

WASC BASELINE DATA AND CONTACT INFORMATION

CREATED BY MDRC JANUARY 2005

1. TODAY'S DATE: _____	2. CUSTOMER'S NAME: _____ FIRST MIDDLE INITIAL _____ LAST
3. DATE OF BIRTH ____/____/____ mm / dd / yyyy	5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Social Security Number: _____ - _____ - _____	6. WHAT IS YOUR MARITAL STATUS? (MARK ONE) <input type="checkbox"/> SINGLE, NEVER MARRIED <input type="checkbox"/> MARRIED AND LIVING WITH SPOUSE [SKIP TO #8] <input type="checkbox"/> MARRIED BUT LIVING APART FROM SPOUSE <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
7. ARE YOU CURRENTLY LIVING WITH A BOYFRIEND/GIRLFRIEND OR PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO [SKIP TO #9.]	8. IS YOUR LIVE-IN BOYFRIEND/GIRLFRIEND/PARTNER OR SPOUSE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. DO YOU CONSIDER YOURSELF TO BE ... [PLEASE CHECK ALL THAT APPLY.] WHITE? LATINO/HISPANIC/SPANISH? [IF YES, PLEASE ANSWER THE FOLLOWING.] MEXICAN, MEXICAN AMERICAN, CHICANO? CUBAN? PUERTO RICAN? DOMINICAN? SALVADORAN? COLOMBIAN? OTHER SPANISH/HISPANIC/LATINO? [PLEASE SPECIFY.]: _____ BLACK OR AFRICAN AMERICAN? ASIAN OR PACIFIC ISLANDER? [IF YES, PLEASE ANSWER THE FOLLOWING.] CHINESE? FILIPINO? INDIAN? VIETNAMESE? KOREAN? HMONG/HIGHLAND LAOTIAN? CAMBODIAN? OTHER ASIAN OR PACIFIC ISLANDER? [PLEASE SPECIFY.]: _____ AMERICAN INDIAN OR ALASKA NATIVE? SOME OTHER RACE? [PLEASE PRINT RACE.]: _____	10. ARE YOU A CITIZEN OF THE UNITED STATES? YES – BORN IN THE UNITED STATES, PUERTO RICO, GUAM, THE U.S. VIRGIN ISLANDS OR NORTHERN MARIANAS, OR BORN ABROAD OF AMERICAN PARENT OR PARENTS [SKIP TO ITEM #12.] YES – A U.S. CITIZEN BY NATURALIZATION [SKIP TO ITEM #12.] NO – NOT A CITIZEN OF THE UNITED STATES
11. IN WHAT COUNTRY WERE YOU BORN? MEXICO CHINA PHILIPPINES INDIA VIETNAM CUBA KOREA EL SALVADOR DOMINICAN REPUBLIC JAMAICA COLUMBIA GUATEMALA HAITI RUSSIA ECUADOR OTHER [PLEASE SPECIFY.] _____	12. WHICH LANGUAGES DO YOU SPEAK WELL? [PLEASE CHECK ALL THAT APPLY. NOT NECESSARY TO READ ALL CHOICES.] ENGLISH SPANISH CHINESE TAGALOG VIETNAMESE RUSSIAN KOREAN MIAO, HMONG MON-KHMER, CAMBODIAN LAOTIAN OTHER [PLEASE SPECIFY.]: _____

Baseline Data and Contact Information, Cont.

