

SURVEY OF TANF EXITING CLIENTS

April-May, 1999

Sample ID _____

Date of Interview (month/day/year): ____/____/____

Interviewer ID: _____

Enter Start Time: _____ a.m./p.m.

Enter End Time: _____ a.m./p.m.

Interviewer: Unless otherwise indicated, please code Don't Know = 88 and Refusal = 99.**Introduction**

Hello, is this _____ (name of client/head of household)? My name is _____, I am a DSHS interviewer. We are calling former welfare clients to find out how they are doing now that they are no longer on welfare. I'd like to ask you about your work, childcare, transportation, and things that relate to your family's well-being. Your participation in this survey will automatically enter you into a drawing for a grocery store gift certificate of \$100. Please be assured that anything you say during the interview will be kept confidential and your family is not going to lose any benefits you'd otherwise qualify for now or in the future. If I come to any question you prefer not to answer, just let me know and we'll skip over it. May I begin now?

Screening Question

S1: Are you currently receiving TANF cash assistance?

1. YES
2. NO @ go to A1

S2: DSHS record indicates that you left TANF as of October 1998. Could you tell me what caused you to be back on TANF?

1. I was laid off from my job
2. I was fired from my job
3. Decreased earnings from work due to loss of hours
4. I quit my job because of childcare problems
5. I quit my job because of transportation problems
6. I quit my job for health reasons
7. I am back on TANF because I need healthcare for me and/or family
8. Loss of child support money
9. Loss of other income (SSI, General assistance, Alimony, Social security)
10. Marriage/partnership breakup
11. I left because of sanction and now I am in cooperation with WorkFirst requirements
12. I did not leave TANF recently (could be error in record)
13. My child came back to me so that I am again eligible for TANF
14. Other (specify) _____

**OFF TANF as of 10/98
or Back on since Dec.'98**

SECTION A: REASON LEAVING WELFARE

A1. What was the most important reason that your family stopped getting TANF cash assistance?

1. *Increased income through employment (my own or other adult in AU)*
2. *Increased income through other sources (e.g. gifts, child support)*
3. *Obtained alternative income (SSI, social security, general assistance, etc)*
4. *I chose to leave welfare because sanction was imposed on me*
5. *I chose to leave welfare because of my conflict with program requirements*
6. *Marriage/Reunification with spouse*
7. *Youngest child turned 18 years of age*
8. *Lost custody of child(ren)*
9. *Concerned about using up the 60-month time limit*
10. *Other (please specify) _____*

A2. How many total (cumulative) years/months have you received AFDC/TANF cash assistance?

_____ # OF YEARS _____ # OF MONTHS

Interviewer recode: TOTAL _____ # OF MONTHS

Section B: LABOR MARKET EXPERIENCE

B1. Have you worked in the last 12 months?

- 1 **YES**
- 2 **NO ® go to B3**

B2. Are you currently employed?

- 1 **YES ® go to B5**
- 2 **NO**

B3. What is the main reason that you are not working/didn't work in the last 12 months?

- 1 *I am/was in school*
- 2 *I was fired*
- 3 *I was laid off*
- 4 *I quit my job*
- 5 *I chose to stay home to care for my child(ren)*
- 6 *I have been looking but can't seem to find any job*
- 7 *I can't/couldn't find the kind of job I want*
- 8 *I can't/couldn't work because of health reasons*
- 9 *I can't/couldn't work because of domestic violence*
- 10 *I can't/couldn't arrange childcare*
- 11 *I can't/couldn't arrange transportation*
- 12 *I am not looking for work because I do not believe I can find any*
- 13 *Other(specify) _____*

Interviewer check: If R worked within last 12 months, ® Go to B5, else ® Go to B4

B4. When was the last time you worked continuously for 3 months or longer (either part-time or full-time)?
(enter the beginning and ending month/year)

_____/_____/_____ B4a _____/_____/_____ **If end date earlier than April/98 ® Go to C1**
Begin MONTH YEAR End MONTH YEAR

B5. How many weeks did you work in the last 12 months?

_____ # OF WEEKS

B6. How many employers did you work for in the last 12 months?

