

**Health Profession  
Opportunity Grants  
(HPOG) Impact  
Evaluation Design  
Report: Appendices**



OPRE Report No. 2014-62

September 23, 2014

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Office of Planning, Research, and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services

# Health Profession Opportunity Grants (HPOG) Impact Evaluation Design Report: Appendices

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**Appendix A: HPOG Registration/Intake Form**

**Form 1: HPOG Registration / Intake Form**

*First Name/Middle Initial		*Last Name	*Date of Birth (MM/DD/YYYY) ___/___/_____	*Social Security Number ____-____-_____
Street Address			City	State
Home Phone (____) _____-_____		Work Phone (____) _____-_____	Cell or Other Phone (____) _____-_____	E-Mail Address:
Grantee Site/Location:	Date of HPOG Program Registration:	Staff Assigned:	Local Participant ID#:	
Registrant has read and completed the informed consent and the decision is: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - participant enrolled in HPOG before September 30th, 2011		HPOG Enrollment Date (date should reflect system defined/calculated enrollment date) (MM/DD/YYYY): ___/___/_____	Refugee Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported	
Race - Select one or more: <input type="checkbox"/> Yes <input type="checkbox"/> No White <input type="checkbox"/> Yes <input type="checkbox"/> No Black or African American <input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No American Indian or Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No Native Hawaiian or Other Pacific Islander  Participant is Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Participant Citizenship ( <b>check one</b> ): <input type="checkbox"/> Born in the United States <input type="checkbox"/> Born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas <input type="checkbox"/> Born abroad of American Parents or Parent <input type="checkbox"/> U.S. Citizen by Naturalization <input type="checkbox"/> Not a Citizen of the United States <input type="checkbox"/> Does Not Self-Identify	
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Tribal affiliation: <i>(primary if more than one)</i> _____  Lives on reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported Spouse of tribal member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported		Marital Status ( <b>check only one</b> ): <input type="checkbox"/> Currently Married <input type="checkbox"/> Divorced or Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Don't Know		
Head of household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported During the past 12 months, INDIVIDUAL PARTICIPANT approximate total earnings from your work, including tips and overtime pay? <input type="checkbox"/> \$0 <input type="checkbox"/> \$20,000 to \$24,999 <input type="checkbox"/> \$1 to \$4,999 <input type="checkbox"/> \$25,000 to \$29,999 <input type="checkbox"/> \$5,000 to \$9,999 <input type="checkbox"/> \$30,000 to \$34,999 <input type="checkbox"/> \$10,000 to \$14,999 <input type="checkbox"/> \$35,000 or over <input type="checkbox"/> \$15,000 to \$19,999 <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		For the past 12 months, household TOTAL family income? Include participant's earnings and other income and earnings and other income of all household members <input type="checkbox"/> \$0 <input type="checkbox"/> \$40,000 to \$44,999 <input type="checkbox"/> \$1 to \$9,999 <input type="checkbox"/> \$45,000 to \$49,999 <input type="checkbox"/> \$10,000 to \$14,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$15,000 to \$19,999 <input type="checkbox"/> \$60,000 to \$69,999 <input type="checkbox"/> \$20,000 to \$24,999 <input type="checkbox"/> \$70,000 or over <input type="checkbox"/> \$25,000 to \$29,999 <input type="checkbox"/> Don't know <input type="checkbox"/> \$30,000 to \$34,999 <input type="checkbox"/> Refused <input type="checkbox"/> \$35,000 to \$39,999		
Number living in household at time of enrollment: ___ Number of Dependent Children: ___ Age of Youngest Child: ___ Date of Birth of Youngest Child (MM/DD/YYYY): ___/___/_____ Number of Children for which Non-Custodial Parent:___ Pregnant and/or Expectant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported If pregnant/expectant, due date (MM/DD/YYYY): ___/___/_____				

**Form 1: HPOG Registration / Intake Form**

*First Name/Middle Initial	*Last Name
<p>Special Client Characteristics (at Time of Intake/ Registration):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Veteran</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Individual with Disability</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Foster Care Youth</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Homeless Individual</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Individual with Limited English Proficiency</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Ex-Offender</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Current Employee of Tribal Organization</p> <p>Unemployment Insurance Compensation Recipient:</p> <p><input type="checkbox"/> UI Claimant <input type="checkbox"/> UI Exhaustee <input type="checkbox"/> Not a UI Claimant or Exhaustee</p>	<p>Public Benefits Received (at Time of Intake/ Registration):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR TANF cash assistance</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR General Assistance (GA)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR SNAP/Food Stamps</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR SSI</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR SSDI</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Refugee Cash Assistance</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Medicaid</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Subsidized Child Care</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Section 8/Public Housing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR LIHEAP</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Other</p> <p>Other, specify:</p> <p>_____</p> <p>Cohort: (may be entered if appropriate for HPOG program structure)</p>

**Education/Employment Information**

<p>Highest Level of Education Completed (Check only one):</p> <p><input type="checkbox"/> 1<sup>st</sup> Grade <input type="checkbox"/> 1 Year of College</p> <p><input type="checkbox"/> 2<sup>nd</sup> Grade <input type="checkbox"/> 2 Years of College</p> <p><input type="checkbox"/> 3<sup>rd</sup> Grade <input type="checkbox"/> 3 Years of College</p> <p><input type="checkbox"/> 4<sup>th</sup> Grade <input type="checkbox"/> Bachelor’s Degree or Equivalent</p> <p><input type="checkbox"/> 5<sup>th</sup> Grade <input type="checkbox"/> Education Beyond Bachelor’s Degree</p> <p><input type="checkbox"/> 6<sup>th</sup> Grade <input type="checkbox"/> Don’t Know</p> <p><input type="checkbox"/> 7<sup>th</sup> Grade</p> <p><input type="checkbox"/> 8<sup>th</sup> Grade</p> <p><input type="checkbox"/> 9<sup>th</sup> Grade</p> <p><input type="checkbox"/> 10<sup>th</sup> Grade</p> <p><input type="checkbox"/> 11<sup>th</sup> Grade</p> <p><input type="checkbox"/> 12<sup>th</sup> Grade</p>	<p>Degree or certificates Received (check all that apply):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Attained High School Diploma</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Attained GED or equivalent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Attained Certificate of Attendance/Completion</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Attained Other Post-secondary Degree or Certificate</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Baccalaureate Degree (4-year)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Occupational Skills License, Certification</p> <p>First generation college student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>Ever trained for a health care profession/occupation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p>
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**Form 1: HPOG Registration / Intake Form**

Ever worked for pay: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Skip to Next Section)</b> <input type="checkbox"/> NR <b>(Skip to Next Section)</b> Ever worked in a health care profession/occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR If yes, specify health profession:	
<input type="checkbox"/> <b>21-1010 Counselors</b> <input type="checkbox"/> 21-1011 Substance Abuse and Behavioral Disorder Counselors	<input type="checkbox"/> <b>31-1012 Nursing Aides, Orderlies, and Attendants</b> <input type="checkbox"/> 31-1014 Nursing Assistants <input type="checkbox"/> 31-1015 Orderlies <input type="checkbox"/> 31-1016 Patient Care Technician
<input type="checkbox"/> <b>21-1090 Miscellaneous Community and Social Services Specialists</b> <input type="checkbox"/> 29-1091 Health Educators <input type="checkbox"/> 29-1094 Community Health Workers <input type="checkbox"/> 21-1798 Social and Human Service Assistants	<input type="checkbox"/> <b>29-2010 Clinical Laboratory Technologists and Technicians</b> <input type="checkbox"/> 29-2011 Medical and Clinical Laboratory Technologists <input type="checkbox"/> 29-2012 Medical and Clinical Laboratory Technicians <input type="checkbox"/> 11-9121 Clinical Research Coordinator <input type="checkbox"/> 51-9081 Dental Lab Technician <input type="checkbox"/> <b>29-2021 Dental Hygienists</b>
<input type="checkbox"/> <b>29-1140 Registered Nurses</b>	<input type="checkbox"/> <b>29-2030 Diagnostic Related Technologists and Technicians</b> <input type="checkbox"/> 29-2031 Cardiovascular Technologists and Technicians <input type="checkbox"/> 29-2032 Diagnostic Medical Sonographers <input type="checkbox"/> 29-2033 Nuclear Medicine Technologists <input type="checkbox"/> 29-2034 Radiologic Technologists <input type="checkbox"/> 29-2035 Magnetic Resonance Imaging Technologists
<input type="checkbox"/> <b>29-1190 Miscellaneous Health Diagnosing and Treating Practitioners</b> <input type="checkbox"/> 29-1199 Health Diagnosing and Treating Practitioners, All Others <input type="checkbox"/> 29-1128 Kinesiotherapist <input type="checkbox"/> 29-1126 Respiratory Therapist <input type="checkbox"/> 29-1125 Recreational Therapist <input type="checkbox"/> 29-1031 Nutritionists <input type="checkbox"/> 19-1042 Toxicologist	
<input type="checkbox"/> <b>29-2040 Emergency Medical Technicians and Paramedics</b> <input type="checkbox"/> 29-2041 Emergency Medical Technicians <input type="checkbox"/> 29-2042 Paramedics	<input type="checkbox"/> <b>31-2010 Occupational Therapy Assistants and Aides</b> <input type="checkbox"/> 31-2011 Occupational Therapy Assistants <input type="checkbox"/> 31-2012 Occupational Therapy Aides
<input type="checkbox"/> <b>29-2050 Health Practitioner Support Technologists and Technicians</b> <input type="checkbox"/> 29-2051 Dietetic Technicians <input type="checkbox"/> 29-2052 Pharmacy Technicians <input type="checkbox"/> 29-2053 Psychiatric Technicians <input type="checkbox"/> 29-2054 Respiratory Therapy Technicians <input type="checkbox"/> 29-2055 Surgical Technologists	<input type="checkbox"/> <b>31-2020 Physical Therapist Assistants and Aides</b> <input type="checkbox"/> 31-2021 Physical Therapist Assistants <input type="checkbox"/> 31-2022 Physical Therapist Aides
<input type="checkbox"/> <b>29-2060 Licensed and Vocational Nurses</b>	<input type="checkbox"/> <b>31-9010 Massage Therapists</b>
<input type="checkbox"/> <b>29-2070 Medical Records and Health Information Technicians</b> <input type="checkbox"/> 29-2071 Medical Records and Health Information Technicians <input type="checkbox"/> 27-3091 Interpreters and Translators <input type="checkbox"/> 43-4171 Receptionists and Information Clerks <input type="checkbox"/> 43-6013 Medical Office Clerk / Secretary / Specialists <input type="checkbox"/> 43-4051 Customer Member Services & Call Center <input type="checkbox"/> 11-9111 Medical and Health Services Managers	<input type="checkbox"/> <b>31-9090 Miscellaneous Healthcare Support Occupations</b> <input type="checkbox"/> 31-9091 Dental Assistants <input type="checkbox"/> 31-9092 Medical Assistants <input type="checkbox"/> 31-9093 Medical Equipment Preparers <input type="checkbox"/> 31-9094 Medical Transcriptionists <input type="checkbox"/> 31-9095 Pharmacy Aides <input type="checkbox"/> 31-9097 Phlebotomists <input type="checkbox"/> 31-9099 Healthcare Support Workers, All Others
<input type="checkbox"/> <b>29-2090 Miscellaneous Health Technologists and Technicians</b> <input type="checkbox"/> 29-2099 Health Technologists and Technicians, All Other	<input type="checkbox"/> <b>31-9999 Child Care Advocate</b> <input type="checkbox"/> <b>99-9999 Other</b>
<input type="checkbox"/> <b>31-1010 Psychiatric and Home Health Aides</b> <input type="checkbox"/> 31-1011 Home Health Aides	<input type="checkbox"/> <b>Unknown</b>

<p>Is the participant currently employed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If employed, does participant work for health care employer?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>If employed, participant entering through an HPOG incumbent worker program?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>If employed, is participant self-employed?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>If employed, participant employment in healthcare occupation?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR</p> <p>If yes, identify healthcare occupation SOC: _____  <i>(utilize listing on page 3 of this form)</i></p> <p>If currently working, for last week of employment:          Number hours worked for week: _____          Hourly wage: \$_____ per hour</p>	<p>If not currently employed at the time of HPOG enrollment, reason for leaving last position:  <input type="checkbox"/> Laid-off <input type="checkbox"/> Fired  <input type="checkbox"/> Left voluntarily <input type="checkbox"/> Other reason, specify          If Other, specify: _____</p> <p>If not working, for most recent job (for last week of employment):          Number hours worked for week: _____          Hourly wage: \$_____ per hour</p>
<p>Literacy Assessed at 8<sup>th</sup> Grade Level or Higher?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported</p>	<p>Numeracy Assessed at 8<sup>th</sup> Grade Level or Higher?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported</p>

**Form 1: HPOG Registration / Intake Form**

**Alternative Contact Information**

Please List Three People Who Can Help Locate You

**Participant Contact**

Address 1		Address 2	
City		State	Zip Code
Home Phone (____) ____-____	Cell Phone (____) ____-____	Email	

**Alternative Contact 1**

First Name	Last Name	Relationship to Participant	
Address 1	City	State	Zip Code
Address 2	Phone (____) ____-____		

**Alternative Contact 2**

First Name	Last Name	Relationship to Participant	
Address 1	City	State	Zip Code
Address 2	Phone (____) ____-____		

**Alternative Contact 3**

First Name	Last Name	Relationship to Participant	
Address 1	City	State	Zip Code
Address 2	Phone (____) ____-____		

Form Completed by (Staff Name/Initials): \_\_\_\_\_ Date (MM/DD/YYYY): \_\_/\_\_/\_\_\_\_

### Form 1: HPOG Registration / Intake Form

(The items below are *voluntary* and may be entered if valuable to the grantee for additional information about the client at the time of intake / registration into HPOG)

**Special Client Characteristics (optional characteristics collected at the point at intake/registration entered at grantee interest)**

At the point of intake/registration, client individual is eligible for HPOG program based on the following individual characteristics (check all that apply):

- WIA eligible out-of-school youth  Yes  No  NR
- WIA eligible adult  Yes  No  NR

At the point of intake/registration, client is enrolled in (check all that apply):

- WIA adult  Yes  No  NR
- WIA dislocated worker  Yes  No  NR
- WIA youth  Yes  No  NR
- TAA  Yes  No  NR
- Veteran's Workforce Program  Yes  No  NR
- Adult Education  Yes  No  NR
- Vocational Rehabilitation  Yes  No  NR
- SNAP Employment and Training  Yes  No  NR
- Earnfare  Yes  No  NR
- Jobs Corps  Yes  No  NR
- Youthbuild  Yes  No  NR
- Other program  Yes  No  NR
- Specify Other: \_\_\_\_\_

At intake/registration, the following barriers were identified (check all that apply):

- Drug or Alcohol Dependence  Yes  No  NR
- Domestic Violence  Yes  No  NR
- Mental Health Needs  Yes  No  NR

**Detailed Literacy and Numeracy Assessments** (grantees must report literacy and numeracy assessment outcomes on the Education/Employment Form. Grantees may also include more detail regarding literacy and numeracy assessment information below.)

**Literacy:**

- Pre-test score (0-1000): \_\_\_\_\_
- Pre-test date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_
- Post-test score (0-1000): \_\_\_\_\_
- Post-test date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_
- Name of literacy test:  TABE  CASAS  Other
- If, Other list name of test: \_\_\_\_\_

**Numeracy:**

- Pre-test score (0-1000): \_\_\_\_\_
- Pre-test date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_
- Post-test score (0-1000): \_\_\_\_\_
- Post-test date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_
- Name of numeracy test:  TABE  CASAS  Other
- If, Other list name of test: \_\_\_\_\_

**Appendix B: Supplemental Baseline Survey**



6. When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. Please ask the participant how strongly he/she agrees/ disagrees that the following statements reflect his/her career situation: (*Strongly disagrees, Disagrees, Agrees, Strongly agrees*)

<i>How much does the participant agree that he/she knows...:</i>	<b>Strongly Disagrees</b>	<b>Disagrees</b>	<b>Agrees</b>	<b>Strongly Agrees</b>
a. ...how to make a plan that will help achieve his/her goals for the next 5 years?	_____	_____	_____	_____
b. ...the occupation he/she wants to enter?	_____	_____	_____	_____
c. ...the type of organization he/she wants to work for?	_____	_____	_____	_____

7. In the **past 12 months**, please note how often each of the following situations interfered with the participant’s school, work, job search, or family responsibilities: (*Never, Almost never, Sometimes, Fairly often, Very often*)

<i>How often has the participant had problems or difficulties with:</i>	<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Fairly Often</b>	<b>Very Often</b>
a. Child care arrangements?	_____	_____	_____	_____	_____
b. Transportation?	_____	_____	_____	_____	_____
c. An illness or health condition?	_____	_____	_____	_____	_____
d. Alcohol or drug use?	_____	_____	_____	_____	_____

8. Please ask the participant how strongly he/she agrees/ disagrees with the following statements about his/her work preferences: (*Strongly disagrees, Disagrees, Agrees, Strongly agrees*)

<i>How much does the participant agree that he/she...:</i>	<b>Strongly Disagrees</b>	<b>Disagrees</b>	<b>Agrees</b>	<b>Strongly Agrees</b>
a. ...will take any job even if the pay is low?	_____	_____	_____	_____
b. ...only wants the kind of job that is related to his/her training?	_____	_____	_____	_____

9. Please ask the participant how much a job must pay per hour for it to make sense for him/her to take it.

\$\_\_\_\_.\_\_\_\_ / Hour

10. In general, some people have an easier or harder time with problems or difficulties. Please ask the participant how he/she would respond to the following statements: (*Not at all true, Somewhat true, Exactly true*)

<i>How true are the following statements?:</i>	<b>Not at all True</b>	<b>Somewhat True</b>	<b>Exactly True</b>
a. He/she can handle whatever comes his/her way.	_____	_____	_____
b. He/she is certain that he/she can accomplish his/her goals.	_____	_____	_____
c. He/she is resourceful and can handle unforeseen situations.	_____	_____	_____

### 3. Family Member Income / Benefit Receipt

11. In the past month, did anyone in the participant’s family (his/her spouse or partner and any other relatives who live with him/her) have income or benefits from any of the following sources? For each yes, about how much was it per month?

*Family had income or benefits from:*

- |   |                              |                             |                               |
|---|------------------------------|-----------------------------|-------------------------------|
| a. Job earnings   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| b. Child support (official or unofficial)                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| c. Family and friends (outside the household)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| d. Grants or loans for school                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| e. Temporary Assistance for Needy Families (TANF)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| f. General Assistance (GA)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| g. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| h. Women, Infants and Children Program (WIC)                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| i. Social Security Insurance (SSI)                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| j. Social Security Disability Insurance (SSDI)                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| k. Unemployment Insurance (UI) or Worker’s Compensation           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| l. Refugee Cash Assistance (RCA)                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| m. Medicaid   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| n. Subsidized Child Care  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| o. Section 8 / Public Housing                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| p. Low Income Home Energy Assistance Program (LIHEAP)             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |
| q. Free or reduced lunch program                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> How much |

### 4. Children

Basic information for each child for whom either the participant or his/her spouse/partner is the legal guardian. Include only children under the age of 18 who live with the participant at least half the time. *NOTE: Researchers will notify research participants and secure their approval before engaging in any additional data collection on these children; this roster will be used simply to create a sample that researchers can draw from for future/possible data collection.*

**If an applicant has more than one child, please enter information for UP to 4 children starting with the youngest child listed first.**

#### Child 1 (Begin with youngest child)

First name of Child: _____		Child birthdate: ____ / ____ MM YYYY
Relationship to participant: <input type="checkbox"/> Biological child <input type="checkbox"/> Adoptive child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild/great grandchild <input type="checkbox"/> Other relative (nephew/niece, cousin) <input type="checkbox"/> Unrelated dependent	Amount of time child lives with participant: <input type="checkbox"/> Full time (12 months / year) <input type="checkbox"/> 9 - 11 months / year <input type="checkbox"/> 6 - 8 months / year	Who else child lives with when not with the participant: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological parent <input type="checkbox"/> Yes <input type="checkbox"/> No Step parent <input type="checkbox"/> Yes <input type="checkbox"/> No Adoptive parent <input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (male) <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (female) <input type="checkbox"/> Yes <input type="checkbox"/> No Grandfather/grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Great grandfather/great grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult non-relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No Other relative under 18 years of age (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other non-relative under 18 years of age

**Child 2**

First name of Child: _____		Child birthdate: ____ / ____ MM      YYYY
Relationship to participant: <input type="checkbox"/> Biological child <input type="checkbox"/> Adoptive child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild/great grandchild <input type="checkbox"/> Other relative (nephew/niece, cousin) <input type="checkbox"/> Unrelated dependent	Amount of time child lives with participant: <input type="checkbox"/> Full time (12 months / year) <input type="checkbox"/> 9 - 11 months / year <input type="checkbox"/> 6 - 8 months / year	Who else child lives with when not with the participant: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological parent <input type="checkbox"/> Yes <input type="checkbox"/> No Step parent <input type="checkbox"/> Yes <input type="checkbox"/> No Adoptive parent <input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (male) <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (female) <input type="checkbox"/> Yes <input type="checkbox"/> No Grandfather/grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Great grandfather/great grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult non-relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No Other relative under 18 years of age (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other non-relative under 18 years of age

**Child 3**

First name of Child: _____		Child birthdate: ____ / ____ MM YYYY
Relationship to participant: <input type="checkbox"/> Biological child <input type="checkbox"/> Adoptive child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild/great grandchild <input type="checkbox"/> Other relative (nephew/niece, cousin) <input type="checkbox"/> Unrelated dependent	Amount of time child lives with participant: <input type="checkbox"/> Full time (12 months / year) <input type="checkbox"/> 9 - 11 months / year <input type="checkbox"/> 6 - 8 months / year	Who else child lives with when not with the participant: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological parent <input type="checkbox"/> Yes <input type="checkbox"/> No Step parent <input type="checkbox"/> Yes <input type="checkbox"/> No Adoptive parent <input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (male) <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (female) <input type="checkbox"/> Yes <input type="checkbox"/> No Grandfather/grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Great grandfather/great grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult non-relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No Other relative under 18 years of age (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other non-relative under 18 years of age

**Child 4**

First name of Child: _____		Child birthdate: ____ / ____ MM YYYY
Relationship to participant: <input type="checkbox"/> Biological child <input type="checkbox"/> Adoptive child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild/great grandchild <input type="checkbox"/> Other relative (nephew/niece, cousin) <input type="checkbox"/> Unrelated dependent	Amount of time child lives with participant: <input type="checkbox"/> Full time (12 months / year) <input type="checkbox"/> 9 - 11 months / year <input type="checkbox"/> 6 - 8 months / year	Who else child lives with when not with the participant: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological parent <input type="checkbox"/> Yes <input type="checkbox"/> No Step parent <input type="checkbox"/> Yes <input type="checkbox"/> No Adoptive parent <input type="checkbox"/> Yes <input type="checkbox"/> No Foster parent <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (male) <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's partner (female) <input type="checkbox"/> Yes <input type="checkbox"/> No Grandfather/grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Great grandfather/great grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other adult non-relative 18 years or older (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling/step sibling 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No Other relative under 18 years of age (aunt/uncle, cousin, niece/nephew) <input type="checkbox"/> Yes <input type="checkbox"/> No Other non-relative under 18 years of age

## Appendix C: PRS Program-Level Data

### Grant-Level PRS Data Items: Grantee Information

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Management, Evaluation, Both
HPOG Number	Open field (Numeric value)	Grantee	Performance Management
DUNS Number	Open field (Numeric value)	Grantee	Performance Management
EIN Number	Open field (Numeric value)	Grantee	Performance Management
Federal Grant Number	Open field (Numeric value)	Grantee	Performance Management
Grantee Organization Name	Open field (Narrative value)	Grantee	Performance Management
Total Grant Award	Open field (Numeric value)	Grantee	Performance Management
Title of Grant Program	Open field (Narrative value)	Grantee	Performance Management
<b>Grant Director</b>			
Last Name	Open field (Narrative value)	Grantee	Performance Management
First Name	Open field (Narrative value)	Grantee	Performance Management
Telephone	Open field (Numeric value)	Grantee	Performance Management
Email	Open field (Narrative value)	Grantee	Performance Management
<b>Grant Contact</b>			
Last Name	Open field (Narrative value)	Grantee	Performance Management
First Name	Open field (Narrative value)	Grantee	Performance Management
Telephone	Open field (Numeric value)	Grantee	Performance Management
Email	Open field (Narrative value)	Grantee	Performance Management
<b>HPOG Grantee Address</b>			
Grantee Address 1	Open field (Narrative value)	Grantee	Performance Management
Grantee Address 2	Open field (Narrative value)	Grantee	Performance Management
Grantee City	Open field (Narrative value)	Grantee	Performance Management
Grantee State	Choose applicable State from drop-down menu	Grantee	Performance Management
Grantee Zip Code	Open field (Numeric value)	Grantee	Performance Management

**Grant-Level PRS Data Items: Training Programs**

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Management, Evaluation, Both
Add New Vendor:	Open field (Narrative value)	Grantee	Performance Management
<b>Add a new training program:</b>			
Vendor	Choose applicable Vendor from drop-down menu	Grantee	Performance Management
Location	Open field (Narrative value)	Grantee	Performance Management
Program Type	1 = Remedial/Pre-training Training Programs 2 = Health/Vocational Training Programs	Grantee	Performance Management
Type of Remedial Activity:	If Remedial/Pre-training Training Program: 1 = General Equivalency Degree (GED) classes 2 = Pre-GED classes 3 = English as a Second Language (ESL) 4 = Adult basic education 5 = Orientation or introduction to health care careers or occupations 6 = College skills training 7 = Prerequisite subject courses prior to entering into an occupational program 8 = Other remedial or basic skills education training If Health/Vocational Training Program: Select SOC	Grantee	Performance Management
Degree:	If Remedial/Pre-training Training Program: 1 = GED 2 = High school diploma 3 = Certificate of Completion 4 = No degree required If Health/Vocational Training Program: 1 = Certificate of Completion 2 = Associates Degree 3 = Bachelors Degree 4 = Masters Degree	Grantee	Performance Management
Hours:	Numeric entry	Grantee	Performance Management
Type of Hours:	1 = Credit 2 = Contact	Grantee	Performance Management

**Appendix D: Implementation Study Site Visit Discussion Guides**

## **HPOG Impact Evaluation**

### **Interview Guide for Partnering Employers**

**Introductory statement to respondents:** We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included the research study to document in greater detail program design and implementation. Today we'd like to ask about your involvement with [name of HPOG program]. We are talking both to employers who are involved with the development, operation and results of the [name of HPOG program] program, and to employers who are generally familiar with [name of HPOG program] and may hire program participants. The major purpose of this interview is to gather more detailed information about your organization's involvement in [name of HPOG program]. We plan to use the information to produce research reports that describe the HPOG initiative and analyze its results and effectiveness.

***In preparation for our discussion today we have reviewed the information that you or representatives of your organization may have provided in responses to the recent surveys, as well all other information about the [name of HPOG program] program we already have available. For example, someone from your organization may have responded to questions from a Stakeholder Survey that included multiple-choice responses to questions about your organization's role in [name of HPOG program] planning, development, and/or operations. We have taken this step to personalize the information we will be discussing to the HPOG program in which you are involved. This will allow us to reduce the amount of information you will need to provide today.***

The interview will take about 30 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires 8/31/2016. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to Gretchen Locke at [Gretchen\\_Locke@abtassoc.com](mailto:Gretchen_Locke@abtassoc.com); Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?