<p>13. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED? [PLEASE CHECK ONE.]</p> <p> <input type="checkbox"/> GRADE 9 OR LESS <input type="checkbox"/> GRADE 10 OR GRADE 11 <input type="checkbox"/> COMPLETED 12TH GRADE, BUT DID NOT RECEIVE A GED OR HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED OR CHSPE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> SOME COLLEGE OR ADVANCED TRAINING CERTIFICATE <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> FOUR-YEAR COLLEGE DEGREE OR MORE </p>	<p>14. HOW DID YOU HEAR ABOUT THE WASC DEMONSTRATION? [CHECK ALL THAT APPLY.]</p> <p> <input type="checkbox"/> FRIEND OR FAMILY MEMBER <input type="checkbox"/> ADVERTISEMENT (RADIO, TV, SIGN, NEWSPRINT, INTERNET) <input type="checkbox"/> COMMUNITY, CHURCH, OR RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER GOVERNMENT AGENCY OR SOCIAL SERVICE ORGANIZATION <input type="checkbox"/> EMPLOYER <input type="checkbox"/> HEARD ABOUT IT FOR THE FIRST TIME HERE IN THIS BUILDING TODAY <input type="checkbox"/> OTHER [PLEASE SPECIFY.]: _____ </p>													
<p>15. DO YOU HAVE A DRIVER'S LICENSE?</p> <p> <input type="checkbox"/> YES <input type="checkbox"/> NO [SKIP TO #17] </p>	<p>16. DO YOU HAVE ACCESS TO A CAR THAT YOU COULD DRIVE TO GET TO WORK?</p> <p> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p>17. HOW MANY JOBS ARE YOU CURRENTLY WORKING?</p> <p> <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR OR MORE </p>												
<p>18. PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR CURRENT JOB. [IF YOU ARE CURRENTLY WORKING AT TWO OR MORE JOBS AT THE SAME TIME, PLEASE PROVIDE INFORMATION ABOUT THE JOB FOR WHICH YOU WORK THE MOST HOURS.]</p> <p>CURRENT JOB: _____</p> <p>START DATE: ____ (MM) / ____ (YYYY)</p> <p>NUMBER OF HOURS PER WEEK (INCLUDING OVERTIME): _____</p> <p>HOW MUCH DO YOU EARN BEFORE TAXES? \$ _____</p> <p>IS THIS AMOUNT</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">PER HOUR?</td> <td style="width: 33%;">PER DAY? ____</td> <td style="width: 33%;">NUMBER OF DAYS PER WEEK</td> </tr> <tr> <td>PER WEEK?</td> <td>EVERY 2 WEEKS?</td> <td>MONTH?</td> </tr> <tr> <td>TWICE PER MONTH?</td> <td></td> <td></td> </tr> <tr> <td>YEAR</td> <td></td> <td></td> </tr> </table> <p>IS YOUR SCHEDULE PRETTY MUCH THE SAME EVERY WEEK OR DOES IT VARY?</p> <p style="text-align: center;"> <input type="checkbox"/> SAME <input type="checkbox"/> VARIES </p>		PER HOUR?	PER DAY? ____	NUMBER OF DAYS PER WEEK	PER WEEK?	EVERY 2 WEEKS?	MONTH?	TWICE PER MONTH?			YEAR			<p>19. [IF YOU ARE WORKING MORE THAN ONE JOB]</p> <p>COUNTING ALL JOBS, HOW MANY HOURS PER WEEK DO YOU WORK? _____</p>
PER HOUR?	PER DAY? ____	NUMBER OF DAYS PER WEEK												
PER WEEK?	EVERY 2 WEEKS?	MONTH?												
TWICE PER MONTH?														
YEAR														
<p>21. ARE YOU CURRENTLY RECEIVING HELP IN FINDING A NEW OR ADDITIONAL JOB FROM A TEMP AGENCY OR OTHER COMPANY, A GOVERNMENT AGENCY, SCHOOL, OR OTHER ORGANIZATION?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p>22. ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING EMPLOYMENT AND TRAINING PROGRAMS? [PLEASE CHECK ALL THAT APPLY.]</p> <p> <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE (ESL) <input type="checkbox"/> ADULT BASIC EDUCATION (ABE) <input type="checkbox"/> HIGH SCHOOL / GENERAL EDUCATIONAL DEVELOPMENT (GED) PREPARATION COURSE <input type="checkbox"/> VOCATIONAL EDUCATION <input type="checkbox"/> COLLEGE COURSES TOWARD AN ASSOCIATE'S OR TWO-YEAR DEGREE <input type="checkbox"/> COLLEGE COURSES TOWARD A BACHELOR'S OR FOUR-YEAR DEGREE <input type="checkbox"/> OTHER [PLEASE SPECIFY.] _____ <input type="checkbox"/> NONE OF THE ABOVE. </p>	<p>23. DO YOU HAVE A PHYSICAL, MENTAL, OR OTHER HEALTH CONDITION THAT LIMITS THE KIND OR AMOUNT OF WORK YOU CAN DO?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>												
<p>24. FOR HOW MANY CHILDREN UNDER AGE 19 ARE YOU A PRIMARY PROVIDER OR PRIMARY CAREGIVER?</p> <p>[IF YOU HAVE NO CHILDREN UNDER AGE 19, PLEASE ENTER 0 IN THE SPACE PROVIDED AND SKIP TO ITEM #26.]</p> <p>SPECIFY NUMBER OF CHILDREN: _____</p>		<p>25. HOW OLD IS YOUR YOUNGEST CHILD?</p> <p>_____ YEARS OLD</p> <p>[FOR A CHILD UNDER 1 YEAR OF AGE, ENTER "0."]</p>												

