

ORR IDA LONGITUDINAL DATA COLLECTION TOOL

****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 since you purchased your asset through 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):

- Vehicle Date Asset Acquired: _____
- Home Date Asset Acquired: _____
- Microenterprise Date Asset Acquired: _____
- Post secondary education, vocational training or recertification Date Asset Acquired: _____

Please note: These final two assets are not available for current participants.

- Computer Date Asset Acquired: _____
- Home renovation Date Asset Acquired: _____

Two sections follow:

- I. Asset Specific Section
- II. General Survey Section

I. Asset Specific Section

A.1 VEHICLE—not purchased as part of a microenterprise IDA

1. Do you still own your car purchased through the IDA program?

Yes

1a. *If yes*, what has having a car enabled you to do? (*mark all that apply*)

- Go to work
- Get a better job (higher paying, better benefits)
- Go to school
- Own a business
- Purchase a home
- Improved quality of life (e.g., have more time to spend with family)
- Allowed other family members to go to work, go to school
- Acquire other asset _____ (*write in*)

(If more details needed -- write in)

No

1b. *If no*, what happened to the car? (*write in*)

2. How has owning a car made a difference to you and your family? (*write in*)

A.2 HOME

3. Do you still own your home purchased through the IDA program?

Yes

3a. *If yes*, do you believe the value of your home has increased, decreased, or remained the same since you purchased it? (mark only one)

Increased

Decreased

Remained the same

3b. Why do you think the value has (*increased, decreased, or remained the same--insert answer from question above 3a*)? (write in) _____

Probe: For example, have the sales price of comparable homes in your neighborhood changed? Have you received a city or county assessment? Have you had a real estate appraisal? Have you made upgrades or has there been deterioration?

No

3c. *If no*, what is the reason you no longer own this home? (mark all that apply)

Inability to pay mortgage

Voluntary sale of house

Sold this house to buy another house

Change in personal situation (e.g., divorce)

Change in employment situation (e.g., loss of job, reduced hours)

Moved out of the area

Other _____ (write in)

Don't know

4. Since you have owned the home you purchased through the IDA program, have you refinanced your mortgage?

Yes

Has applied, waiting for approval

No

Applied, but denied

Don't know

4a. *If yes*, what was the reason you refinanced your mortgage? (mark all that apply)

To have a lower interest rate

To reduce monthly mortgage payment

To get equity out

Other _____ (write in)

Don't know

5. Since you have owned the home you purchased through the IDA program, have you received a home equity loan?

Yes

Has applied, waiting for approval

No

Applied, but denied

Don't know

5a. *If yes*, what was the reason you got a home equity loan? (mark all that apply)

To consolidate debt

To make improvements to your home

Other _____ (write in)

Don't know

6. How has owning a home made a difference to you and your family? (write in)

A.3 MICROENTERPRISE

7. Do you still own the business that you started or purchased through the IDA program?

Yes

7a. *If yes*, do you believe the value of your business has increased, decreased, or remained the same since you started/purchased it? (*mark only one*)

Increased

Decreased

Remained the same

7b. Why do you think the value has (*increased, decreased, or remained the same--insert answer from question above 7a*)? (*write in*) _____

Probe: For example, changes in the number of customers, in the number of sales, in the number of products sold, in gross income, or in net income?

7c. Other than yourself do you have any paid employees at your business?

Yes

No

7d. *If yes*, how many (*read all categories, write in 0 in the spaces provided if none*)

_____ # of part-time family members

_____ # of part-time non-family members

_____ # of full-time family members

_____ # of full-time non-family members

Note: Part time = less than 35 hours per week. Full time = 35 hours or more per week.

7e. Is this an increase, decrease or the same number of paid employees when you first started or purchased your business?

Increase

Decrease

Same number

No

7f. If you no longer own the business, what happened? (*write in*)

8. How has owning your own business made a difference to you and your family? (*write in*)

A.4 POST-SECONDARY EDUCATION, VOCATIONAL TRAINING OR RECERTIFICATION

9. In which area of study or subject did you use your IDA funds? *(write in)*

10. Have you completed your degree or certification program?

- Yes
- No, still in school

10a. *If yes*, what degree or certification have you received?