_____ # OF EMPLOYERS

Now, I'd like to ask you about your current or most recent job in the last 12 months (if you have/had more than one job simultaneously, please tell me about the one with longest hours).

B7. How many months and years have you worked at this job?

_____ # OF YEARS _____ # OF MONTHS

Interviewer recode: TOTAL _____ # OF MONTHS

B8. How long were you looking for work before you got this job?

_____ # OF DAYS/WEEKS/MONTHS

Days	1	2	3	4	5	6
Fraction	.14	.29	.43	.57	.71	.86

Interviewer recode: TOTAL _____ # OF WEEKS

B9. Are/were you self-employed at this job?

1. YES @ go to B17
2. NO

(B10) Does/did your employer offer (regardless of your actual use) any of the following benefits:

	YES=1	NO=2	NOT NOW BUT WILL HAVE IT LATER
B10. Paid sick leave?	1	2	3
B11. Financial help with child care?	1	2	3
B12. Retirement benefits?	1	2	3
B13. Paid annual leave?	1	2	3
B14. Healthcare plan?	1	2 @ go to B17	3 @ go to B17

B15. Were/are you actually enrolled in your employer sponsored health care plan?

1. YES
2. NO

B16. Were/are your child(ren) actually enrolled in your employer sponsored health care plan?

1. YES
2. NO
3. N/A, no kid(s) with me

B17. On average, how many hours do/did you work each week?

_____ # OF HOURS

Interviewer check: If the hours per week is 35 or greater, go to B19.
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B18. What is the main reason that you are/were not working full-time?

1. *Can't/couldn't find full time work*
2. *Can't/couldn't work full time because I was/am in school/training*
3. *Can't/couldn't work full time because of childcare problems*(e.g. can't find after hour care)
4. *Can't/couldn't work full time because of health reasons*
5. *Can't/couldn't work full time because of transportation problems*
6. *Don't/didn't want full time work*
7. *Other (please specify)*_____

B19. Generally, do you work ..

1. *Weekdays*
2. *Weekends*
3. *A combination of both*

B20. Which of the following best describes your work shift?

1. *Days (work stretch between 6am-5:59pm)*
2. *Swing shift (work stretch between 3pm-10:59pm)*
3. *Graveyard shift (work stretch between 11pm-6:59am)*
4. *Split shifts (e.g. A combination of hours that cut across days, evenings, or nights)*
5. *Rotation(e.g. switch between days/swing/graveyard on a regular basis)*
6. *Irregular (a non-regular schedule)*

B21. What is/was the distance one way from your residence to work?

_____ **MILES**

B22. What is/was the typical method of transportation that you use to get to work?

1. *Family car*
2. *Friend's car*
3. *Bus/ferry*
4. *Carpool*
5. *Bicycle*
6. *Walk*
7. *Other*

B23. Approximately how much do/did you make per hour at this job before taxes?

\$_____/**HOUR**

B24. Approximately how much do/did you make per month at this job before taxes? (1 month= 172 hours=4.3 weeks)

\$_____/**MONTH**

B25. What is/was your occupation (e.g. what do you do or make on the current/most recent job)?

(record the response as given)

Interviewer recode: _____ *(refer to occupation code table, attachment A)*

Section C: EDUCATION/WORKFIRST PARTICIPATION

(C1) Next are some questions about your education and training.

C1. Starting from the first grade, how many years of formal schooling have you completed?

_____ **YEARS**

C2. What is the HIGHEST grade or academic degree that you have completed?

- 1 **Less than high school diploma or GED**
- 2 **GED**
- 3 **High school diploma**
- 4 **Vocational/technical certificate**
- 5 **Took some college courses without high school/GED completion**
- 6 **Took some college courses post high school/GED, but did not complete a degree**
- 7 **2-year college degree (AA/AS)**
- 8 **4-year college degree (BA/BS)**
- 9 **Took some graduate school courses but didn't complete a degree**
- 10 **A graduate or professional degree (e.g. MA, MS, PH.D., MD, JD, DVM)**

Your caseworker might have asked you to participate in one or more WorkFirst activities. Have you done any of the following since November 1997?