---

#### **I. Background Information**

1. *Let's start by discussing your organization's role in [name of HPOG program].*

1. What is your role in [name of employer]?

2. Please describe your organization's role and involvement with [name of HPOG program]. [Probes: program design, incumbent worker training program, recruitment/marketing, training provider, service provider, hiring HPOG graduates]

*\*Pre-populate with information from NIE surveys.*

- a. Probes if completed Joint survey: According to our information, your organization was involved in the following activities: [\* - JS Q14a-k]. Is this still correct?

**NOTE: Only ask this question if respondent says the organization has a role as employer partner.**

3. How many individuals from your organization are involved in the partnership with [name of HPOG program]?
  - a. Probe: In what ways do they work with the HPOG program and/or the HPOG staff?

## **II. HPOG Program Socio-Economic Context and Local Healthcare Labor Market**

*We are going to focus on some aspects of the socio-economic environment in which the HPOG program you partner with was developed and operates.*

### ***Institutional/organizational environment, local labor market and differences between sites/locations targeted by the HPOG program***

4. Please describe the local labor market in which the HPOG program operates.
  - a. How would you describe the overall health of the local economy? How about for entry-level jobs?
  - b. To your knowledge, have there been any notable changes (increase or decrease) in the number of jobs available since the Fall of 2010? If yes, explain.
    - i. In what industry/what employer(s)?
5. What are the major local healthcare industries? Who are the major local employers of healthcare workers?
6. What healthcare jobs in particular are in high demand?
7. Have there been challenges to securing employees for these positions? If so, what are the challenges?
8. Have there been challenges in retaining employees in these positions? If so, what are the challenges?
9. Are there any other local economic conditions that may have affected the ability of [name of HPOG program] to recruit/retain participants? If yes, please explain.
10. Are there any other local economic conditions that may have affected the ability of [name of HPOG program] to place participants in employment (e.g., addition or elimination of a major hiring healthcare facility)? If yes, explain.

## **III. Program Design, HPOG Planning, and Start Up**

**NOTE: Ask only if employer was involved in program planning or design and only ask relevant questions.**

*\*Pre-populate with information from NIE surveys.*

*We understand that you were involved in the planning and design of [name of HPOG program]. We are going to discuss in more detail the nature of your role.*

11. We understand that your organization had a role in designing and planning [name of HPOG program]?
  - a. If so, what was your role or the role of your organization? In particular, did your organization have input into the program design that reflects your labor needs and standards for specific jobs? If yes, in what ways?
  - b. Did you have input into the range and volume of trainings provided?
    - i. What is your assessment of the [name of HPOG program] planning and design process? Has the program been implemented as envisioned, or is it different than expected? If yes, in what ways?

#### **IV. Incumbent Worker Training Program**

**NOTE: Ask only if employer is involved in incumbent worker training programs** [EDIP for context]

*We understand that you are a partner with [name of HPOG program] in a formal incumbent worker training program [Name program from EDIP]. We are going to discuss in more detail the nature of your role.*

12. When did your organization first enter into an agreement with [name of HPOG program] for an incumbent worker program?
13. What type of worker have you targeted for the incumbent worker program at [name of HPOG program]?
14. How do you recruit workers for the incumbent worker program?
15. Do you assess a worker's eligibility and suitability for the incumbent worker program? If yes, describe the process.
  - a. Does the [name of HPOG program] conduct eligibility determination?
16. What trainings are available to incumbent workers?
  - a. Which organization(s) provide the training?
  - b. Where does training take place?
17. Is incumbent worker training full-time or part-time?
  - a. If part-time, do incumbent workers continue to work?
  - b. Approximately how long is incumbent worker training, depending on the specific training?
18. In addition to any services provided by the [name of HPOG program], how does your organization support incumbent workers?
19. Do incumbent workers automatically receive promotions and/or wage increases if they successfully complete the training?
  - a. What positions are incumbent worker program graduates expected to fill?

*\*Pre-populate with information from NIE surveys.*

20. Approximately how many incumbent workers have been trained to date?
21. Are you generally satisfied with the [name of HPOG program] incumbent worker training program? Why or why not?
- If not, what can be improved?
  - Would you continue to be part of an incumbent worker program with [name of HPOG program] if they continue operations after their current federal grant ends (at the end of September 2015)?

## V. Program Marketing, Recruitment and Intake

**NOTE: Ask only if employer is involved in marketing, recruiting and/or intake for [name of HPOG program] outside of its incumbent worker program**

*We understand that you have been marketing and/or recruiting for [name of HPOG program]. We are going to discuss your role in these activities.*

22. What is the nature of your role in marketing and recruitment for [name of HPOG program]?
23. On what specific target populations or institutions do your marketing and recruitment efforts focus?
24. Do you conduct any part of the process for determining whether the potential participant is eligible for [name of HPOG program]?
- If yes, which part(s)?
  - Please describe the process.
25. How would you assess the results of your efforts in marketing and recruitment for [name of HPOG program]?

## VI. Training and Services

**NOTE: Ask only if employer is involved in providing any direct training and/or training placements or internships to participants in the [name of HPOG program] outside of its incumbent worker program**

*We understand that you have been providing training services or training placements for participants in [name of HPOG program]. We are going to discuss your role in these activities.*

26. Does your organization provide any of the following training services for participants in [name of HPOG program]? [first section; EDIP]
- Workshops on healthcare occupations and educational requirements
  - Reading or math refresher courses
  - Computer skills training
  - Adult basic education
  - Job-readiness workshops
  - Job search skills workshops
  - Other, please specify: \_\_\_\_\_

*\*Pre-populate with information from NIE surveys.*

If yes, for each one, please tell us:

- a. Your overall assessment of the quality and results of the training;
- b. The location; (e.g., onsite, local community college, [name of HPOG program] building)
- c. Training approach (e.g., classroom, worksite demonstration, distance learning, other);
- d. Number of participants trained at any one time;
- e. Scheduling and length of time of training;
- f. Whether or not completers receive some certification.

27. Does your organization provide any of the following workplace training opportunities for participants in [name of HPOG program]?

- Internships
- Clinical assignments
- Job shadowing
- Transitional (or subsidized) employment
- Other, please specify: \_\_\_\_\_

If yes:

- a. How are they arranged and to what degree do they coordinate with and/or contribute to training?
- b. What is your assessment of their quality and effectiveness?

28. Does your organization provide any of the following support services for participants in the [name of HPOG program] program?

- Academic counseling
- Personal counseling
- Financial counseling
- Mentoring
- Financial support
- Curriculum/training materials
- Other support services, please specify: \_\_\_\_\_

If yes:

- a. How are they arranged and to what degree are they coordinated with project staff?
- b. What is your assessment of their quality and effectiveness?

**VII. Hiring Practices** [NOTE: Ask only if employer is involved in hiring participants in the [name of HPOG program]]

*Now, I'd like to ask you about your organization's hiring practices for the entry-level and other healthcare positions the [name of HPOG program] targets. I'd like to focus our discussion today on your hiring decisions about graduates of [name of HPOG program].*

29. Do you give preference to graduates of [name of HPOG program]? If yes, how does that work?

*\*Pre-populate with information from NIE surveys.*

30. Describe the process for learning about and screening graduates of [name of HPOG program].
  - a. Probe: Is this process different than it is for other job candidates?
  - b. Has the process worked well? Why or why not?
31. Approximately how many graduates of [name of HPOG program] have you hired over the last two years and for what positions?
32. How would you rate the overall quality of graduates of [name of HPOG program] compared to other candidates for the same jobs?

### **VIII. Systems Change**

*Now, I'd like to ask you some questions about whether and how [name of HPOG program] has facilitated any changes in the systems by which low-income workers are trained for healthcare careers. We are going to discuss changes that your experiences with [name of HPOG program] may have brought about...*

*For example, since [name of HPOG program] began its development and operations:*

33. Have there been any changes in the way in which your organization interacts with [name of HPOG program]'s parent organization? If yes, what are they?
34. Have there been any changes in the way in which your organization interacts in general with institutions that are involved in training and hiring entry-level healthcare workers for entry-level jobs? If yes, in what ways?
35. What are the remaining barriers to effective changes in training entry-level positions in healthcare? From your perspective, how might those barriers be overcome?
36. What are the remaining barriers to effective changes in hiring entry-level positions in healthcare? From your perspective, how might those barriers be overcome?

### **IX. Perspectives on [name of HPOG program]**

*Now, I'd like to close by asking you your assessment of the quality and effectiveness of [name of HPOG program].*

37. Do you think that [name of HPOG program] is effectively helping to meet local area healthcare labor needs? Why or why not? Please explain.
38. Do you think that [name of HPOG program] is effectively developing career ladders? Why or why not? Please explain.
39. Do you think that [name of HPOG program] is effectively producing graduates with adequate skills for the job? Why or why not? Please explain.
40. Have people in your organization been satisfied overall with the job-readiness of [name of HPOG program] graduates? Why or why not? Please explain.

*\*Pre-populate with information from NIE surveys.*

## **X. Closing**

*Now, I'd like to close our discussion by asking you:*

- 1) If there are ways in which [name of HPOG program] can improve anything about their overall design, trainings, or services; and
- 2) If you have any general advice for those designing programs like [name of HPOG program].

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you'd like to communicate.*

---

*\*Pre-populate with information from NIE surveys.*

## **HPOG Impact Evaluation**

### **Interview Guide for Instructors**

**Introductory statement to respondents:** We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included in the research study to document in greater detail program design and implementation. Today we'd like to ask about your practice as an instructor in [name of HPOG program]. The major purpose of this interview is to gather more detailed information about your practice as an instructor of courses that have been designed or adapted specifically for HPOG for participants in [name of local HPOG program].

***In preparation for our discussion today we have reviewed the information that we have available about orientations, workshops, seminars, basic academic skills classes, pre-training and training courses designed specifically for the HPOG program and provided to HPOG participants only. The information has come from prior site visits, grant applications, your program's annual reports to HHS (if applicable), and the recent Grantee surveys that you may have seen. We have taken this step to tailor the information we will be discussing to the program in which you are involved. This will allow us to reduce the amount of information you will need to provide today.***

The interview will take up to about 45 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires 8/31/2016. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them Gretchen Locke at Gretchen\_Locke@abtassoc.com]; Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?

---

#### **I. Staff Position and Role**

*We'd like to begin by asking you about your role, responsibilities, and experiences at [name of local HPOG program]. Although we are interested primarily in your role as an instructor for [name of local HPOG program] participants, we would also like to know if you have other program duties. [NOTE: Capture for all interviewees if more than one.]*

1. What is your staff title? \_\_\_\_\_

*\*Pre-populate with information from NIE surveys.*

2. How long have you been working in this position of [title from Q1] at [name of local HPOG program]?

\_\_\_\_\_ years      \_\_\_\_\_ months

3. In addition to your role as an instructor, what are your responsibilities as part of [name of local HPOG program] in the following areas?

- Curriculum design
- Marketing and recruitment
- Intake and enrollment
- Academic advising (e.g., case management - assistance with course selection, tutoring, etc.)
- Non-academic advising (e.g., assistance with personal/financial supports and guidance)
- Career advising (e.g., assistance with career and employment choices)
- Employment assistance (e.g., job readiness, job search, job placement)
- Other (Please specify): \_\_\_\_\_

a. Please briefly describe your typical day-to-day activities. **[NOTE: Try to keep this conversation brief.]**

## II. Program Components

*We are interested in instructional components that have been designed or adapted specifically for or only offered to HPOG for participants in [name of local HPOG program.] For example, this might include program orientations or boot camps, healthcare career awareness workshops or seminars, or basic education classes specifically aimed at preparing HPOG participants for healthcare training courses. On the basis of the information we've already collected about [name of local HPOG program], we understand that this includes the following: [\* - Grantee survey Q8.1, 8.3]. **[NOTE: Will know from Grantee Survey if the grantee offers these non-vocational training courses BUT will not know if they are available to only HPOG participants (or HPOG-mainly) – confirm with instructor]***

4. Which of the listed non-vocational training instructional components are you involved with?

- GED class
- Pre-GED
- Adult basic education
- ESL/VSL
- Orientation / introduction to healthcare careers
- College skills training
- Prerequisite subject courses
- Financial literacy
- Other soft skills training
- Computer/technology skills
- Job-readiness
- Job search skills
- Vocational training

*\*Pre-populate with information from NIE surveys.*

**Core Curriculum –non-vocational training instruction** [NOTE: ask questions below if appropriate to the staff member’s position, role and knowledge] [PRE-FILL from Grantee Survey]

5. For each non-vocational training instructional component you are involved in, please discuss:
  - a. What is the name of the course or workshop?
  - b. What is the goal / purpose of the component in the overall [name of local HPOG program] program structure? [NOTE: Only ask if not self-evident]
  - c. Have there been any changes made to the non-vocational instructional component or the structure of delivering the component since program start-up? If yes, why?
  - d. How are participants chosen for the non-vocational instructional component? Is it mandatory for those chosen? [Grantee survey Q8.2, 8.4 for context]
  - e. For each training or activity listed what do participants receive upon completion? Do they earn a credential or some other form of recognition?
  - f. Do HPOG students participate individually or as a group?
  - g. According to our information, the non-vocational instructional component was [created exclusively for [name of local HPOG program]/adapted from an existing program for [name of local HPOG program]/used in other programs besides [name of local HPOG program]. [Grantee survey Q8.1, 8.3] Is this correct?
    - i. Probe: Are there similar non-vocational instructional components available to control group members?
    - ii. Probe: Do you have a sense of how likely it is that control group members are eligible for and will attempt to access the component?
    - iii. Probe: What are the barriers to accessing the component for control group members?
  
6. [NOTE: Ask only if program offers adult basic education courses:] Are you using the following strategies in a) any of, b) many of, or c) most of the adult basic education courses? If yes, please explain:
  - a. Is basic skills instruction integrated or contextualized into the occupational training instruction? That is, are basic math and reading skills taught using materials and content from the healthcare field? [Grantee Survey Q8.6] If yes, how?
  - b. Is basic skills instruction provided as a stand-alone component taken independently of health and vocational education/ training activities? [Grantee Survey Q8.6]
    - i. If yes, is the stand-alone course contextualized in a healthcare framework so that it creates explicit connections between basic skills and occupational skills?
    - ii. Can participants simultaneously enroll in the basic skills course and vocational training?
  - c. Are the basic skills courses **accelerated**? Is the time required to complete the course less than typical similar courses?
  - d. Are the basic skills courses delivered in a **flexible** way with regard to location, schedule, pace, strategy? If yes, how?
  - e. Are basic skills courses offered **off-site** or provide distance learning opportunities such as on-line format? If yes, how?

**Core Curriculum - vocational training** [NOTE: ask questions below if appropriate to the staff member’s position, role and knowledge] [Grantee survey Q8.8a - b]

\*Pre-populate with information from NIE surveys.

7. For each vocational training course designed specifically for or only offered to participants in [name of local HPOG program], please discuss:
  - a. What is the name of the course?
  - b. For which occupations does the training prepare participants? [NOTE: Ask only if not self-evident]
  - c. Why did [name of local HPOG program] develop this course or offer it exclusively to HPOG participants instead of using other resources to provide the training?
  - d. Who are the targeted training participants (entry-level workers, incumbents, others)?
  - e. What are the academic requirements for the training?
  - f. How long is the training (total hours)?
  - g. Does the training include placement at the workplace? If yes, in what way?
  - h. Does the course offer a certificate, diploma, license, or other formal or informal indication of success?
  - i. Do HPOG enrollees participate as a group or individually in the course? [Grantee survey Q8.12]
  
8. I am going to list several approaches to instruction. Please describe if and how the component you teach incorporates these approaches.
  - a. Is it part of an **articulated** career pathway? Are the training courses associated with clearly defined and industry-recognized credentials and sequenced to present a clear career pathway within a healthcare occupation or industry? If yes, how?
    - i. PROBE: Do you present the vocational training as part of a “career pathways” program; do you use that description and explain what it means. Do you present participants with defined career pathways and the training courses needed to move up the pathway? Can you give an example?
  - b. Are the training courses **accelerated**? Is the time required to complete the course less than typical similar courses? [Grantee survey Q8.10, 8.11]
  - c. Are training courses delivered in a **flexible** way with regard to location, schedule, pace, strategy? If yes, how? [Grantee survey Q8.9, 8.12 – “Self-Paced” for context]
  - d. Are training courses offered **off-site** or provide distance learning opportunities such as on-line format? If yes, how? [Grantee survey Q8.12 “Online” for context]
  - e. Is **active learning**, the instructional approach that emphasizes learning through project-based instruction, practiced? [Grantee survey Q8.12 - “Labs or other hands on” for context] If yes, in what ways?
  - f. Are the vocational training courses offered associated with clearly defined and industry-recognized credentials that are “**stackable**” with other available training? [Grantee Survey Q8.7] If so, how?
  
9. Have changes been made to the training courses offered by [name of local HPOG program] since program inception? Since random assignment began? If yes, what, when, and why?

### III. HPOG Experience

*\*Pre-populate with information from NIE surveys.*

10. What kinds of professional supports are available to you?
11. What kinds of professional development opportunities are available to you?
12. Do you believe you receive the support and training you need to successfully carry out your responsibilities?
13. What are the things that work well in your program and why?
14. What are the things that could use improvement and why?

#### **IV. HPOG Program Successes, Challenges, and Lessons Learned**

*Now, we'd like to hear from you about [name of local HPOG program]'s successes, challenges, and lessons learned.*

15. How do you monitor participant retention and completion of the program components you teach?
16. What are participants' biggest barriers to overall program completion?
17. What measures do you take to improve participant retention and completion?
18. How do you assess the effectiveness of these measures?
19. Overall, what do you believe are the program's biggest strengths/weaknesses?
20. What do you think are the factors contributing to challenges/successes?
21. In your opinion, is there anything more that could/should be done to address program challenges?

#### **V. Closing**

*Now, I'd like to close our discussion by asking you—*

1. If there are ways in which [name of HPOG program] can improve anything about their overall design, training courses, or services; and
2. If you have any general advice for those designing programs like [name of HPOG program].

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you'd like to communicate.*

*\*Pre-populate with information from NIE surveys.*

## ***HPOG Impact Evaluation***

### **Interview Guide for Management**

***Introductory statement to respondents:*** We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included in the research study to document in greater detail program design and implementation. Today we'd like to ask about your activities and opinions as management personnel for [name of HPOG program]. The major purpose of this interview is to gather more detailed information about your program.

***In preparation for our discussion today we have reviewed the information that we have available from prior site visits, grant applications, your program's annual reports to HHS, the recent Grantee surveys that you may have been asked to participate in, and what we have learned over time from our ongoing monitoring calls. We have taken this step to personalize the information we will be discussing regarding the program in which you are involved. This will allow us to reduce the amount of information you will need to provide today.***

The interview will take up to about 90 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires 8/31/2016. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to Gretchen Locke at Gretchen\_Locke@abtassoc.com; Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?



#### **I. Staff Position and Role**

*We'd like to begin by asking you about your role(s), responsibilities, and experiences at [name of local HPOG program].* [NOTE: Capture for all interviewees if more than one.]

1. What is/are your title(s)? \_\_\_\_\_
2. How long have you been working in this/these position(s) of [title from Q1] at [name of HPOG organization]?  
\_\_\_\_\_ years    \_\_\_\_\_ months

*\*Pre-populate with information from NIE surveys.*

4. What are your responsibilities as part of [name of local HPOG program]?
  - a. Can you give me a brief description of your day-to-day activities? [NOTE: Try to keep this conversation brief; focus most on the responsibilities.]

## II. HPOG Program Socio-Economic Context PRE-FILL from Grantee Survey, EDIP

*We would now like to focus on some aspects of the socio-economic environment in which [name of local HPOG program] was developed and operates. [NOTE: Here we are interested in capturing changes over the grant period]*

4. According to our information the [name of local HPOG program] primarily serves [INSERT GEOGRAPHIC AREA(S) SERVED - EDIP]. Please confirm these are the local areas the HPOG program targets. If there has been a change to the geographic area served, please describe these changes and why they occurred.
5. According to our information, the demographics of the population primarily served by [name of the local HPOG program] are [INSERT DEMOGRAPHICS OF POPULATION(S) SERVED – e.g., % with children, average age, % with no post-secondary training and maybe a few other variables; we recommend not to talk about ethnic or racial breakdown - EDIP Table 3 or Query Tool]. [NOTE: maintain distinction between area demographics and target participants.] If there has been a change to the demographics of the populations served, please describe these changes.

## III. Employer & Labor Market Contexts PRE-FILL from Grantee Survey

*Now, we'd like to discuss in some detail the nature of the employer and labor market context and how it affects [name of local HPOG program] and its participants.*

6. Please describe the general availability of healthcare training for low-income populations before the HPOG grant. [Grantee survey Q4.2] [NOTE: Here summarize and confirm what was in the grantee survey.]
7. Outside of any additional healthcare training made available through HPOG funding, has the general availability of non-HPOG healthcare training for low-income populations changed over the grant period (and since random assignment began)? [Grantee survey Q4.1 for context]
8. How has the local labor market changed over the course of the grant period (and since random assignment began)? [Grantee survey Q4.3 for context]
  - a. Probe: Has the local healthcare labor market changed over the grant period? If so, in what way(s)?
  - b. Probe: Have there been any changes in the demand for entry-level healthcare jobs? If so, in what way(s)?

## IV. Institutional Context, Program Administration, and Staffing PRE-FILL from Grantee Survey, EDIP

*\*Pre-populate with information from NIE surveys.*

*We would also like to know about the institutional context, program administration, and staffing at [name of local HPOG program].*

**Institutional framework**

- 9. Please describe your organization’s experience implementing healthcare training and/or other sectoral training programs before HPOG. [Grantee survey Q1.2 for context]
- 10. Please describe your organization’s experience providing support services to TANF and other low-income populations before HPOG. [Grantee survey Q1.3 for context]

**Partners** [Note: Refer to summary table of partnering organizations sent to the respondent before the visit.]

*As you know, all HPOG grantees run their programs in collaboration with partnering organizations. This table summarizes our understanding of the organizations participating in your HPOG activities and the roles and responsibilities that each partnering organization has. [Grantee survey Q5.1]*

Organization	Roles/Responsibilities

*Do you have any changes or updates to the table? If so, please describe how partnerships changed and why they changed.*

- 11. Has your organization’s relationship with any of these organizations undergone any additional changes as a result of the grant? If yes, please explain the changes. [Grantee survey Q5.2 -5.3. 5.7. 5.1 for context]

Organization	Prior Relationship	Current Relationship

- 12. Are there specific aspects of your partnership arrangements that you believe have supported or facilitated the overall implementation of your HPOG program? If yes, please explain these factors/aspects and how they facilitated implementation. (Probes: For example, meeting often, clearly defined roles, open communication channels)
- 13. Conversely, are there specific aspects of your partnership arrangements that you believe have hindered the overall implementation of your HPOG program? If yes, please explain these factors/aspects and how they hindered implementation.

*\*Pre-populate with information from NIE surveys.*

14. If you could redesign your HPOG program, would you change the structure of your partnerships with other organizations? If yes, how would *you change it*?

**Program Administration**

15. How are program activities coordinated across the partner organizations?
- Probe: Is there one agency that explicitly has responsibility for coordination?
  - Probe: Which services are provided by whom? Which are the responsibilities of the [name of HPOG grantee]
  - Probe: What HPOG program components (e.g. eligibility and intake, assessments, supportive services, vocational assessments, etc.) are co-located?
  - Probe: Do you have regular meetings; if so, how are they conducted?
16. Approximately how many people within your organization work on HPOG activities including those who have other non-HPOG responsibilities? **[NOTE: We do not want people covered by overhead and indirect costs, such as payroll staff, contract management staff, etc. We are looking for those responsible for core HPOG functions.]**
17. Were any of these people hired specifically to conduct HPOG activities? If yes, why (to increase existing staff capacity, or to add a new skill set to your organization's capacity, both)?
18. Has your organization offered any professional development services to staff involved in HPOG? If yes, please describe the services offered and the purpose of each service.
- Probe: Which types of staff were offered professional development? For example, workshops/trainings, professional conferences, professional association memberships or journal subscriptions, online learning resources, mentoring/coaching, learning communities or listservs.
  - Probe: Was the professional development service required?

**V. Program Structure, HPOG Planning, and Start Up**

*We would now like to discuss in more detail the nature of the planning and start-up of [name of local HPOG program] and its structure.*

19. The HPOG grant application required grant applicants to describe their objectives and need for assistance. Your organization's grant application listed: [INSERT NEED AND OBJECTIVES FROM EDIP]. Have the program's objectives or the population's need for assistance changed over the period of the grant? If yes, how and when did they change?
20. What was the process for designing your HPOG strategy? More specifically:
- Why did you choose these partnerships?
  - How did you decide which population to target for the grant? Why/how did you set up your recruitment strategies?
  - How did you decide on your enrollment and outcome goals?
  - What factors most influenced the design of your HPOG program? (Probe: previous experience, grant requirements, resources)

*\*Pre-populate with information from NIE surveys.*

## VI. Program Recruitment, Eligibility, and Intake

Now, we'd like to ask you questions about how the [name of local HPOG program] program is designed and implemented. Let's begin with [name of local HPOG program]'s eligibility requirements, how participants are recruited, and the intake process.

**Outreach and recruitment** (PRE-Fill from Grantee Survey, EDIP, Monitoring calls where appropriate)

21. According to information we have already collected through site visits and surveys, we understand your target population is [\* - Grantee survey Q3.3] and your eligibility requirements for [name of local HPOG program] are [\* - Grantee survey Q7.6, 7.7a, 7.7b, 7.7c, 7.8a, 7.8b]. Has anything about this information changed? If yes, how, when and why did they change? **NOTE: It's likely that some of these issues have come up in the prior section, particularly around community demographics. If that's the case, skip and move on.**
22. According to our information, your organization used the following strategies to inform your community and potential participants about the program: [\* - Grantee survey Q6.1]. Which strategies do you believe have been most/least effective (and why)?
  - a. Probe: Which of these are used the most/ least if it's not clear from the answer? (For instance, some sites might have done one round of brochures at kick off but then have mostly relied on word of mouth. Both could have been effective.)
23. Do you believe [name of local HPOG program] has had adequate resources to meet the marketing and recruitment needs of the grant? [Grantee survey Q6.3 for context] (If not, what more did/do you feel is necessary)?
24. We already discussed that the following partner organizations make referrals: [ABOVE TABLE\*]. Do any other organizations refer people to [name of local HPOG program]? In your opinion do you believe any of these organizations could have done more to provide referrals?

### **Eligibility and intake**

25. The study team has worked with [name of local HPOG program] extensively to understand your intake and enrollment process and to modify it for the impact study. Has anything changed about your intake or enrollment processes since you started random assignment? If yes, please explain.
  - a. Probe: [If not clear from EDIP:] Do the staff responsible for eligibility and intake also have responsibility for eligibility and intake for other programs?
  - b. Probe: Do staff work with participants on academic and career plan development during the intake process? If so, how does it work? Do HPOG participants discuss and lay out with staff their short- and long-term educational and employment goals? (i.e., do participants discuss their career pathways?). If yes, do staff revisit these goals with participants at any time?
  - c. Probe: If staff do not work with participants on academic and career plan development during the intake process, do participants receive this training, and if yes, how?

\*Pre-populate with information from NIE surveys.