Baseline Data and Contact Information, Cont.

26. I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR HOUSEHOLD. DO YOU

- OWN YOUR HOME? **[SKIP TO ITEM #30.]**
 LIVE IN A GROUP SHELTER? **[SKIP TO ITEM #30.]**
 LIVE WITH FAMILY OR FRIENDS AND NOT PAY RENT?
 LIVE WITH FAMILY OR FRIENDS AND CONTRIBUTE PART OF THE RENT?
 RENT YOUR HOME/ROOM?
 LIVE IN SOME OTHER HOUSING ARRANGEMENT? **[PLEASE SPECIFY:]** _____

27. DO YOU LIVE IN PUBLIC HOUSING (I.E., HOUSING OWNED BY THE SAN DIEGO HOUSING COMMISSION OR COUNTY OF SAN DIEGO HOUSING AUTHORITY)?

- YES **[SKIP TO ITEM #30.]**
 No

28. DOES YOUR HOUSEHOLD RECEIVE SECTION 8 RENTAL ASSISTANCE? (THIS VOUCHER PROGRAM LETS YOU CHOOSE WHERE YOU LIVE AND, IF THE LANDLORD AGREES, THE SAN DIEGO HOUSING COMMISSION OR COUNTY OF SAN DIEGO HOUSING AUTHORITY OR OTHER CITY RENTAL ASSISTANCE PROGRAM WILL PAY PART OF YOUR RENT.)

- YES **[SKIP TO ITEM #30.]**
 No

29. DOES YOUR HOUSEHOLD PAY A REDUCED RENT BECAUSE IT MEETS LOW-INCOME ELIGIBILITY REQUIREMENTS?

- YES
 No

30. ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING KINDS OF ASSISTANCE? **[PLEASE CHECK ALL THAT APPLY.]**

- FOOD STAMPS
 MEDICAL INSURANCE FOR YOURSELF (MEDI-CAL)
 MEDICAL INSURANCE FOR YOUR CHILDREN (MEDI-CAL OR HEALTHY FAMILIES)
 CHILD SUPPORT PAYMENTS
 WELFARE (CALWORKS)
 CHILD CARE SUBSIDY (THAT IS, CHILD CARE ASSISTANCE PAID BY THE GOVERNMENT OR ANOTHER AGENCY)
 OTHER **[PLEASE SPECIFY:]** _____
 NONE OF THE ABOVE

31. **[IF YOU HAVE CHILDREN YOUNGER THAN 19 THAT DO NOT RECEIVE EMPLOYER-PROVIDED OR PUBLIC MEDICAL INSURANCE] ARE YOUR CHILDREN COVERED BY A HEALTH INSURANCE PLAN?**