		Doing		it on my	
		WF		Own	DK
		YES	NO		
C3.	Sign an Individual Responsibility Plan (probe: your case worker should have discussed with you regarding a plan for you to work, increase income, and get off assistance) 12	3	4		
C4.	Attend WorkFirst job search workshops.....	1	2	3	4
C5.	WorkFirst required job search (e.g. The resource room).....	1	2	3	4
C6.	WorkFirst approved unpaid work experience (WEX).....	1	2	3	4
C7.	Washington Post-employment Labor Exchange (WPLEX)..... (assistance from an ESD telephone counselor regarding your job)	1	2	3	4
C8.	WorkFirst approved on the job training (subsidized).....	1	2	3	4
C9.	Use WorkFirst sponsored services to help keep your job..... (e.g. help with job-related expenses such as work clothes and car repair, worksite job coach, a job mentor to help dealing with your job related problems)	1	2	3	4
C10.	WorkFirst approved community jobs.....	1	2	3	4
C11.	WorkFirst approved ESL (English as a second language)	1	2	3	4
C12.	WorkFirst approved adult basic education	1	2	3	4
C13.	WorkFirst approved High school/GED classes	1	2	3	4
C14.	WorkFirst approved job skills training(through a community/technical college)...	1	2	3	4
C15.	WorkFirst approved 2-year associate degree program	1	2	3	4
C16.	WorkFirst approved 4-year bachelor's degree program	1	2	3	4
C17.	Tribal services.....	1	2	3	4
C18.	Any other WorkFirst approved activities that I did not mention? (specify) _____	1	2	3	4

Interviewer check: If R answers YES to any c3-c18, @ go to C20; if R answers No to all of C3-C18, @ go to C19

C19. Why did you not participate in any of the above mentioned WorkFirst activities?

1. **not aware of them**
2. **incapacity of self** (physical/mental health problems, drug/alcohol problems, family violence)
3. **incapacity in family members**
4. **child was under 12 months**
5. **transportation problems**
6. **Childcare problems**
7. **did not want to participate**
8. **Other (specify)**_____
9. **Was working**

® Go to C22

C20. Did any WorkFirst service help you get or keep a job?

1. **YES**
2. **NO** ® Go to C22

C21. Which WorkFirst service helped you most in getting or keeping a job (Do not read the responses)?

1. **WorkFirst Orientation**
2. **Job search workshops**
3. **Job search activities (e.g. the resource room)**
4. **WEX (unpaid work experience)**
5. **WPLEX (telephone counseling regarding your job from the call central)**
6. **Subsidized employment**
7. **Job retention services** (e.g. work-related expenses, job coaches, and job mentors)
8. **Community jobs**
9. **ESL classes**
10. **Adult basic education**
11. **High school/GED completion**
12. **Job skills training through a community/technical college**
13. **2-year associate degree program**
14. **4-year bachelor's degree program**
15. **Subsidized childcare**
16. **Tribal services**
17. **Other (specify)**_____

Now, I will read a list of statements. For each, please tell me if you strongly agree (1), agree (2), disagree (3), or strongly disagree(4). There are no right or wrong answers.

	<u>S</u> Ag	<u>A</u> g	<u>D</u>	<u>S</u> D
C22.I understand WorkFirst principals (i.e. time limited cash assistance, work requirements)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
C23.I support WorkFirst principals	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
C24.My caseworker treated me with respect	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
C25.My caseworker treated me with fairness	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
C26.My caseworker handles my case in a timely manner	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
C27.My caseworker explained things clearly	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

Section D: CHILDCARE

(D1) The next set of questions is about your children and childcare.

D1. Currently, how many children under 18 are you financially responsible for that live in your household?

_____ **TOTAL NUMBER OF DEPENDENT CHILDREN**

D2. Are you currently expecting a baby?

- 1 YES (if 0 child in D1®go to E1)
- 2 NO (if 0 child in D1®go to E1)

Youngest Next Youngest 3rd Youngest 4th Youngest

D3. What is/are the ages of your child(ren), starting with the youngest child?
(record up to 4 children under 18, if child under 1, record as a decimal, e.g.3 mo.=0.25 yr)

_____ /YEARS _____ YEARS _____ YEARS _____ YEARS

D4. Does this child have any special needs such as on-going medical problems, physical/mental disability, or behavioral problems that need constant adult supervision?