- d. Probe: Do you present the program as a “career pathways” program; do you use that description and explain what it means? Do you present participants with defined career pathways and the training courses needed to move up the pathway? If so, can you give an example or two?
26. What characteristics or attributes do you believe successful participants possess?
- a. Probe: Examples are academic record and achievement, existing support systems, high motivation, vehicle for transportation, employment experience, etc.
  - b. Probe: What do you do for applicants that are found ineligible or unsuitable for HPOG participation? (For example, refer them to another agency, enroll them in a different training program, etc.?) [EDIP potentially]
  - c. Probe: What are the main reasons that result in interested applicants not completing the full intake process?
27. Do you think [name of local HPOG program]’s intake process and eligibility criteria lead to enrollment of the most suitable participants to your program? [Grantee Survey Q7.19c for context] Is there anything you would change? If yes, what would you change and why?
- a. Probe: What effect do you think random assignment has had on participants’ suitability for HPOG?

### ***Comprehensive assessments***

28. Your intake process required applicants to complete the following comprehensive assessments during the intake process: [\* - Grantee survey Q7.11, 7.12] Have there been any changes? If yes, when did the changes occur, what were they and why were they made?
29. Do you believe these assessments effectively screen applicants? If not, why?
30. Are assessment findings used by staff to tailor participant activities, training, education, and support services? If so, how are they used? Do you think the assessments work for this purpose? If not, why?
- a. PROBE: Do staff revisit these assessment findings with HPOG participants later on as well?
  - b. PROBE: According to our information, HPOG participants completed the following comprehensive assessments during the program [\* - EDIP]. Have there been any changes? If yes, when did the changes occur, what were they and why were they made? [NOTE: The grantee survey only asks about assessments during the intake process. The EDIP includes other assessments but it is not clear when and how frequently the tools are used or at what points. You may need to probe to find out which ones get used a lot, which rarely do, and whether the tools are used at the discretion of case workers and others]
  - c. PROBE: How are the assessment findings used, both at intake and during participation? Do you think that the assessments work for this purpose?

## **VII. Program Components**

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*\*Pre-populate with information from NIE surveys.*

*The study team has worked with [name of local HPOG program] staff to describe and understand your program and has previously collected data about your program components through site visits and surveys. We'd like to quickly review each of your program components to ask if anything has changed since the beginning of random assignment. (Interviewer will have information from existing data sources – (e.g., NIE surveys) to confirm information on each program component.)*

**Core Curriculum – non-vocational training instruction** [NOTE: Program may not offer basic skills or other/soft skills training; if so, skip sections as appropriate]

31. [Name of local HPOG program] offers the following non-vocational training courses or workshops: [\*orientation or introduction to healthcare careers or occupations, college skills training, prerequisite subject courses, financial literacy, soft skills, and computer/technology skills, GED, pre-GED, ESL, adult basic education - Grantee survey Q8.1, 8.3]. Have there been any changes to the basic skills or other non-vocational skills instruction/activities you offer? If yes, when did the changes occur, what changed and why?
- a. [NOTE: Ask only if program offers adult basic education:] Probe: Are you using the following strategies in a) any of, b) many of, or c) most of the adult basic education courses? If yes, please explain:
    - i. Is basic skills instruction integrated or contextualized into the occupational training instruction? That is, are basic math and reading skills taught using materials and content from the healthcare field? [Grantee Survey Q8.6] If yes, how?
    - ii. Is basic skills instruction provided as stand-alone components taken independently of health and vocational education/ training activities? [Grantee Survey Q8.6]
      1. If yes, is the stand-alone course contextualized in a healthcare framework so that it creates explicit connections between basic skills and occupational skills?
      2. Can participants simultaneously enroll in the basic skills course and vocational training?
  - b. Are participants that first require one or more basic skills upgrade service(s) upon enrollment considered full HPOG participants? If not, how do they become HPOG participants?
32. Do you believe the available non-vocational trainings successfully improve participants' basic skills proficiency levels and/or other/soft skills? Would you change (expand/eliminate) any of the basic skills or other skills offerings if you could? If yes, in what area(s)? [NOTE: The respondent may think that the non-vocational trainings are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]
33. Have there been any barriers to provision of basic skills or other skills instructions? If yes, what were/are they?
- a. Probes: What are the barriers specifically? (For example, low participation and retention, participants dropping out of program prior to beginning vocational

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\*Pre-populate with information from NIE surveys.

training, available basic skills instruction does not adequately improve participants' basic skill levels) What has been your approach to overcome them?

**Core Curriculum - vocational training**

34. Over the course of the HPOG grant, has your program changed in terms of the healthcare trainings targeted? If yes, please explain what was changed and why. [NOTE: If needed, provide list of vocational trainings offered according to the PRS – listed in Grantee survey table in Q8.8b]
35. Over the course of the HPOG grant, has your program changed in terms of the healthcare occupations targeted? If yes, please explain how it has changed, when it changed, and why. (Probes: Lack of employer demand; lack of student demand; low completion rates of courses needed for those occupations; expense of trainings related to those occupations.)
36. Are you using the following strategies in a) any of, b) many of, or c) most of the vocational training activities? If yes, please explain:
- Are the trainings **accelerated**? Is the time required to complete the course less than typical similar courses? [Grantee survey Q8.10, 8.11] If yes, how?
  - Are trainings delivered in a **flexible** way with regard to location, schedule, pace, strategy? If yes, how? [Grantee survey Q8.9, 8.12 – “Self-Paced” for context]
  - Are trainings offered **off-site** or provide distance learning opportunities such as on-line format? If yes, how? [Grantee survey Q8.12 – “Online” for context]
  - Is **active learning**, the instructional approach that emphasizes learning through project-based instruction, practiced? [Grantee survey Q8.12 – “Labs or other hands on” for context] If yes, in what ways?
  - Are the vocational trainings offered associated with clearly defined and industry-recognized credentials that are “**stackable**” with other available training? [Grantee Survey Q8.7] If so, how?
  - Are vocational trainings offered as part of an **articulated career pathway**? Are they associated with clearly defined credentials that are sequenced to present a clear career pathway within a healthcare occupation or industry? [Grantee Survey Q8.7] If yes, how?
    - Probe: Over the grant period about how often do participants who have completed a training program come back to [name of HPOG program] to complete additional training?
    - Probe: Do you believe that [name of HPOG program] has had adequate resources and or time to support participants through a career pathway?
37. Do you believe the offered vocational trainings effectively prepare participants for the local labor market? Why or why not? [NOTE: The respondent may think that the vocational trainings are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]

**Academic counseling and case management services** [NOTE: Program may not offer academic and personal counseling; if so, skip appropriate section]

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\*Pre-populate with information from NIE surveys.

38. According to our information, as of last fall, [name of local HPOG program] [provided/did not provide] academic counseling and tutoring: [\* - Grantee survey 8.15]. Is this still the case? If not, why not?
39. How are these academic counseling and/or tutoring services delivered? [Grantee Survey Q8.17-8.19] [NOTE: Here summarize and confirm what was in the grantee survey.]
40. How effective do you think the academic counseling and/or tutoring services are in guiding participants toward successful outcomes? [NOTE: The respondent may think that the services are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]
41. Would you change how academic counseling and/or tutoring are delivered at [name of local HPOG program]? If yes, what would you change and why?
42. According to our information, as of last fall, [name of local HPOG program] provides these case management and other counseling services: [\* - Grantee survey 9.2] Please describe any changes to this list and explain when the change was made and why.
- a. Probe: Does your HPOG program have “caseloads”? How do you define them?
43. How are these case management and counseling services delivered? [Grantee survey Q9.1, 9.5] [NOTE: Summarize and confirm what is in the grantee survey.]
44. How effective do you think the case management and counseling services are in helping participants to complete training? [NOTE: The respondent may think that the services are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]
45. Would you change how case management and counseling services are delivered at [name of local HPOG program]? If yes, what would you change and why?

### **Other Support Services**

46. According to our information, as of last fall, [Name of local HPOG program] also offers the following social, financial, and other support services: [\* - Grantee survey 9.7, 9.11, 9.14, 9.17, 9.19] If there are any changes, please describe how support services changed, when they changed, and why.
47. How is a need for support services identified? (i.e., who identifies need and is it assessed during intake as well as during participant’s enrollment?)
- a. Probe: Do you follow up with participants and/or service providers to document service receipt?
48. Once a participant receives support services, how is the receipt of services monitored? (What is the process to determine when supports need to be added/eliminated/modified after the initial assessment at intake/eligibility?)
- a. Probe: Is there a common data system to record case notes and which types of staff have access to it?

*\*Pre-populate with information from NIE surveys.*

49. Among the support services offered [NOTE: include enhancements if applicable], which do you believe has the greatest impact on participants training retention? Why?
50. If you could add or expand one support service to your HPOG training services what would it be? Why?
51. Have there been any barriers to use or provision of specific support services?
  - a. Probe: What are the barriers specifically? What has been your approach to overcome them?

***Employment development and post-employment services***

52. According to our information, as of last fall, [Name of local HPOG program] offers the following employment development services: [\*job-readiness workshops, job search skills workshops, identifying job openings, meeting with employers, one-on-one job search assistance, advising on career, job fairs, job listings, and job screenings - Grantee survey Q9.21] If there are changes, please describe how, when, and why employment development services changed.
53. Please describe how you establish and maintain contacts with employers. What are the most effective strategies for building and maintaining employer connections?
54. What do you believe are the most effective job placement strategies for your target population? Why?
55. What have been the most important challenges to placing your participants into the jobs they have trained for?
56. We understand that as of last fall you offer the following services to your participants after they are placed in jobs [\* - Grantee survey Q9.22] If there are changes, please describe how, when, and why these services changed.
57. Have these services been effective in helping your graduates retain their jobs?
58. Do you know of instances in which your graduates either fail to find jobs to match their training or lose their jobs after leaving [name of local HPOG program]? If yes, what do you think might be some of the reasons?

**VIII. Program Enhancements** [NOTE: Skip questions 1-3 if grantee does not provide enhancements]

*Now, we'd like to learn about the [\*] program enhancement that you designed and implemented for the research study.*

59. What was the rationale for selecting the specific enhancement you are currently implementing? [Enhancement proposal] [NOTE: Summarize and confirm what is in the enhancement proposal]
60. Have you introduced any changes to your enhancement since receiving approval of your proposal? If yes, what changes were made and why?

*\*Pre-populate with information from NIE surveys.*

61. Have you been implementing all components of your approved enhancement? That is, has the enhancement been implemented in its entirety as planned?

- a. **[NOTE: Ask if offer emergency assistance or non-cash incentives:]** Probe: [Review take up in PRS] Are enhanced treatment group members participating or taking advantage of the enhancement?

**[NOTE: Ask the following question in sites that have implemented peer support groups either as an enhanced service for the treatment-enhanced group or as an activity for all participants.]**

62. Do all individuals selected for the peer support enhancement group participate?

- a. If not, why did participants decline to participate in the enhancement?
- b. What was your policy for participants who declined to participate in the enhancement?
- c. Probe: Did you hire anyone specifically to facilitate the peer support groups?

**[NOTE: Ask the following questions in sites that have implemented peer support groups, non-cash incentives, or emergency assistance either as an enhanced service for the treatment-enhanced group or as an activity for all participants.]** [Grantee survey Q8.20, Q9.7, Q9.19]

63. In your opinion, what were the strengths and weaknesses of [peer support groups/non-cash incentives/emergency assistance]? How have program participants reacted to them?

- a. Probe: Thus far, do you think [peer support groups/non-cash incentives/emergency assistance] has affected participants' likelihood of starting or completing training or getting a job? If yes, how? If no, why not?

64. Were there any barriers to implementing [peer support groups/non-cash incentives/emergency assistance]? If yes, what were they and how were they handled?

65. What did program staff do to ensure the integrity of assignment to treatment vs. treatment + enhancement)? What were the main challenges?

## **IX. Changes to Program Design, Components, or Operation**

66. Please describe any significant changes or evolution in your program since its inception and since random assignment began that we have not yet discussed.

## **X. Control Group Services**

*Now, we'd like to ask you about alternative services in the community available to control group members.*

67. According to information we have already collected, we understand the services available to control group members are [\* - EDIP]. Has anything about this information changed? If yes, what changes were made, when were they made, and why?

*\*Pre-populate with information from NIE surveys.*

68. Do you have a sense of how likely it is that control group members are eligible for and will attempt to access alternative training courses and support services?
69. What are the barriers to accessing those alternative services for control group members?
- a. Probe: Describe the general availability of alternative training courses and support services for control group participants.
70. Have partner or stakeholder organizations had to assume more responsibilities for serving eligible control group members? Do you know what have they done? Has this caused problems in [name of local HPOG program]'s relationship with partner or stakeholder organizations? If yes, explain.
- a. Probe: To your knowledge have partner or stakeholder organizations intentionally stepped up to provide training courses and support services to control group members?

## **XI. HPOG Program Successes, Challenges, and Lessons Learned**

*Now, we'd like to hear from you about [name of local HPOG program]'s successes, challenges, and lessons learned.*

Probe: How do you monitor participant retention and completion?

Probe: What are participants' biggest barriers to program completion?

Probe: What measures do you take to improve participant retention and completion and how do you assess the effectiveness of these measures?

- a. How do you help participants complete courses?
- b. How do you help participants complete the whole program?

71. Overall, what do you believe are the program's biggest strengths/weaknesses?

72. What do you think are the factors contributing to challenges/successes?

73. What strategies has your organization implemented to address these challenges?

74. In your opinion, is there anything more that could/should be done to address program challenges?

Probe: Is the PRS useful for managing your program? Is the Query Tool useful for managing your program? If so, in what ways?

## **XII. Systems Change and Sustainability**

*Now, I'd like to ask you some questions about whether and how [name of HPOG program] has facilitated any changes in the systems by which low-income workers are trained for healthcare jobs.*

*\*Pre-populate with information from NIE surveys.*

*We are going to discuss aspects of any of these systems changes (to the training of low-income workers) that the HPOG program has experienced.*

75. Please describe any changes beyond the HPOG program that have resulted from the HPOG grant (e.g., partnership network, general training availability, more connections between training programs and employers, etc.) [Grantee survey Q4.1, 4.2, 4.5, 5.12 for context]
76. Please describe any efforts your organization is engaging in or plans to engage in to sustain HPOG programming after the current HPOG funding for the effort ends.
- a. Probe: Which activities or program components are fully supported by HPOG funds and which are partially supported? Which are most at risk of being cut after HPOG funding ends?
77. Do you believe you will be able to sustain any parts of the program or the program in its entirety? If only parts, which are more likely to be sustained and why?

### **XIII. Evaluation**

*Finally, we'd like to ask you about your experiences participating in the HPOG-Impact Study.*

78. What were the greatest challenges associated with participation in the study (e.g., random assignment, changes to intake, etc.)?
79. We would like to take this opportunity to learn from you about ways in which study teams can best support grantee staff implementing random assignment. Do you have any suggestions for ways to improve communication between grantee staff and study teams? Do have you have any other general suggestions about the research?

### **XIV. Closing**

*I'd like to close our discussion by asking you—*

1. If there are ways in which you think [name of HPOG program] can improve anything about the overall program design, trainings, or services; and
2. If you have any general advice for those designing programs like [name of HPOG program].

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you'd like to communicate.*

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*\*Pre-populate with information from NIE surveys.*

## **HPOG Impact Evaluation**

### **Interview Guide for Staff**

**Introductory statement to respondents:** We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included the research study to document in greater detail program design and implementation. Today we'd like to ask about your activities and opinions as staff for [name of HPOG program]. The major purpose of this interview is to gather more detailed information about your role.

***In preparation for our discussion today we have reviewed the information that we have available from prior site visits, grant applications, your program's annual reports to HHS, the recent Grantee survey that you may have been asked to participate in, and from what we have learned over time from our ongoing monitoring calls. We have taken this step to personalize the information we will be discussing regarding the program in which you are involved. This will allow us to reduce the amount of information you will need to provide today.***

The interview will take up to about 60 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question. Do you have any questions before we get started?

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires 8/31/2016. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to Gretchen Locke at Gretchen\_Locke@abtassoc.com; Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?

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#### **IV. Staff Position and Role**

*We'd like to begin by asking you about your roles, responsibilities, and experiences at [name of local HPOG program]. [NOTE: Capture for all interviewees if more than one]*

1. What is/are your staff title(s)? \_\_\_\_\_
2. How long have you been working in this/these positions of [title from Q1] at [name of local HPOG program]? \_\_\_\_\_ years \_\_\_\_\_ months
3. What are your responsibilities as part of [name of local HPOG program] in the following areas?

*\*Pre-populate with information from NIE surveys.*

- Marketing and recruitment
- Intake and enrollment
- Academic advising (e.g., assistance with course selection, tutoring, etc.)
- Non-academic advising (e.g., case management - assistance with personal/financial supports and guidance)
- Career advising (e.g., assistance with career and employment choices)
- Employment assistance (e.g., job readiness, job search, job placement)
- Other (Please specify): \_\_\_\_\_

**V. Program Recruitment, Eligibility, and Intake** (PRE-FILL where appropriate)

*Now, we'd like to ask you questions about how the [name of local HPOG program] program is designed and implemented. Let's begin with [name of local HPOG program]'s eligibility requirements, how participants are recruited, and the intake process.*

**Outreach and recruitment** (PRE-Fill from Grantee Survey, EDIP, Monitoring calls where appropriate)

[NOTE: ask questions below if appropriate to the staff member's position, role and knowledge]

4. According to information we have already collected through site visits, surveys, and telephone calls we understand your target population is [\* - Grantee survey Q3.3] and your eligibility requirements for [name of local HPOG program] are [\* - Grantee survey Q7.6, 7.7a, 7.7b, 7.7c, 7.8a, 7.8b]. Has anything about this information changed? If yes, how, when, and why did they change?
5. According to our information, your organization used the following strategies to inform your community and potential participants about the program: [\* - Grantee survey Q6.1]. Which strategies do you believe have been most/least effective and why? (Potential probe: Which of these are used the most/ least if it's not clear from the answer? For instance, some sites might have done one round of brochures at kick off but then have mostly relied on word of mouth. Both could have been effective.)
  - a. What effect on recruitment do you think random assignment has had?

**Eligibility and Intake** [NOTE: ask questions below if appropriate to the staff member's position, role and knowledge]

6. The study team has worked with [name of local HPOG program] extensively to understand your intake and enrollment process and to modify it for the impact study. Has anything changed about your intake or enrollment processes since you started random assignment? If yes, please explain.
7. Do you work with participants on academic and career plan development during the intake process? If yes, how does it work?
  - a. Probe: Prior to participants beginning training do HPOG participants discuss and layout with you their short- and long-term educational and employment goals? (i.e.,

*\*Pre-populate with information from NIE surveys.*

- do participants discuss their career pathways?). If yes, do you revisit these goals with participants at any time? [EDIP for context]
- b. Probe: Do you present the program as a “career pathways” program; do you use that description and explain what it means. Do you present participants with defined career pathways and the training courses needed to move up the pathway? If so, can you give an example or two?
  - c. Probe: If you do not work with participants on academic and career plan development during the intake process, do participants receive this training, and if yes, how?
8. What characteristics or attributes do you believe successful participants possess?
- a. Probe: Examples are academic record and achievement, existing support systems, high motivation, vehicle for transportation, employment experience, etc.
  - b. Probe: What do you do for applicants that are found ineligible or unsuitable for HPOG? (For example -- refer them to another agency, enroll them in a different training program, etc.) [EDIP for context]
9. Do you think [name of local HPOG program]’s intake process and eligibility criteria lead to enrollment of the most suitable participants to your program? Is there anything you would change? If yes, what would you change and why?
- a. Probe: What effect on participants’ suitability for HPOG do you think random assignment has had?
10. What are the main reasons that result in interested applicants not completing the full intake process?

**Comprehensive assessments** [NOTE: ask questions below if appropriate to the staff member’s position, role and knowledge]

11. Your intake process requires applicants to complete the following comprehensive assessments: [\* - Grantee survey Q7.11, 7.12] Have there been any changes? If yes, when did the changes occur, what were they and why were they made?
12. Do you believe these assessments effectively screen applicants? If not, why?
13. Are assessment findings used by staff to tailor participant activities, training, education, and support services? If so, how are they used? Do you think the assessments work for this purpose? If not, why?
- d. PROBE: Do you revisit these assessment findings with HPOG participants later on as well?
  - e. PROBE: According to our information, HPOG participants completed the following comprehensive assessments during the program [\* - EDIP]. Have there been any changes? If yes, when did the changes occur, what were they and why were they made? [NOTE: The grantee survey only asks about assessments during the intake process. The EDIP includes other assessments but it is not clear when and how frequently the tools are used or at what points. You may need to probe to find out

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\*Pre-populate with information from NIE surveys.

which ones get used a lot, which rarely do, and whether the tools are used at the discretion of case workers and others]

- a. PROBE: How are the assessment findings used, both at intake and during participation? Do you think that the assessments work for this purpose?

## VI. Program Components

*The study team has worked with [name of local HPOG program] staff to describe and understand your program and has previously collected data about your program components through site visits and surveys. We'd like to quickly review each of your program components to ask if anything has changed since the beginning of random assignment. (Interviewer will have information from existing data sources (e.g., NIE surveys) to confirm information on each program component.)*

**Core Curriculum – non-vocational training instruction** [NOTE: ask questions below if appropriate to the staff member's position, role and knowledge. Program may not offer basic skills or other/soft skills training; if so, skip sections as appropriate]

14. [Name of local HPOG program] offers the following non-vocational training courses or workshops: [\*orientation or introduction to healthcare careers or occupations, college skills training, prerequisite subject courses, financial literacy, soft skills, and computer/technology skills, GED, pre-GED, ESL, adult basic education - Grantee survey Q8.1, 8.3]. Have there been any changes to the basic skills or other non-vocational skills instruction/activities you offer? If yes, when did the changes occur, what changed and why?
  - c. [NOTE: Ask if program offers adult basic education courses:] Probe: Are you using the following strategies in a) any of, b) many of, or c) most of the adult basic education courses? If yes, please explain:
    - i. Is basic skills instruction integrated or contextualized into the occupational training instruction? That is, are basic math and reading skills taught using materials and content from the healthcare field? [Grantee Survey Q8.6] If yes, how?
    - ii. Is basic skills instruction provided as stand-alone components taken independently of health and vocational education/ training activities? [Grantee Survey Q8.6]
      1. If yes, is the stand-alone course contextualized in a healthcare framework so that it creates explicit connections between basic skills and occupational skills?
      2. Can participants simultaneously enroll in the basic skills course and vocational training?
  - d. Are participants that first require one or more basic skills upgrade service(s) upon enrollment considered full HPOG participants? If not, how do they become HPOG participants?
15. Do you believe the available non-vocational trainings successfully improve participants' basic skills proficiency levels and/or other/soft skills? Would you change (expand/eliminate) any of the basic skills or other skills offerings if you could? If yes, in what area(s)? [NOTE: The

*\*Pre-populate with information from NIE surveys.*

respondent may think that the non-vocational trainings are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]

16. Have there been any barriers to provision of basic skills or other skills instructions? If yes, what were/are they?
- a. Probes: What are the barriers specifically? (For example, low participation and retention, participants dropping out of program prior to beginning vocational training, available basic skills instruction does not adequately improve participants' basic skill levels) What has been your approach to overcome them?

**Core Curriculum - vocational training** [NOTE: ask questions below if appropriate to the staff member's position, role and knowledge]

17. Over the course of the HPOG grant, has your program changed in terms of the healthcare occupations targeted? If yes, please explain what was changed and why. [NOTE: If needed, provide list of vocational trainings offered according to the PRS – listed in Grantee survey table in Q8.8b]
18. Over the course of the HPOG grant, has your program changed in terms of the healthcare occupations targeted? If yes, please explain how it has changed and why. (Probes: Lack of employer demand; lack of student demand; low completion rates of courses needed for those occupations; expense of trainings related to those occupations.)
19. In your provision of vocational training are you using any of the following instructional strategies
- a) any of, b) many of, or c) most of the vocational training activities? If yes, please explain:
    - g. Are the trainings **accelerated**? Is the time required to complete the course less than typical similar courses? [Grantee survey Q8.10, 8.11] If yes, how?
    - h. Are trainings delivered in a **flexible** way with regard to location, schedule, pace, strategy? If yes, how? [Grantee survey Q8.9, 8.12 – “Self-Paced” for context]
    - i. Are trainings offered **off-site** or provide distance learning opportunities such as on-line format? If yes, how? [Grantee survey Q8.12 – “Online” for context]
    - j. Is **active learning**, the instructional approach that emphasizes learning through project-based instruction, practiced? [Grantee survey Q8.12 – “Labs or other hands on” for context] If yes, in what ways?
    - k. Are the vocational trainings offered associated with clearly defined and industry-recognized credentials that are “**stackable**” with other available training? [Grantee Survey Q8.7] If so, how?
    - l. Are vocational trainings offered as part of an **articulated career pathway**? Are they associated with clearly defined credentials that are sequenced to present a clear career pathway within a healthcare occupation or industry? [Grantee Survey Q8.7] If yes, how?
      - i. Probe: Over the grant period about how often do participants who have completed a training program come back to [name of HPOG program] to complete additional training?
      - ii. Probe: Do you believe that [name of HPOG program] has had adequate resources and or time to support participants through a career pathway?

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\*Pre-populate with information from NIE surveys.

20. Do you believe the offered vocational trainings effectively prepare participants for the local labor market? Why or why not? [NOTE: The respondent may think that the vocational trainings are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]

**Academic counseling and case management services** [NOTE: ask questions below if appropriate to the staff member's position, role and knowledge; Program may not offer academic and personal counseling; if so, skip sections as appropriate]

21. According to our information, [name of local HPOG program] provides these academic counseling and tutoring services: [\* - Grantee survey 8.15]. Please describe any changes to this list and explain when the change was made, and why.

22. How are these academic counseling and/or tutoring services delivered? [Grantee Survey Q8.17-8.19] [NOTE: Here summarize and confirm what was in the grantee survey.]

23. How effective do you think the academic counseling and/or tutoring services are in guiding participants toward successful outcomes? [NOTE: The respondent may think that the services are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]

24. Would you change how academic counseling and/or tutoring are delivered at [name of local HPOG program]? If yes, what would you change and why?

25. According to our information, [name of local HPOG program] provides these case management and other counseling services: [\* - Grantee survey 9.2]. Please describe any changes to this list and explain when the change was made and why.

26. How are these case management and counseling services delivered? [Grantee survey Q9.1, 9.5] [NOTE: Summarize and confirm what is in the grantee survey.]

27. How effective do you think the case management and counseling services are in helping participants to complete training? [NOTE: The respondent may think that the services are successful for some participants but not for others. If that is the case, probe for the types of participants for which they are successful and the reasons why, as well as the opposite.]

28. Would you change how case management and counseling services are delivered at [name of local HPOG program]? If yes, what would you change and why?

### **Other Support Services**

29. According to our information, as of last fall, [Name of local HPOG program] also offers the following social, financial, and other support services: [\* - Grantee survey 9.7, 9.11, 9.14, 9.17, 9.19] If there are any changes, please describe how support services changed, when they changed and why.

30. How is a need for support services identified? (i.e., who identifies need and is it assessed during intake as well as during participant's enrollment?)

*\*Pre-populate with information from NIE surveys.*

- a. Probe: Do you follow up with participants and/or service providers to document service receipt?
31. Once a participant is receiving support services, how is the receipt of services monitored?
- a. Probe: What is the process to determine when supports need to be added/eliminated/modified after the initial assessment at intake/eligibility?
32. Among the support services offered [NOTE: include enhancements if applicable], which do you believe have the greatest impact on participants' training retention? Why?
33. If you could add or expand the availability of one support service to your HPOG training services what would it be? Why?
34. Have there been any barriers to use or provision of specific support services?
- a. Probe: What are the barriers specifically? What has been your approach to overcome them?

