license	Checkbox			
	Specify	Name of professional license	Text			
	From:	If TANF participant has a professional license, list the name of the institution	Text			
	Location	If TANF participant has a professional license, list the city, state, or country of the institution	Text			
	License Expiration Date	Expiration date of professional license				
	College Degree	Question whether TANF participant has obtained a college degree	Checkbox			
	Specify	Name of college degree	Text			
	From:	If TANF participant has a college degree, list the name of the institution	Text			
	Location	If TANF participant has a college degree, list the city, state, or country of the institution	Text			



Education



Section	Field Name	Description	Type	Values	Required	Comments
Diploma, Degree, Certificate (Continued)	Post Graduate / Graduate School	Question whether TANF participant has obtained a post graduate / graduate degree	Checkbox			
	Specify	Name of post graduate / graduate	Text			
	From:	If TANF participant has a post graduate / graduate degree, list the name of the institution	Text			
	Location	If TANF participant has a post graduate / graduate degree, list the city, state, or country of the institution	Text			
	Other	Question whether TANF participant has obtained any other degree/certificate/etc.	Checkbox			
	Specify	Name of post graduate / graduate	Text			
	None	Question whether TANF participant has obtained NO degree/certificate/etc.	Checkbox			
Other Education, Training, Certificate	Classes or training to prepare for the GED exam, or to improve basic reading or math skills?	Question whether TANF participant has attended classes or training to prepare for the GED exam, or to improve basic reading or math skills	Radio button	Yes		
				No		
	Explain	Provide an explanation of any classes or training the TANF participant has received in regard to the GED exam or improvement in basic math and reading skills	Text			
	College classes?	Question whether TANF participant has attended college classes	Radio button	Yes		
				No		
	Explain	Provide an explanation of any college classes or training the TANF participant has received	Text			
	Job readiness or Job search programs (resume writing, filling out applications, scheduling interviews, interviewing, building self-esteem, or participating in job clubs)?	Question whether TANF participant has attended job readiness or job search programs	Radio button	Yes		
		No				
Explain	Provide an explanation of any job readiness or job search programs the TANF participant has received	Text				



Education



Section	Field Name	Description	Type	Values	Required	Comments
Other Education, Training, Certificate (Continued)	Work experience programs (community service, job, internship, or volunteer work)?	Question whether TANF participant has attended work experience programs	Radio button	Yes No		
	Explain	Provide an explanation of any work experience programs the TANF participant has received	Text			
	Military service /schooling /training?	Question whether TANF participant has attended military service, schooling, or training	Radio button	Yes No		
	Explain	Provide an explanation of any military service/schooling/training the TANF participant has received	Text			
	Other	Question whether TANF participant has attended other education, training, or certification	Radio button	Yes No		
	Explain	Provide an explanation of any other schooling/training the TANF participant has received	Text			
Learning Disabilities	Did you have any problems learning in middle school or junior high?	Question whether TANF participant had problems learning in middle school or high school	Radio button	Yes No		
	Do any of your family members have learning difficulties?	Question whether TANF participant's family members have learning difficulties	Radio button	Yes No		
	Do you have difficulty working with numbers in columns?	Question whether TANF participant has problems working with numbers in columns	Radio button	Yes No		
	Do you have trouble judging distances?	Question whether TANF participant has problems judging distance	Radio button	Yes No		
	Do you have problems working from a test booklet to an answer sheet?	Question whether TANF participant has problems working from a test book and answer sheet	Radio button	Yes No		
	Do you have difficulty or experience problems mixing mathematical signs (+/x)?	Question whether TANF participant has problems mixing math signs	Radio button	Yes No		