1=YES 1=YES 1=YES 1=YES
2=NO 2=NO 2=NO 2=NO

Interviewer check D3: if child is 13 and over and with NO to D4, stop collecting childcare data on this child. If all children meet these conditions→go to E1.

D5. Does someone other than yourself take care of your child/ren while you are at work, looking for work, or in training? (Not counting child-in-school hours if you have school age children)

- 1. Yes
- 2. NO ® **Go to family well-being questions, starting E1**

D6. How is each of your children cared for while you're working, looking for work, or in training?

Youngest Next Youngest 3rd Youngest 4th Youngest
_____ CODE _____ CODE _____ CODE _____ CODE

Childcare codes

1 Other parent/step-parent	8 On site or employer sponsored day care
2 Spouse-like partner	9 In day-care centers
3 Older siblings/step-siblings	10 Preschool/head start/ECAP (early childhood assistance program)
4 Grandparent	11 I take my child with me
5 Other relative	12 Child/children cares for self/selves
6 Baby sitter at my home	13 More than one provider on a weekly basis due to my varied schedule
7 Family day care facility	14 Some other arrangement

D7. How many hours per week is this child in this arrangement?

_____ HOURS _____ HOURS _____ HOURS _____ HOURS

D8. Is DSHS paying for any of your childcare? (e.g. WORKING CONNECTIONS CHILD CARE for working parents with income less than 175% of federal poverty level for as long as their income is below that level. There is always a co-pay on a sliding scale, with a minimum of \$10)

- 1 YES @ Go to D10
- 2 NO

D9. Of the following reasons, which best describes why you are not receiving DSHS assistance for your child care costs?

- 1. No need for DSHS child care
- 2. Too much hassle to apply for DSHS child care
- 3. Could not find care provider who would accept DSHS reimbursement
- 4. No transportation to child care providers
- 5. Child too sick/disabled to get a care provider
- 6. Child too young to get a care provider
- 7. Was not aware of DSHS child care assistance program
- 8. Didn't think I qualified
- 9. The co-pay was too much
- 10. DSHS won't pay my provider
- 11. DSHS says I am not eligible for child care subsidies
- 12. I tried to contact DSHS for assistance but got no response
- 13. Other (specify) _____

@
Go

To

D11

D10. How much is your monthly copay (i.e. how much does the state ask you to pay for your childcare)?

\$_____/MONTH @ Go to D12

D11. Approximately how much do you pay the provider per month for each child (enter 0 if free childcare)?

Youngest	Next Youngest	3 rd Youngest	4 th Youngest
\$_____/MONTH	\$_____/MONTH	\$_____/MONTH	\$_____/MONTH

D12. What was the main reason you chose the current childcare arrangement for each child (circle only one per child)?

	1 st	2 nd	3 rd	4 th
The care is free.....	1	1	1	1
The care is affordable.....	2	2	2	2
Quality of care.....	3	3	3	3
Flexible hours	4	4	4	4
Convenience	5	5	5	5
Provider is someone I know and trust.....	6	6	6	6
Provider is licensed.....	7	7	7	7
Provider accepts DSHS reimbursement.....	8	8	8	8
Other reasons	9	9	9	9

D13. Overall, how satisfied are you with this childcare arrangement? Would you say you are ...(circle only one per child)

	1 st	2 nd	3 rd	4 th
Very satisfied	1	1	1	1
Somewhat satisfied.....	2	2	2	2
Dissatisfied.....	3	3	3	3
Very dissatisfied.....	4	4	4	4

Section E: FAMILY WELL-BEING

(E1) Next, I'd like to ask a few questions about your family well-being, starting with your own health.

E1. Do you have any physical or mental conditions that limit your work or daily life activities?

1. **YES**
2. **NO** ® Go to E11

(E2) What is/are the conditions that limit your work or daily life activities (check all that apply)?