**Employment development and post-employment services** [NOTE: ask questions below if appropriate to the staff member's position, role and knowledge; Program may not offer employment development and post-employment services; if so, skip sections as appropriate]

35. According to our information, as of last fall, [Name of local HPOG program] offers the following employment development services: [\*job-readiness workshops, job search skills workshops, identifying job openings, meeting with employers, one-on-one job search assistance, advising on career, job fairs, job listings, and job screenings - Grantee survey Q9.21] If there are changes, please describe how, when, and why employment development services changed.
36. Please describe how you establish and maintain contacts with employers. What are the most effective strategies for building and maintaining employer connections?
37. What do you believe are the most effective job placement strategies for your target population? Why?
38. What have been the most important challenges to placing your participants into the jobs they have trained for?
39. We understand that you offer the following services to your participants after they are placed in jobs [\* - Grantee survey Q9.22] If there are changes, please describe how, when, and why these services changed.
40. Have these services been effective in helping your graduates retain their jobs?
41. Do you know of instances in which your graduates either fail to find jobs to match their training or lose their jobs after leaving [name of local HPOG program]? If yes, what do you think might be some of the reasons?

## VII. Program Enhancements

*\*Pre-populate with information from NIE surveys.*

Now, we'd like to learn about the [\*] program enhancement that you designed and implemented for the research study.

[NOTE: Ask the following question in sites that have implemented peer support groups either as an enhanced service for the treatment-enhanced group or as an activity for all participants.]

42. Do all the individuals selected for the peer support enhancement group participate?
- If not, why did participants decline to participate in the enhancement?
  - What was your policy for participants who declined to participate in the enhancement?

[NOTE: Ask the following questions in sites that have implemented peer support groups, non-cash incentives, or emergency assistance either as an enhanced service for the treatment-enhanced group or as an activity for all participants.] [Grantee survey Q8.20, Q9.7, Q9.19]

43. In your opinion, what are the strengths and weaknesses of [peer support groups/non-cash incentives/emergency assistance]? How have program participants reacted to the service?
- Probe: Thus far, do you think [peer support groups/non-cash incentives/emergency assistance] has affected participants' likelihood of starting or completing training or getting a job? If yes, how? If no, why not?
44. Were there any barriers to implementing [peer support groups/non-cash incentives/emergency assistance]? If yes, what were they and how were they handled?
- [NOTE: Ask if offer emergency assistance or non-cash incentives:] Probe: [Review take up in PRS] Are enhanced treatment group members participating or taking advantage of the enhancement?
45. What did program staff do to ensure the integrity of assignment to treatment vs. treatment + enhancement)? What were the main challenges?

### **VIII. Changes to Program Design, Components, or Operation**

46. Please describe any significant changes or evolution in your program since its inception and since random assignment began that we have not yet discussed.

### **IX. Control Group Services**

Now, we'd like to ask you about alternative services in the community available to control group members.

47. According to information we have already collected, we understand the services available to control group members are [\* - EDIP]. Has anything about this information changed? If yes, what changes were made, when were they made, and why?
48. Do you have a sense of how likely it is that control group members are eligible for and will attempt to access training courses and support services?
49. What are the major barriers to accessing those alternative services for control group members?

*\*Pre-populate with information from NIE surveys.*

- a. Probe: Describe the general availability of alternative training courses and support services for control group participants.

50. Have partner or stakeholder organizations had to assume more responsibilities for serving eligible control group members? How do you know/what have they done, to your knowledge? Has this caused problems in [name of local HPOG program]'s relationship with partner or stakeholder organizations? If yes, explain.

- a. Probe: To your knowledge have partner or stakeholder organizations intentionally stepped up to provide training courses and support services to control group members?

## **X. Employer & Labor Market Contexts**

*Now, we'd like to discuss in some detail the nature of the employer and labor market context and how it affects [name of local HPOG program] and its participants.*

- 51. Do you think the skills participants gain in [name of local HPOG program] effectively match employer needs in the area? If not, why?
- 52. In general, what feedback about your employed participants do you get from their employers?
- 53. Do you think your graduates are faring well in the current healthcare labor market? If not, why?

## **XI. HPOG Program Successes, Challenges, and Lessons Learned**

*Now, we'd like to hear from you about [name of local HPOG program]'s successes, challenges, and lessons learned.*

- 54. How do you monitor participant retention and completion?
- 55. What are participants' biggest barriers to program completion?
- 56. What measures do you take to improve participant retention and completion and how do you assess the effectiveness of these measures?
  - c. (Probe: How do you help participants complete courses?)
  - d. (Probe: How do you help participants complete the whole program?)
- 57. Overall, what do you believe are the program's biggest strengths/weaknesses?
- 58. What do you think are the factors contributing to challenges/successes?
- 59. In your opinion, is there anything more that could/should be done to address program challenges?

## **XII. Evaluation**

*Finally, we'd like to ask you about your experiences participating in the HPOG-Impact Study.*

*\*Pre-populate with information from NIE surveys.*

60. What were the greatest challenges associated with participation in the study (e.g., random assignment, changes to intake, etc.)?
61. We would like to take this opportunity to learn from you about ways in which study teams can best support grantee staff implementing random assignment. Do you have any suggestions for ways to improve communication between grantee staff and study teams? Do have you have any other general suggestions about the research?

### **XIII. Closing**

*I'd like to close our discussion by asking you:*

*1) If there are ways in which you think [name of HPOG program] can improve anything about the overall design, trainings, or services; and*

*2) If you have any general advice for those designing programs like [name of HPOG program].*

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you'd like to communicate.*

**Appendix E: HPOG-NIE Grantee Survey**

*\*Pre-populate with information from NIE surveys.*



### Advance email to grantee representative

Dear **[Name of grantee representative]**:

As you may know, **[name of local HPOG program]** is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients secure well-paying healthcare jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of all HPOG program grantees. We are asking grantee representatives like you to complete a survey to help us better understand the structure and operations of **[name of local HPOG program]**. The survey should take you approximately four hours to complete. It asks about your program background and context, organizations with which you collaborate, and such program activities as marketing and outreach, intake and enrollment, training, and support services. Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from **[sender]**, and it will reference **[subject line]** in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

Abt Associates HPOG Project Director

The Paperwork Reduction Act Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0397, and it expires 08/31/2016. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Robin Koralek; Attn: OMB-PRA (0970-0397).

*\*Pre-populate with information from NIE surveys.*



## Health Profession Opportunity Grants (HPOG)

### Grantee Survey

As you may know, **[name of local HPOG program]** is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients secure well-paying healthcare jobs.

As part of the HPOG study, we are asking grantee representatives to complete a survey to help us better understand the structure and operations of **[name of local HPOG program]**. The survey should take you approximately four hours to complete. It asks about your program background and context, organizations with which you collaborate, and such program activities as marketing and outreach, intake and enrollment, training, and support services.

Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

### **[SURVEY ROADMAP AND INSTRUCTIONS WILL BE INSERTED ABOUT HERE]**

The Paperwork Reduction Act Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0397, and it expires 08/31/2016. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Robin Koralek; Attn: OMB-PRA (0970-0397).

*\*Pre-populate with information from NIE surveys.*

## Part A. Grantee Background

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

### 1.1. What type of organization is [name of grantee institution]?

(Please select only one answer.)

- State government agency
- Local government agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Community or technical college (includes community college district)
- Nonprofit (e.g., community or faith-based) service/training provider)
- For-profit or proprietary service/training provider
- Labor organization (e.g., union/ labor association/ labor federation)
- Other (Please specify): \_\_\_\_\_

### 1.2. HPOG and its exclusive dedication to training for the healthcare industry is often referred to as “sectoral” training. Thinking about [name of grantee institution]’s experience implementing healthcare training and/or other sectoral training programs...

(Please select only one answer in each row.)

	Yes	No
a. Before HPOG, my organization had never operated any type of sectoral training program – it was completely new to sectoral training.		
b. Before HPOG, my organization had operated a sectoral training program in a field other than healthcare.		
c. Before HPOG, my organization had operated sectoral training in healthcare – it was not new to sectoral training in healthcare.		
d. Currently, my organization is also operating a sectoral training program in a field other than healthcare.		

### 1.3. Before [name of local HPOG program], did [name of grantee institution] actively recruit and target services to any of the following groups?

If [name of grantee institution] did not actively recruit any of the following groups, please check this box.

[If Respondent checks box, skip to Part B]

(Please select only one answer in each row.)

	Yes	No
a. Low-income individuals		
b. Unemployed individuals		
c. TANF (Temporary Assistance for Needy Families) recipients		

\*Pre-populate with information from NIE surveys.

	Yes	No
d. SNAP (Supplemental Nutrition Assistance Program) recipients		
e. Individuals without a GED or high school diploma		
f. Limited English proficiency individuals		
g. Individuals with disabilities		
h. Incumbent workers (i.e., currently employed)		
i. Ex-offenders		
j. Homeless individuals		
k. Post-secondary students		
l. Single parents		
m. Non-custodial parents		
n. Veterans		
o. Victims of domestic violence		
p. Youth transitioning out of foster care		
q. Other target group (Please specify): _____		

\*Pre-populate with information from NIE surveys.

## Part B. Community Context

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

2.1. How would you classify the area(s) where [name of local HPOG program] offers services?  
(Please select all that apply.)

- Urban
- Suburban
- Rural

2.2. Which of the following describes [name of local HPOG program]'s catchment area?  
(Please select all that apply.)

- Single local workforce development area as defined under WIA
- More than one local workforce development area as defined under WIA
- A single city, town, or village
- Multiple cities, towns, or villages
- A single county
- Multiple counties
- Entire state
- Informally defined based on participant access
- Other (Please specify): \_\_\_\_\_

2.3. Thinking about your catchment area as a whole, which of the following statements best describes your public transportation resources?

2.3a. Public transportation to our service locations is readily available from:  
(Please select only one answer.)

- Everywhere in our catchment area
- Almost everywhere in our catchment area (~ 75 percent)
- Roughly half our catchment area
- Limited number of places in our catchment area (~ 25 percent)
- Nowhere in our catchment area

2.3b. Public transportation to major healthcare employers is readily available from:  
(Please select only one answer.)

- Everywhere in our catchment area
- Almost everywhere in our catchment area (~ 75 percent)
- Roughly half our catchment area
- Limited number of places in our catchment area (~ 25 percent)
- Nowhere in our catchment area

*\*Pre-populate with information from NIE surveys.*

**2.3c. Among the individuals that your organization seeks to serve:**

**(Please select only one answer.)**

- All have access to public transportation
- Almost all have access to public transportation (~ 75 percent)
- Roughly half have access to public transportation
- Few have access to public transportation (~ 25 percent)
- None have access to public transportation

*\*Pre-populate with information from NIE surveys.*

## Part C. Program Context

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

3.1. Which of the following statements best characterizes your [name of local HPOG program] program?

(Please select all that apply.)

- Expansion of a program that was already in place prior to the HPOG grant
- Designed “from scratch” to meet the specifications of the HPOG grant and the needs of our target population
- Based on a program already in place but with changes made to meet HPOG grant requirements or for other reasons
- Other (Please specify): \_\_\_\_\_

3.2. Does your program prescribe any “per participant” limits on any of the following?

(Please select only one answer in each row.)

	Yes	No	If yes, please specify:
a. Length of stay in the program			_____
b. Number of courses taken			_____
c. Tuition expenses			_____
d. Total HPOG grant dollars spent			_____
e. Total dollars spent			_____

3.3. Which of the following groups does [name of local HPOG program] actively recruit and target services to?

(Please select only one answer in each row.)

	Yes	No
a. Low-income individuals		
b. Unemployed individuals		
c. TANF (Temporary Assistance for Needy Families) recipients		
d. SNAP (Supplemental Nutrition Assistance Program) recipients		
e. Individuals without a GED or high school diploma		
f. Limited English proficiency individuals		
g. Individuals with disabilities		
h. Incumbent workers (i.e., currently employed)		
i. Ex-offenders		
j. Homeless individuals		
k. Post-secondary students		
l. Single parents		
m. Non-custodial parents		
n. Veterans		

\*Pre-populate with information from NIE surveys.

	Yes	No
o. Victims of domestic violence		
p. Youth transitioning out of foster care		
q. Other target group (Please specify): _____		

**3.4. Does [name of local HPOG program] have physical locations (distinct from on-line or by phone) for the following activities? Include all service providers, as appropriate.**

**(Please select only one answer in each row.)**

	Yes	No	Not Applicable (Activity not offered)
a. Obtaining program applications or information			
b. Submitting completed applications			
c. Meeting with a program representative during enrollment			
d. Completing required assessments			
e. Meeting with an academic advisor/counselor			
f. Meeting with a financial aid advisor/counselor			
g. Meeting with an advisor/counselor about supportive services			
h. Meeting with a career advisor/counselor			
i. Meeting with a job placement specialist			

**[IF ANY IN {3.4a – 3.4i} = YES, THEN ASK 3.5, ELSE SKIP TO 3.6]**

**3.5. How many physical locations are available for the following intake/enrollment activities? Include all service providers, as appropriate.**

**[AUTO-POPULATE WITH CATEGORIES SELECTED IN 3.4]**

	Number of Locations:
a. Obtaining program applications or information	
b. Submitting completed applications	
c. Meeting with a program representative during enrollment	
d. Completing required assessments	
e. Meeting with an academic advisor/counselor	
f. Meeting with a financial aid advisor/counselor	
g. Meeting with an advisor/counselor about supportive services	

*\*Pre-populate with information from NIE surveys.*

	Number of Locations:
h. Meeting with a <b>career advisor/counselor</b>	
i. Meeting with a job placement specialist	

**3.6. Which of the following statements best characterize your HPOG **service delivery system** with respect to healthcare training?**

**(Please select only one answer.)**

- Most healthcare training is offered in a single central location
- Healthcare training is offered in a limited number of locations
- Healthcare training is offered in many locations throughout our area

**3.7. Using a scale of 1 to 5, where 1 = Never and 5 = Always, how often are the following services physically co-located with healthcare training? If your program has multiple providers, select a single rating that best characterizes your service delivery system.**

**(Please select only one answer in each row.)**

	1 Never	2	3	4	5 Always
a. <b>Academic advising/counseling</b>					
b. Financial aid advising/counseling					
c. Advising/counseling about <b>support services</b>					
d. <b>Career advising/counseling</b>					
e. Job placement services					
f. <b>Basic skills instruction</b> , <b>GED</b> preparation, <b>ESL</b> , or other training activities					

**3.8. Do any of the following staff routinely travel from their regular offices to other training locations to provide services?**

**(Please select only one answer in each row.)**

	Yes	No
a. Staff who provide <b>academic advising/counseling</b>		
b. Staff who provide financial aid advising/counseling		
c. Staff who provide advising/counseling about <b>support services</b>		
d. Staff who provide <b>career advising/counseling</b>		
e. Staff who provide job placement services		

*\*Pre-populate with information from NIE surveys.*

## Part D. Perspectives on HPOG Mission & Healthcare Training Opportunities

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

4.1. On a scale of 1 to 5, where 1 = Not At All Available and 5 = Readily Available, please rate the current availability of the following healthcare training opportunities in the geographical area(s) [name of local HPOG program] serves. Please consider all healthcare training opportunities available, including [name of local HPOG program].

(Please select only one answer in each row.)

Current availability...	1 Not At All Available	2	3	4	5 Readily Available
a. Healthcare training opportunities that emphasize <b>career pathways</b>					
b. Healthcare training opportunities that target individuals with significant skill, education, and work experience deficits					
c. Healthcare training curricula that accommodate multiple learning modes and capabilities					
d. Healthcare training opportunities that are designed to accommodate <b>non-traditional student populations</b> (e.g. flexible schedules, accelerated programs)					
e. Opportunities to orient and acclimate <b>non-traditional student populations</b> to health professions (e.g. <b>internships, job fairs, apprenticeships</b> )					

4.2. Using a scale of 1 to 5, where 1 = Not At All Available and 5 = Readily Available, please rate the availability of the following healthcare training opportunities before your organization began [name of local HPOG program] in the geographical area(s) it serves.

(Please select only one answer in each row.)

Availability before HPOG...	1 Not At All Available	2	3	4	5 Readily Available
a. Healthcare training opportunities that emphasize <b>career pathways</b>					
b. Healthcare training opportunities that target individuals with significant skill, education, and work experience deficits					
c. Healthcare training curricula that accommodate multiple learning modes and capabilities					
d. Healthcare training opportunities that are designed to accommodate <b>non-traditional student populations</b> (e.g. flexible schedules, accelerated programs)					

\*Pre-populate with information from NIE surveys.

Availability before HPOG...	1 Not At All Available	2	3	4	5 Readily Available
e. Opportunities to orient & acclimate non-traditional student populations to health professions (e.g. internships, job fairs, apprenticeships)					

**4.3. Using a scale of 1 to 5, where 1 = Strongly Negative and 5= Strongly Positive, please indicate how the following circumstances or events have influenced the implementation and operation of [name of local HPOG program].**

						[4.3a]
	1 Strongly Negative	2	3 Neutral	4	5 Strongly Positive	Which of the following has been the most influential factor for the implementation and operation of [name of local HPOG program]?
	(Please select only one answer in each row.)					(Please select only one answer)
a. Increase in state funding for workforce development initiatives						
b. Decrease in state funding for training/education						
c. Change in political landscape or local policies						
d. Opening or expansion of prominent healthcare employer						
e. Unexpected economic decline (e.g., loss or contraction of prominent healthcare employer)						
f. General economic stabilization						
g. Emergence of other healthcare training options						
h. Loss of other healthcare training options						
i. Other (Please specify): _____						

**4.4. How has this factor ([AUTO-POPULATE WITH RESPONSE SELECTED IN 4.3a]) been influential?**

[Textbox, 1,000 character limit]

*\*Pre-populate with information from NIE surveys.*

**4.5. Thinking about the accessibility and quality of healthcare training opportunities for low-income individuals in your community, please rate how strongly you agree or disagree with the following statements about the result of receiving your HPOG award, using a scale of 1 to 5, where 1=Strongly Disagree and 5= Strongly Agree.**

**(Please select only one answer in each row.)**

As a result of receiving the HPOG award...	1 Strongly Disagree	2	3 Neutral (no change)	4	5 Strongly Agree
a. Employers are more likely to hire low-income individuals					
b. Low- income individuals in my community have more access to organizations that provide healthcare training					
c. Low-income individuals in my community have more access to organizations that provide support services around healthcare training					
d. Organizations in my community are more involved in recruiting low-income individuals for healthcare training					
e. Organizations in my community are more involved in training low-income individuals for healthcare professions					
f. Low-income individuals in my community have access to high quality healthcare training					
g. Low-income individuals in my community are better prepared to meet the local economy’s need for skilled healthcare workers					

*\*Pre-populate with information from NIE surveys.*

## Part E. Relationships with Other Organizations

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

Questions in this section ask about other organizations that are involved with [name of local HPOG program].

### ORGANIZATION CHARACTERISTICS AND RELATIONSHIPS

5.1. Based on information collected by your HPOG study liaison, we have compiled a list of organizations that are involved with or have supported [name of local HPOG program]. In the table below, please note the nature of each organization’s past role (at the planning and grant application stage) as well as their current role in [name of local HPOG program].

If an organization does not appear below, please add its name at the end of the table.

(Please select all that apply in each row, except if “Has Never Provided Services...” is checked.)

Organization	[5.1a] Involved With or Supported the Early Planning and Preparation of [name of local HPOG program] Grant Application	[5.1b] Involved With or Supported the Early Implementation and Operation of [name of local HPOG program] Activities (first year)	[5.1c] Continues to be Involved With or Supporter of [name of local HPOG program] Today	[5.1d] Has Never Been Involved With or Supporter of [name of local HPOG program]
a. [Organization #_Name]				
b. [Organization #_Name]				
c. [Organization #_Name]				
d. [Organization #_Name]				
e. [Organization #_Name]				
f. [Organization #_Name]				
g. [Organization #_Name]				
h. Please add names of additional organizations here [ADD ROWS AS NEEDED]				

The next questions ask about the nature of [Name of grantee institution]’s relationships with organizations that are involved with or have supported [name of local HPOG program]. We ask about [Name of grantee institution]’s relationships with these organizations at two points in time—before [Name of grantee institution] was awarded the HPOG grant in [GRANT\_AWARD\_DATE], and currently. [FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.2.]

\*Pre-populate with information from NIE surveys.

5.2. For the following organizations, how would you characterize the nature of your organizational relationship, before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	[5.2a] Formalized Relationship (e.g., formal memorandum of understanding (MOU) or contract)	[5.2b] Informal Collaboration	[5.2c] No Active Relationship Before the HPOG Grant
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.2c “NO ACTIVE RELATIONSHIP BEFORE THE HPOG GRANT” IS SELECTED SKIP TO 5.7]

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.3.]

5.3. How long had each of the following organizations collaborated with **[Name of grantee institution]**, before **[Name of grantee institution]** was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Less than a Year	1 to 5 Years	More than 5 Years
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.4.]

\*Pre-populate with information from NIE surveys.

5.4. How frequently did people from your organization interact with the organizations below, before [Name of grantee institution] was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Never	On an “As-Needed” Basis	About Once a Quarter	Once a Month	2 to 3 Times per Month	Once per Week	More Than Once per Week
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]							

[FOR EACH ORGANIZATION, IF 5.4= “NEVER” IS NOT SELECTED, ASK 5.5.]

5.5. What type of contact occurred with each of the following organizations before [Name of grantee institution] was awarded the HPOG grant?

(Please select all that apply in each row.)

Organization	Email	One-on-One Call	Group Conference Call	In Person Meeting
[POPULATE WITH ORGANIZATIONS FROM 5.4 WHERE 5.4 = “NEVER” IS NOT SELECTED]				

[FOR EACH ORGANIZATION, IF 5.1d “NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.6.]

\*Pre-populate with information from NIE surveys.

5.6. How helpful was each organization in supporting the achievement of your organization’s objectives, before [Name of grantee institution] was awarded the HPOG grant, using a scale of 1 to 5, where 1=Not At All Helpful and 5= Very Helpful?

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don't Know
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]						

We will now ask a similar set of questions about your CURRENT relationship with these organizations. We will ask you to focus on the relationships surrounding [name of local HPOG program] between your organization and each of the organizations listed below.

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” IS NOT SELECTED, ASK 5.7.]

5.7. Currently, how would you characterize the nature of your organizational relationship with the following organizations?

(Please select only one answer in each row.)

Organization	Formalized Relationship (e.g., formal memorandum of understanding (MOU) or contract)	Informal Collaboration	No Active Relationship
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]			

[FOR EACH ORGANIZATION, IF 5.7c “NO ACTIVE RELATIONSHIP” IS NOT SELECTED, ASK 5.8.]

\*Pre-populate with information from NIE surveys.

5.8. **Currently**, how frequently do [name of local HPOG program] staff from your organization interact with the organizations below?

(Please select only one answer in each row.)

Organization	Never	On an “As-Needed” Basis	About Once a Quarter	Once a Month	2 to 3 Times per Month	Once per Week	More Than Once per Week
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]							

[FOR EACH ORGANIZATION, IF 5.8= “NEVER” IS NOT SELECTED, ASK 5.9.]

5.9. **Currently**, what type of contact occurs with each of the following organizations?

Organization	Email	One-on-One Call	Group Conference Call	In Person Meeting
[POPULATE WITH ORGANIZATIONS FROM 5.8 WHERE 5.8 = “NEVER” IS NOT SELECTED]				

[FOR EACH ORGANIZATION, IF 5.7c “NO ACTIVE RELATIONSHIP” IS NOT SELECTED, ASK 5.10.]

5.10. **Currently**, how helpful is each organization below in supporting the achievement of your organization’s objectives, using a scale of 1 to 5, where 1=Not At All Helpful and 5= Very Helpful?

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don’t Know
[POPULATE WITH ORGANIZATIONS FROM 5.1 WHERE 5.1d IS NOT SELECTED]						

\*Pre-populate with information from NIE surveys.

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	0 Don't Know

[FOR EACH ORGANIZATION, IF 5.1d “HAS NEVER BEEN INVOLVED WITH...” OR 5.2c “NO ACTIVE RELATIONSHIP BEFORE THE HPOG GRANT” IS NOT SELECTED, ASK 5.11.]

5.11. Since [Name of grantee institution] received the HPOG grant, has your organization’s relationship with each organization expanded, diminished, or remained unchanged, compared to before [Name of grantee institution] was awarded the HPOG grant?

(Please select only one answer in each row.)

Organization	Expanded	Diminished	Remained Unchanged
[POPULATE WITH ORGANIZATIONS WHERE 5.1d OR 5.2c IS NOT SELECTED]			

\*Pre-populate with information from NIE surveys.

**SUSTAINABILITY OF RELATIONSHIPS WITH OTHER ORGANIZATIONS**

The following questions ask about the sustainability of existing relationships with other organizations that are involved with **[name of local HPOG program]** after the HPOG grant period ends.

5.12. On a scale of 1 to 5, where 1=Strongly Disagree and 5= Strongly Agree, please indicate the extent to which you agree with the following statements about the sustainability of **[Name of grantee institution]**'s relationships with other organizations that are involved with **[name of local HPOG program]**, after the HPOG grant period ends.

Here, we are asking that you generalize about your relationship with the group of organizations that are involved with your HPOG program rather than each one individually.

(Please select only one answer in each row.)

After the end of the HPOG grant period...	1 Strongly Disagree	2	3	4	5 Strongly Agree	0 Don't Know
a. Existing <b>HPOG partners</b> will continue to work with my organization to provide healthcare training to <b>low income individuals</b> in the community						
b. Existing <b>HPOG partners</b> will continue to work with my organization to provide <b>support services</b> for <b>sectoral training programs</b>						
c. Other <u>(Please specify)</u> : _____						

\*Pre-populate with information from NIE surveys.

**5.13. On a scale of 1 to 5, where 1=Not a challenge and 5=A serious challenge, please rate the extent to which the following factors could make it challenging for [Name of grantee institution] to sustain relationships with other organizations involved in [name of local HPOG program], after the HPOG grant period ends. Here, we are asking about your overall perceptions of the factors that could make it challenging to sustain relationships with these organizations.**

**(Please select only one answer in each row.)**

	<b>1</b> Not a Challenge	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> A Serious Challenge
a. Leadership changes in partner organizations					
b. Lack of shared goals					
c. Unfavorable economic conditions					
d. Lack of resources in partner organizations (e.g., budget, staff, equipment, space)					
e. Other (Please specify): _____					

*\*Pre-populate with information from NIE surveys.*

## Part F. Marketing & Outreach

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

This section asks about the outreach and marketing strategies that [name of local HPOG program] uses to recruit potential participants. This may include referrals from other organizations, advertisements, information sessions, word of mouth, etc.

6.1. Which of the following are part of [name of local HPOG program]'s strategy to inform your community and potential participants about the program?

(Please select all that apply.)

### Traditional media

- TV or radio public service announcements
- Toll-free informational hotlines
- Direct mail campaigns
- Distribution of print materials

### Internet-based strategy

- Use of grantee/partner websites
- Facebook, Twitter, other social media

### Other

- Partnerships with or referrals from employers
- Partnerships with or referrals from professional and industry organizations
- Referrals from TANF agencies
- Referrals from Workforce Investment Board or One-Stop Career Centers
- Referrals from secondary schools/school districts
- Referrals from post-secondary institutions
- Referrals from community/faith-based organizations
- Door-to-door outreach
- In-person presentations in the community
- Word of mouth
- Other (Please specify): \_\_\_\_\_

*\*Pre-populate with information from NIE surveys.*

6.2a. Which of the following activities do your organization and/or [name of local HPOG program] perform?  
 (Please select all that apply in each row—check “none” if none.)