Education



Section	Field Name	Description	Type	Values	Required	Comments
Learning Disabilities (Continued)	Did you have any problems learning in elementary school?	Question whether TANF participant had problems learning in elementary school	Radio button	Yes No		
	Do you have difficulty remembering how to spell simple words you know?	Question whether TANF participant has problems spelling simple words	Radio button	Yes No		
	Do you have difficulty filling out forms?	Question whether TANF participant has problems filling forms	Radio button	Yes No		
	Did you (do you) experience difficulty memorizing numbers?	Question whether TANF participant has problems memorizing numbers	Radio button	Yes No		
	Do you have difficulty adding and subtracting small numbers in your head?	Question whether TANF participant has problems with simple addition and subtracting mentally	Radio button	Yes No		
	Do you have difficulty or experience problems taking notes?	Question whether TANF participant has problems taking notes	Radio button	Yes No		
	Were you ever in a special education program or given extra help in school?	Question whether TANF participant has ever been in a special education program or received special help in school	Radio button	Yes No		
English	Do you have trouble reading English?	Question whether TANF participant can read in English	Radio button	Yes No		
	Do you have trouble writing English?	Question whether the TANF participant can write in English	Radio button	Yes No		
	Has trouble speaking English	Question whether the case manager observes the TANF participant is having trouble speaking in English	Radio button	Yes No		
	Has trouble understanding spoken English	Question whether the case manager observes the TANF participant is having trouble understanding spoken English	Radio button	Yes No		



Housing and Transportation



Section	Field Name	Description	Type	Values	Required	Comments
Current Housing	What is your current housing situation?	Description of TANF participant's current housing	Radio Button	Rent/own House/apartment		
				Staying in a shelter		
				Transitional housing		
				Homeless		
				Sharing house/apartment with family/friends		
				Other		
	If Other, specify	Explanation of TANF participant's housing if 'Other' selected above	Text			
Housing Situation	How many times have you moved in the last 12 months, including temporary or short moves?	Question on how many moves a TANF participant made during a one-year span	Checkbox	Has not moved		
			Text	Moved ___ Times		
	Explanation	Explanation of the reason of the number of moves listed above	Text			
	Is there anything about your housing situation that is unstable or presents a challenge to you to work or participate in work activities?	Question on any issues/challenges regarding the TANF participant's housing situation affecting work/work activities	Radio Button	Yes		
				No		
If yes, please explain	Explanation of the issues/challenges affecting work/work activities	Text				



Housing and Transportation



Section	Field Name	Description	Type	Values	Required	Comments
Transportation Method	How do you usually get to the places you need to go?	Question regarding transportation methods	Multi-pick list	Drive my own vehicle		
				Ride with someone		
				Borrow a vehicle		
				Use public transportation (bus, train, subway, etc)		
				Bicycle		
				Walk		
				I do not go to job and/or work activities now and I do not know how I would get to job and/or work activities		
	Other					
	If Other, specify	If Other was selected above, provide an explanation	Text			
	If that falls through, do you have a back up plan?	Question whether TANF participant has a back up plan for the selected transportation methods	Radio Button	Yes		
				No		
	If yes, what is it?	Explanation regarding back up transportation methods	Text			
	How many times have you used public transportation in the last week?	Question on number of times the TANF participant has used public transportation in the last week	Text			
	Last month?	Question on number of times the TANF participant has used public transportation in the last month	Text			



Housing and Transportation



Section	Field Name	Description	Type	Values	Required	Comments
Driving License	Do you have a valid driver's license?	Question whether TANF participant has a valid driver's license	Radio Button	Yes No		
	If yes, check all that apply	Selection of driving license's types that TANF participant may have	Multi-pick list	Private passenger vehicle Commercial Driver License (CDL) Motorcycle Other		
	If Other, specify	If Other was selected above, provide an explanation				
	Issuing State(s)	Issuing state of the TANF participant's valid driver's license(s)	Text			
	If no, do you have suspended license?	Question whether TANF participant has a suspended driver's license	Radio Button	Yes No		
	If yes, why was it suspended or revoked?	Reason for suspension or revocation of driver's license	Text			
	When was it suspended or revoked?	Date of TANF participant's driver's license suspension	Text			
	When will it be reinstated?	Date of TANF participant's driver's license reinstatement	Text			
	If no, do you have other forms of government-issued identification?	Question whether TANF participant has a government-issued ID	Text			
	Have you completed driver's education for obtaining a license?	Question whether TANF participant has completed driver's education for obtaining a license.	Radio Button	Yes No		
	If yes, when?	Question of when TANF participant completed driver's education for obtaining a license.	Text			