	<u>YES</u>	<u>NO</u>
E2. Vision problems..... 1	2	
E3. Hearing problems..... 1	2	
E4. Speech problems..... 1	2	
E5. Difficulties walking without assistance..... 1	2	
E6. Difficulties lifting or carrying something..... 1 as heavy as 10 pounds.	2	
E7. Difficulties in the movement of fingers, 1 wrists, elbows, or shoulders	2	
E8. Mental health problems..... 1	2	
E9. Learning disabilities 1	2	
E10. Other disabilities (specify _____) 1	2	

E11. Did you know that most families may keep getting medical coupons after going off TANF cash assistance? (In most cases, one year medical extension for the family. Thereafter, if income is below 200% FPL, children still qualify, pregnant women qualify if income is below 185% FPL)

1. **YES**
2. **NO** (I'd encourage you to contact your former CSO to get an application form)

E12. Do you have any health care coverage or insurance for yourself, including DSHS medical coupons?

1. **YES**
2. **NO**® go to E22

(E13) Next, I am going to read a list of types of health care coverage that people may have. As I read each one, please tell me whether you have this type of health care coverage (circle one for each question)?

	<u>YES</u>	<u>NO</u>
E13. Washington State Basic Health Plan (state sponsored health insurance for anyone not eligible for Medicare, with premium on a sliding scale) (800-826-2444 BHP info) 1	2	
E14. Medicaid/medical coupons/healthy options 1	2	
E15. Medicare 1	2	2
E16. Self-paid private plan1	2	
E17. My employer/union sponsored plan 1	2	
E18. Spouse's employer/union sponsored plan 1	2	
E19. Indian health service 1	2	
E20. Military health care plan 1	2	
E21. Other health care plan 1	2	2

**GO
TO
E23!
!!**

E22. What is the main reason that you are without any health care coverage?

- 1 **No need for it because I rarely get sick and it is not worth spending the money on the premiums**
- 2 **I considered Basic Health Plan but decided it was too expensive**
- 3 **I applied for medical assistance and was denied**
- 4 **My application for medical assistance is being processed**
- 5 **My medical coupons were stopped (continue on next page!)**
- 6 **I can't afford it and don't know if I qualify for any medical assistance**
- 7 **My employer offered a plan but I did not take it due to its high premiums**

- 8 *My employer or my spouse's employer will provide it later*
- 9 *Other (specify) _____*

Interviewer check: if R reported no child, ® go to E26!!

E23. Do any of your children have health care coverage or insurance, including DSHS medical coupons?

- 1. **YES**
- 2. **NO® go to E25**
- 3. **Some do and some don't**
- 4. **Don't know (e.g child not living with me) ® go to E26**

E24. Which of the following best describes the type of healthcare coverage for each of your children? (Be sure to circle Medicaid if child has Medicaid and any other plan)

	1 st	2 nd	3 rd	4 th	
<i>Washington State Basic Health Plan.....</i>	1	1	1	1	Go to E26!!
<i>Medicaid/medical coupons/healthy options.....</i>	2	2	2	2	
<i>Self-paid private plan.....</i>	3	3	3	3	
<i>Employer sponsored plan.....</i>	4	4	4	4	
<i>Coverage through absent parent.....</i>	5	5	5	5	
<i>Multiple coverage <u>but no Medicaid</u>.....</i>	6	6	6	6	
<i>Indian health service.....</i>	7	7	7	7	
<i>Military health plan.....</i>	8	8	8	8	
<i>Covered by other plan.....</i>	9	9	9	9	
<i>Child is not covered.....</i>	10	10	10	10	

E25. What is the main reason that your child(ren) is/are without any health coverage?

- 1 *No need for it because my child(ren) rarely get sick and it is not worth spending the money on the premiums*
- 2 *I considered BHP for my child but decided it was too expensive*
- 3 *I applied for medical assistance for child but was denied*
- 4 *My application for medical assistance for my child is being processed*
- 5 *My child(ren)' medical coupons were stopped*
- 6 *I can't afford my child(ren)'s coverage and don't know if we qualify for any medical assist.*
- 7 *My employer offered a plan but I did not take it due to its high premiums*
- 8 *My employer or my spouse's employer will provide it later*
- 9 *Other (specify) _____*

(E26) In the last 6 months, have you experienced any of the following?