- YES
 No

32. **[[IF YOU DO NOT RECEIVE EMPLOYER-PROVIDED OR PUBLIC MEDICAL INSURANCE] ARE YOU COVERED BY A HEALTH INSURANCE PLAN?**

- YES
 No

33. IN THE PAST 12 MONTHS, HAVE YOU FILLED OUT A FEDERAL TAX RETURN OR HAD ONE PREPARED FOR YOU?

- YES
 No

34. HAVE YOU EVER HEARD OF THE EARNED INCOME TAX CREDIT? [THE FEDERAL GOVERNMENT HAS A SPECIAL TAX CREDIT THAT ALLOWS WORKING PEOPLE WHO MAKE LESS THAN ABOUT \$35,000 A YEAR TO PAY LOWER INCOME TAXES. IT'S CALLED THE EARNED INCOME TAX CREDIT OR EITC.]

- YES
 No **[IF NO, SKIP TO ITEM #36.]**

35. DID YOU USE THE EARNED INCOME TAX CREDIT ON YOUR MOST RECENT FEDERAL TAX RETURN?

- YES
 No

36. HAVE YOU EVER HEARD OF THE CHILD TAX CREDIT, WHICH IS AVAILABLE TO WORKING FAMILIES?

- YES
 No **[IF NO, SKIP TO ITEM #38.]**

37. DID YOU USE THE CHILD TAX CREDIT ON YOUR MOST RECENT FEDERAL TAX RETURN?

- YES
 No

Baseline Data and Contact Information, Cont.

38. CONTACT INFORMATION

YOUR ADDRESS AND TELEPHONE NUMBER(S):

STREET: _____

APARTMENT #: _____

CITY: _____ STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER(S):

(____) ____ - ____ (HOME)

(____) ____ - ____ (WORK)

(____) ____ - ____ (CELL)

EMAIL ADDRESS:

39. PLEASE PROVIDE THE NAMES AND TELEPHONE NUMBERS OF TWO FAMILY MEMBERS OR FRIENDS WHO WILL KNOW HOW TO REACH YOU IF YOU SHOULD MOVE.

CONTACT #1:

FIRST AND LAST NAME: _____

RELATIONSHIP TO YOU: _____

TELEPHONE NUMBER(S):

(____) ____ - ____ (HOME)

(____) ____ - ____ (WORK)

(____) ____ - ____ (CELL)

EMAIL ADDRESS:

CONTACT #2:

FIRST AND LAST NAME: _____

RELATIONSHIP TO YOU: _____

TELEPHONE NUMBER(S):

(____) ____ - ____ (HOME)

(____) ____ - ____ (WORK)

(____) ____ - ____ (CELL)

EMAIL ADDRESS:

RA RESULTS TO BE COMPLETED BY PROJECT EARN STAFF

40. HOW WELL DOES THE RESPONDENT SPEAK ENGLISH?

VERY WELL
WELL
NOT WELL
NOT AT ALL

A. RESEARCH GROUP STATUS

WASC PROJECT EARN GROUP

CURRENT SERVICES GROUP

B. ASSIGNMENT DATE: _____ / _____ / _____
MM / DD / YYYY

WASC BASELINE INFORMATION FORM

A. Today's Date: ____/____/____ (mm/dd/yyyy)	B. Location: 1 Bridgeport 2 Dayton 3 San Diego 4 Fort Worth	C. RA Results: Research Group Status: 1 WASC Program Group 2 Current Services Group	D. IS THIS RANDOM ASSIGNMENT BEING DONE ON LOCATION, AT THE CUSTOMER'S PLACE OF EMPLOYMENT (E.G, IN THE BUILDING OR PARKING LOT)? 1 Yes 2 No 1. NAME OF EMPLOYER: _____
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ELIGIBILITY SCREENING QUESTIONS

1. Are you employed and working legally in the U.S.? 1 Yes 2 No

2. [THE FOLLOWING ITEMS ARE TO BE ANSWERED BY WASC STAFF AS THE RESULT OF A MORE DETAILED CONVERSATION WITH THE CUSTOMER. SEE INSTRUCTIONS FOR ANSWERING THESE QUESTIONS.]