Housing and Transportation



Section	Field Name	Description	Type	Values	Required	Comments
Vehicle Access	Do you own or usually have access to a reliable vehicle?	Question whether TANF participant owns or has access to a vehicle	Radio Button	Yes No		
	If yes, how many vehicles does your household currently have?	Question on number of vehicles TANF participant owns or has access to	Text			
	How many of these are in working condition?	Question on number of reliable vehicles TANF participant owns or has access to	Text			
	If no, do you have regular access to a reliable vehicle?	Question whether TANF participant has access to a reliable vehicle	Radio Button	Yes No		
	In the last seven days, how many days were you unable to use a vehicle?	Question on number of days TANF participant did not have use of a vehicle	Text			
	Do you feel comfortable driving?	Question whether TANF participant feels comfortable driving	Radio Button	Yes No		
Transportation Challenge	Is there anything about your transportation that presents a challenge for you to work or participate in work activities?	Question whether transportation issues affect the TANF participant's participation in work/work activities	Radio Button	Yes No		
	If yes, explain	Explanation of transportation challenges/issues affecting TANF participant's work/work activities	Text			



General Health



Section	Field Name	Description	Type	Values	Required	Comments
Current Health	In general, would you say your overall health is...	Question regarding TANF participant's general health	Radio Button	Excellent		
				Very Good		
				Good		
				Fair		
				Poor		
	Are you current with your vaccinations?	Question whether TANF participant has all current vaccinations.	Radio Button	Yes		
	No					
Do you have any serious health or medical conditions?	Question whether TANF participant has any serious health conditions	Radio Button	Yes			
No						
If yes, are you under a doctor's care?	Question whether TANF participant sees a doctor for any serious health condition	Radio Button	Yes			
No						
Are you currently taking any prescription medication?	Question whether TANF participant takes a prescription	Radio Button	Yes			
No						
If yes, please list type and explain	Specification and explanation of medication taken	Text				
Pregnancy	Are you currently pregnant?	Question whether TANF participant is pregnant	Radio Button	Yes		
				No		
				Maybe		
	If yes, when are you due?	TANF participant's due date	Date	MM/YYYY		
	Are you seeing a doctor regularly for prenatal care?	Question whether TANF participant regularly gets prenatal care	Radio Button	Yes		
				No		
Name (if female household member pregnant)	Name of any female household member over age 8	Text				
Pregnant	Question whether previously entered female household member over age 8 is pregnant	Radio Button	Yes			
			No			
Estimated due date	If previously entered female household member is pregnant, provide the due date	Date	MM/YYYY			



General Health



Section	Field Name	Description	Type	Values	Required	Comments
Last Checkup	When was the last time you saw a doctor for a physical or checkup?	Question regarding TANF participant's last checkup	Text			
	Did the doctor prescribe you any medication?	Question whether the TANF participant was prescribed medication at last checkup	Radio Button	Yes No		
	If yes, are you taking the medication?	Question whether the TANF participant is taking the prescribed medication	Radio Button	Yes No		
	If no, why are you not taking the medication?	Question regarding TANF participant not taking the prescribed medication	Text			
	Is there anything about your health that presents a challenge for you to work or participate in work activities?	Question whether the TANF participant has any challenges preventing or affecting work activities	Radio Button	Yes No		
	If yes, please explain	Explanation of how health issues affect the TANF participant's ability to work or perform work activities	Text			