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency’s/ Organization’s Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
a. [Grantee_Name_Institution]								
b. [Name of local HPOG program]								

6.2b. Which of the following activities do your partner organizations perform for [name of local HPOG program]?  
 (Please select all that apply in each row—check “none” if none.)

[AUTO-POPULATE WITH ORGANIZATIONS WITH CURRENT INVOLVEMENT i.e. 5.1c IS SELECTED]

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency’s/ Organization’s Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
a. [Partner#_Name]								
b. [Partner#_Name]								
c. [Partner#_Name]								
d. [Partner#_Name]								

	Develop [name of local HPOG program] Outreach Materials	Conduct Presentations about [name of local HPOG program] in the Community	Sponsor [name of local HPOG program] Presentations On-Site	Review [name of local HPOG program] during Orientation for Agency's/ Organization's Services	Review [name of local HPOG program] during Assessment and Counseling Sessions	Refer Applicants to [name of local HPOG program]	Refer Current Employees to [name of local HPOG program]	None
e. [Partner#_Name]								
f. [Partner#_Name]								
g. [Partner#_Name]								
h. [Partner#_Name]								

6.3. Using a scale of 1 to 5, where 1 = Not a challenge and 5 = A serious challenge, please rate the extent to which the following issues affect participant recruitment levels in [name of local HPOG program] (if any).

(Please select only one answer in each row.)

	1 Not a Challenge	2	3	4	5 A Serious Challenge
a. Difficulty in finding eligible participants					
b. Insufficient resources devoted to outreach and recruitment					
c. Difficulty in finding candidates with interest in health professions					
d. Low or inadequate basic skill levels of applicants					
e. Problems with transportation or location					
f. Problems with class schedules or off-hours availability of services					
g. Inadequate child care options					
h. Availability of other training options besides [name of local HPOG program]					
i. Prospective applicant's need to work, which limits feasibility of enrolling in training.					
j. Insufficient referrals from partner community-based organizations					
k. Insufficient referrals from partner employers/employer organizations					
l. Insufficient referrals from partner(s) in the workforce system					
m. Insufficient referrals from TANF agency					
n. Other (Please specify): _____					

## Part G. Intake and Enrollment

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

7.1. Which of the following schedules does your organization use for accepting applications to [name of local HPOG program]?

(Please select only one answer.)

- Continuous schedule (e.g., accept applications throughout the year)
- Fixed interval schedule (e.g. accept applications only during a specified time period, such as before the beginning of the next school semester/term)
- Other (Please specify): \_\_\_\_\_

7.2. Where are [name of local HPOG program] applications available for prospective applicants? (Please select only one answer in each row.)

	Yes	No
a. Online (including email from staff)		
b. TANF offices		
c. SNAP offices		
d. One Stop Career Centers		
e. Unemployment Insurance offices		
f. Public housing authority/office		
g. Agencies serving the homeless		
h. Community colleges		
i. Secondary schools		
j. Proprietary training schools		
k. Head Start program locations		
l. Agencies serving immigrants		
m. Community action agencies		
n. Hospitals		
o. Health clinics		
p. Other (Please specify): _____		

**7.3. How can applicants submit completed applications?**

(Please select only one answer in each row.)

	Yes	No
a. Online (via website or submission portal)		
b. Email		
c. Fax		
d. Telephone		
e. U.S. Mail		
f. In person (e.g., at orientation, during intake, or at a program office)		
g. Other (Please specify): _____		

**7.4. Does [name of local HPOG program] require applicants to undergo any of the following screenings?**

(Please select only one answer in each row.)

	All Applicants	Some Applicants/Vari es by Provider	None
a. Background check for felonies			
b. Background check for misdemeanors			
c. Drug screening			
d. Physical or other medical exam			
e. Other (Please specify): _____			

**7.5a. During the application process, (but prior to enrollment) are applicants to [name of local HPOG program] required to participate in a group or one-on-one orientation that uses a standard explanation of the program and/or the application process (e.g., application forms and required documentation, program services and requirements for participants)?**

(Please select only one answer.)

- Yes
- No

[IF 7.5a =YES, GO TO 7.5b; ELSE SKIP TO 7.6]

**7.5b. How frequently are these orientation sessions held?**

**(Please select only one answer.)**

- More than once per week
- Once per week
- 2 to 3 times per month
- Once a month
- About once a quarter
- Rarely, but at least one time over the course of the program
- On an “as-needed” basis

**7.5c. On average, about how long do these orientation sessions last?**

\_\_\_\_\_ hours    \_\_\_\_\_ minutes

**7.5d. What are the formats for these “orientation” session(s)?**

**(Please select only one answer in each row.)**

	Yes	No
a. In-person, group presentation		
b. Group presentation via conference call or webinar		
c. Individual, in-person interview with HPOG staff member		
d. Individual, phone interview with HPOG staff member		
e. Individual, via email or other electronic format with HPOG staff member		

**7.5e. Who conducts these orientation sessions?**

**(Please select all that apply.)**

- HPOG program staff
- HPOG referral partners (e.g., TANF agency, educational institutions)
- HPOG service providers
- Other (Please specify): \_\_\_\_\_

## PROGRAM ELIGIBILITY

**7.6. Does your program require applicants to have a **GED** or high school diploma? If your HPOG program has multiple providers and requirements vary by providers, select the response that best describes the most common approach.**

**(Please select only one answer.)**

- Yes
- No

**7.7a. Does your program require applicants to have a minimum reading and/or math grade level? If your HPOG program has multiple providers and requirements vary by providers, provide a single rating that best describes the requirements.**

**(Please select only one answer.)**

- Minimum reading level
- Minimum math level
- Both reading and math level minimums
- No minimum reading or math requirements

**[IF MINIMUM READING LEVEL SELECTED, PRESENT 7.7b]**

**[IF MINIMUM MATH LEVEL SELECTED, PRESENT 7.7c]**

**[IF BOTH SELECTED, PRESENT 7.7b AND 7.7c]**

**[IF NO MINIMUM READING OR MATH REQUIREMENTS IS SELECTED, SKIP TO 7.8a]**

**7.7b. What is the minimum reading grade level your program requires?**

**(Please select only one answer.)**

- 4th grade or equivalent
- 5th grade or equivalent
- 6th grade or equivalent
- 7th grade or equivalent
- 8th grade or equivalent
- 9th grade or equivalent
- 10th grade or higher

**7.7c. What is the minimum math grade level your program requires?**

**(Please select only one answer.)**

- 4th grade or equivalent
- 5th grade or equivalent
- 6th grade or equivalent
- 7th grade or equivalent
- 8th grade or higher
- 9th grade or equivalent
- 10th grade or higher

**7.8a. Which of the following factors does [name of local HPOG program] use in determining financial eligibility?**

(Please select all that apply.)

- Federal poverty level (1)
- Household income (2)
- Individual income (3)
- Individual earnings (4)
- Eligible for TANF (5)
- Eligible for SNAP (6)
- Other (Please specify): \_\_\_\_\_ (7)

**7.8b. What threshold has your program established to determine eligibility?**

[Present those items corresponding in number to those selected above in 7.8a.]

- a. Percent of the federal poverty level: \_\_\_\_\_% (1)
- b. Household income: \$ \_\_\_\_\_ (2)
- c. Individual income: \$ \_\_\_\_\_ (3)
- d. Individual earnings: \$ \_\_\_\_\_ (4)
- e. Other (Please specify): \_\_\_\_\_ (7) [AUTO-POPULATE "OTHER" WITH RESPONSE IN 7.8a]

**7.9. Which of the following types of documentation are applicants to [name of local HPOG program] required to submit with their application to verify their eligibility?**

(Please select only one answer in each row.)

	Yes	No
a. Proof of social security number		
b. Proof of residential address		
c. Proof of citizenship/alien status		
d. Proof of age/birthdate		
e. Proof of individual/family income or earnings		
f. Proof of individual status/family size		
g. Proof of public assistance		
h. Proof of selective service registration		
a. Other (Please specify): _____		

**7.10a. Are applicants to [name of local HPOG program] required to apply for a Pell Grant?**

(Please select only one answer.)

- Yes
- No

[IF 7.10a=YES, GO TO 7.10b; ELSE SKIP TO 7.11]

**7.10b. Does your organization or one of its HPOG partners offer applicants assistance completing the Free Application for Federal Student Aid (FAFSA) form?**

(Please select only one answer.)

- Yes
- No

**ASSESSMENTS**

**7.11. As part of the intake or enrollment process, does [name of local HPOG program] require assessment or screening of the following areas?**

(Please select only one answer in each row.)

	Yes	No
a. Basic academic skills		
b. Learning styles		
c. Career aptitudes		
d. Career interests		
e. English language proficiency		
f. Support service needs		
g. Job-readiness or “soft skills” (e.g., problem solving, appropriate workplace behavior)		
h. Life skills (e.g., time management, personal hygiene)		
i. Coping skills		
j. Social skills (e.g., interpersonal skills)		
k. Motivation		
l. Other (Please specify): _____		

**7.12. As part of your program’s intake or enrollment process, does [name of local HPOG program] require any of the following formal assessments?**

(Please select only one answer in each row.)

	Yes	No
a. TABE (Test of Adult Basic Education)		
b. CASAS (Comprehensive Adult Student Assessment Systems)		
c. WorKeys		
d. COMPASS		
e. ACCUPLACER		
f. Other (Please specify): _____		

**7.13a.** In addition to meeting the **eligibility criteria** discussed above, does your program’s **intake process** also include an evaluation of an applicant’s general suitability for **[name of local HPOG program]** (e.g., comfort with healthcare work, personal circumstances and motivation that allow for productive participation and completion)?

(Please select only one answer.)

- Yes
- No

**[IF 7.13a = YES, GO TO 7.13b; ELSE SKIP TO 7.14]**

**7.13b.** What are the **three** most important criteria your program uses when evaluating an applicant’s general suitability?

Criterion 1: \_\_\_\_\_

Criterion 2: \_\_\_\_\_

Criterion 3: \_\_\_\_\_

**7.13c.** How is this “suitability” review conducted?

(Please select only one answer in each row.)

	Yes	No
a. One-on-one interview		
b. Group interview		
c. Results of <b>[PRE-FILL FROM 7.12, IF 7.12=YES; ADD MULTIPLE ROWS AS NEEDED]</b>		
d. Other screening(s) or assessment(s)		

**[IF 7.13c.d.=YES, GO TO, 7.13c.1; ELSE SKIP TO 7.13d.]**

**7.13.c.1.** Which of the following statements describe the other type(s) of “suitability” screening(s) or assessment(s) used for the “suitability” review?

(Please select all that apply.)

- Created exclusively for **[name of local HPOG program]**
- Adapted from an existing program for **[name of local HPOG program]**
- Considered “off-the-shelf” assessments

**7.13d.** Among applicants who meet the **eligibility criteria** for **[name of local HPOG program]**, approximately what percentage are found to be not “suitable” for the program?

(Please select only one answer.)

- Less 5 percent
- 5–10 percent
- 11–20 percent
- 21–30 percent
- More than 30 percent

**7.14. Are any of the following supports available to facilitate the application/intake process?**

**(Please select all that apply.)**

- Application forms in other languages
- Bilingual intake staff
- Translators
- Transportation assistance to attend orientations or initial meetings (e.g., gas reimbursement, bus passes)
- Child care while applicants attend orientation sessions
- Other (Please specify): \_\_\_\_\_
- None of the above

**7.15a. Do applicants and program staff discuss support service needs (e.g., assistance with child care, transportation, and other supports to facilitate participation) during the application process?**

**(Please select only one answer in each row.)**

- Yes
- No, this is generally discussed after enrollment

**[IF 7.15a =YES, GO TO 7.15b; ELSE SKIP TO 7.16a]**

**7.15b. What is the setting for these discussions?**

**(Please select all that apply.)**

- In-person meeting with program staff member
- Phone meeting with program staff member
- Other (Please specify): \_\_\_\_\_

**7.16a. During the application/intake period (from initial orientation to formal acceptance into the program), about how many separate in-person or phone meetings (orientations, interviews, reviews, etc.) do [name of local HPOG program] applicants take part in, on average?**

\_\_\_\_\_ number of required meetings (including in-person and phone meetings)

\_\_\_\_\_ average number of total meetings (including in-person and phone meetings)

**7.16b. How many of the required meetings are in-person meetings?**

**(Please select only one answer.)**

- None
- 1
- 2-3
- 4 or more

7.17. On average, how long does it take to complete the application/intake process – that is, how many months/weeks/days from initial meeting to official acceptance? (Do not include time after acceptance waiting for services to begin). If there is substantial variation across training programs, or individual partners’ intake procedures, provide an approximation.

\_\_\_\_\_ # months/weeks/days [PRESENT UNITS (MONTHS/WEEKS/DAYS) IN DROP-DOWN MENU, MAY USE ONLY ONE UNIT FOR RESPONSE]

7.18. Among applicants who are officially accepted into [name of local HPOG program], approximately what percentage typically drop out or not show up before program services begin?

(Please select only one answer.)

- Less than 5 percent
- 5-10 percent
- 11 - 20 percent
- 21-30 percent
- More than 30 percent

7.19. Thinking about the intake and enrollment process as a whole, how strongly do you agree or disagree with the following statements?

(Please select only one answer in each row.)

	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Our program’s intake/enrollment process needs to be simplified or streamlined					
b. Our program’s intake/enrollment process is more difficult than it needs to be					
c. Our program’s intake/enrollment process does a good job of selecting appropriate candidates that can be successful					

## Part H. Education and Training

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

This section asks about the education and training courses offered by [name of local HPOG program].

### CORE CURRICULUM: PRE-TRAINING ACTIVITIES

8.1. For each **pre-training activity**, please tell us if it was created exclusively for [name of local HPOG program], adapted from an existing program for [name of local HPOG program], or used in other programs besides [name of local HPOG program].

Pre-Training Activity [PRE-FILL FROM PRS AS APPROPRIATE]	Course, Workshop, Service				
	Offered by [name of local HPOG program] (Please select only one answer in each row.)		Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from an Existing Program for [name of local HPOG program]	Is Considered "Off the Shelf" and Used in Other Programs
	Yes	No	(Please select only one answer in each row.)		
a. <b>Orientation</b> or Introduction to Healthcare Careers or Occupations [PRS ITEM]					
b. <b>College Skills Training</b> [PRS ITEM]					
c. <b>Prerequisite Subject Courses</b> Prior to Entering Occupational Program (e.g. Math, Biology) [PRS ITEM]					
d. <b>Financial literacy</b> workshop [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					
e. <b>Soft skills</b> training [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					
f. <b>Computer/ technological</b> skills training [DOES NOT APPEAR IN PRS; ALL GRANTEES WILL SEE THIS ITEM]					
g. Other (Please specify): _____					

8.2. How are these pre-training activities offered?

Pre-training Activity [PREFILL FROM 8.1]	[IF R SELECTS, "REQUIRED OF ALL HPOG PARTICIPANTS," GO TO 8.3. ELSE, SEE FOLLOW-UP QUESTIONS]			[IF R SELECTS "REQUIRED OF SOME HPOG PARTICIPANTS," ASK...]			[IF R SELECTS "VOLUNTARY FOR ALL HPOG PARTICIPANTS," ASK...]	
	Required of All [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants	Voluntary for All [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants Based on Assessment Results	Required of Some [name of local HPOG program] Participants Based on Occupational Training Choice	Required of Some [name of local HPOG program] Participants Based on Other Criteria (please specify criteria used)	Voluntary but Encouraged by Case Manager/Counselor for at Least Some Participants	Voluntary Based on Expressed Interest/Needs of Participant
	(Please select only one answer.)			(Please select all that apply.)			(Please select all that apply.)	
a. Orientation or Introduction to Healthcare Careers or Occupations [PRS ITEM]								
b. College Skills Training [PRS ITEM]								
c. Prerequisite Subject Courses Prior to Entering Occupational Program (e.g. Math, Biology) [PRS ITEM]								
d. Financial literacy workshop [DOES NOT APPEAR IN PRS]								
e. Soft skills training [DOES NOT APPEAR IN PRS]								

	[IF R SELECTS, "REQUIRED OF ALL HPOG PARTICIPANTS," GO TO 8.3. ELSE, SEE FOLLOW-UP QUESTIONS]			[IF R SELECTS "REQUIRED OF SOME HPOG PARTICIPANTS," ASK...]			[IF R SELECTS "VOLUNTARY FOR ALL HPOG PARTICIPANTS," ASK...]	
Pre-training Activity [PREFILL FROM 8.1]	Required of <u>All</u> [name of local HPOG program] Participants	Required of <u>Some</u> [name of local HPOG program] Participants	Voluntary for <u>All</u> [name of local HPOG program] Participants	Required of Some [name of local HPOG program] Participants Based on Assessment Results	Required of Some [name of local HPOG program] Participants Based on Occupational Training Choice	Required of Some [name of local HPOG program] Participants Based on Other Criteria (please specify criteria used)	Voluntary but Encouraged by Case Manager/Counselor for at Least Some Participants	Voluntary Based on Expressed Interest/Needs of Participant
	(Please select only one answer.)			(Please select all that apply.)			(Please select all that apply.)	
f. Computer/technological skills training [DOES NOT APPEAR IN PRS]								
h. Other (Please specify): _____								

**CORE CURRICULUM: BASIC SKILLS INSTRUCTION**

[IF BASIC SKILLS INSTRUCTION NOT OFFERED (ACCORDING TO PRS), DO NOT ASK 8.3.THROUGH 8.6. SKIP TO 8.7]

8.3. For each **basic skills** instruction offering, please tell us if it was created exclusively for [name of local HPOG program], adapted from an existing program for [name of local HPOG program], or is used in other programs beside [name of local HPOG program].

Basic Skills Instruction [PRE-FILL FROM PRS]	Course		
	Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from An Existing Program for [name of local HPOG program]	Is Considered "Off the Shelf" and Used in Other Programs
	(Please select only one answer in each row.)		
a. General Equivalency Degree (GED) Classes [PRS ITEM]			
b. Pre-GED Classes [PRS ITEM]			
c. English as a Second Language (ESL) Instruction [PRS ITEM]			
d. Adult Basic Education [PRS ITEM]			
e. Other (Please specify): _____			

8.4. How are these basic skills instruction offered?

Basic Skills Instruction [PREFILL FROM 8.3]				Required of [name of local HPOG program] Participants Based on Assessment Results	Required of [name of local HPOG program]Partic ipants Based on Occupational Training Choice	Required of HPOG Participants Based on Other Criteria (please specify criteria used)	Voluntary but May be Strongly Encouraged by Case Manager/Cou nselor	Voluntary Based on Expressed Interest/Needs of Participant
				(Please select all that apply.)			(Please select all that apply.)	
a. General Equivalency Degree (GED) Classes [PRS ITEM]								
b. Pre-GED Classes [PRS ITEM]								
c. English as a Second Language (ESL) Instruction [PRS ITEM]								
d. Adult Basic Education [PRS ITEM]								
e. Other (Please specify): _____								

**8.5. On a scale of 1 to 5, where 1=Not At All Important and 5=Very Important, how do you rate the following goals as they relate to your basic skills instruction offerings?**

**(Please select only one answer in each row.)**

Basic Skills Instruction Goals	1 Not At All Important	2	3	4	5 Very Important
a. Provide a general refresher in competency areas that underlie occupational training					
b. Help obtain a high school diploma or GED					
c. Ensure that HPOG enrollees meet established competency thresholds in key areas					
d. Strengthen specific competencies that directly link to occupational training courses					
e. Prepare students for college-level coursework					
f. To prepare students for increased use of technology based learning					
g. Other (Please specify): _____					

**8.6. Which statement best describes [name of local HPOG program]’s approach to the delivery of basic skills instruction?**

**(Please select all that apply.)**

- Basic skills instruction is integrated into the occupational training instruction
- Basic skills instruction is provided as stand-alone components taken independently of health and vocational education/ training activities
- Integration of basic skills instruction and health and vocational education/ training activities varies by provider

**CORE CURRICULUM: HEALTH AND VOCATIONAL EDUCATION/ TRAINING ACTIVITIES**

**8.7. Which of the following factors describe the range of health or vocational education/training options offered by [name of local HPOG program]?**

**(Please select all that apply.)**

- We offer training options that provide credentials that are "stackable" with other available training
- We offer a set of training options that support a single career pathway
- We offer a set of training options that support multiple career pathways
- We offer a range of training activities that can be pursued independently
- Other (Please specify): \_\_\_\_\_

**8.8a. Are any of the health or vocational education/training activities that are offered by [name of local HPOG program] created exclusively for [name of local HPOG program] or adapted from an existing program for [name of local HPOG program]?**

- Yes
- No

**[IF 8.8a=YES, GO TO 8.8b; ELSE SKIP TO 8.9]**

8.8b. For each health or vocational education/training activity, please tell us if it was created exclusively for [name of local HPOG program], or adapted from an existing program for [name of local HPOG program]. Please also tell us if any of these activities are available exclusively to HPOG participants.

Heath or Vocational Education/Training Activity [PREFILL FROM PRS, AS APPROPRIATE. ACTIVITIES LISTED BELOW ARE SELECTED EXAMPLES FROM THE PRS]	Training Activity...			Available to ...	
	Was Created Exclusively for [name of local HPOG program]	Was Adapted or Modified from an Existing Program for [name of local HPOG program]		[name of local HPOG program] Participants Only	[name of local HPOG program] Participants and Other Students
	(Please select only one answer in each row.)			(Please select only one answer in each row.)	
a. Registered Nurses					
b. Phlebotomists					
c. Dental Hygienists					
d. Surgical Technologist					
e. Cardiovascular Technologists and Technicians					
f. ...					
g. Other (Please specify): _____					

8.9. For the following health or vocational education/training activities offered by [name of local HPOG program], please indicate if they are available...

(Please select all that apply in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	During the Work Day	In the Evening	On Weekends
a. Registered Nurses			
b. Phlebotomists			
c. Dental Hygienists			
d. Surgical Technologist			
e. Cardiovascular Technologists and Technicians			
f. ...			

8.10. Were any of the health or vocational education/training activities offered by [name of local HPOG program], purposely designed (or redesigned/compressed) for accelerated completion?

(Please select only one answer.)

- Yes
- No

[IF 8.10=YES, GO TO 8.11; ELSE SKIP TO 8.12a]

8.11. For each of the following health or vocational training activities offered by [name of local HPOG program], please indicate if they have been purposely designed (or redesigned/compressed) for accelerated completion?

(Please select only one answer in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Yes	No
a. Registered Nurses		
b. Phlebotomists		
c. Dental Hygienists		
d. Surgical Technologist		
e. Cardiovascular Technologists and Technicians		
f. ...		

**8.12. For each health or vocational education/training activity, please** characterize the two methods of service delivery used for the most HPOG participants.

**(Please select the two most common options in each row.)**

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Large Group Instruction (8 or more students at one time)	Small Group Instruction (fewer than 8 students at one time)	Individualized (One-on-One) Instruction	Labs or Other "Hands-on" Exercises	Self-Paced Instruction	Online Courses/Tutorials	Other (Please specify):
a. Registered Nurses							_____
b. Phlebotomists							_____
c. Dental Hygienists							_____
d. Surgical Technologist							_____
e. Cardiovascular Technologists and Technicians							_____
f. ...							_____

8.13. For each of the following health or vocational education/training activities offered by [name of local HPOG program], please indicate if any of the following are offered.

(Please select all that apply in each row.)

Health or Vocational Education/Training Activity [PREFILL FROM PRS]	Clinical Section that is Part of a Course	Internships	Volunteer Positions	Other (Please specify):	Not Offered
a. Registered Nurses				_____	
b. Phlebotomists				_____	
c. Dental Hygienists				_____	
d. Surgical Technologist				_____	
e. Cardiovascular Technologists and Technicians				_____	
f. ...				_____	

8.14. Which of the following functions do your organization and/or your **partners** perform to provide HPOG participants with health or vocational education/training activities?

(Please select all that apply in each row, except if “Organization is not involved in vocation or occupational training provision” is checked.)

**[AUTO-POPULATE WITH ORGANIZATIONS WITH CURRENT INVOLVEMENT I.E. 5.1.c IS SELECTED]**

Organization	Provide Healthcare Trainings	Provide Faculty or Instructors	Provide Training Space	Provide Training Equipment	Provide Learning Technologies (e.g., learning management system, online tutoring software, online discussion board, wikis, course blogs)	Provide Work-Based Learning Opportunities (e.g. <b>clinical</b> s, <b>internships</b> , on the job training)	Organization Does not Provide Health or Vocational Education/Training Activities
a. [Grantee_Name_Institution]							
b. [Partner#_Name]							
a. [Partner#_Name]							
b. [Partner#_Name]							
c. [Partner#_Name]							
d. [Partner#_Name]							
e. [Partner#_Name]							
f. [Partner#_Name]							
g. [Partner#_Name]							

**ACADEMIC COUNSELING AND ADVISING SERVICES**

This section asks about the academic counseling and advising services offered by [name of local HPOG program].

8.15. Which of the following academic counseling and advising services are routinely offered by [name of local HPOG program]?

(Please select all that apply.)

- Academic/career counseling
- Tutoring
- Other, (Please specify): \_\_\_\_\_ [ADD UP TO THREE "OTHER, SPECIFY" RESPONSE OPTIONS]
- [Name of local HPOG program] does not routinely provide academic counseling and advising services

[IF "DOES NOT ROUTINELY PROVIDE ACADEMIC COUNSELING..." IS SELECTED IN 8.15, SKIP TO 8.19]

8.16. You indicated earlier that the following academic counseling and advising services are available to HPOG participants. Is participation in these services required or voluntary for HPOG participants?

(Please select only one answer in each row.)

<b>Academic Counseling and Advising Services</b> [PREFILL WITH OPTIONS SELECTED IN 8.15]	Required for All HPOG Participants	Required for Some HPOG Participants Based on Established Criteria	Available to all HPOG Participants on a Voluntary Basis
a. Academic/career counseling			
b. Tutoring			
Other [AUTO-POPULATE WITH "OTHER" FROM 8.15]			

8.17. How do you provide the following **academic counseling and advising services**?  
(Please select all that apply in each row.)

Academic Counseling and Advising Services [PREFILL WITH OPTIONS SELECTED IN 8.15]	Method of Delivery					
	Group Setting, In-person	Group Setting via Conference Call or Webinar	One-on-One Session, In-Person with a Staff Member	One-on-One Session, Over the Phone with a Staff Member	One-on-one session via electronic format (e.g., email, online live discussions via chat rooms, instant messaging)	Other (Please specify):
a. Academic/career counseling						_____
b. Tutoring						_____
c. Other [AUTO-POPULATE WITH "OTHER" FROM 8.15]						_____

[FOR EACH TRAINING ACTIVITY, IF "GROUP SETTING" or "ONE-ON-ONE.." IS SELECTED IN 8.17, ASK 8.18; ELSE SKIP TO 8.19]

8.18. Which of the following statements describes the staff responsible for **academic counseling and advising services**? If **academic counseling and advising services** are offered by more than one provider, please select the most common approach.

(Please select only one answer.)