		YES	NO	N/A
E26. Taking an extended leave from a job (longer than a week) for a health reason (excluding child-birth)	1	2	3(didn't work)	
E27. Quitting a job for health reasons (excluding child-birth)	1	2	3(didn't work)	
E28. Seeing mental health professional for help with any nervous, emotional, or mental health problems?	1	2		
E29. Being hospitalized overnight (excluding childbirth)	1	2		
E30. Your child(ren) being hospitalized for at least one overnight stay	1	2	3 (no child)	

Interviewer check child age question D3, if no child or all children are 10 and under, ® Go to E35

E31. Your child(ren) was/were suspended from school	1	2	
E32. Your child(ren) dropped out of school	1	2	
E33. Your child(ren) ran away from home at least one over-night?	1	2	
E34. Your child(ren) was/were in trouble with the law?		1	2

(E35) In the last 6 months, if at all, how often have you experienced any of the following problems? The first problem is ...

E35. Not enough money to provide balanced meals for the family

1. **Never**
2. **Only once**
3. **Sometimes**
4. **Oftentimes**

E36. Cut the size of meals because there wasn't enough money for food (excluding "on diet" as a reason)

1. **Never ® Go to E39**
2. **Only once ® Go to E37**
3. **Sometimes**
4. **Oftentimes**

E36a. Did this (cutting meal size) happen only to adult members of your family or both adults and children?

1. **Adults only**
2. **Both adults and children**

E37. Skip meals because there was not enough money for food (excluding "on diet" as a reason)

1. **Never ® Go to E39**
2. **Only once ® Go to E38**
3. **Sometimes**
4. **Oftentimes**

E37a. Did this (skipping meals) happen only to adult members of your family or both adults and children?

1. **Adults only**
2. **Both adults and children**

E38. Going without food for all day because there was no money to buy food

1. **Never ® Go to E39**
2. **Only once**
3. **Sometimes**
4. **Oftentimes**

E38a. Did this (not eating for a day) happen only to adult members of your family or both adults and children?

1. **Adults only**
2. **Both adults and children**

E39. Not having a place to live

1. **Never ® Go to E40**
2. **Only once**
3. **Sometimes**
4. **Oftentimes**

E39a. Where did you end up staying?

1. **With relatives**
2. **With friends**
3. **In a shelter**
4. **Other (specify)_____**

		Never	Only Once	Sometimes	Often
E40. Your gas or electricity was cut off because you couldn't keep up the payments	1	2	3	4	
E41. You got evicted from your home because you couldn't keep up the payments	1	2	3	4	
E42. Childcare was terminated by provider because you couldn't keep up the payments		1	2	3	4
E43. Not able to arrange transportation for essential family functions (i.e. transportation to work, or childcare provider, or doctor's appointments)		1	2	3	4
E44. Child had to spend time in foster care	1	2	3	4	
E45. You experienced family violence		1	2	3	4
E46. You experienced drug/alcohol problems	1	2	3	4	

In the last 6 months, have you used any of the following resources/services?

		1=YES	2=NO
E47. Food stamps?	1	2	
E48. Food banks? ?		1	2
E49. Free/reduce-priced school meals for your child(ren)	1	2	
E50. Housing assistance? (e.g. public housing, section 8 voucher)	1	2	
E51. Energy assistance? ?	1	2	
E52. Emergency shelter? ?	1	2	
E53. DSHS emergency assistance?(CEAP with income <90% of grant level)	1	2	
E54. Assistance from charitable organizations? (e.g. churches, or the Salvation Army)	1	2	
E55. Family violence counseling service ?		1	2
E56. Drug/alcohol treatment? (including AA etc.)	1	2	

Now I have a few questions about the financial resources available to your family.

E57. Not including yourself, how many persons in your immediate family (living under the same roof, sharing money and food, and having a familial relationship, including spouse like partner) are of working age (that is, between 16 and 65 years old)?

_____ **NUMBER OF PERSONS (if 0, ® Go to E59)**

E58. Not including yourself, how many of these working-age persons in your immediate family have worked for pay in the last 6 months?

