

**ORR IDA EXIT SURVEY**

**\*\*ALL ASSETS\*\***

Please note: Instructions for the interviewer are in *italic print* and are not read to the participant.

Read to respondents: Hello, my name is \_\_\_\_\_ with [insert name of your program]. I would like to talk with you for about 15-20 minutes to learn about your experiences in our IDA program. We are doing this follow-up for several reasons:

- (1) to strengthen our program as we serve other refugees,
- (2) to be able to advocate for continued funding for the program, and
- (3) to determine whether there are other needs that we should be addressing.

*Directions: This section filled out by program staff before beginning the interview.*

Date form completed: \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Participant's Name:

\_\_\_\_\_

First

Last

Participant's SSN or casenumber: \_\_\_\_\_

Is this a(n): (mark one)

- Individual Account
- Household Account

Asset Acquired (mark all that apply):

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Vehicle  | Date Asset Acquired: _____ |
| <input type="checkbox"/> Home   | Date Asset Acquired: _____ |
| <input type="checkbox"/> Microenterprise  | Date Asset Acquired: _____ |
| <input type="checkbox"/> Post secondary education, vocational training or recertification | Date Asset Acquired: _____ |

One section follows:

*I. General Survey Section*

## I. General Survey Section

### A. SAVING

1. Which of the following statements best describes how you intend to save in the **future**? (*mark only one*)
  - I will not save.
  - If I have extra money, I will save some of it.
  - I will save a regular amount each month.
  - Don't know
2. Did you review your credit report or credit score this year? (*mark only one*)
  - Yes
  - No
  - Don't know

### B. ASSETS & DEBT

3. What assets do you have? (*mark all that apply*)
  - Home
  - Car
  - Computer
  - Land (other than where your home is)
  - Retirement account
  - Building, house or property (other than your home)
  - Savings account
  - Checking account
  - Other \_\_\_\_\_ (*write in*)
4. What kind of debt do you have? (*mark all that apply*)
  - Credit cards
  - Home mortgage
  - Medical
  - Education loan
  - Car loan
  - Other \_\_\_\_\_ (*write in*)
5. Does your debt exceed the value of your assets? (*mark only one*)
  - Yes
  - No
  - Don't know

**C. Employment**

Directions: If this is an individual IDA account holder ask only the first set of questions 7-8a.  
If this is a household IDA account, ask both sets of employment questions 7-10a.

6. What is your current employment status? Are you: (read responses and mark all that apply)

- Employed part-time (less than 35 hours per week)
- Employed full-time (35 hours or more per week)
- Self-employed, owns own business (part-time endeavor less than 35 hours per week)
- Self-employed, owns own business (full-time endeavor 35 hours or more per week)
- Not employed, looking for work
- Not employed, not looking for work
- Earning money through odd jobs (paid in cash, jobs where you do not receive a W-2 form)
- Other? \_\_\_\_\_ (write in)
- Don't know

6a. Ask if employed: If employed now, do you receive health insurance through your employer? (mark only one)

- Yes
- No
- Don't know
- Not applicable, not employed now

6b. If employed (or self-employed), what is your monthly or annual salary (or owner's draw), or hourly wage—whichever is easier?

- Don't know
- Refused

**Annual** salary or owner's draw: \$ \_\_\_\_\_ (entered from below or provided directly by respondent)

Space to calculate annual salary

**Monthly salary** \$ \_\_\_\_\_ x 12 months = \_\_\_\_\_ annual amount (enter above)  
**Or owner's draw**

**Hourly wage** \$ \_\_\_\_\_ x \_\_\_\_\_ hours worked per month = \_\_\_\_\_ monthly amount  
Monthly amount \$ \_\_\_\_\_ x 12 months = \_\_\_\_\_ annual amount (enter above)

7. Has your employment situation changed since you began your IDA program? (mark only one)

- Yes
- No
- Don't know

7a. If yes, how exactly has your employment changed? (mark all that apply)

- Have same job, earn more
- Have same job, earn less
- Have same job, got promotion (no wage increase)
- Have entirely new job, earn more
- Have entirely new job, earn less
- Began second job
- Lost job, unemployed
- Other specify \_\_\_\_\_ (write in)
- Don't know

If this is an individual IDA account, skip question#11 in section D.

If this is a household IDA account, continue with question #9.