WITHIN THE PAST **2 YEARS**, HAS THE CUSTOMER:

a. BEEN CERTIFIED AS A DISLOCATED WORKER OR ENROLLED IN A DISLOCATED WORKER PROGRAM?
 1 Yes 2 No 3 No answer

b. BEEN LAID OFF, AND IS UNLIKELY TO RETURN TO A PREVIOUS INDUSTRY OR OCCUPATION?
 1 Yes 2 No 3 No answer

c. BEEN LAID OFF AS PART OF A PLANT CLOSURE OR OTHER MASS LAYOFF? [FOR WASC, DISLOCATED WORKERS MUST BE REEMPLOYED SINCE LAYOFF. IF THE CUSTOMER HAS RECEIVED NOTIFICATION OF A LAYOFF, BUT IS STILL WORKING AT THAT JOB, THEY ARE NOT ELIGIBLE FOR WASC.]
 1 Yes 2 No 3 No answer

d. BEEN SELF-EMPLOYED, BUT THEN SUFFERED A BUSINESS FAILURE BECAUSE OF LOCAL ECONOMIC CONDITIONS OR A NATURAL DISASTER?
 1 Yes 2 No 3 No answer

e. BEEN A DISPLACED HOMEMAKER? [SOMEONE WHO WAS DEPENDENT ON THE INCOME OF A FAMILY MEMBER, BUT THAT INCOME IS NO LONGER AVAILABLE.]
 1 Yes 2 No 3 No answer

[IF THE ANSWER IS "YES" TO ANY OF THE ABOVE QUESTIONS, THEN THE CUSTOMER IS CONSIDERED A DISLOCATED WORKER FOR WASC]

3. [SKIP UNLESS THE CUSTOMER WAS LAID OFF OR LOST A SELF-EMPLOYMENT JOB]. Compared with your pre-layoff job, would you say that at your current job(s) your earnings are: 1 A lot less money 4 More 2 Somewhat less money 5 Don't know 3 About the same 6 No answer	4. Date of Birth: ____/____/____ (mm/dd/yyyy)	5. Gender: 1 Female 2 Male 3 No answer
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-----The following items (6,7, & 8) do not apply to the Dayton site.-----

6. Where do you live? 1 Mexico 2 United States 3 Other	7. What zip code do you live in? _____	8. [SKIP IF CUSTOMER IS BORN BEFORE JANUARY 1, 1960 OR FEMALE .) Did you register with the Selective Service? 1 Yes (GO TO ITEM #9) 2 No 8a. If not, were you exempt from registering with the Selective Service? 1 Yes 2 No
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9. How many jobs are you currently working?
 1 One 2 Two 3 Three 4 Four or more