_____ **NUMBER OF PERSONS**

E59. If any, what is the monthly amount of your court-ordered child support?

_____ **DOLLARS PER MONTH** (enter \$0 if no court ordered support)

E60. In the last 6 months, have you received any of the following from your family/friends?

- 1 **IN-KIND ASSISTANCE (e.g. Room and Board)**
- 2 **Gifts of money worth \$100 or more**
- 3 **Both**
- 4 **NONE**

E61. In the last 6 months, have you SHARED rent/utility with anyone outside your immediate family?

- 1 **YES**
- 2 **NO**

E62. What is your current monthly rental/mortgage payment (or your portion if rent is shared)?

_____ **\$ per month** (enter 0 if client receives free room)

E63. Did you file for Earned Income Tax Credit (EITC) for tax year 1998? (if you made less than 26,000 from work in 1998 and had at least one child, you are likely eligible for EITC. Call 800-755-5317 EITC hotline for more information).

- 1 **YES**
- 2 **NO, NOT AWARE OF EITC**
- 3 **NO, DID NOT QUALIFY**
- 4 **NO (for other reasons)**

Please tell me the amount of income your family received last month from the following sources. If you did not receive anything for a particular item, please say so.

- E64. Your before tax earnings from work?\$ _____/MONTH (if None, enter 0)
- E65. Before tax earnings from other family members \$ _____/MONTH (if None, enter 0)
- E66. Social security..... \$ _____/MONTH (if None, enter 0)
- E67. Unemployment compensation..... \$ _____/MONTH(if None, enter 0)
- E68. Supplemental security income (SSI)? \$ _____/MONTH (if None, enter 0)
- E69. General assistance income (GA)? \$ _____/MONTH (if None, enter 0)
- E70. Pensions or retirement benefits? \$ _____/MONTH(if None, enter 0)
- E71. Worker's compensation, or disability insurance payments or benefits? \$ _____/MONTH(if None, enter 0)
- E72. Child support?\$ _____/MONTH(if None, enter 0)
- E73. Other income (excluding TANF grant)?..... \$ _____/MONTH(if None, enter 0)

Interviewer check S1. If the client is back on TANF, ® Go to E76

E74. Compared to the time when your family was on welfare, is your family currently better or worse off. Would you say that your family is ...

- 1 **Much better off**
- 2 **Somewhat better off**
- 3 **About the same**
- 4 **Somewhat worse off**
- 5 **Much worse off**

E75. How likely do you think your family will go back to DSHS cash assistance within the next 6 months?

- 1 **Very likely**
- 2 **Somewhat likely**
- 3 **Somewhat unlikely**
- 4 **Very unlikely**

® Go to F1

E76. How likely do you think your family will leave DSHS cash assistance within the next 6 months?

- 1 **Very likely**
- 2 **Somewhat likely**
- 3 **Somewhat unlikely**
- 4 **Very unlikely**

(E77) Which of the following will you need in order to leave TANF assistance (check all that apply)?

	YES	NO	Don't Know	Refuse
E77. Affordable childcare.....1	2	3	4	
E78. Childcare after hours..... 1	2	3	4	
E79. Special needs childcare..... 1	2	3	4	
E80. Reliable transportation.....1	2	3	4	
E81. Find a job.....	1	2	3	4
E82. Find a better job.....1	2	3	4	
E83. Work more hours.....1	2	3	4	
E84. Improve my health.....1	2	3	4	
E85. Receive child support money from absent parent 1	2	3	4	
E86. Affordable health coverage for myself and children..... 1	2	3	4	
E87. Other (specify)_____ 1	2	3	4	

E88. Of the above, what do you need most in order to support your family without public assistance?

- 1 **Affordable childcare**
- 2 **Childcare after hours**
- 3 **Special needs childcare**
- 4 **Reliable transportation**
- 5 **Find any job**
- 6 **Find a better job**
- 7 **Work more hours**
- 8 **Improve my health**
- 9 **Receive child support money from absent parent**
- 10 **Affordable health coverage for myself and children**
- 11 **Other (specify)_____**



SECTION F: DEMOGRAPHICS

(F1) Finally, I have a few general questions.