- Staff responsible for **academic counseling and advising services** are provided by **[Grantee\_Name\_Institution]** (Please select only one answer.)
  - [Grantee\_Name\_Institution]** has dedicated staff who provide these services
  - [Grantee\_Name\_Institution]** has staff who provide **academic counseling and advising services** integrated with broader personal and career **counseling services**
- Staff responsible for **academic counseling and advising services** are provided by partner organizations (Please select only one answer.)
  - Health or vocational education/training partners
  - Basic skills instruction** partners
  - Both
- Other (Please specify): \_\_\_\_\_

**8.19. Thinking about your training providers as a group, please check the three most common ways in which HPOG participants receive academic support while engaged in occupational training beyond that which is provided during regular classroom hours.**

**(Please select 3 most common options.)**

- Spend extra one-on-one time with the instructor
- Attend group study or “help” sessions
- Assigned a tutor by our organization
- Assigned a tutor by the training institution
- Referred by instructor to an academic counselor or case manager to determine the best next steps
- Referred by instructor to an academic “help” center at the training institution
- Provided additional “self-study” resources
- Other (Please specify): \_\_\_\_\_

**8.20. Does [name of local HPOG program] offer non-cash incentives to participants for achieving program milestones (e.g. training completion, maintaining a certain GPA level or attendance rate)?**

**(Please select only one answer.)**

- Yes
- No

**[IF 8.20=YES, ASK 8.21; ELSE SKIP TO 8.22]**

**8.21. Using a scale of 1 to 5, where 1 = Not At All Effective and 5 = Very Effective, how effective do you believe these non-cash incentives are in encouraging participants to achieve the desired program milestones?**

**(Please select only one answer.)**

1	2	3	4	5
Not At All Effective				Very Effective

**8.22. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.**

**(Please select only one answer in each row.)**

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Pre-training activities					
b. Basic skills instruction					
c. Health or vocational education/training activities					
d. Academic counseling and advising services					

## Part I. Support Services

[INSERT THE FOLLOWING AS A SUB-HEADING]: [name of grantee institution], [name of local HPOG program]

### CASE MANAGEMENT SERVICES

9.1. Is there an individual who is assigned to work one-on-one with each [name of local HPOG program] participant throughout their stay in the program? (This person is sometimes called a “case manager,” though there are other titles such as “navigator”.)

(Please select only one answer.)

- Yes
- No

[IF 9.1 = YES, GO TO 9.2; ELSE SKIP TO 9.7]

9.2. Which of these services are the responsibility of case managers?

(Please select all that apply.)

- Participant monitoring (e.g., assessing participants’ progress in training or needs for program supports)
- Academic counseling (e.g., course advising)
- Career counseling (e.g., reviewing careers or career pathways)
- Counseling to identify personal and supportive service needs
- Financial counseling (e.g., helping with financial aid or related income support or budget matters)
- Job search/placement assistance
- Job retention services
- Other (Please specify): \_\_\_\_\_

9.3. How many case managers does [name of local HPOG program] currently use to support its participants and what is the average estimated caseload?

\_\_\_\_ # full-time case managers      \_\_\_\_ average estimated caseload for full –time case managers

\_\_\_\_ # part-time case managers      \_\_\_\_ average estimated caseload for part-time case managers

9.4. The [name of local HPOG program] case managers are:

(Please select only one answer.)

- Employed by the [name of local HPOG program] or [name of grantee institution]
- Employed by a partner organization
- Both of the above

**9.5. How often do case managers interact with other program staff around their caseloads or individual [name of local HPOG program] participants?**

**(Please select only one answer.)**

- On a regular basis: Case managers and other staff meet regularly to discuss cases and share strategies with each other
- As needed: Case managers and other staff meet on an “as needed” basis around a particular case or issue
- Rarely or never: Case managers and other staff generally work their caseload independently without much interaction with other case managers
- Other (Please specify): \_\_\_\_\_

**9.6. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.**

**(Please select only one answer in each row.)**

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. <b>Career counseling</b> (e.g., reviewing careers or career pathways)					
b. Counseling to identify personal and <b>supportive service</b> needs					
c. Financial counseling (e.g., helping with financial aid or related income support or budget matters)					
d. Job search/placement services					
e. Job retention services					

**SOCIAL SUPPORT SERVICES**

9.7. Social Support Services are those designed to connect participants in a social setting or with other individuals, including mentors or peers. Does your organization and/or any of your partners provide the following social support services to [name of local HPOG program] participants either directly or on a referral basis?

(Please select only one answer in each row.)

	Yes	No
a. Mentoring activities		
b. Peer support activities		
c. Cultural programming		
d. Other (Please specify):		

9.8. How does your organization and/or any of your partners provide these social support services: provide directly, make referrals, or both?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.7]

	Provide Directly	Make Referrals	Both
a. Mentoring activities			
b. Peer support activities			
c. Cultural programming			
d. Other [AUTO-POPULATE WITH "OTHER" FROM 9.7]			

9.9. Are any of these social support services required in order to complete the program?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.7]

	Required	Not Required
a. Mentoring activities		
b. Peer support activities		
c. Cultural programming		
d. Other [AUTO-POPULATE WITH "OTHER" FROM 9.7]		

9.10. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Mentoring					
b. Peer support					
c. Cultural programming					
d. Other [AUTO-POPULATE WITH “OTHER” FROM 9.7]					

**SUPPORT SERVICES**

9.11. Does your organization and/or any of your partners provide the following support services either directly or on a referral basis to [name of local HPOG program] participants?

(Please select all that apply in each row.)

	Provide Directly	Make Referrals	Not Offered
a. Child care assistance			
b. Transportation assistance			
c. Driver’s license assistance			
d. Food assistance (other than SNAP)			
e. Addiction or substance abuse services			
f. Family preservation services			
g. Family engagement services			
h. Legal assistance			
i. Primary or Medical Care			
j. Short-term/temporary housing			
k. Other housing assistance			
l. Other (Please specify): _____			

9.12. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s ability to meet participants’ support service needs (either directly or through referrals)?

(Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.11]

[Name of local HPOG program] is able to meet participants’ needs for...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Child care assistance					
b. Transportation assistance					
c. Driver’s license assistance					
d. Food assistance (other than SNAP)					
e. Addiction or substance abuse services					
f. Family preservation services					
g. Family engagement services					
h. Legal assistance					
i. Primary or Medical Care					
j. Short-term/temporary housing					
k. Other housing assistance					
l. Other [AUTO-POPULATE WITH “OTHER” FROM 9.11]					

9.13a. Are there limits on the amount of support services you can provide to [name of local HPOG program] participants?

(Please select only one answer.)

- Yes, there is a limit on program funds spent per participant
- Yes, there is a limit on program funds spent on any one service for any one participant
- Yes, there is a limit on program funds spent on any one service across all participants
- No, there are no spending limits per participant or per services
- Other (Please specify): \_\_\_\_\_

9.13b. Relative to other programs that [name of grantee institution] provides to low income individuals, does [name of local HPOG program] provide more, less, or about the same level of support services (e.g., childcare assistance, transportation assistance, mental health services, substance abuse services) to participants?

(Please select only one answer.)

- More
- Less
- About the same amount
- Not applicable

**FINANCIAL SUPPORT SERVICES**

**9.14. What is your organization’s policy for covering participants’ [name of local HPOG program] tuition costs?**

**(Please select all that apply.)**

- HPOG funding covers 100% of program tuition.
- HPOG funding covers 100% of program tuition for some training activities.
- HPOG funding covers whatever amount of program tuition that is not covered by Pell Grant, employer contributions, WIA Individual Training Account (ITA), or other sources.
- HPOG funding covers up to a certain amount of program tuition (i.e., there is a cap).
- HPOG funding does not cover any program tuition.
- Other (Please specify): \_\_\_\_\_

**9.15. Since the [name of local HPOG program] began, have your participants received financial assistance from any of the following funding sources?**

**(Please select only one answer in each row.)**

	Yes	No
a. Pell Grants		
b. Employer contributions (including on-the-job training (OJT))		
c. WIA Individual Training Accounts (ITA)		
d. Other (Please specify): _____		

**9.16. Which of the following statements characterize your use of WIA to support participants in [name of local HPOG program]?**

**(Please select all that apply.)**

- We routinely co-enroll all participants in WIA
- We co-enroll those participants whose training tuition can be supported with a WIA Individual Training Account (ITA)
- We co-enroll participants on as needed basis
- We do not co-enroll any participants in WIA

**9.17. Does your organization and/or any of your partners provide financial support for the following items (either directly or on a referral basis) to [name of local HPOG program] participants?**

**(Please select only one answer in each row.)**

Financial assistance with...	Yes	No
a. Book costs		
b. Licensing and certification fees		
c. Exam/exam preparation fees		
d. Work/training uniforms, supplies, tools		
e. Computer/technology equipment		
f. Other (Please specify): _____		

**9.18. How are the following financial supports provided?**

(Please select all that apply in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.17]

	Provided upon Request (Subject to Funding Availability)	Provided to All Participants Without Request	Provided for Select Training Courses
a. Book costs			
b. Licensing and certification fees			
c. Exam/exam preparation fees			
d. Work/training uniforms, supplies, tools			
e. Computer/technology equipment			
f. Other [AUTO-POPULATE WITH "OTHER" FROM 9.17]			

**9.19. Does [name of local HPOG program] provide emergency assistance or financial support in the following areas?**

(Please select only one answer in each row.)

	Yes	No
a. Car repair costs		
b. Car insurance costs		
c. Utilities (e.g., heating, electricity, water bills)		
d. Food assistance (non-SNAP)		
e. Security deposit		
f. Rent		
g. Housing Program fees		
h. Other (Please specify): _____		

**9.20. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]'s capacity to meet participants' needs in the following areas.**

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Book costs					
b. Licensing and certification fees					
c. Exam/exam preparation fees					
d. Work/training uniforms, supplies, tools					
e. Computer/technology equipment					
f. Car repair					

[Name of local HPOG program] is able to meet participants' needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
g. Car insurance					
h. Utilities (e.g., heating, electricity, water bills)					
i. Food costs (non-SNAP assistance)					
j. Security deposit					
k. Rent					
l. Housing Program fees					
m. Other [AUTO-POPULATE WITH "OTHER" FROM 9.17 AND 9.19]					

**EMPLOYMENT SERVICES**

9.21. Does your organization and/or any of your partners provide the following job search and placement assistance to [name of local HPOG program] participants?

(Please select only one answer in each row.)

	Yes	No
a. Job-readiness workshops (e.g., group workshops on arranging child care, handling conflicts in the workplace, dressing appropriately for work, etc.)		
b. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.)		
c. Identifying job openings for program graduates		
d. Meeting with employers to identify job openings for graduates		
e. One-on-one job search assistance		
f. Advising on career and job choices		
g. Operating or referrals to job fairs		
h. Providing participants with job listings		
i. Job screening (i.e., screen for suitability for a job)		
j. Other (Please specify): _____		

9.22. Does your organization and/or any of your **partners** provide the following post-placement and retention services to **[name of local HPOG program]** participants?

			If Yes, Over What Time period after Placement?		
	Yes	No	First 30 Days	First 60 Days	First 90 Days
	(Please select only one answer in each row.)		(Please select only one answer in each row.)		
a. In-person meetings with participant					
b. Phone check-ins with participant					
c. Phone calls or meetings with participant’s supervisor					
d. Email check-ins with participant					
e. Social media (e.g., Facebook, LinkedIn)					
f. Other (Please specify): _____					

9.23. To receive the following job development, placement, and retention services, do **[name of local HPOG program]** participants request them or are they a standard part of the program and routinely provided?

(Please select only one answer in each row.)

**[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]**

	Available Upon Request	Standard Part of Program Services
a. <b>Job-readiness</b> workshops		
b. Job search skills workshops		
c. Identifying job openings for program graduates		
d. Meeting with employers to identify job openings for graduates		
e. One-on-one job search assistance		
f. <b>Advising on career</b> and job choices		
g. Operating or referrals to job fairs		
h. Providing participants with job listings		
i. <b>Job screening</b> (i.e., screen for suitability for a job)		
j. Post-placement services (e.g., in-person meetings, phone check-ins)		
k. Other <b>[AUTO-POPULATE WITH “OTHER” FROM 9.21 AND 9.22]</b>		

9.24. Does your organization and/or any of your partners directly provide, make referrals, or both provide and make referrals for these job development, placement, and retention services? (Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]

	Directly Provide	Make Referrals	Both
a. Job-readiness workshops			
b. Job search skills workshops			
c. Identifying job openings for program graduates			
d. Meeting with employers to identify job openings for graduates			
e. One-on-one job search assistance			
f. Advising on career and job choices			
g. Operating or referrals to job fairs			
h. Providing participants with job listings			
i. Job screening (i.e., screen for suitability for a job)			
j. Post-placement services (e.g., in-person meetings, phone check-ins)			
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]			

9.25. Are these job development, placement, and retention services provided by dedicated staff (whose primary or only responsibility is providing that service) or staff with other primary responsibilities? (Please select only one answer in each row.)

[AUTO-POPULATE WITH SERVICES SELECTED IN 9.21 and 9.22]

	Dedicated Staff	Staff with Other Primary Responsibilities	
a. Job-readiness workshops			
b. Job search skills workshops			
c. Identifying job openings for program graduates			
d. Meeting with employers to identify job openings for graduates			
e. One-on-one job search assistance			
f. Advising on career and job choices			
g. Operating or referrals to job fairs			
h. Providing participants with job listings			
i. Job screening (i.e., screen for suitability for a job)			
j. Post-placement services (e.g., in-person meetings, phone check-ins)			
k. Other [AUTO-POPULATE WITH "OTHER" FROM 9.21 AND 9.22]			

9.26. Using a five-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements about [name of local HPOG program]’s capacity to meet participants’ needs in the following areas.

(Please select only one answer in each row.)

[Name of local HPOG program] is able to meet participants’ needs in the following areas...	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. Job-readiness workshops					
b. Job search skills workshops					
c. Identifying job openings for program graduates					
d. Meeting with employers to identify job openings for graduates					
e. One-on-one job search assistance					
f. Advising on career and job choices					
g. Operating or referrals to job fairs					
h. Providing participants with job listings					
i. Job screening (i.e., screen for suitability for a job)					
j. Post-placement services (e.g., in-person meetings, phone check-ins)					
k. Other [AUTO-POPULATE WITH “OTHER” FROM 9.21 AND 9.22]					

9.27. Do any of the employers that [name of local HPOG program] partners with provide the following employment services to the participants?

(Please select only one answer in each row.)

	Yes	No
a. Place job listings with HPOG program		
b. Contact HPOG program representative(s) to provide referrals for job openings		
c. Contact HPOG program representative(s) to provide job screening		
d. Other (Please specify): _____		

9.28. Which of the following statements apply regarding participants who are placed in jobs upon completion of [name of local HPOG program]?

(Please select only one answer.)

- Most (more than 50%) are placed with employers that we consider program partners
- Most (more than 50%) are placed with employers that are not program partners
- Our placements are spread across both partners and other employers

- 9.29. If there is anything else about the structure and operations of [name of local HPOG program] that was either not covered in the survey or you would like to explain further please enter your comments below.

[TEXTBOX, 1,000 CHARACTER LIMIT]

On behalf of ACF, thank you for taking the time to complete this survey.

Click here to submit your responses:

**Appendix F: HPOG-NIE Management and Staff Survey**

**[ADVANCE EMAIL TO PROGRAM MANAGERS/SUPERVISORS.]**

Dear [name of program manager/supervisor.]:

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The study is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising HPOG-funded post-secondary education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of HPOG program managers/supervisors involved in overseeing staff and program services. We are asking program managers/supervisors like you to complete a brief survey to help us better understand the structure of [name of local HPOG program.]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: staff background and program involvement, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from [sender.], and it will reference [subject line.] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

Abt Associates HPOG Project Director

*The Paperwork Reduction Act Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0397, and it expires 08/31/2016. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Robin Koralek; Attn: OMB-PRA (0970-0397).*



**[ADVANCE EMAIL TO PROGRAM STAFF (e.g., case managers, career advisors, intake specialists).]**

Dear [name of program staff member.]:

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The study is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising HPOG-funded post-secondary education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of HPOG program staff who provide direct support and services to participants. We are asking program staff like you to complete a brief survey to help us better understand the types of services provided as part of [name of local HPOG program.] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from [sender.], and it will reference [subject line.] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

Abt Associates HPOG Project Director

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**[CONSENT SCREEN FOR PROGRAM MANAGERS/SUPERVISORS.]**

[If Manager, present “Management Consent.” If Staff, skip to “Staff Consent”.]

## **Health Profession Opportunity Grants (HPOG) Management and Staff Survey Management Consent**

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising post-secondary HPOG-funded education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs.

As part of the HPOG study, we are asking program managers/supervisors involved in overseeing program staff and services to complete a brief survey to help us better understand the structure of [name of local HPOG program.]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: staff background, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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**[CONSENT SCREEN FOR PROGRAM STAFF.]**

[If Manager, skip to item 1. If Staff, present “Staff Consent”.]

## **Health Profession Opportunity Grants (HPOG) Management and Staff Survey Staff Consent**

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising post-secondary HPOG-funded education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs.

As part of the HPOG study, we are asking program staff who provide direct support and services to participants (such as advising, case management, or employment support) to complete a brief survey to help us better understand the types of services provided as part of [name of local HPOG program.] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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## Part A. Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

[If Manager or Staff present items 1 - 10.]

**1. What is your title in your current position with [name of local HPOG program.]?**

\_\_\_\_\_

**2a. How long have you been working in this position of [title from Q1.] or a similar one at [name of local HPOG program.]?**

\_\_\_\_\_ years    \_\_\_\_\_ months

**2b. On average, what percent of your time do you spend on [name of local HPOG program.]?**

\_\_\_\_\_ %

**3. Are you male or female?**

- Male
- Female

**4. What is your age? \_\_\_\_\_ years**

**5. Are you of Hispanic, Latino, or Spanish Origin?**

**(Please select only one answer.)**

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

**6. What is your race?**

**(You may select one or more answers.)**

- White
- Black, African American, or Negro
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian

**7. What is the highest level of education you have completed?**

**(Please select only one answer.)**

- Some high school (no diploma/no GED)
- High school diploma or GED
- Some college (no degree)
- Associate’s Degree
- Bachelor’s Degree
- Master’s degree
- Doctoral degree or equivalent
- Other (*Please specify*): \_\_\_\_\_

**8. Have you earned a post-secondary degree in any of the following academic areas?**

**(Please select all that apply. If you have not earned a degree in an academic area, leave it blank.)**

Academic Area	Degree(s) Earned			
	Associate’s Degree	Bachelor’s Degree	Master’s Degree	Doctoral Degree
8a. Adult Education				
8b. Business				
8c. Communication Arts				
8d. Education				
8e. Education/Elementary School				
8f. Education/Middle School				
8g. Education/Secondary School				
8h. Education/Reading				
8i. Special Education				
8j. Engineering				
8k. English				
8l. ESL				
8m. Guidance/Counseling				
8n. History				
8o. Language/Linguistics				
8p. Mathematics				
8q. Science (i.e., Biology, Botany, Chemistry, Physics, Health Sciences, Nursing)				
8r. Social Science (i.e., Anthropology, Economics, Political Science, Sociology, Psychology)				
8s. Social Work				
8t. Other academic area ( <i>Please specify</i> ): _____				

**9. In addition to these post-secondary degrees, do you hold any educational certifications?**

- Yes
- No

**10. If yes, please specify the subject area in which you are certified and the type of certification you hold. You may include temporary or emergency certifications. Please do not include certifications that are in progress.**

Subject Area	Type Certification
10a.	
10b.	
10c.	
10d.	
10e.	
10f.	

[If Manager, present 11-M. If Staff, skip to 11-S.]

**11-M. What is your primary responsibility as part of [name of local HPOG program.]?**

**(Please select only one answer.)**

- Hiring staff
- Supervising case managers/advisors
- Supervising instructional staff
- Supervising other types of staff (e.g., recruitment, study intake, enrollment)
- Program design/enhancements
- Program reporting
- Fundraising
- Other (Please specify): \_\_\_\_\_

[If Manager, skip to 12-M. If Staff, present 11-S.]

**11-S. What is your primary responsibility as part of [name of local HPOG program.]?**

**(Please select only one answer.)**

- Recruitment
- Intake and enrollment
- Academic advising (e.g., assistance with course selection, tutoring, etc.)
- Non-academic advising (e.g., assistance with personal/financial supports and guidance)
- Career advising (e.g., assistance with career and employment choices)
- Employment assistance (e.g., job readiness, job search, job placement)
- Other (Please specify): \_\_\_\_\_

[If Staff, skip to 12-S. If Manager, present 11-M.]

**11-M. What other (secondary) responsibilities do you have as part of [name of local HPOG program.]? (Please select all that apply.)**

- Hiring staff
- Supervising case managers/advisors
- Supervising instructional staff
- Supervising other types of staff (e.g., recruitment, study intake, enrollment)
- Program design/enhancements
- Program reporting
- Fundraising
- Other (Please specify): \_\_\_\_\_

[If Manager, skip to 13. If Staff, present 12-S.]

**12-S. What other (secondary) responsibilities do you have as part of [name of local HPOG program.]? (Please select all that apply.)**

- Recruitment
- Intake and enrollment
- Academic advising (e.g., assistance with course selection, tutoring, etc.)
- Non-academic advising (e.g., assistance with personal/financial supports and guidance)
- Career advising (e.g., assistance with career and employment choices)
- Employment assistance (e.g., job readiness, job search, job placement)
- Other (Please specify): \_\_\_\_\_

[If Manager or Staff, present item 13.]

**13. How much total work experience (including your current and prior positions) do you have in performing responsibilities similar to those you carryout as part of [name of local HPOG program.]? (Please select only one answer.)**

- More than 5 years
- 3 to 5 years
- 1 to less than 3 years
- Less than 1 year

[If Manager, present 14a-M. If Staff, skip to 14a-S.]

**14a-M. In your position of [insert title from Q1.] at [name of local HPOG program.], do you formally manage/supervise staff on an ongoing basis?**

- Yes
- No

[If 14a-M = no, skip to 15. If 14a-M = yes, present 14b-M and 14c-M.]

**14b-M. If yes, how many staff are you typically manage/supervise?**

\_\_\_\_\_ # staff

**14c-M. Do you supervise:  
(Please select all that apply.)**

- Instructors
- Case manager or advisors
- Employment-related staff
- Administrative staff
- Other *(Please specify)*: \_\_\_\_\_

[If Manager, skip to 15. If Staff, present 14a-S.]

**14a-S. In your position of [insert title from Q1.] at [name of local HPOG program.], are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a “caseload”)?**

- Yes
- No

[If 14a-S = no, skip to 15.]

**14b-S. If yes, how many participants do you typically work with (i.e., what is your caseload)?**

\_\_\_\_\_ # participants

[If Manager or Staff, present items 15 - 17.]

**15. In your position of [insert title from Q1.] at [name of local HPOG program.], are you a:  
(Please select only one answer.)**

- Full-time employee
- Part-time employee
- Contractor

**16a. Do you receive any fringe benefits (e.g., paid time off, health insurance) as part of your employment with [name of local HPOG program.]?**

- Yes
- No

[If 16a = no, skip to 17a.]

**16b. If yes, please select all that apply.**

- Paid vacation
- Health insurance
- Life insurance
- Sick leave
- Tuition reimbursement
- Free or discounted tuition
- Other *(Please specify)*: \_\_\_\_\_

**17a. Are professional development opportunities (e.g., workshops or training) available to you as part of your job?**

- Yes
- No

[If 17a = yes, continue to 17b. If 17a = no and Manager, skip to 19-M. If 17a = no and Staff, skip to 18-S.]

**17b. If yes, please select all that apply.**

- Workshops/Trainings
- Professional conferences
- Professional association memberships or journal subscriptions
- Online learning resources
- Mentoring/Coaching
- Learning communities or listservs
- Other (*Please specify*): \_\_\_\_\_

**17c. Are the majority of the professional development opportunities available to you:  
(Please select the one answer that is most accurate.)**

- Paid by your employer and available during your normal work hours
- Paid by your employer, but on personal time
- Available at a cost to you, but provided time during work hours to attend/use
- Available at a cost to you, on personal time

**17d. How often do you attend/participate in professional development activities?**

- More than 5 times per year
- 3-5 times per year
- 1-2 times per year
- Never

[If Manager, skip to 19-M. If Staff, present Part B header and item 18-S.]

## Part B. Type of Assistance Provided

18-S. Using a scale of 1 to 7, where 1 = None of My Time and 7 = Most of My Time, please indicate how much time you spend on each of the following activities:

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
<b>Recruitment</b>	18a-S. Recruiting participants for the program							
<b>Academic Advising</b>	18b-S. Advising participants on admissions requirements or pre-requisites							
	18c-S. Advising participants on course selection							
	18d-S. Assisting participants with enrollment in classes							
	18e-S. Obtaining and reviewing participants' academic assessment results							
	18f-S. Monitoring participants' day-to-day academic progress							
	18g-S. Arranging instructional support such as tutoring or study groups for participants							
<b>Non-academic advising</b>	18h-S. Advising participants on personal issues and needs							
	18i-S. Advising or assisting participants with financial aid or scholarships							
	18j-S. Referring or connecting participants to support services (childcare, TANF, SNAP, transportation, housing, etc.)							
	18k-S. Assisting participants with developing skills needed for success at school, work, and other areas of life (either in a group setting or individually)							

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
Career Advising	18l-S. Helping participants develop career goals							
	18m-S. Providing career information and advice to participants							
Employment Assistance	18n-S. Assisting participants with internships/externships/clinical placements							
	18o-S. Helping participants prepare resumes							
	18p-S. Identifying job openings for participants							
	18q-S. Referring participants to job search/placement services							
	18r-S. Conducting mock interviews with participants							
Other	18s-S. Other ( <i>Please specify</i> ): _____							
	18t-S. Other ( <i>Please specify</i> ): _____							

## Part C. Nature and Amount of Assistance Provided

[If Manager, present 19-M. If Staff, skip to 20-S.]

**19-M. On average, how often do staff in your program who work with participants on an ongoing basis have contact with participants through each of the following methods?**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
20a-M. In person, individual session					
20b-M. In person, group session					
20c-M. Over the phone					
20d-M. By email or other electronic communication					
20e-M. Other method ( <i>Please specify</i> ): _____					

[If Manager, skip to 22-M. If Staff, present 20-S.]

**20-S. On average, how often do you have contact with participants through each of the following methods?**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
20a-S. In person, individual session					
20b-S. In person, group session					
20c-S. Over the phone					
20d-S. By email or other electronic communication					
20e-S. Other method ( <i>Please specify</i> ): _____					

[If all in {20a-S – 20e-S} = 1 (“never”), skip to 22-S. If any in {20a-S – 20e-S} NOT= 1, present 21-S.]

**21-S. In general, who initiates the majority of the participant meetings?**

- I do
- Another program staff member does
- The participant does
- Equally me or another person (program staff or participant)
- It varies case to case

[If Manager, present 22-M. If Staff, skip to 22-S.]

**22-M. On average, how often do you...**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
22a. Communicate with instructional staff about participants’ individual situations (e.g., participant progress, strengths, barriers to participation)? [Note 22a is identical for Management and Staff.]					
22b-M. Communicate with case managers/advisors about participants’ individual situations (e.g., participant progress, strengths, barriers to participation)?					
22c-M. Communicate directly with participants about their individual situations (e.g., participant progress, strengths, barriers to participation)?					

[If Manager, skip to 23 If Staff, present 22-S.]

**22-S. On average, how often do you...**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
22a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)? [Note 22a is identical for Management and Staff.]					
22b-S. Communicate with program management or supervisors about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					

[If Manager or Staff, present items 23 - 30.]

**23. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements:**

	Scale				
	1 Strongly Disagree	2	3	4	5 Strongly Agree
23a. Staff in this program make an effort to get to know the participants well.					
23b. Staff in this program make an effort to learn about participants' personal and family situations.					
23c. Staff in this program closely monitor the academic progress of its participants.					
23d. Staff in this program make an effort to learn about participants' career and employment goals.					

24. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you agree or disagree with the following statement:

If people in my job do good work, we can really improve the lives of participants.

Scale				
1	2	3	4	5
Strongly Disagree				Strongly Agree

25. In your opinion, which three of the following personal problems or challenges most frequently stand in the way of participants' successfully completing the program?

