

This information is for a study of the [INSERT LOCATION NAME HERE].
THANK YOU for your help.

Please do not provide your name or any other identifying information.

1. Is this your first visit to [LOCATION]?

Yes No

2. How did you hear about [LOCATION]?
(Check all that apply) [MAY VARY FOR YOUR LOCATION; ADD OR EDIT AS NEEDED]

- a. Friend or family member
- b. Advertisement on the bus
- c. TV
- d. Community- or faith-based organization, or [LOCAL PARTNER] referral
- e. Walking or riding by [LOCATION]
- f. Internet
- g. Other

3. Why did you come to [LOCATION] today?
(Check all that apply)

- a. For education or training services
- b. For job placement or job readiness services
- c. For unemployment insurance
- d. For welfare (LOCAL PROGRAM NAME)
- e. For public medical insurance (LOCAL PROGRAM NAME)
- f. For child care
- g. For Food Stamps
- h. Other

4. Are you currently receiving any of these kinds of government assistance?
(Check all that apply)

- a. Child care assistance benefits
- b. Food Stamps
- c. Medical insurance (LOCAL PROGRAM NAME)
- d. Welfare (LOCAL PROGRAM NAME)
- e. Help with transportation costs
- f. WIA
- g. Not receiving any of the above

5. Are you married?

Yes No

6. How many children do you have in each of these age groups?

Check here to indicate **NO** children and go on to Question 7.

- _____ a. 0 – 4 years old
- _____ b. 5 – 11 years old
- _____ c. 12 – 18 years old
- _____ d. 19 years and over

7. Are you enrolled in school or training now?

Yes No

8. Are you working now?

Yes (If Yes, please go to Question 9)
 No (If No, please **STOP** here.)

9. What is your hourly wage? (If more than one job, check highest wage.)

- Less than \$6.00
- \$6.00 - \$8.00
- \$8.01 - \$10.00
- \$10.01 - \$12.00
- \$12.01 or more

10. How many hours per week do you work? (Count the total for all jobs)

Total hours worked per week

11. What benefits do you get from your employer(s)? (Please check yes or no)

- | | <u>Yes</u> | <u>No</u> |
|-----------------------------|-----------------------|-----------------------|
| a. Medical/health insurance | <input type="radio"/> | <input type="radio"/> |
| b. Paid sick leave | <input type="radio"/> | <input type="radio"/> |
| c. Paid vacation | <input type="radio"/> | <input type="radio"/> |
| d. Paid holidays | <input type="radio"/> | <input type="radio"/> |