8. Is there another adult in the household who is employed?

- Yes
- No *skip to question#11 in section D*

8a. *If yes*, is that person: (*read responses and mark all that apply*)

- Employed part-time (less than 35 hours per week)
- Employed full-time (35 hours or more per week)
- Self-employed, owns own business (part-time endeavor less than 35 hours per week)
- Self-employed, owns own business (full-time endeavor 35 hours or more per week)
- Earning money through odd jobs (paid in cash, jobs where you do not receive a W-2 form)
- Other? \_\_\_\_\_ (*write in*)
- Don't know

8b. If employed now, does s/he receive health insurance through her/his employer? (*mark only one*)

- Yes
- No
- Don't know
- Not applicable, not employed now

8c. If employed or self-employed, what is her/his annual salary, monthly salary or hourly wage—whichever is easier?

- Don't know
- Refused

**Annual** salary or owner's draw: \$ \_\_\_\_\_ (*entered from below or provided directly by respondent*)

*Space to calculate annual salary*

**Monthly salary** \$ \_\_\_\_\_ x 12 months = \_\_\_\_\_ annual amount (*enter above*)  
**Or owner's draw**

**Hourly wage** \$ \_\_\_\_\_ x \_\_\_\_\_ hours worked per month = \_\_\_\_\_ monthly amount  
Monthly amount \$ \_\_\_\_\_ x 12 months = \_\_\_\_\_ annual amount (*enter above*)

9. Has that person's employment situation changed since you began your IDA Program? (*mark only one*)

- Yes
- No
- Don't know

9a. *If yes*, how exactly has her/his employment changed? (*mark all that apply*)

- Have same job, earn more
- Have same job, earn less
- Have same job, got promotion (no wage increase)
- Have entirely new job, earn more
- Have entirely new job, earn less
- Began second job
- Lost job, unemployed
- Other specify \_\_\_\_\_ (*write in*)
- Don't know

**D. CONNECTION TO BANK OR CREDIT UNION**

10. Do you plan to continue to use the services of a bank or credit union? *(mark only one)*

- Yes
- No
- Don't know

10a. If yes, what's the name of the bank or credit union? *(write in all names if more than one)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. I'd like to find out what services you use from your bank or credit union. Do you have:

*(read responses and mark only one answer per item)*

Checking account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Savings account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Credit card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
ATM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Debit card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Direct deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
On-line banking or direct bill paying	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
CDs or investment accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Loan—home or car	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Anything else? <i>(write in)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

**E. INTEGRATION & CITIZENSHIP STATUS**

12. Has participating in the IDA Program affected your sense of belonging to your city or town? *(mark only one)*

- Increased your sense of belonging
- Made no difference
- Negatively affected your sense of belonging

13. What is your current U.S. citizenship status? *(mark only one)*

- U.S. citizen
- Not a U.S. citizen

13a. If not a U.S. citizen, are you eligible for U.S. citizenship? *(mark only one)*

- Yes
- No
- Don't know

13b. If eligible, what steps have you taken to become a U.S. citizen? *(mark only one)*

- Has decided **not** to pursue U.S. citizenship
- Still thinking about the idea of pursuing U.S. citizenship
- Submitted application
- Studying to take citizenship exam
- Has taken citizenship exam and waiting for results
- U.S. citizenship denied
- Other \_\_\_\_\_ *(write in)*

**F. INCOME**

14. Since enrolling into the IDA Program, has your household income: *(mark only one)*
- Increased                                       Remained the same  
 Decreased                                         Don't know
15. What is your total household annual income? Please include all sources of income for all people in your household. *(read responses & mark only one)*
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$9,999    | <input type="checkbox"/> \$70,000 to \$84,999   | <input type="checkbox"/> \$145,000 to \$159,999 |
| <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> \$85,000 to \$99,999   | <input type="checkbox"/> More than \$160,000    |
| <input type="checkbox"/> \$25,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$114,999 | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> \$40,000 to \$54,999 | <input type="checkbox"/> \$115,000 to \$129,999 | <input type="checkbox"/> Refused                |
| <input type="checkbox"/> \$55,000 to \$69,999 | <input type="checkbox"/> \$130,000 to \$144,999 |   |
16. Did you receive TANF (public assistance) when you enrolled into the IDA Program? *(mark only one)*
- Yes     Don't know  
 No
17. Do you receive TANF (public assistance) **now**? *(mark only one)*
- Yes     Don't know  
 No
18. Did you receive Food Stamps when you enrolled into the IDA Program? *(mark only one)*
- Yes     Don't know  
 No
19. Do you receive Food Stamps **now**? *(mark only one)*
- Yes     Don't know  
 No

**G. ADDITIONAL SERVICES**

20. Are there ways our agency could be of further assistance to you?
- Yes  
 No  
 Don't know

20a. If yes, In what way can we help you? *(write in)*

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That was the last question of the survey. Thank you very much for being so generous with your time.