(Please select up to three answers.)

- Motivational issues
- Mental health issues
- Substance abuse issues
- Physical health issues
- Domestic violence issues
- Other domestic issues (e.g., marital or relationship issues)
- Child care or dependent care issues
- Transportation problems
- Child behavioral issues
- Homelessness or housing problems
- Criminal history
- Legal problems
- Financial issues
- Other (Please specify): \_\_\_\_\_

**26. In your opinion, does your program offer sufficient support services to participants with the following issues?**

	Yes	No	Don't Know
26a. Motivational issues			
26b. Mental health issues			
26c. Substance abuse issues			
26d. Physical health issues			
26e. Domestic violence issues			
26f. Other domestic issues (e.g., marital or relationship issues)			
26g. Child care or dependent care issues			
26h. Transportation problems			
26i. Child behavioral issues			
26j. Homelessness or housing problems			
26k. Criminal history			
26l. Legal problems			
26m. Financial issues			
26n. Other ( <i>Please specify</i> ): _____			

**27. Based on the practices in your program, what would you say is the more important goal of the program?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**28. In your opinion, which do you feel the more important goal of the program should be?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**29. In your opinion, if participants get the typical services provided by your program, how helpful will these services be to them in getting a job in the field they are studying?**

Scale						
1	2	3	4	5	6	7
Little Help in Getting a Job						Considerable Help in Getting a Job

**30. In your opinion, if participants get the typical services provided by your program how helpful will the services be to them in feeling better about themselves?**

Scale						
1	2	3	4	5	6	7
Little Help in Feeling Better About Themselves						Considerable Help in Feeling Better About Themselves

## Part D. Professional and Program Context

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly do you agree or disagree with each of the following statements about [name of local HPOG program.] and your experiences in your position?

[Present the items in Part D to respondents in a random order. Do not end survey with an item from the “stress” domain/subscale. Do not present the columns “universe” or “domain/subscale.” Use the information in the column “universe” to determine the respondent type (manager or staff) for each item.]

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Staffing	31. Frequent staff turnover is a problem for your program.					
Staff & Mgt.	Staffing	32. Staff in your program are able to spend the time needed with participants.					
Staff & Mgt.	Staffing	33. Staff in your program have the skills they need to do their jobs.					
Staff & Mgt.	Staffing	34. Your program has enough staff to meet current participant needs.					
Staff & Mgt.	Staffing	35. Staff in your program are well-trained.					
Staff & Mgt.	Staffing	36. A larger support staff is needed to help meet needs at your program.					
Staff & Mgt.	Training	37. Staff training and professional development are priorities in your program.					
Staff & Mgt.	Training	38. You learned new skills or techniques at a professional training in the past year.					
Staff & Mgt.	Training	39. Your program holds regular in-service training.					
Staff & Mgt.	Training	40. The budget in your program allows staff to attend professional training.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff only	Supervision	41-S. Your program is managed well.					
Staff only	Supervision	42-S. Your program has supervisors who are capable and qualified.					
Staff only	Supervision	43-S. When needed, program supervisors devote much time and attention to staff supervision.					
Staff only	Supervision	44-S. Management decisions for your program are well planned.					
Staff only	Supervision	45-S. You have confidence in how decisions at your program are made.					
Staff only	Supervision	46-S. You meet frequently with supervisors about participant needs and progress.					
Staff only	Supervision	47-S. Staff concerns are ignored by management when making decisions about your program.					
Staff & Mgt.	Growth	48. Your program encourages and supports professional growth for the staff.					
Staff & Mgt.	Growth	49. Keeping your knowledge and skills up-to-date is a priority for you.					
Staff & Mgt.	Growth	50. You do a good job of regularly updating and improving your skills.					
Staff & Mgt.	Growth	51. You regularly read professional articles or books in your field of expertise.					
Staff & Mgt.	Growth	52. You review new techniques or updates in the field regularly.					
Mgt. only	Efficacy	53-M. You have the skills needed to effectively manage staff.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff only	Efficacy	53-S. You have the skills needed to effectively advise/case manage participants.					
Staff & Mgt.	Efficacy	54. You are effective and confident in doing your job.					
Staff & Mgt.	Efficacy	55. You usually accomplish whatever you set your mind on.					
Staff & Mgt.	Efficacy	56. You have the skills needed to be effective in your job.					
Staff & Mgt.	Efficacy	57. You consistently plan ahead and carry out your plans.					
Staff & Mgt.	Adaptability	58. Learning and using new procedures are easy for you.					
Staff & Mgt.	Adaptability	59. You are able to adapt quickly when you have to make changes.					
Staff & Mgt.	Adaptability	60. You are willing to try new ideas even if some staff members are reluctant.					
Staff & Mgt.	Adaptability	61. You are sometimes too cautious or slow to make changes.					
Staff & Mgt.	Satisfaction	62. You are satisfied with your present job.					
Staff & Mgt.	Satisfaction	63. You feel appreciated for the job you do.					
Staff & Mgt.	Satisfaction	64. You give high value to the work you do.					
Staff & Mgt.	Satisfaction	65. You are proud to tell others where you work.					
Staff & Mgt.	Satisfaction	66. You like the people you work with.					
Staff & Mgt.	Satisfaction	67. You would like to find a job somewhere else.					
Staff & Mgt.	Mission	68. Some staff members seem confused about the main goals for your program.					
Staff & Mgt.	Mission	69. Your duties are clearly related to the goals for your program.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Mission	70. Your program operates with clear goals and objectives.					
Staff & Mgt.	Mission	71. Staff members at your program understand how program goals fit as part of the workforce development system in your community.					
Mgt. only	Mission	72M. Your program has a clear plan for its future.					
Staff only	Mission	72 S. Management for your program has a clear plan for its future.					
Staff & Mgt.	Cohesion	73. Staff members at your program work together as a team.					
Staff & Mgt.	Cohesion	74. Mutual trust and cooperation among staff in your program are strong.					
Staff & Mgt.	Cohesion	75. Staff members at your program get along very well.					
Staff & Mgt.	Cohesion	76. Staff members at your program are quick to help one another when needed.					
Staff & Mgt.	Cohesion	77. There is too much friction among staff members you work with.					
Staff & Mgt.	Cohesion	78. Some staff in your program do not do their fair share of work.					
Staff only	Autonomy	79, S. Your professional decisions often get revised by a supervisor.					
Staff & Mgt.	Autonomy	80. Staff in your program are given broad authority in carrying out their responsibilities.					
Staff & Mgt.	Autonomy	81. Staff in your program can try out different techniques to improve their effectiveness.					
Staff & Mgt.	Autonomy	82. Staff members are given too many rules in your program.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Mgt. only	Autonomy	83. M. You fully trust professional judgments of staff you supervise.					
Staff only	Autonomy	83-S. Management fully trusts professional judgments of staff in your program.					
Staff & Mgt.	Communi- cation	84. More open discussions about program issues are needed where you work.					
Mgt. only	Communi- cation	85-M. Ideas and suggestions of staff you supervise get fair consideration.					
Staff only	Communi- cation	85-S. Ideas and suggestions in your program get fair consideration by management.					
Staff & Mgt.	Communi- cation	86. Your program staff is kept well informed.					
Staff & Mgt.	Communi- cation	87. The formal and informal communi-cation channels in your program work very well.					
Staff & Mgt.	Communi- cation	88. Staff members always feel free to ask questions and express concerns in your program.					
Staff & Mgt.	Stress	89. The heavy staff workload reduces the effectiveness of your program.					
Staff & Mgt.	Stress	90. You are under too many pressures to do your job effectively.					
Staff & Mgt.	Stress	91. Staff members at your program often show signs of high stress and strain.					
Staff & Mgt.	Stress	92. Staff frustration is common where you work.					

## Appendix G: HPOG-Impact and HPOG-NIE 15-Month Participant Follow-Up Survey

### Introduction

Hello, my name is [                      ]. May I please speak with \_\_\_\_\_?

Thank you for taking the time to talk with me today. This interview will take about 40 minutes to complete, and when we are done, we will send you a \$30 check, in appreciation for your time. I work for a company called Abt SRBI. Abt SRBI is an independent research company and we are helping the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) with its evaluation of the Health Profession Opportunity Grants (HPOG) program. You agreed to be part of the study around [RAD] (when you signed a consent form to let researchers collect information from you).

We need to talk with people who got into the program and those who did not. Your participation in this study will help policymakers and program operators better understand how to help people attain educational credentials and find and keep jobs in the healthcare field. This interview will include questions on your education activities, your use of services, and your overall well-being.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private; your name will not appear in any written reports we produce. Your responses to these questions are completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in any programs or your receipt of any kinds of public benefits or services. The information you provide will be kept private and only used for this study.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires 08/16/2016. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?

Let's begin now.

### Screener/Verification:

First I just need to verify that I am speaking with the correct person.

1. What is your date of birth? \_\_\_\_\_ (MM/DD/YYYY)
2. What are the last 4 digits of your Social Security Number? \_ \_ \_ \_

### School or Training Experiences

My first set of questions is about any school or training experiences you have had since [RAD]. To help you remember this date, our records show that it was about then that you applied for the [HPOG] program [AT (NAME OF HOST INSITUTION, IF DIFFERENT FROM PROGRAM NAME)].

1. Since [RAD], have you taken any classes or been in an instructional program of any kind anywhere, even for a short time? This may have included classes on basic skills, ESL, college courses, occupational training, or other skills such as how to succeed in school or career readiness. These classes may have been offered by a community organization, college, high school, employer, or somewhere else.

- Yes (ASK Q1a below)
- No (GO TO Q24 p.10)
- REFUSED (GO TO Q24 p.10)
- DON'T KNOW (GO TO Q24 p.10)
  - a. IF YES: Are you currently enrolled in any classes, or enrolled but between terms, at some place that is providing education or training?
    - Yes
    - No
    - Don't know
    - Refused

2. At what type of place(s) have you taken these classes? Choose all that apply.

- Adult education /adult high school/community school/night school
- Community based/nonprofit organization
- Private school/company that provides training
- Community or technical college (2 year college)
- 4 year college/university
- State unemployment/employment office
- One-stop career center
- Your place of employment
- Someplace else, specify:\_\_\_\_\_
- REFUSED
- DON'T KNOW

3. I'm going to mention some different types of classes. For each one, please tell me if it is a type that you are taking or have taken since [RAD]. I'm interested in any classes you have taken, even if you only went for a short time.

	Yes	No	Don't know	Refused
a. Classes to learn English as a Second Language? Do not count regular college classes or occupational training. I will ask you about these classes separately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Classes to improve your basic reading, writing, or math skills or prepare for a high school equivalency or college placement test? Again, do not count any classes providing regular college credit or occupational training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classes providing regular college credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Classes providing occupational training, but not for college credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Classes in other skills, such as how to succeed at school, work, or other areas of life? Please include any such classes, whether for college credit or not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED "YES" TO Q3a (classes to learn English as a second language), CONTINUE.

IF DID NOT ANSWER "YES" TO Q3a, GO TO INSTRUCTION BELOW Q5 THIS PAGE.

*I have a few questions about the English as a Second Language, or ESL classes you have taken.*

4. Regardless of whether you finished them, how many ESL classes have you taken since [RAD]?

\_\_ \_\_ \_\_ number of ESL classes

- REFUSED
- DON'T KNOW

5. How many ESL classes have you completed since [RAD]?

\_\_ \_\_ \_\_ number of basic skills classes

- REFUSED
- DON'T KNOW

IF ANSWERED "YES" TO Q3b (classes to improve basic skills), CONTINUE.

IF DID NOT ANSWER "YES" TO Q3b, GO TO INSTRUCTION BELOW Q7 NEXT PAGE.

*Now I have some questions about the basic skills classes you have taken.*

6. Regardless of whether you completed them, how many basic skills classes have you taken since [RAD]?

\_\_\_ \_\_\_ number of basic skills classes

- REFUSED
- DON'T KNOW

7. How many basic skills classes have you completed since [RAD]?

\_\_\_ \_\_\_ number of basic skills classes

- REFUSED
- DON'T KNOW

IF ANSWERED "YES" TO Q3e (other skills classes), CONTINUE.

IF DID NOT ANSWER "YES" TO Q3e, GO TO INSTRUCTION BELOW Q13 p. 6.

*Now I'd like to ask about the classes you have taken in other skills, such as how to succeed at school, work, or other areas of life. I'm interested in any classes you have taken of this type, whether or not they were for college credit.*

8. Regardless of whether you completed them, how many other skills classes have you taken since [RAD]?

\_\_\_\_\_ number of other skills classes

- REFUSED
- DON'T KNOW

9. Were these other skills classes offered for college credit?

- YES
- SOME BUT NOT ALL
- NO
- REFUSED
- DON'T KNOW

10. In total, for about how many days or weeks have you attended these other skills classes?

\_\_\_ \_\_\_ number of days

OR

\_\_\_ \_\_\_ number of weeks

- REFUSED
- DON'T KNOW

11. And for about how many hours have you attended these other skills classes each week?

\_\_\_ number of hours

- REFUSED
- DON'T KNOW

12. Are you currently taking any other skills classes right now?

- YES
- NO
- REFUSED
- DON'T KNOW

13. How many other skills classes have you completed since [RAD]?

\_\_\_\_\_ number of other skills classes

- REFUSED
- DON'T KNOW

14. I'm going to read a list of subjects that other skills classes sometimes cover. For each one, please tell me whether it received a great deal of attention, some attention, or no attention in any of the other skills classes you have taken since [RAD]:

	A great deal of attention	Some attention	No attention	Don't know	Refused
a. Career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Study skills, such as locating information, taking notes, and preparing for classes and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Finding a job or moving to a different job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Critical thinking and problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Finding help with problems at school, work, or home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Finding and applying for financial aid for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Managing time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Communicating well (for example, good listening and speaking skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Managing stress and anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Staying motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Acting professionally (for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A great deal of attention	Some attention	No attention	Don't know	Refused
example, how to dress, show good attendance habits, be respectful)					
m. Managing money and personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Handling parenting and other family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED “YES” TO Q3c (classes providing regular college credit), CONTINUE.

IF DID NOT ANSWER “YES” TO Q3c, GO TO INSTRUCTION BELOW Q19a p.8.

*Now I have some questions about classes you have taken for regular college credit.*

15. Regardless of whether you finished them, about how many classes for college credit have you enrolled in since [RAD]?

\_\_\_\_\_ number of classes

- REFUSED
- DON'T KNOW

16. Have you earned any regular college credits so far since [RAD]?

- YES (CONTINUE)
- NO (GO TO Q19)
- REFUSED (GO TO Q19)
- DON'T KNOW (GO TO Q19)

a. IF YES: How many credits have you earned?

\_\_\_ \_\_\_ number of credits

- Don't know
- Refused

17. About when did you start taking classes for college credit? Please give me the month and year you started.

\_\_\_ \_\_\_ month     \_\_\_ \_\_\_ \_\_\_ \_\_\_ year

18. Are you currently taking any classes for college credit? Answer “yes” if you are on a spring, summer, or holiday break.

- YES (GO TO Q19)
  - NO (ASK Q18a BELOW)
  - REFUSED (GO TO Q19)
  - DON'T KNOW (GO TO Q19)
- a. IF NO: About when did you stop taking college credit classes? Please give me the month and the year you last attended.

\_\_\_ \_\_\_ month \_\_\_ \_\_\_ \_\_\_ \_\_\_ year

- Don't know
- Refused

19. Did you start any classes for college credit that you did not complete?

- YES (ASK Q19a NEXT PAGE)
- NO (GO TO INSTRUCTION BELOW Q19a NEXT PAGE)
- REFUSED (GO TO INSTRUCTION BELOW Q19a NEXT PAGE)
- DON'T KNOW (GO TO INSTRUCTION BELOW Q19a NEXT PAGE)

a. IF YES: What was the main reason that you stopped attending these classes?  
DO NOT READ LIST, RECORD FULL ANSWER AND THEN BACKFILL ONE RESPONSE AFTER RESPONDENT ANSWERS

- POOR GRADES
- TOO HARD/WASN'T GETTING IT
- CLASSES OR PROGRAM POORLY TAUGHT
- STARTED OTHER SCHOOL/TRAINING
- NOT ENOUGH MONEY TO CONTINUE
- NOT ENOUGH TIME TO CONTINUE
- DIDN'T LIKE PROGRAM
- LOST MOTIVATION
- NOT INTERESTED IN PROGRAM
- DIDN'T THINK IT WOULD HELP ME FIND A JOB
- ILLNESS
- PREGNANCY
- CHILD CARE ISSUES
- OTHER FAMILY REASONS
- TRANSPORTATION/COORDINATION PROBLEMS
- FOUND JOB/RE-EMPLOYED
- OTHER (SPECIFY)\_\_\_\_\_
- REFUSED
- DON'T KNOW

IF ANSWERED “YES” TO Q3d (classes providing occupational training), CONTINUE.

IF DID NOT ANSWER "YES" TO Q3d, GO TO CREDENTIALS SECTION p. 10.

*Now I'd like to ask about the occupational training classes you said you have taken. These were the job training classes you have taken that were not for college credit but covered more than basic English and math skills.*

20. Regardless of whether you finished them, how many occupational training classes have you taken since [RAD]?

\_\_\_ \_\_\_ number of classes

- Don't know
- Refused

21. About when did you start taking occupational training classes? Please give me the month and year you started.

\_\_\_ month     \_\_\_ \_\_\_ \_\_\_ year

- Don't know
- Refused

22. Are you currently receiving this occupational training?

- YES (GO TO Q23 NEXT PAGE)
- NO (ASK 22a NEXT PAGE)
- REFUSED (GO TO Q23 NEXT PAGE)
- DON'T KNOW (GO TO Q23 NEXT PAGE)

a. IF NO: About when did you stop taking occupational training classes? Please give me the month and year you last attended.

\_\_\_ month     \_\_\_ \_\_\_ \_\_\_ year

- Don't know
- Refused

23. Did you start any occupational training that you did not complete?

- YES (ASK Q23a BELOW)
- NO (GO TO CREDENTIALS SECTION NEXT PAGE)
- REFUSED (GO TO CREDENTIALS SECTION NEXT PAGE)
- DON'T KNOW (GO TO CREDENTIALS SECTION NEXT PAGE)

- a. IF YES: What was the main reason that you stopped attending the training?  
DO NOT READ LIST, RECORD FULL ANSWER AND THEN BACKFILL ONE RESPONSE AFTER  
RESPONDENT ANSWERS
- POOR GRADES
  - TOO HARD/WASN'T GETTING IT
  - CLASSES OR PROGRAM POORLY TAUGHT
  - STARTED OTHER SCHOOL/TRAINING
  - NOT ENOUGH MONEY TO CONTINUE
  - NOT ENOUGH TIME TO CONTINUE
  - DIDN'T LIKE PROGRAM
  - LOST MOTIVATION
  - NOT INTERESTED IN PROGRAM
  - DIDN'T THINK IT WOULD HELP ME FIND A JOB
  - ILLNESS
  - PREGNANCY
  - CHILD CARE ISSUES
  - OTHER FAMILY REASONS
  - TRANSPORTATION/COORDINATION PROBLEMS
  - FOUND JOB/RE-EMPLOYED
  - OTHER (Please SPECIFY)\_\_\_\_\_
  - REFUSED
  - DON'T KNOW

### Credentials

Now I'm going to ask you questions about your overall training experience since [RAD].

24. Have you taken classes to prepare for work in a particular occupation?

- YES (ASK 24a BELOW)
- NO (GO TO Q25 THIS PAGE)
- REFUSED (GO TO Q25 THIS PAGE)
- DON'T KNOW (GO TO Q25 THIS PAGE)

a. IF YES: Have you taken classes to prepare for work in a particular healthcare occupation?

- Yes (ASK Q24ai BELOW)
- No (GO TO Q25 THIS PAGE)
- Refused (GO TO Q25 THIS PAGE)
- Don't know (GO TO Q25 THIS PAGE)

i. IF YES: I am going to read you a list of types of healthcare occupations. Please tell me which types you have prepared for when taking those classes. Choose all that apply.

- Administrative (such as Medical Records and Health Information Technicians)
- Technical (such as Medical and Clinical Laboratory Technicians)
- Direct personal care (such as Home Health Aids or Certified Nursing Assistants)
- Other, Please specify: \_\_\_\_\_
- REFUSED
- DON'T KNOW

25. In the next set of questions we are interested the highest level of education you have completed as of right now. I will first ask about the highest academic degree and then I will ask about the highest occupational training.

a. As of right now, what is the highest degree or level of regular academic education that you have completed?

- Grade 1 through 12 (no high school degree/GED)
- High school diploma
- GED or alternative credential
  - Some college credit but less than one year of college credit
- One or more years of college credit, but no degree
- Associate's degree
- Bachelor's degree or above
- REFUSED
- DON'T KNOW

b. As of right now, what is the highest level of occupational training that you have completed?

- No formal training (GO TO INSTRUCTION BELOW Q25bi NEXT PAGE)
- Some non-degree coursework or training, but no professional, state, or industry certificate, license, or credential (GO TO INSTRUCTION BELOW Q25bi NEXT PAGE)
- A professional, state, or industry certificate, license, or credential (PROBE: A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor,

Certified Medical Assistant, Certified Construction Manager, or an IT certification) (ASK Q25bi BELOW)

- Refused
- Don't know

i. What type of professional, state, or industry certificate, license, or credential did you receive? (RECORD VERBATIM) \_\_\_\_\_

IF ANSWERED "YES" TO Q1, CONTINUE.

IF DID NOT ANSWER "YES" TO Q1 (no training since RAD), GO TO INSTRUCTION ABOVE Q28 p.16.

**Services and Assistance Received**

*In the next set of questions we are interested in the types of services and assistance you may have received since [RAD].*

*We will start with financial assistance. We are interested in helping you may have received paying for school-related expenses—such as tuition, books, and lab, certification or exam fees—or living expenses—such as rent, food, child care, and transportation while you studied.*

26. I’m going to read a list of funding sources of that you might have used to pay for these school or living expenses. For each item, please tell me if the funding source helped pay for these expenses since [RAD].

	Yes	No	Don't know	Refused
a. Your own earnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Earnings from a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Savings—either your own or a spouse/partner’s savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Financial help from a parent or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Loans in your name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Loans in your parents’ name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pell grant or other government grant or scholarship—not counting loans that you have to pay back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grant or scholarship from any non-government source, such as a community based or nonprofit organization--not counting loans that you do not have to pay back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Financial support from your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Funds from a one-stop career center or state unemployment/employment office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Financial support from a school, such as a technical, community, or four-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Another funding source (specify: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED “YES” IN ANY ITEM IN Q26a–l, CONTINUE.

IF DID NOT ANSWER “YES” IN ANY ITEM IN Q26a–l, GO TO Q27 p.15.

For each source you named, I am now going to ask which types of expenses were paid by the source.

m. IF Q26a “YES”: Did your own earnings help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

n. IF Q26b “YES”: Did your spouse/partner’s earnings help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o. IF Q26c “YES”: Did your own or your spouse/partner’s savings help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

p. IF Q26d “YES”: Did the financial help from your parent or other family member help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

q. IF Q26e “YES”: Did the loans in your name help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

r. IF Q26f “YES”: Did the loans in your parents’ name help pay for:

	Yes	No	Don’t know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

s. IF Q26g “YES”: Did the Pell grant or other government grant or scholarship—not counting loans that you have to pay back help pay for:

	Yes	No	Don’t know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

t. IF Q26h “YES”: Did the grant or scholarship from any non-government source help pay for:

	Yes	No	Don’t know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

u. IF Q26i “YES”: Did the financial support from your employer help pay for:

	Yes	No	Don’t know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

v. IF Q26j “YES”: Did the funds from a one-stop career center or state unemployment/employment office help pay for:

	Yes	No	Don’t know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

w. IF Q26k “YES”: Did the financial support from a school help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

x. IF Q26l “YES”: Did the [OTHER SOURCE SPECIFIED IN Q26l] help pay for:

	Yes	No	Don't know	Refused
i. Tuition and/or other school-related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED “YES” IN ANY ITEM IN Q26g–l, CONTINUE.

IF DID NOT ANSWER “YES” IN ANY ITEM IN Q26g–l, GO TO Q27 THIS PAGE.

y. In your opinion, how helpful have HPOG staff been in helping you access these sources of funding that can help pay for school expenses, such as tuition, books, and lab or exam fees? Would you say the HPOG staff have been...

- Very helpful
- Somewhat helpful
- Not at all helpful
- Don't know
- Refused

z. In your opinion, how helpful have HPOG staff been in helping you access these sources of funding that can help pay for living expenses, such as rent, food, child care, and transportation while you studied? Would you say the HPOG staff have been...

- Very helpful
- Somewhat helpful
- Not at all helpful
- Don't know
- Refused

27. How difficult would you say it has been to obtain enough financial support for school? Would you say that it has been very difficult, somewhat difficult, or not very difficult to obtain enough financial support for school?

- VERY DIFFICULT
- SOMEWHAT DIFFICULT
- NOT VERY DIFFICULT
- REFUSED
- DON'T KNOW

*In the next set of questions we are interested in the types of services other than financial assistance that you may have received since [RAD].*

28. I’m going to read a list of types of services and assistance. Please let me know if you have received any of the following since [RAD]. Since [RAD], have you received [SERVICE FROM BELOW] from any source?

	Yes	No	Don’t know	Refused
a. Academic advising, such as help choosing courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Financial aid advising, for example, help completing a financial aid application or information on accessing available financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tutoring in subjects where you needed extra help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Career counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Job search or placement assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help arranging for supports to help you manage school or work, for example, child care, transportation, housing, counseling/treatment for personal/family problems – sometimes called “case management”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Assessments or tests to learn about your skills sets, such as WorkKeys, COMPASS, or TABE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Personal counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Peer support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Emergency assistance, or funds to cover the costs of unexpected personal crisis, such as utility shut off or car repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Incentives, for example, a gift card for completing a course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED “YES” IN ANY ITEM FROM Q28a–k, CONTINUE.

IF DID NOT ANSWER “YES” IN ANY ITEM FROM Q28a–k, GO TO INSTRUCTIONS BELOW Q27xii, p. 19.

*For each support service you named, I am now going to ask how many times you received the service since [RAD].*

- i. IF Q31a YES: About how many times did you receive academic advising?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- ii. IF Q31b YES: About how many times did you receive financial aid advising?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- iii. IF Q31c YES: About how many times did you receive tutoring?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- iv. IF Q31d YES: About how many times did you receive career counseling?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- v. IF Q31e YES: About how many times did you receive job search or placement assistance?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW

- vi. IF Q31f YES: About how many times did you receive help arranging for supports or case management?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- vii. IF Q31g YES: About how many times have you taken comprehensive assessments?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- viii. IF Q31h YES: About how many times did you receive personal counseling?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- ix. IF Q31i YES: About how many times did you met with peer support groups?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- x. IF Q31j YES: About how many times did you receive emergency assistance?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW

- xi. IF Q31k YES: About how many times did you receive incentives?
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9+
  - REFUSED
  - DON'T KNOW
- xii. In your opinion, how helpful have HPOG staff been in providing or helping you access these support services? Would you say the HPOG staff have helped ....
  - A great deal
  - Some
  - Not at all
  - REFUSED
  - DON'T KNOW

IF DID NOT ANSWER “YES” TO Q1 (no training since RAD), GO TO EDUCATION GOALS SECTION p.21.

IF ANSWERED “YES” TO Q1, CONTINUE.

*Now I’m going to ask you questions about your overall training experience since [RAD].*

29. During your overall training experience since [RAD], have you been offered any of the following opportunities for direct experiences with occupations related to your studies or career goals?