Mental Health



Section	Field Name	Description	Type	Values	Required	Comments
Mental Health	(in the last 30 days, how often did you feel) Depressed?	Question regarding the number of times the TANF participant has felt depressed in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	(in the last 30 days, how often did you feel) Fearful?	Question regarding the number of times the TANF participant has felt fearful in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	(in the last 30 days, how often did you feel) Worried?	Question regarding the number of times the TANF participant has felt worried in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	(in the last 30 days, how often did you feel) Nervous and anxious?	Question regarding the number of times the TANF participant has felt nervous and anxious in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	(in the last 30 days, how often did you feel) Very concerned for no apparent reason?	Question regarding the number of times the TANF participant has felt very concerned for no reason in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	(in the last 30 days, how often did you feel) Tired and exhausted?	Question regarding the number of times the TANF participant has felt tired and exhausted in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
A little of the time						
None of the time						
(in the last 30 days, how often did you feel) Not motivated?	Question regarding the number of times the TANF participant has felt not motivated in the last 30 days	Radio Button	All of the time			
			Most of the time			
			Some of the time			
			A little of the time			
			None of the time			
(in the last 30 days, how often did you feel) Scared?	Question regarding the number of times the TANF participant has felt scared in the last 30 days	Radio Button	All of the time			
			Most of the time			
			Some of the time			
			A little of the time			
			None of the time			



Mental Health



Section	Field Name	Description	Type	Values	Required	Comments
Mental Health (Continued)	(in the last 30 days, how often did you feel) Angry?	Question regarding the number of times the TANF participant has felt angry in the last 30 days	Radio Button	All of the time		
				Most of the time		
				Some of the time		
				A little of the time		
				None of the time		
	Have you ever experienced or witnessed a frightening or violent event?	Question whether TANF participant has experienced a violent or scary event	Radio Button	Yes		
				No		
	Have you ever wanted or thought of hurting yourself or others?	Question whether TANF participant has ever thought about hurting him/herself or others	Radio Button	Yes		
No						
Do you have trouble sleeping even if you are tired?	Question whether TANF participant has trouble sleeping	Radio Button	Yes			
			No			
Diagnosis	Have you ever been diagnosed or treated for:	Question whether TANF participant has been diagnosed or treated for a mental illness	Multi-pick list	Mental health condition		
				Attention deficit disorder		
				Other		
				None		
	Are you currently seeking help for this condition/these conditions?	Question whether TANF participant is seeking help for above selected conditions	Radio Button	Yes		
No						
	If yes, specify	Explanation of help being sought	Text			



Substance Abuse



Section	Field Name	Description	Type	Values	Required	Comments	
Alcohol and Drugs	How often do you have a drink containing alcohol?	Question regarding the TANF participant's frequency of alcohol consumption	Drop-down	Never Monthly or less Two to four times per month Two to three times per week Four or more times per week			
	How many drinks containing alcohol do you have on a typical day when you are drinking?	Question regarding the TANF participant's number of alcoholic drinks	Drop-down	one to two three to four five to six seven to nine 10 or more			
	How often do you have six or more drinks on one occasion?	Question regarding the number of times the TANF participant has six or more drinks on a single occasion	Drop-down	Never Less than monthly Two to three times per week Four or more times per week			
	Have you ever tried to cut down or quit drinking or using drugs?	Question whether TANF participant has tried to cut down or cease drinking or drug use	Radio Button	Yes No		Yes/No options for Has this ever been a problem? and Is this an issue now?	
	Have you ever had a problem stopping drinking or using drugs?	Question whether TANF participant has had a problem on trying to cut down or cease drinking or drug use	Radio Button	Yes No		Yes/No options for Has this ever been a problem? and Is this an issue now?	
	Did you ever have more to drink or use more drugs that you intended to, or did you drink or use longer than you intended to?	Question whether TANF participant has ever had more drinks or drugs than intended	Radio Button	Yes No		Yes/No options for Has this ever been a problem? and Is this an issue now?	
	Was there ever a time you had to drink or use drugs much more than you used to in order to get the same effect you wanted?	Question whether TANF participant has a greater tolerance for drinks or drugs	Radio Button	Yes No		Yes/No options for Has this ever been a problem? and Is this an issue now?	