F1. What is your current marital status?

- 1 **Separated**
- 2 **Divorced**
- 3 **Widowed**
- 4 **Never married**
- 5 **Married ® Go to F3**

F2. Are you currently living with a spouse-like partner?

1. **YES**
2. **NO**

F3. Which of the following best describes your citizenship status? Are you currently a...

- 1 **US citizen by birth**
- 2 **US citizen by naturalization**
- 3 **Legal permanent resident**
- 4 **None of the above**

F4. How many *consecutive* years have you lived in the U.S.?

_____ **# of YEARS (if less than one year, enter 0)**

F5. How many *consecutive* years have you lived in the State of Washington?

_____ **# of YEARS (if less than one year, enter 0)**

F6. In the last 5 years, did your family move across county (or state or country) lines?
(*interviewer please take into consideration the responses from the last couple of questions*)

- 1 **YES**
- 2 **NO ® Go to F11**

F7. What was the most recent month and year that your family moved across county (or state or country) lines?
_____ **MONTH/YEAR (interviewer: please use the mm/yy format. E.g. 0198=Jan. 1998)**

F8. What is the zip code of your current place of residence?

_____ **CURRENT ZIP CODE**

F9. What was the zip code of your last place of residence across county or state lines?

_____ **LAST ZIP CODE (Enter 00000 if respondent moved from out of the country)**

or

City _____ **State** _____ (If the client does not remember the last zip code)

F10. Which of the following best describes the reason of your most recent move across county or state lines?

- 1 **Job opportunity**
- 2 **Family reunion or family obligations**
- 3 **Educational opportunities for self or children**
- 4 **Better housing arrangement**
- 5 **Better welfare benefits**
- 6 **Left an abusive relationship**
- 7 **Other reasons (please specify)** _____

F11. Are you of Hispanic origin?

- 1 **YES**
- 2 **NO**

F12. Which of the following best describes your race?

- 1 **White**
- 2 **Black**
- 3 **Asian/pacific islander**
- 4 **American Indian, Aleut, or Eskimo**
- 5 **Other**

F13. Is English the primary language spoken in your home?

- 1 **YES**
- 2 **NO**

F14. What is your relationship to the youngest child in your family?

- 1 **Birth mother**
- 2 **Step-mother**
- 3 **Birth father**
- 4 **Step-father**
- 5 **Grandparent**
- 6 **Aunt/uncle**
- 7 **Other relative**
- 8 **Non-relative guardian**
- 9 **None of the above**
- 10 **I do not have any child living with me**

F15. Within the last 6 months, has there been a change in your family structure (e.g. marriage, divorce, family member addition or moving out)?

- 1. **YES**
- 2. **NO @ Go to F29**

(F16) I am going to check through a list of possible changes. Please tell me if you had any of the following changes in the last 6 months (circle all that apply)

	<u>YES</u>	<u>NO</u>
F16. I got married.....	1	2
F17. I got a divorce.....	1	2
F18. I separated from my spouse/spouse-like partner.....	1	2
F19. I moved in with my extended family.....	1	2
F20. I moved in with a spouse-like partner or vice versa.....	1	2
F21. My child/children moved out with other parent.....	1	2
F22. My child/children moved out to be with grand-parent/other relative.....	1	2
F23. My child/children moved out to live in foster care.....	1	2
F24. My child/children moved in with me.....	1	2
F25. Birth of child.....	1	2
F26. Death of child (interviewer: offer some sympathy words).....	1	2
F27. I was widowed (interviewer: offer some sympathy words).....	1	2
F28. Other (specify).....	1	2

(F29) That was my last question. Thank you so much for your time.

F29. Interviewer: Please circle the gender of the respondent:

- 1 **Male**
- 2 **Female**

F30. Interviewer: Please code English proficiency of the respondent. Would you say the respondent has ...

- 1 **No language problem**
- 2 **Slight language problem but not a barrier for most jobs**
- 3 **Moderate language problem (may not fit for some jobs)**
- 4 **Severe language problem (may be a contributing factor for not getting a job)**

Interviewer: Please go back to **A2, B7, B8, B25, and F9** for re-coding.