WASC BASELINE INFORMATION FORM

<p>10. Please provide the following information on your current job. [IF YOU ARE CURRENTLY WORKING AT TWO OR MORE JOBS, PLEASE PROVIDE INFORMATION ABOUT THE JOB FOR WHICH YOU WORK THE MOST HOURS.]</p> <p>a. Start Date: _____(mm)/_____(yyyy)</p> <p>b. Number of hours per week (including overtime): _____ [GO TO ITEM #10c]</p> <p style="text-align: center;">[DON'T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOURS BELOW]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 1-20 hours per week</td> <td style="width: 50%;">4 49-60 hours per week</td> </tr> <tr> <td>2 21-34 hours per week</td> <td>5 61-72 hours per week</td> </tr> <tr> <td>3 35-48 hours per week</td> <td>6 73 or more hours per week</td> </tr> </table> <p>c. How much do you earn before taxes? [INCLUDE DECIMAL VALUES]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1 hour</td> <td style="width: 40%;"></td> </tr> <tr> <td>2 day _____ Number of days per week</td> <td></td> </tr> <tr> <td>\$ _____ . _____ per</td> <td>3 week</td> </tr> <tr> <td></td> <td>4 every two weeks</td> </tr> <tr> <td></td> <td>5 twice a month</td> </tr> <tr> <td></td> <td>6 month</td> </tr> <tr> <td></td> <td>7 year</td> </tr> </table> <p>d. Is your schedule pretty much the same every week or does it vary?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Same</td> <td style="width: 33%;">2 Varies</td> <td style="width: 33%;">3 No answer</td> </tr> </table>	1 1-20 hours per week	4 49-60 hours per week	2 21-34 hours per week	5 61-72 hours per week	3 35-48 hours per week	6 73 or more hours per week	1 hour		2 day _____ Number of days per week		\$ _____ . _____ per	3 week		4 every two weeks		5 twice a month		6 month		7 year	1 Same	2 Varies	3 No answer	<p>11. [SKIP IF CUSTOMER WORKS ONLY ONE JOB.]</p> <p>a. Including all jobs, how many hours per week do you work? _____ [GO TO ITEM # 11B.]</p> <p style="text-align: center;">[DON'T KNOW EXACT HOURS PLEASE CHECK ONE RANGE OF HOUR BELOW]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 1-20 hours per week</td> <td style="width: 50%;">4 49-60 hours per week</td> </tr> <tr> <td>2 21-34 hours per week</td> <td>5 61-72 hours per week</td> </tr> <tr> <td>3 35-48 hours per week</td> <td>6 73 or more hours per week</td> </tr> <tr> <td></td> <td>7 No answer</td> </tr> </table> <p>b. What is the highest hourly wage of all your jobs?</p> <p>\$ _____</p>	1 1-20 hours per week	4 49-60 hours per week	2 21-34 hours per week	5 61-72 hours per week	3 35-48 hours per week	6 73 or more hours per week		7 No answer
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	7 No answer																															

<p>12. Including yourself, how many people are in your immediate family and living in your home?</p> <p style="text-align: center;">_____</p> <p>[NOTE: FAMILY INCLUDES A SPOUSE OR LIVE-IN PARTNER AND ANY CHILDREN UNDER AGE 19 LIVING IN THE HOUSEHOLD FOR WHOM THE CUSTOMER IS A PRIMARY PROVIDER OR CAREGIVER.]</p>	<p>13. Including your own income, approximately how much is your total family income per month before taxes? [NOTE: INCLUDE ALL FORMS OF INCOME - EARNINGS, CHILD SUPPORT, AND ANY PUBLIC CASH ASSISTANCE - EXCEPT EARNINGS OF CHILDREN UNDER AGE 19.]</p> <p style="text-align: center;">\$ _____</p> <p>[NOTE: PUBLIC CASH ASSISTANCE INCLUDES SSI OR SSDI.]</p>	<p>14. Are you, a spouse, or a partner who lives with you currently on a welfare/TANF case (OWF, CalWORKs)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Yes</td> <td style="width: 50%;">2 No</td> </tr> </table> <p>15. Social Security Number:</p> <p style="text-align: center;">_____ - _____ - _____</p>	1 Yes	2 No
1 Yes	2 No			

INFORMED CONSENT SCRIPT

16. Did the customer sign the Informed Consent/Agreement to Participate form?	1 Yes	2 No
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BASELINE INFORMATION FORM QUESTIONS