Substance Abuse



Section	Field Name	Description	Type	Values	Required	Comments
Alcohol and Drugs (Continued)	Has any relative, close friend, or partner ever worried or complained about your drinking or drug use?	Question whether TANF participant has had a significant other concerned about his/her drug use or drinking	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever felt bad or guilty about your drinking or drug use?	Question whether TANF participant has had guilt or felt bad about his/her drinking or drug use	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this
				No		
	Have you ever spent a lot of time thinking about trying to get alcohol or other drugs?	Question whether TANF participant has thought greatly about securing drugs or alcohol	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Was there ever a time that drinking or drug use interfered with your work at a job, school, or at home?	Question whether TANF participant's drinking or drug use has interfered with work, school, or home life	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever participated in high risk activities or been injured while under the influence of alcohol or other substances	Question whether TANF participant's drinking or drug use has resulted in risky behavior or injury	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Did you ever have any emotional or psychological problems from drinking or using drugs?	Question whether TANF participant's drinking or drug use has resulted in emotional or psychological problems	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever gone to anyone for help because of your drinking or drug use?	Question whether TANF participant's drinking or drug use has resulted in seeking assistance	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		



Substance Abuse



Section	Field Name	Description	Type	Values	Required	Comments
Alcohol and Drugs (Continued)	Have you ever been hospitalized because of drinking or drug use?	Question whether TANF participant's drinking or drug use has resulted in hospitalization	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Blackouts or other periods of memory loss?	Question whether TANF participant's drinking or drug use has resulted in blackouts	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Injury to your head?	Question whether TANF participant's drinking or drug use has resulted in head injury	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Convulsions or delirium tremens(DTs)?	Question whether TANF participant's drinking or drug use has resulted in convulsions	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Hepatitis or other liver problems?	Question whether TANF participant's drinking or drug use has resulted in liver problems	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		



Substance Abuse



Section	Field Name	Description	Type	Values	Required	Comments
Alcohol and Drugs (Continued)	Have you ever experienced any of the following related to any drinking or drug use? Feeling sick, shaky, or depressed?	Question whether TANF participant's drinking or drug use has resulted in depression	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Feeling "coke bugs" or a crawling feeling under the skin?	Question whether TANF participant's drinking or drug use has resulted in coke bugs	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Injury to yourself or others?	Question whether TANF participant's drinking or drug use has resulted in injury	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever experienced any of the following related to any drinking or drug use? Using needles to shoot drugs?	Question whether TANF participant's drinking or drug use has resulted in needle use	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever been diagnosed for: Alcohol dependency?	Question whether TANF participant has been diagnosed for alcohol dependency	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		
	Have you ever been diagnosed for: Drug dependency?	Question whether TANF participant has been diagnosed for drug dependency	Radio Button	Yes		Yes/No options for Has this ever been a problem? and Is this an issue now?
				No		



Substance Abuse



Section	Field Name	Description	Type	Values	Required	Comments
Alcohol and Drugs (Continued)	In the past month, have you ever abused prescription or non-prescription drugs or any other substance?	Question whether TANF participant has abused prescription drugs	Radio Button	Yes		
				No		
	Participant does not want to answer questions regarding substance abuse.	TANF participant has opted out of answering substance abuse questions	Checkbox			
Household Drugs	Does anyone living with you have a problem or a history of problems with drugs and/or alcohol?	Question whether TANF participant's household members have any past or present issues with drugs or alcohol	Radio Button	Yes		
				No		
	If yes, please explain	Explanation of household member's past or present issues with drugs and/or alcohol	Text			