- 2-year college degree
- 4-year college degree
- Graduate college degree
- Certificate in _____ *(write in)*
- Other _____ *(write in)*

11. Have you obtained a job in your field of study as a result of your education/training/recertification?

- Yes

Please explain: _____ *(write in)*

- No

Please explain: _____ *(write in)*

- Not yet, still in school

12. How has education/training/recertification made a difference to you and your family? *(write in)*

****This asset goal is no longer available to participants****

A.5 COMPUTER

13. Do you still own the computer purchased through the IDA program?

Yes

13a. *If yes*, what has having a computer enabled you to do? (*mark all that apply*)

- Go to work
- Get a better job (higher paying, better benefits)
- Go to school
- Own a business
- Purchase a home
- Improved quality of life (e.g., have more time to spend with family)
- Allowed other family members to go to work, go to school
- Acquire other asset _____ (*write in*)

(If more details needed-- write in)

No

13b. *If no*, what happened to the computer? (*write in*)

14. How has owning your own computer made a difference to you and your family? (*write in*)

****This asset goal is no longer available to participants****

A.6 HOME RENOVATION

15. What renovation(s) did you make to your home? *(write in)*

15a. Was this for basic maintenance or updates to increase the value of your home or both? *(mark all that apply)*

- Basic maintenance
- Updates to increase value of home

16. As a result of the renovations, do you believe the value of your home has increased, decreased, or remained the same? *(mark only one)*

- Increased
- Decreased
- Remained the same

17. How has making home renovation(s) made a difference to you and your family? *(write in)*

II. General Survey Section

A. SAVING

1. Are you saving **now**? (*mark only one*)

- Yes
 No

1a. *If yes*, Are you saving every month?

- Yes
 No

1b. *If yes*, How much do you save each month? \$ _____ (write in)

1c. *If yes*, what do you plan to do with your savings? (*mark all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Buy a new/different home | <input type="checkbox"/> Emergency fund |
| <input type="checkbox"/> Obtain post-secondary education (for yourself) | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Obtain post-secondary education (for your spouse/partner) | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Pay for your children's education | <input type="checkbox"/> Investment account |
| <input type="checkbox"/> Starting or expanding a business | <input type="checkbox"/> Job training |
| <input type="checkbox"/> Other _____ (write in) | |
| <input type="checkbox"/> Undecided/don't know | |

1d. *If no*, can you tell me the reason why you are not saving? (*write in*)

2. 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

3. Did you review your credit report or credit score this year? (*mark only one*)

- Yes
 No
 Don't know

B. ASSETS & DEBT

4. What assets do you have? (*mark all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Building, house or property (other than your home) |
| <input type="checkbox"/> Car | <input type="checkbox"/> Savings account |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Checking account |
| <input type="checkbox"/> Land (other than where your home is) | <input type="checkbox"/> Other _____ (write in) |
| <input type="checkbox"/> Retirement account | |

5. What kind of debt do you have? (*mark all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Credit cards | <input type="checkbox"/> Education loan |
| <input type="checkbox"/> Home mortgage | <input type="checkbox"/> Car loan |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ (write in) |

6. 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.

7. 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

7a. 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

7b. 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)

8. Has your employment situation changed since you acquired your asset? (mark only one)

- Yes
- No
- Don't know

8a. 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.

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

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

9a. *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

9b. 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

9c. 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*)

10. Has that person's employment situation changed since you acquired your asset? (*mark only one*)

- Yes
- No
- Don't know

10a. *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

11. Do you use the services of a bank or credit union? *(mark only one)*

- Yes
- No
- Don't know

11a. If yes, what's the name of the bank or credit union? *(write in all names if more than one)*

12. 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

13. 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

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

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

14a. If not a U.S. citizen, are you eligible for U.S. citizenship? *(mark only one)*

- Yes
- No
- Don't know

14b. 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

15. Since acquiring your asset through the IDA Program, has your household income: *(mark only one)*

- Increased Remained the same
 Decreased Don't know

16. Since acquiring your asset through the IDA Program, at the end of the month after you have paid your bills do you have more, less, or the same amount of money left over as before you acquired your asset? *(mark only one)*

- More Same
 Less Don't know

17. 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 | |

18. Did you receive TANF (public assistance) when you were saving for your asset? *(mark only one)*

- Yes Don't know
 No

19. Do you receive TANF (public assistance) **now**? *(mark only one)*

- Yes Don't know
 No

20. Did you receive Food Stamps when you were saving for your asset? *(mark only one)*

- Yes Don't know
 No

21. Do you receive Food Stamps **now**? *(mark only one)*

- Yes Don't know
 No

G. ADDITIONAL SERVICES

22. Are there ways our agency could be of further assistance to you?

- Yes
 No
 Don't know

22a. If yes, In what way can we help you? *(write in)*

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