<p>17. First Name: _____ Middle Initial: _____ Last Name: _____</p>																		
<p>18. Marital Status:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Single, never married</td> <td style="width: 50%;">5 Divorced</td> </tr> <tr> <td>2 Married and living with spouse [GO TO ITEM #20]</td> <td>6 Widowed</td> </tr> <tr> <td>3 Married but living apart from spouse</td> <td>7 No answer</td> </tr> <tr> <td>4 Legally separated</td> <td></td> </tr> </table>	1 Single, never married	5 Divorced	2 Married and living with spouse [GO TO ITEM #20]	6 Widowed	3 Married but living apart from spouse	7 No answer	4 Legally separated		<p>19. Are you currently living with a partner (spouse/boyfriend/girlfriend)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Yes</td> <td style="width: 50%;">2 No [GO TO ITEM #21]</td> </tr> <tr> <td></td> <td>3 No Answer</td> </tr> </table>	1 Yes	2 No [GO TO ITEM #21]		3 No Answer	<p>20. Is your live-in partner or spouse employed?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Yes</td> <td style="width: 50%;">2 No</td> </tr> <tr> <td></td> <td>3 No answer</td> </tr> </table>	1 Yes	2 No		3 No answer
1 Single, never married	5 Divorced																	
2 Married and living with spouse [GO TO ITEM #20]	6 Widowed																	
3 Married but living apart from spouse	7 No answer																	
4 Legally separated																		
1 Yes	2 No [GO TO ITEM #21]																	
	3 No Answer																	
1 Yes	2 No																	
	3 No answer																	

WASC BASELINE INFORMATION FORM

<p>29. What fringe benefits does your employer provide? [IF WORKING AT TWO OR MORE JOBS, CHOOSE THE ONE WITH THE MOST HOURS.]</p> <p>a. Time off with pay (for vacation, sickness, paid holidays, or personal days) 1 Yes 2 No 3 Don't know 4 No answer</p> <p>b. Health plan or medical insurance, including any offered at a cost to you 1 Yes 3 Don't know 2 No 4 No answer</p> <p>c. Dental benefits, including, any offered at a cost to you 1 Yes 2 No 3 Don't know 4 No answer</p> <p>d. A retirement plan 1 Yes 2 No 3 Don't know 4 No answer</p> <p>e. Other (not listed) 1 Yes [PLEASE SPECIFY]: _____ 3 Don't know 2 No 4 No answer</p>	<p>30. [SKIP IF CUSTOMER ANSWERED NO, DON'T KNOW, OR NO ANSWER TO EMPLOYER PROVIDING A HEALTH PLAN OR MEDICAL INSURANCE.] Are you enrolled in the health or medical insurance plan your employer provides?</p> <p>1 Yes 3 Don't know 2 No 4 No answer</p>
<p>32. Are you currently enrolled in any of the following education or training programs?</p> <p>a. English as a Second Language (ESL) 1 Yes 2 No 3 No answer</p> <p>b. Adult Basic Education (ABE) 1 Yes 2 No 3 No answer</p> <p>c. High School / General Educational Development (GED) preparation course 1 Yes 2 No 3 No answer</p> <p>d. Vocational Education 1 Yes 2 No 3 No answer</p>	<p>31. Are you currently receiving help in finding a new or additional job from a temp agency or other company, a government agency, school, or other organization?</p> <p>1 Yes 2 No 3 No answer</p> <p>e. College courses toward an Associate's or Two-Year Degree 1 Yes 2 No 3 No answer</p> <p>f. College courses toward a Bachelor's or Four-Year Degree 1 Yes 2 No 3 No answer</p> <p>g. Other (not listed) 1 Yes [PLEASE SPECIFY] _____ 2 No 3 No answer</p>
<p>33. Do you have a physical or mental health condition that limits the kind or amount of work you can do?</p> <p>1 Yes 2 No 3 No answer</p>	<p>34. For how many children under age 19 are you a primary provider or primary caregiver? [IF YOU HAVE NO CHILDREN UNDER AGE 19, PLEASE CHECK ZERO.]</p> <p>55 Zero [GO TO ITEM #36] 5 Five 10 Ten 1 One 6 Six 11 Eleven 2 Two 7 Seven 12 Twelve 3 Three 8 Eight 13 Thirteen or more 4 Four 9 Nine 14 No answer</p>
<p>35. How old is your youngest child (years)?</p> <p>55 Less than one year 4 Four 8 Eight 12 Twelve 16 Sixteen 1 One 5 Five 9 Nine 13 Thirteen 17 Seventeen 2 Two 6 Six 10 Ten 14 Fourteen 18 Eighteen 3 Three 7 Seven 11 Eleven 15 Fifteen 19 No answer</p>	
<p>36. I'd like to ask you a few questions about your household. Do you:</p> <p>1 Live in a group shelter? [GO TO ITEM #40] 5 Own your home? [GO TO ITEM #40] 2 Live with family or friends and not pay rent? 6 Live in some other housing arrangement? 3 Live with family or friends and contribute part of the rent? [PLEASE SPECIFY]: _____ 4 Rent your home/room? 7 No answer</p>	