Domestic Violence - Safety



Section	Field Name	Description	Type	Values	Required	Comments
Domestic Violence	Participant's partner is present and these questions were not asked	TANF participant was not asked these questions, due to partner being present	Checkbox			
	Has there ever been anything going on at home that made you feel afraid?	Question whether TANF participant has ever felt afraid at home	Radio Button	Yes No		
	Is this an issue now?	Question whether TANF participant currently feels afraid at home	Radio Button	Yes No		
	Have the police ever been called to your house to settle a dispute or because of violence?	Question whether police have ever been called to TANF participant's residence due to violence	Radio Button	Yes No		
	Is this an issue now?	Question whether police have recently been to the TANF participant's residence due to violence	Radio Button	Yes No		
	Have you ever been in a relationship in which you have been threatened or physically hurt?	Question whether TANF participant has been threatened or hurt while in a relationship	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being threatened or physically hurt within his/her relationship	Radio Button	Yes No		
	Has another person ever destroyed your clothing, objects, or something you especially cared about?	Question whether TANF participant has ever had something destroyed by his/her significant other	Radio Button	Yes No		



Domestic Violence - Safety



Section	Field Name	Description	Type	Values	Required	Comments
Domestic Violence (Continued)	Is this an issue now?	Question whether the TANF participant is currently having his/her objects destroyed	Radio Button	Yes No		
	Has your partner or others ever tried to control the money you earn or spend?	Question whether TANF participant has his/her money controlled	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently having his/her money controlled	Radio Button	Yes No		
	Has another person ever prevented you from leaving the house, seeing friends, getting a job, or attending school?	Question whether TANF participant has been prevented from leaving the house, seeing friends, getting a job, or attending school	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being prevented from outside activities	Radio Button	Yes No		
	Have you ever been in a relationship with someone who is very jealous?	Question whether TANF participant has been in a relationship with a jealous person	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently in a jealous relationship	Radio Button	Yes No		
	Have you ever been in a relationship with someone who checked up on what you were doing?	Question whether TANF participant has been in a relationship with someone who checks up on him/her often	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being checked up on within the relationship	Radio Button	Yes No		
	Have you ever been watchful of what you were doing in order to avoid making another person angry or upset?	Question whether TANF participant has been in a relationship where he/she is careful about his/her actions	Radio Button	Yes No		



Domestic Violence - Safety



Section	Field Name	Description	Type	Values	Required	Comments
Domestic Violence (Continued)	Is this an issue now?	Question whether the TANF participant is currently being careful to not upset another	Radio Button	Yes No		
	Have you ever been in a relationship with someone who criticized you or embarrassed you in front of others?	Question whether TANF participant has been in a relationship where he/she was criticized in front of others	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being criticized or embarrassed in	Radio Button	Yes No		
	Have you ever been in a relationship with someone who said that if you left him or her, you would never see your children again?	Question whether TANF participant has been in a relationship where he/she was told he/she would never see their kids again if they try to leave the relationship	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being told they will never see their kids again if they try to leave the relationship	Radio Button	Yes No		
	Have you ever been in a relationship with someone who threatened to turn you in to child protective services if you didn't do what he or she wants you to do?	Question whether TANF participant has been in a relationship where he/she was told he/she would be turned into CPS if he/she didn't do what was asked of him/her	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being told he/she will be turned into CPS	Radio Button	Yes No		
	Have you ever been in a relationship with someone who has harassed you at work, training, or school?	Question whether TANF participant has been in a relationship where he/she has been harassed at work, training, or school	Radio Button	Yes No		