	Yes	No	Don't know	Refused
a. Work study job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical experience or practicum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arranged visits from or to learn about individual employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Class taught by instructors from local employer or offered on-site at local employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. An apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other work experience (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF DID NOT ANSWER “YES” IN ANY ITEM FROM Q29a–f, GO TO Q30 NEXT PAGE.

IF ANSWERED “YES” IN ANY ITEM FROM Q29a–f, CONTINUE.

g. In your opinion, how helpful have HPOG staff been in providing or helping you access these kinds of opportunities for direct experiences with occupations related to your studies or career goals? Would you say the HPOG staff have been ...

- Very helpful
- Somewhat helpful
- Not at all helpful
- Refused
- Don't know

30. Think about all of the classes you have taken and all of the supports you received since [RAD]. In general, how satisfied were you with your overall training experience? Would you say you were ...

- Very satisfied
- Somewhat satisfied
- Not satisfied
- Refused
- Don't know

31. Since [RAD], how much emphasis has there been on being part of a community with other students, instructors, and staff? Would you say a great deal, some, or none?

- A GREAT DEAL
- SOME
- NONE
- REFUSED
- DON'T KNOW

**Education Goals**

*Now I'd like to talk to you a bit about your education goals.*

IF ANSWERED "NO" TO Q1, (no training since RA) CONTINUE.

IF ANSWERED "YES" TO Q1 (training since RA), GO TO INSTRUCTIONS ABOVE Q33 NEXT PAGE.

32. Can you tell me the main reason why you have not enrolled in school since [RAD]?

DO NOT READ LIST, RECORD FULL ANSWER AND THEN BACKFILL ONE RESPONSE

- You don't feel you need more education right now?
- You are waiting to apply for a particular program?
- You aren't sure what would be the best program for you?
- You don't think you have strong enough academic skills/credentials?
- You don't have enough time due to work?
- You don't have enough time due to family responsibilities?
- You don't think you could get enough financial aid to afford to go?
- You haven't been able to get into the kind of program you wanted?
- Some other reason? Please specify: \_\_\_\_\_
- Refused (GO TO Q34 NEXT PAGE)
- Don't know (GO TO Q34 NEXT PAGE)

a. Are there other important reasons why you have not enrolled in school since [RAD]?

- Yes (CONTINUE)
- No (GO TO Q34 NEXT PAGE)
- Refused (GO TO Q34 NEXT PAGE)
- Don't know (GO TO Q34 NEXT PAGE)

b. What are the other important reasons why you have not enrolled in school since [RAD]?

DO NOT READ LIST, RECORD FULL ANSWER AND THEN BACKFILL ONE RESPONSE

- You don't feel you need more education right now
- You are waiting to apply for a particular program
- You aren't sure what would be the best program for you
- You don't think you have strong enough academic skills/credentials
- You don't have enough time due to work
- You don't have enough time due to family responsibilities
- You don't think you could get enough financial aid to afford to go
- You haven't been able to get into the kind of program you wanted
- Other (please specify: \_\_\_\_\_ )
- Refused
- Don't know

IF ANSWERED "NO" TO Q1a (not currently enrolled), CONTINUE.

IF ANSWERED “YES” TO Q1a (currently enrolled), GO TO Q34 THIS PAGE

33. IF NOT CURRENTLY ENROLLED: Are you planning to go back to school at some point?

- YES
- NO
- REFUSED
- DON'T KNOW

34. In the next set of questions we are interested the highest level of education you eventually expect to complete. I will first ask about the highest academic degree and then I will ask about the highest level of occupational training.

a. What is the highest level of regular academic education that you eventually expect to complete?

- Grades 1-12 (no high school degree/GED)
- High school diploma
- GED or alternative credential

Some college credit but less than one year of college credit

One or more years of college credit, but no degree

- Associate's degree
- Bachelor's degree
- Graduate degree
- REFUSED
- DON'T KNOW

b. What is the highest level of occupational training that you eventually expect to complete?

- No formal training
- Some non-degree coursework or training, but no professional, state, or industry certificate, license, or credential.
- A professional, state, or industry certificate, license, or credential. PROBE: A professional certification or license shows you are qualified to perform a specific job like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.
- REFUSED
- DON'T KNOW

35. How much do you agree or disagree with the following statement: I am making progress towards my long-range educational goals? Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- REFUSED
- DON'T KNOW

### Healthcare and Employment Experience

*This next set of questions, I'd like to ask you about your current employment and healthcare experiences. I'll start with questions about your current employment.*

36. Are you currently working at a job for pay?

- YES (ASK CONTINUE)
- NO (GO TO Q37 p.25)
- REFUSED (GO TO Q37 p.25)
- DON'T KNOW (GO TO Q37 p.25)

a. How many hours per week on average are you currently working? Include all jobs if you have more than one job.

\_\_\_ \_\_\_ \_\_\_ number of hours

- Refused
- Don't know

b. About how much do you typically earn per hour before taxes in your current job? Answer for your main job if more than one.

\$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ per hour (GO TO Q36c THIS PAGE)

- Refused (CONTINUE)
- Don't know (GO TO Q36c THIS PAGE)

i. [IF R DOESN'T KNOW HOURLY RATE]: Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER DAY
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER WEEK
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ EVERY 2 WEEKS/TWICE A MONTH
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ EVERY MONTH
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER JOB/PER PIECE
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER COMMISSION
- \$ \_\_\_ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ ANNUALLY

c. Do you work for a healthcare employer?

- YES (GO TO Q36d NEXT PAGE)
- NO (ASK Q36di BELOW)
- REFUSED (ASK Q36di BELOW)
- DON'T KNOW (ASK Q36di BELOW)

- i. Have you worked for a healthcare employer since [RAD]?
  - Yes
  - No
  - Refused
  - Don't know

d. Are you employed in a healthcare job?

- YES (GO TO Q36dii THIS PAGE)
- NO (ASK Q36di BELOW)
- REFUSED (ASK Q36di BELOW)
- DON'T KNOW (ASK Q36di BELOW)

- i. Have you worked in a healthcare job since [RAD]?
  - Yes (ASK Q36dii BELOW)
  - No (GO TO Q36diii THIS PAGE)
  - Refused (GO TO Q36diii THIS PAGE)
  - Don't know (GO TO Q36diii THIS PAGE)

ii. I am going to read you a list of types of healthcare occupations. Please tell me which type best describes the healthcare jobs you have had since [RAD]. (Choose all that apply if you have had more than one healthcare job since [RAD].):

- Administrative (such as Medical Records and Health Information Technicians)
- Technical (such as Medical and Clinical Laboratory Technicians)
- Direct personal care (such as Home Health Aids or Certified Nursing Assistants)
- Other, Please specify
- REFUSED
- DON'T KNOW

GO TO Q36e, THIS PAGE

iii. IF DID NOT WORK IN HEALTHCARE SINCE RAD: What kind of work do you do in your current job, that is, what is your occupation? If you have more than one job, please answer for your main job.

- \_\_\_\_\_  
\_\_\_\_\_
- Refused
- Don't know

e. What is your current job title? If you have more than one job, please answer for your main job.

- \_\_\_\_\_
- Refused
- Don't know

- f. At your current job, does your employer offer health insurance, regardless of whether you take it from them?
- YES (GO TO Q36fi BELOW)
  - NO (GO TO Q36fii THIS PAGE)
  - REFUSED (GO TO Q36fii THIS PAGE)
  - DON'T KNOW (GO TO Q36fii THIS PAGE)
    - i. IF YES INSURANCE: Do you receive insurance through your employer?
      - YES (GO TO CAREER GOALS SECTION p.28)
      - NO (GO TO Q36fii BELOW)
      - REFUSED (GO TO Q36fii BELOW)
      - DON'T KNOW (GO TO Q36fii BELOW)
    - ii. IF NO EMPLOYER INSURANCE: Do you receive insurance from another source?
      - YES (GO TO CAREER GOALS SECTION p.28)
      - NO (GO TO CAREER GOALS SECTION p.28)
      - REFUSED (GO TO CAREER GOALS SECTION p.28)
      - DON'T KNOW (GO TO CAREER GOALS SECTION p.28)

37. IF 36 "NO" (NOT EMPLOYED): Have you worked at a job for pay since [RAD]?

- Yes (CONTINUE)
- No (GO TO CAREER GOALS SECTION p.28)
- Refused (GO TO CAREER GOALS SECTION p.28)
- Don't know (GO TO CAREER GOALS SECTION p.28)

a. How many hours per week on average were you working at your most recent job? Include all jobs at that time if you had more than one job.

\_\_\_\_\_ number of hours

- Refused
- Don't know

b. About how much did you typically earn per hour before taxes in your most recent job? If you had more than one job, please answer for your main job.

\$\_\_\_\_\_ . \_\_\_\_\_ per hour (GO TO Q37c NEXT PAGE)

- Refused (GO TO Q37c NEXT PAGE)
- Don't know (ASK Q37bi BELOW)

i. IF DOESN'T KNOW HOURLY RATE: Can you tell me how much you earned for some other time period besides hourly, such as per day, per week, every two weeks, or month?

- \$ \_\_\_ \_\_\_ \_\_\_\_\_ PER DAY
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ PER WEEK
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ EVERY 2 WEEKS/TWICE A MONTH
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ EVERY MONTH
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ PER JOB/PER PIECE
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ PER COMMISSION
- \$ \_\_\_ \_\_\_ \_\_\_\_\_ ANNUALLY

c. Have you worked for a healthcare employer since [RAD]?

- Yes
- No
- Refused
- Don't know

d. Have you worked in a healthcare job since [RAD]?

- Yes (ASK Q37di BELOW)
- No (GO TO Q37dii THIS PAGE)
- Don't know (GO TO Q37dii THIS PAGE)
- Refused (GO TO Q37dii THIS PAGE)

i. IF YES: I am going to read you a list of types of healthcare occupations. Please tell me which type best describes the healthcare jobs you have had since [RAD]. Choose all that apply if you have had more than one healthcare job since [RAD].

- Administrative (such as Medical Records and Health Information Technicians)
- Technical (such as Medical and Clinical Laboratory Technicians)
- Direct personal care (such as Home Health Aids or Certified Nursing Assistants)
- Other (Please specify: \_\_\_\_\_)
- Refused
- Don't know

GO TO Q37e, THIS PAGE

ii. IF HAVE NOT WORKED IN HEALTHCARE SINCE RAD: What kind of work did you do in your most recent job, that is, what was your occupation? If you had more than one job, please answer for your main job.

- \_\_\_\_\_
- Refused
  - Don't know

e. What was your job title at your most recent job? If you had more than one job, please answer for your main job.

- 
- Refused
  - Don't know

f. At your most recent job, did your employer offer health insurance, regardless of whether you took it from them?

- Yes (GO TO Q37fi NEXT PAGE)
- No (GO TO Q37fii NEXT PAGE)
- Refused (GO TO Q37fii NEXT PAGE)
- Don't know (GO TO Q37fii NEXT PAGE)

i. IF YES: Did you receive insurance through your employer?

- Yes (GO TO CAREER GOALS SECTION NEXT PAGE)
- No (GO TO Q37gii BELOW)
- Refused (GO TO Q37gii BELOW)
- Don't know (GO TO Q37gii BELOW)

ii. IF NO: Did you receive insurance from another source?

- Yes
- No
- Refused
- Don't know

**Career Goals**

Now I'd like to talk to you a bit about your career goals.

38. I am going to read you two statements. Please tell me whether you would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know	Refused
a. I am making progress towards my long-range employment goals.	<input type="checkbox"/>					
b. I see myself on a career path.	<input type="checkbox"/>					

39. Do you expect to be working for pay in the next six months?

- Yes (CONTINUE)
- No (GO TO Q40 THIS PAGE)
- REFUSED (GO TO Q40 THIS PAGE)
- DON'T KNOW (GO TO Q40 THIS PAGE)
- a. How many hours do you expect to be working in a typical week?
  - \_\_\_ \_\_\_ number of hours
  - Refused
  - Don't know
- b. Do you expect to be working in a healthcare job or for a healthcare employer?
  - Yes
  - No
  - REFUSED
  - DON'T KNOW

40. I am going to read you two statements about your work preferences. Please tell me whether you would say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

- a. [IF ANSWERED "YES" IN Q36 (currently working): If I was not currently working, I would/[If ANSWERED "NO" IN Q36 (not currently working): I will] take any job even if the pay is low.
  - Strongly agree
  - Somewhat agree
  - Somewhat disagree
  - Strongly disagree
  - Refused
  - Don't know

b. [IF ANSWERED “YES” IN Q36 (currently working): If I was not currently working, I would]/[If ANSWERED “NO” IN Q36 (not currently working): I] want only the kind of job that is related to my training/education?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Refused
- Don't know

41. How much must a job pay per hour for it to make sense for you to take it?

\$\_\_\_\_\_ . \_\_\_\_\_ per hour

- Refused
- Don't know

42. I am going to read you a list of statements. Please tell me how important is each of the following to you in your life (not, somewhat, or very)?

	Very important	Somewhat important	Not important	Don't know	Refused
a. Being successful in my line of work	<input type="checkbox"/>				
b. Having lots of money	<input type="checkbox"/>				
c. Being able to find steady work	<input type="checkbox"/>				
d. Becoming an expert in my field of work	<input type="checkbox"/>				
e. Getting a good job	<input type="checkbox"/>				

**Knowledge of Career Opportunities in Healthcare**

*Now I'd like to get a sense of your understanding of healthcare related career opportunities in your local area.*

43. Would you say you know the kind of careers that are available in healthcare in your local area?

- Yes (ASK Q43a BELOW)
- No (GO TO INSTRUCTIONS BELOW Q43a NEXT PAGE)
- Refused (GO TO INSTRUCTIONS BELOW Q43a NEXT PAGE)
- Don't know (GO TO INSTRUCTIONS BELOW Q43a NEXT PAGE)

a. What type of credential or degree do you need to qualify for a job like the kinds that you just reported to be available in your local area? Choose one.

- Certificate, license, or credential
- Associate's Degree
- Bachelor's degree or higher
- Work experience/on-the-job training
- Other reason (please specify: \_\_\_\_\_)

IF ANSWERED "NO" IN Q36 (not currently working), GO TO BARRIERS IN EMPLOYMENT SECTION p.32.

IF ANSWERED "YES" IN Q36 (currently working), CONTINUE.

44. In your current job, are there promotion opportunities?

- Yes (ASK Q44a BELOW)
- No (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)
- REFUSED (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)
- DON'T KNOW (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)

a. IF YES: Would you need additional education or training to be promoted?

- Yes (ASK Q44ai BELOW)
- No (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)
- REFUSED (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)
- DON'T KNOW (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)

i. What type of credential or degree do you need to be promoted? Choose one.

- Certificate, license, or credential
- Associate's Degree
- Bachelor's degree or higher
- Work experience/on-the-job training
- Other reason (specify)
- Refused (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)
- Don't know (GO TO BARRIERS IN EMPLOYMENT SECTION p.32)

- ii. About how long would it take you to earn the credential or degree?
- 0-3 months
  - 4-6 months
  - 6 months to a year
  - More than a year
  - Refused
  - Don't know

**Barriers to Employment**

*There are many things that could affect a person’s ability to go to school or work, search for jobs, and manage family responsibilities. The next few questions are about these situations*

45. In the past 12 months, how often did each of the following situations interfere with your school, work, job search, or family responsibilities:

	Never	Sometimes	Very often	Don’t know	Refused
a. Child care arrangements?	<input type="checkbox"/>				
b. Transportation?	<input type="checkbox"/>				
c. Alcohol or drug use?	<input type="checkbox"/>				
d. An illness or health condition?	<input type="checkbox"/>				
e. Other, please specify:	<input type="checkbox"/>				

46. How difficult do you think it is to get a job in your chosen field or occupation?

- Not difficult (GO TO Perceived Self-Efficacy and Motivation SECTION NEXT PAGE)
- Somewhat difficult (CONTINUE)
- Very difficult (CONTINUE)
- Refused (CONTINUE)
- Don’t know (CONTINUE)

a. Do you think any of the following situations make it difficult? Choose all that apply.

- Child care arrangements?
- Transportation?
- Alcohol or drug use?
- An illness or health condition?
- Lack of required education?
- Lack of experience?
- Lack of job openings?
- Other (Please specify)
- Refused
- Don’t know

**Perceived Self-Efficacy and Motivation**

47. In general, some people have an easier or harder time with these kinds of problems or difficulties.

How true do you believe are the following statements: (1 = Not at all true, 2 = Somewhat true, 3 = Mostly true, 4 = Entirely true)

	Not at all true	Somewhat true	Mostly true	Entirely true	Don't know	Refused
a. I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/>					
b. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>					
c. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>					
d. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>					
e. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>					
f. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>					
g. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>					
h. If I am in trouble, I can usually think of a solution.	<input type="checkbox"/>					
i. I can usually handle whatever comes my way.	<input type="checkbox"/>					

## Income and Household

*Now I'd like to talk to you about your family and current household.*

48. Besides you, who among the following live in your household at least half the time?
- a. Your spouse
    - Yes (GO TO Q48c THIS PAGE)
    - No (ASK Q48b BELOW)
    - Refused (ASK Q48b BELOW)
    - Don't know (ASK Q48b BELOW)
  
  - b. IF NO SPOUSE: Your unmarried partner
    - Yes
    - No
    - Refused
    - Don't know
  
  - c. Your [IF Q48b "YES" (UNMARRIED PARTNER): or your partner's] biological, adopted, or step children aged 17 or younger
    - Yes
    - No
    - Refused
    - Don't know
  
  - d. Other relatives aged 17 or younger such as younger siblings, nephews and nieces [IF Q48b "YES" (LIVES WITH PARTNER): of yours or your partner's]
    - Yes
    - No
    - Refused
    - Don't know
  
  - e. Your mother or father [IF Q48a "YES" (LIVES WITH SPOUSE): or your in-laws]/IF Q48b "YES" (LIVES WITH PARTNER): or your partner's mother or father]
    - Yes
    - No
    - Refused
    - Don't know

- f. Your adult children or other relatives aged 18 or older [IF Q48b “YES” (LIVES WITH PARTNER): or those of your partner]
  - Yes
  - No
  - Refused
  - Don’t know
  
- g. Anyone else aged 17 or younger such as children of friends or housemates
  - Yes
  - No
  - Refused
  - Don’t know
  
- h. Anyone else aged 18 or older such as friends or housemates
  - Yes
  - No
  - Refused
  - Don’t know

IF ANSWERED “NO” IN Q48c, Q48d, AND Q48g (NO CHILDREN 17 OR YOUNGER), GO TO INSTRUCTIONS BELOW Q50 THIS PAGE.

IF ANSWERED “YES” IN Q48c, Q48d, AND Q48g (CHILDREN 17 OR YOUNGER), CONTINUE.

49. How many persons aged 17 or younger live with you at least half the time? Include biological, adopted, foster, step, and any other children, as well as younger siblings.

\_\_\_ \_\_\_ number of persons 17 or younger

Refused

Don’t know

50. For how many of these children are you or your [IF 48a “YES” MARRIED: spouse/[IF 48b “YES” UNMARRIED PARTNER: partner] the legal guardian?

\_\_\_ \_\_\_ number of children

Refused

Don’t know

Now, I am going to ask you some questions about your personal and household income in (PRIOR MONTH). I will ask you first about your personal income then I will ask about the income of other members of your household. Again, I want to assure you that none of your answers will be discussed with anyone.

51. Did you personally have income or benefits from any of the following sources in [PRIOR MONTH]?

	Yes	No	Don't know	Refused
a. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants and Children Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unemployment Insurance (UI) or Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Subsidized Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 / Public Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Free or reduced lunch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Job earnings (including tips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child Support (official or unofficial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Family and friends (who did not live with you at least half of the time last month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Grants or loans for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other source of income. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. IF ANSWERED "YES" IN Q51j: About how much did you receive in job earnings in [PRIOR MONTH]?  
 \$ \_\_\_\_\_ . \_\_\_\_\_

52. Thinking of all of the income you received last month, what was your total personal income in (PRIOR MONTH)? Please include your job earnings, benefits, and any other types of income except for tax refunds in your answer. [EXPLAIN IF NECESSARY: PLEASE DO NOT INCLUDE ANY REFUNDS OF FEDERAL, STATE OR LOCAL INCOME TAXES PAID IN PAST YEARS].

\$ \_\_\_\_\_ (GO TO INSTRUCTIONS BELOW Q53a NEXT PAGE)

- Refused (CONTINUE)
- Don't know (CONTINUE)

- a. Would you say your total personal income in [PRIOR MONTH] was...
- None (\$0)
  - \$500 or less
  - \$501-\$1000
  - \$1001-\$1500
  - \$1501-\$2000
  - \$2001-\$2500
  - \$2501 or more
  - Refused
  - Don't know

IF ANSWERED "NO" TO ALL ITEMS IN Q48a—Q48h (NO OTHER HOUSEHOLD MEMEBRS), GO TO CONTACT INFORMATION SECTION p.38.

IF ANSWERED "YES" TO ANY ITEM IN Q51a—Q51j (OTHER HOUSEHOLD MEMEBRS), CONTINUE.

53. Now, let's go through the same list of income sources for other household members who lived with you at least half the time last month. In [PRIOR MONTH] did anyone else in your household have income or benefits from any of the following sources?

	Yes	No	Don't know	Refused
a. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants and Children Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unemployment Insurance (UI) or Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Subsidized Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 / Public Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Free or reduced lunch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Job earnings (including tips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child Support (official or unofficial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Family and friends (who did not live with you at least half of the time last month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Grants or loans for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other source of income. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Thinking of all of the income received by you and the people in your household last month, what was your total income for everyone living together in your household in [PRIOR MONTH]? Please consider anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. Please don't include tax refunds in your answer. [EXPLAIN IF NECESSARY: PLEASE DO NOT INCLUDE ANY REFUNDS OF FEDERAL, STATE OR LOCAL INCOME TAXES PAID IN PAST YEARS].

\$ \_\_\_\_\_ (GO TO CONTACT INFORMATION SECTION NEXT PAGE)

Refused (CONTINUE)

Don't know (CONTINUE)

a. Which of the following categories best describes your total household income? Please consider income received by anyone who lived in your household for at least half of [PRIOR MONTH] when you answer this question. Would you say your total household income in [PRIOR MONTH] was...

None (\$0)

\$500 or less

\$501-\$1000

\$1001-\$1500

\$1501-\$2000

\$2001-\$2500

\$2501 or more

Refused

Don't know

### Contact Information

*Before we complete this portion of the interview, I would also like to make sure I have your contact information recorded correctly.*

55. I have your name recorded as [FIRST MI LAST]. Is this still correct or have you changed your name?

- YES, STILL CORRECT (GO TO Q56 THIS PAGE)
- NO, NAME CHANGED

- a. Your first name now?:
- b. Your last name now?:

56. I have your address recorded as [STREET, APT, CITY, STATE, ZIP]. Is this still correct or have you moved?

- YES, STILL CORRECT (GO TO Q57 THIS PAGE)
- NO, MOVED
- Refused
- Don't know
  - a. What is your new street address or PO box number?
  - b. Is there a complex or building name?
  - c. Is there an apartment number?
  - d. In what city?
  - e. In what state?
  - f. What is the zip code?

57. I have your primary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new primary phone number?

- YES, STILL CORRECT (GO TO Q58 THIS PAGE)
- NO, NEW NUMBER
- Refused
- Don't know
  - a. IF YES: What is the new number, starting with the area code?
  - b. IF YES: Is that a home, cell, shelter, work, or other number?
    - Home
    - Cell
    - Shelter
    - Work
    - Other

58. I have your secondary phone number recorded as [xxx-xxx-xxxx]. Is this still correct or do you have a new secondary number?

YES, STILL CORRECT (GO TO Q59 NEXT PAGE)

NO, NEW NUMBER

What is the new number, starting with the area code?

- a. Is that a home, cell, shelter, work, or other number?
- Home
  - Cell
  - Shelter
  - Work
  - Other

59. Do you have another phone number where we can reach you? This can be your cell phone or work number.

YES (CONTINUE)

NO (GO TO Q60 THIS PAGE)

- Refused (GO TO Q60 THIS PAGE)
- Don't know (GO TO Q60 THIS PAGE)

What is the number, starting with the area code?

- b. Is that a home, cell, shelter, work, or other number?
- Home
  - Cell
  - Shelter
  - Work
  - Other

REPEAT Q59 UNTIL ALL PHONE NUMBERS ARE RECORDED

60. I have your email address recorded as [xxx@xxx.xxx]. Is this still correct or do you have a new email address?

- YES, CORRECT (GO TO Q61 THIS PAGE)
- NO, NEW EMAIL
- Refused
- Don't know

a. What is your new email address?

61. Do you have any other email addresses?

- YES
- NO (GO TO PARAGRAPH ABOVE Q62 THIS PAGE)
- Refused (GO TO PARAGRAPH ABOVE Q62 THIS PAGE)
- Don't know (GO TO PARAGRAPH ABOVE Q62 THIS PAGE)

a. What is the additional email address?

REPEAT Q61 UNTIL ALL EMAIL ADDRESSES ARE RECORDED

*Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of the two people you previously mentioned who will always know how to reach you. This information will be kept strictly private and will only be used if we are unable to contact you.*

62. When you applied for [PROGRAM NAME] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

- YES (VERIFY CONTACT INFORMATION)
- NO (ASK Q62a NEXT PAGE)
- Refused (ASK Q62a NEXT PAGE)
- Don't know (ASK Q62a NEXT PAGE)

a. Could you please tell me the name of a person who does not live with you and will always know how to contact you?

- YES (ASK Q62ai BELOW)
- NO (GO TO Q63 THIS PAGE)
- Refused (GO TO Q63 THIS PAGE)
- Don't know (GO TO Q63 THIS PAGE)

IF YES:

- i. What is his/her first name?
- ii. What is his/her middle name?
- iii. What is his/her last name?
- iv. Does his/her name have a suffix?
- v. What is the street address or PO box number?
- vi. Is there a complex or building name?
- vii. Is there an apartment number?
- viii. In what city?
- ix. In what state?
- x. What is the zip code?
- xi. What is [his/her] home phone number, starting with the area code?
- xii. What is [his/her] cell phone number, starting with the area code?
- xiii. What is [his/her] email address?
- xiv. What is [his/her] relationship to you?
  - Friend
  - Relative
  - Other (Specify:)
  - Refused
  - Do not know

63. When you applied for [PROGRAM NAME] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

- YES (VERIFY CONTACT INFORMATION)
- NO (ASK Q63a THIS PAGE)
- Refused (ASK 63a THIS PAGE)
- Don't know (ASK 63a THIS PAGE)

- a. Could you please tell me the name of another person who does not live with you and will always know how to contact you?
- YES (ASK Q63ai BELOW)
  - NO (GO TO INSTRUCTIONS BELOW Q63xiv NEXT PAGE)
  - Refused (GO TO INSTRUCTIONS BELOW Q63xiv NEXT PAGE)
  - Don't know (GO TO INSTRUCTIONS BELOW Q63xiv NEXT PAGE)

IF YES:

- i. What is his/her first name?
- ii. What is his/her middle name?
- iii. What is his/her last name?
- iv. Does his/her name have a suffix?
- v. What is the street address or PO box number?
- vi. Is there a complex or building name?
- vii. Is there an apartment number?
- viii. In what city?
- ix. In what state?
- x. What is the zip code?
- xi. What is [his/her] home phone number, starting with the area code?
- xii. What is [his/her] cell phone number, starting with the area code?
- xiii. What is [his/her] email address?
- xiv. What is [his/her] relationship to you?
  - Friend
  - Relative
  - Other (Specify:)
  - Refused
  - Do not know

*Thank you very much for your time today.*