



National Evaluation of the Welfare-to-Work Grants Program

July 17, 2003

Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is being provided to you: The questions asked on these forms are authorized by Public Law 105-33, the Balanced Budget Act of 1997, which authorized the Welfare-to-Work program and an evaluation of it. The evaluation contractor, Mathematica Policy Research, Inc., will use the information you provide to study the effects of the program, and to recontact you later for a survey. Your Social Security Number will enable us to collect information from the Welfare-to-Work program and other government agencies about your participation in assistance programs and in employment. Your Social Security Number will not be used for any other purpose, and providing it is voluntary. The information you provide will not affect your eligibility for any federal, state, or local government program or receipt of benefits from such programs. The information you provide will be kept confidential and the answers you give will not be identified as yours in any published material.

Employment

17. Have you ever worked at a job for pay?

- Yes
 No → GO TO Q.22

18. Are you working now

- Yes → GO TO Q.20
 No

19. When did your last job end?

CHECK ONE

- within the last 4 weeks
 more than 4 weeks ago but within the last 12 months
 1 or 2 years ago
 3 or 4 years ago
 5 or more years ago

20. What was your most recent hourly rate of pay, before taxes and deductions?

\$ |__|__| . |__|__| PER HOUR

21. In the last 12 months, what were your total earnings from jobs or a family business (before taxes and other deductions)?

- None
 Less than \$500
 From \$500 to under \$1,000
 From \$1,000 to under \$3,000
 From \$3,000 to under \$5,000
 From \$5,000 to under \$10,000
 \$10,000 or more

Public Assistance

22. Have you ever received TANF or AFDC welfare in your own name (for your own case)?

- Yes
 No → GO TO Q.25

23. When did you first start receiving TANF or AFDC in your own name (for your own case)? Your best estimate is fine.

|__|__| / |__|__|__|__|
MONTH YEAR

24. In total, about how long have you received TANF or AFDC in your own name?

- 1 to 6 months
 7 to 12 months
 13 months to 24 months (over 1 year but less than 2 years)
 25 months to 60 months (over 2 years but less than 5 years)
 More than 60 months (over 5 years)

25. Are you currently receiving TANF in your own name (for your own case)?

Mark "Yes" if you received a TANF check for this month or expect to receive one next month.

- Yes
 No

26. Other than TANF or AFDC, have you ever received any other kinds of financial assistance such as general assistance, home relief, or SSI?

- Yes
 No

Living Situation

27. Do you have any children under 18 years of age, who live with you over half of the time?

Include your own or adopted children, foster, or stepchildren and any other children you are responsible for.

- Yes → How many? |__|__|
 No → GO TO Q.29

28. What is the birthdate of the youngest child living with you?

|__|__| / |__|__| / |__|__|__|__|
Month Day Year

29. Do you have any children (your own sons or daughters) under 18 years of age who do not live with you?

- Yes → How many? |__|__|
 No

30. What is your marital status right now?

CHECK ONE

- Married
 Living together unmarried
 Separated
 Divorced
 Widowed
 Never married

Health

31. Do any of the following health problems limit the kind or amount of work, training, or school work that you can do?

CHECK YES OR NO FOR EACH

YES NO

- Medical condition
 Physical disability
 Emotional or mental condition
 Drug or alcohol use
 Other (Write in): _____

32. Does anyone else in your household have a disability or serious health problem that makes it difficult for you to work, attend training, or go to school?

- Yes
 No

This form has been reviewed by:

Signature of WtW Office Staff Person _____

Date _____