Domestic Violence - Safety



Section	Field Name	Description	Type	Values	Required	Comments
Domestic Violence (Continued)	Is this an issue now?	Question whether the TANF participant is currently being harassed at work, training, or school	Radio Button	Yes No		
	Have you ever been in a relationship with someone who interfered with your attempts to go to work, training or school?	Question whether TANF participant has been in a relationship where he/she has been interfered with while trying to get to work, training, or school	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being interfered with while trying to get to work, training, or school	Radio Button	Yes No		
	Have you ever felt forced by a partner or others to engage in sexual activities?	Question whether TANF participant has been forced into sexual activities	Radio Button	Yes No		
	Is this an issue now?	Question whether the TANF participant is currently being forced into sexual activities	Radio Button	Yes No		
	Have you received counseling or other services with any of these issues?	Question whether TANF participant has received counseling for any of the above issues	Radio Button	Yes No		
	If yes, what is the name and contact information of the service you used?	Name and contact of counseling service TANF participant has/is using	Text			
	Do you want to receive counseling or other services to help you with this situation?	Question whether TANF participant wants help with domestic violence issues	Radio Button	Yes No		
	Participant does not want to answer questions regarding domestic violence	TANF participant has opted out of answering questions regarding domestic violence	Checkbox			



Domestic Violence - Safety



Section	Field Name	Description	Type	Values	Required	Comments
Safety Concerns	Do you have any concerns about your safety or the safety of your family?	Question whether TANF participant fears for his/her own safety or that of his/her family	Radio Button	Yes		
				No		
	If yes, do you want information or telephone numbers for places that can help you and your children if you are afraid for your safety or their safety?	Question whether TANF participants wants information or phone numbers for places that can provide safety from violence	Radio Button	Yes		
				No		
	Do you have a safety plan in place?	Question whether TANF participant has put a safety plan in place	Radio Button	Yes		
				No		
	Are you interested in putting a safety plan in place?	Question whether TANF participant wants to create a safety plan	Radio Button	Yes		
				No		



Child Care and Well-being



Section	Field Name	Description	Type	Values	Required	Comments
Children Issues	Child's Name	Name of child, automatically populated if entered previously	Text			
	Child's Age	Age of child, automatically populated if entered previously	Text			
	Have any disabilities?	Question whether the child has any disabilities	Radio Button	Yes No		
	Have health problems?	Question whether the child has any health problems	Radio Button	Yes No		
	Have mental health problems?	Question whether the child has any mental health problems	Radio Button	Yes No		
	Have behavioral problems?	Question whether the child has any behavioral problems	Radio Button	Yes No		
	Have special needs?	Question whether the child has special needs	Radio Button	Yes No		
	Experience frequent disciplinary problems at school or child care?	Question whether the child has disciplinary problems at school or child care	Radio Button	Yes No		
	Miss school or child care frequently?	Question whether the child misses school or child care frequently	Radio Button	Yes No		
	Face suspension or expulsion from school or child care?	Question whether the child faces suspension or expulsion from school or child care	Radio Button	Yes No		
	Face charges, involvement with the juvenile justice system, detention, or on probation?	Question whether the child faces charges, involvement from the justice system, or is on probation	Radio Button	Yes No		
	Other	Question whether the child has any other issues not covered above	Radio Button	Yes No		
	(if other) Specify	Explanation of other issues face by child	Text			



Child Care and Well-being



Section	Field Name	Description	Type	Values	Required	Comments
Primary Caregiver	Are you the primary caregiver for an elderly, disabled, or sick family member?	Question whether TANF participant is the primary caregiver for an elderly, disabled, or sick family member	Radio Button	Yes		
				No		
	If yes, please explain relationship, living arrangements, and if other caregivers are available	Explanation of relationship between TANF participant and care receiver, living arrangements, and whether other caregivers are available	Text			
Parenting	What is your current custodial situation?	Question regarding TANF participant's custodial arrangement	Pick list	2-parent custodial 1-parent custodial 2-parent other 1-parent non-custodial		
	If you are 1-parent custodial, do you have sole custody?	Question whether TANF participant has sole custody of child	Radio Button	Yes No		
	Does the children's other parent have sole custody?	Question whether other parent of child has sole custody	Radio Button	Yes No		
	Do you currently have an established child support order?	Question whether TANF participant has an established child support order	Pick list	Yes, I receive child support Yes, but not received the support yet Yes, I am paying child support No, there is no child support order		
	If no, please explain	Explanation of why there is no child support order	Text			
	Do you share responsibility in the care of your children with the children's other parent?	Question whether TANF participant and other parent share child-rearing responsibilities	Radio Button	Yes No		
	If yes, is this equally?	Question whether shared child-rearing responsibility is equal	Radio Button	Yes No		
	If no, how would you describe the other parent's role in the children's life?	Explanation of other parent's role in the child's life	Text			