WASC BASELINE INFORMATION FORM

<p>37. Do you live in public housing (i.e., housing owned by the Housing Authority or the Housing Commission)?</p> <p>1 Yes [GO TO ITEM #40] 2 No 3 No answer</p>	<p>38. Does your household receive Section 8 rental assistance? (This voucher program lets you choose where you live and, if the landlord agrees, the Housing Authority or the Housing Commission or other city rental assistance program will pay part of your rent.)</p> <p>1 Yes [GO TO ITEM #40] 2 No 3 No answer</p>	
	<p>39. Does your household pay a reduced rent because it meets low-income eligibility requirements?</p> <p>1 Yes 2 No 3 No answer</p>	
<p>40. Are you currently receiving any of the following kinds of publicly funded assistance?</p> <p>a. Food stamps 1 Yes 2 No 3 No answer</p> <p>b. Medical insurance for yourself (Healthy Families (Dayton), Medi-Cal, Medicaid) 1 Yes 2 No 3 No answer</p> <p>c. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19] Medical insurance for your children (Healthy Start, Healthy Families (San Diego), CHIP) 1 Yes 2 No 3 No answer</p> <p>d. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19] Child Support Payments 1 Yes 2 No 3 No answer</p> <p>e. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19] Child care subsidy (that is, child care assistance paid by the government or another agency) 1 Yes 2 No 3 No answer</p> <p>f. Other 1 Yes [PLEASE SPECIFY]: _____ 2 No 3 No answer</p>	<p>41. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19] Are all, some, or none of your children covered by any health insurance plan?</p> <p>1 All 3 None 2 Some 4 No answer</p>	
	<p>42. [SKIP IF CUSTOMER RECEIVES EMPLOYER-PROVIDED OR PUBLICLY-FUNDED MEDICAL INSURANCE.] Are you covered by a health insurance plan?</p> <p>1 Yes 2 No 3 No answer</p>	
	<p>43. In the past 12 months, have you filed a federal tax return or had one prepared for you?</p> <p>1 Yes 2 No 3 No answer</p>	
<p>44. The federal government has a special tax credit that allows working people who make less than about \$35,000 a year to pay lower income taxes. It's called the Earned Income Tax Credit or EITC. Have you ever heard of that credit?</p> <p>1 Yes 2 No [GO TO ITEM #46] 3 No answer</p>	<p>45. Did you or the person who filled out your return use the Earned Income Tax Credit on your most recent federal tax return?</p> <p>1 Yes 2 No [GO TO ITEM #47] 3 No answer</p>	<p>46. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19.] Have you ever heard of the Child Tax Credit, which is available to working families?</p> <p>1 Yes 2 No [GO TO ITEM #48] 3 No answer</p>
<p>47. [SKIP IF CUSTOMER HAS NO CHILDREN UNDER AGE 19.] Did you use the Child Tax Credit on your most recent federal tax return?</p> <p>1 Yes 2 No 3 No answer</p>	<p>50. [HOW WELL DOES THE CUSTOMER SPEAK ENGLISH?]</p> <p>1 Very well 3 Not well 2 Well 4 Not at all</p>	