Child Care and Well-being



Section	Field Name	Description	Type	Values	Required	Comments
Parenting (Continued)	A lot of parents when they are out of work find it very stressful to handle issues with their children. Would you be interested in receiving more information on parenting, attending a parenting class, or joining a support group?	Question whether TANF participant would be interested in joining a parenting activity	Radio Button	Yes		
				No		
	Do you have access to and regularly use a car seat for your child?	Question whether TANF participant uses a car seat	Radio Button	Yes		
				No		
Is there any issue or concern that we should discuss regarding child protective services?	Question whether TANF participant would like to discuss any issues or concerns regarding child protective services	Radio Button	Yes			
			No			
	Explain the reason	Question for TANF participant to explain issues or concerns regarding child protective services	Text			



Child Care and Well-being



Section	Field Name	Description	Type	Values	Required	Comments
Childcare Concerns	During the past year, was childcare or lack of childcare ever such a problem that you could not take a job, had to stop working, or could not attend education or training activities?	Question whether childcare problems caused the TANF participant to quit work or miss other activities	Radio Button	Yes No		
	If yes, what were the problems you had with childcare or lack of childcare	Selections of problems with childcare or lack of childcare	Multi-pick list	Costs too much here		
				Child sick or disabled		
				Too far from work or home		
				Worry about child abuse / unsafe environment		
				My child has medical conditions		
				Prefer home-based childcare over center-based childcare		
				Subsidy late, so lost provider		
				Couldn't find care for times needed		
				Caregiver unavailable / unreliable		
Afraid to leave child in care of someone else						
Do not feel comfortable with others taking care of my child						
Cannot get to childcare provider (no transportation access)						
Other						
(if other) Specify	Explanation if 'Other' selected above					
Need childcare	Question whether TANF participant needs child care	Radio Button	Yes			
			No			



Child Care and Well-being



Section	Field Name	Description	Type	Values	Required	Comments
Childcare Status	Child's Name	Name of child, automatically populated if entered previously				
	Age	Age of child, automatically populated if entered previously				
	Has Provider	Question whether TANF participant's child has a childcare provider	Radio Button	Yes No		
	Provider's Information (including formal care, family members, etc.)	TANF participant's child's care provider's information	Text			
	Licensed	Question whether TANF participant's childcare provider is licensed	Radio Button	Yes No		
	Subsidized	Question whether childcare costs are subsidized	Radio Button	Yes No		
Backup Childcare Plan	What is your plan for your children when the primary provider is not available or your children are sick and can not go to childcare?	Question regarding TANF participant's back-up childcare plan	Text			
	How do you usually get your children to childcare?	Question regarding how TANF participant gets children to childcare	Multi-pick list	Drive my own vehicle Ride with someone Borrow a vehicle Take public transportation Walk Bicycle I do not know Other		
	(if other) Specify	Explanation if 'Other' selected above	Text			
	When school is not in session, do you have different childcare arrangements during the summer time?	Question whether TANF participant has different childcare arrangements during the summer	Radio Button	Yes No		
	If yes, what is it?	Explanation of alternate childcare arrangements	Text			



Final Thoughts



Section	Field Name	Description	Type	Values	Required	Comments
Closing Questions	Is there anything else concerning your situation in getting or keeping a job that we should discuss?	Question whether TANF participant has any other concerns/questions/comments	Radio Button	Yes		
				No		
	If yes, what would that be?	Explanation of any further concerns/questions/comments	Text			



State Listing



State	Abbreviation
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
District of Columbia	DC
Florida	FL
Georgia	GA
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northern Marianas Islands	MP
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Virgin Islands	VI
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY