

MTO

MOVING TO OPPORTUNITY FOR FAIR HOUSING DEMONSTRATION

SITE ASSISTANT TRAINING MANUAL

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Background Information

Chapter A-1

MTO Demonstration Overview

The Moving to Opportunity for Fair Housing (MTO) Demonstration program is intended to help low-income families now living in public housing or project-based Section 8 housing move out of high-poverty areas of large central cities and gain access to better housing, education, and employment opportunities in low-poverty neighborhoods. The demonstration will combine Section 8 rental assistance with intensive housing search and counseling services, in order to ease families' relocation to low-poverty communities and help them become self-sufficient.

Demonstration Rationale

The MTO demonstration is modeled on remedial programs of the past two decades in which federal courts have required the Department of Housing and Urban Development (HUD) to provide funding for Section 8 rental assistance and housing counseling services to reduce racial segregation in publicly assisted housing.¹ These programs enable families to move to neighborhoods that are not racially segregated. The best known of these programs is the

¹ The Section 8 program for existing housing provides housing assistance through rental certificates or housing vouchers. In most places, local public housing agencies (PHAs) administer both the voucher and certificate programs. An applicant is income-eligible for Section 8 housing assistance if his/her household income level is less than 50 percent of the median income for the metropolitan area. Eligible applicants enrolled in the program are given two to four months to find acceptable housing in the private rental market. To qualify as "acceptable," a unit must meet the program's housing quality and occupancy standards, and its owner must agree to participate in the program. Contracts are signed establishing the unit rent and the amounts of the tenant and housing assistance payments.

Gautreaux program in Chicago, which has been underway for over 17 years. Other jurisdictions in which court-ordered or voluntary programs have been established include Boston, Cincinnati, Hartford, Memphis, and Dallas. Studies of these programs indicate positive results for many families with respect to improvements in housing, educational attainment of children, employment, and income.

However, these studies are unable to prove whether program impacts were the result of the program design and services offered, the locational characteristics of communities chosen by the families, or the special characteristics of the enrolled families themselves. Consequently, Congress has requested that the MTO demonstration determine the importance of each of these factors through a careful, comparative evaluation of program impacts among MTO families that move to low-poverty neighborhoods with the outcomes for two other similar groups of households: families that move to private housing with only Section 8 assistance; and families that continue to live in public housing or project-based Section 8 developments. By these comparisons, over the 10-year term of the demonstration, HUD seeks to determine the long-term benefits and costs of MTO relative to current Section 8 and public housing programs, and to make recommendations to Congress with respect to program expansion or design changes.

Program Authorization and Description

The Moving to Opportunity for Fair Housing (MTO) demonstration was authorized in Section 152 of the Housing and Community Development Act of 1992, which set the following parameters for the program:

- Eligible families are very low-income families with children now living in public housing or project-based Section 8-assisted housing located in areas with high concentrations of poverty (where 40 percent or more of families in the census tract have incomes below the official poverty level).

- Of the 21 cities eligible to participate in MTO, five cities have been selected by competitive procurement for the first round of the demonstration: Baltimore, Boston, Chicago, Los Angeles, and New York.
- Local programs are created via grants and contracts between HUD and both
 - *nonprofit organizations (NPOs)*, to provide counseling and services in connection with the demonstration; and
 - *public housing agencies (PHAs)*, to administer the Section 8 rental assistance.
- The NPOs will receive partial federal funding for MTO to help pay for the costs associated with counseling participating families, assisting them in finding appropriate units, and working with landlords (to encourage their renting units to families in the MTO program). Local programs must match federal counseling funds with funds from state or local public or private sources.
- PHAs will receive administrative funds for the increased number of Section 8 certificates or vouchers made available through the MTO program.

In the *short term*, the demonstration will compare the costs and service differences between the MTO program and the routine implementation of the Section 8 tenant-based rental assistance program. HUD is particularly interested in short term "process" outcomes with respect to successful lease-up rates in low-poverty areas, spatial disposition and neighborhood choices, and rent levels and housing characteristics. HUD will report to Congress biennially on the effectiveness of the demonstration, including a report on who is served, the level of counseling and types of services provided, and updates on the employment records of families assisted under the program.

HUD plans to survey all participating MTO families after five years to measure interim impacts of receiving MTO assistance and moving to low-poverty neighborhoods. These

evaluations will assess, among other factors, the status and attitudes of participants and differences among families living in high-poverty and low-poverty neighborhoods.

In the *long term*, HUD will assess the housing, educational, and employment outcomes of families assisted through MTO relative to those of families receiving Section 8 or public housing assistance. Current plans call for including 1,800 families in a three-way experimental design, which makes up the research component of the demonstration. A final report to Congress on program outcomes is due in 2004.

Section 8 rental assistance for the MTO demonstration was approved at \$20 million for FY 92 and \$50 million for FY 93. In addition, a fund of up to \$500,000 was set aside for counseling grants. These funds will assist approximately 1,300 low-income families at the five HUD-selected sites during the first round of the program.

For FY 94, Congress increased the demonstration appropriation by \$164.5 million in rental assistance plus \$7 million in housing counseling funds. HUD has not yet published the program guidelines for the FY 94 funds.

Key Research Questions About MTO

The MTO demonstration is designed to let HUD answer three different sets of questions about the impact of neighborhood on social and economic opportunity:

- What are the impacts of MTO on families' locational choices, and on the housing and neighborhood conditions of families moving to low-poverty neighborhoods?
- What are the impacts of moves to low-poverty neighborhoods on employment, income, education, and social well-being?

- What is the long-term effect of MTO counseling services on improving the social and economic well-being of MTO families?

RATIONALE FOR THE RESEARCH DESIGN

Because Congress has mandated HUD to answer these key research questions, there are certain requirements for how the MTO demonstration will operate. These requirements add up to the research design or *experimental design*, which will allow HUD to answer Congress's questions with confidence ten years from now in 2004. Until February 1995, Abt Associates will help HUD plan and implement the demonstration in accordance with the research design.

There are three significant features of the research design that shape the plans for the demonstration and will affect MTO program operations. These features are the creation of *three groups* of enrolled families, the use of *random assignment* to place eligible families in the groups, and the requirement to *maintain records and collect data* about the participants and the program.

RESEARCH DESIGN FEATURES

The experimental design involves creating three randomly selected groups from the families enrolled in MTO:

- *the MTO experimental group*, which will receive certificates or vouchers useable only in low-poverty areas (no more than 10 percent of population below poverty in 1989), along with counseling and assistance in finding a private unit to lease;

- *the Section 8 comparison group*, which will receive regular Section 8 certificates or vouchers (geographically unrestricted) and ordinary briefings and assistance from the PHA; and
- *the in-place control group*, which will receive no certificates or vouchers, but will continue to receive project-based assistance.

The randomly assigned control group receiving no certificates or vouchers is essential in order to estimate correctly the separate impacts of Section 8 rental assistance by itself and MTO assistance with counseling. The control group provides a benchmark against which the outcomes of the two other groups can be measured.

RANDOM ASSIGNMENT

The families joining MTO must be randomly assigned to one of the three groups. *Random assignment* means that no family (and no staff member) can choose who gets into which of the three groups. Random assignment is very fair (particularly when resources are limited) and also assures that similar families are found in each of the three groups.

Abt Associates will assist each site with computer software and procedures designed to make sure that every family joining MTO has the same chance of getting a certificate or voucher. (A discussion of random assignment software and procedures is in Section C.)

The exhibit below, Minimum Goals for the Three Groups, summarizes how many families may have to be enrolled and assigned to each of the three groups. There must be enough families to lease up all the certificates and vouchers in the MTO allocation at least once, with roughly equal numbers leased in the MTO experimental group and the Section 8 comparison group. It is likely to take nearly 4,500 families to do this, based on success rates in prior mobility programs and the recent experience of the PHAs with their regular Section 8 programs. Through careful program management, however, individual sites may be able to

arrive at the same number of leased-up families (1,328) with far fewer enrollees than projected here (with additional savings in time and cost).

Minimum Enrollment Goals for the Three Groups

	MTO Experimental Group	Section 8 Comparison Group	In-Place Control Group	Total
Families enrolled and randomly assigned	2,220	828	1,388	4,436
Families leased up	666	662	N/A	1,328

RECORD-KEEPING AND DATA COLLECTION

At each step, PHAs and NPOs will be required to keep records to document how the demonstration is being implemented and who is being assisted. *Program-level forms* are to be used by the PHAs and NPOs to record information about landlord outreach, participant progress through program steps, and costs of MTO operations. *Participant-level forms* are to be used by the PHAs and NPOs to record information about the families. (These forms are discussed further in Sections B and D. The forms are found in Section E.)

MTO Program Operations

MTO program operations will unfold in a sequence of steps that bring families into the program and help them move to opportunity. The steps which comprise the "enrollment period" of the demonstration include:

- ***Outreach*** to secure families' (and landlords') participation in the program;
- ***Preliminary application and creation of a waiting list*** to provide a fair and unbiased way to offer enrollment to a limited number of interested, eligible families;
- ***Intake*** (eligibility determination, enrollment, baseline survey, and random assignment) to provide families with full information about the demonstration and secure their commitment to the program, to verify their eligibility, to secure unbiased information about the families, and to randomly assign them to the three groups;
- ***Section 8 briefing and issuance of certificates and vouchers*** (to provide all families receiving certificates or vouchers with the normal information package and PHA presentation describing Section 8 requirements and procedures, and to refer MTO experimental families to the nonprofit organization for further search assistance and counseling support);
- ***Initial counseling*** to work with families in the MTO EXPERIMENTAL GROUP on defining their housing needs and preferences, cleaning up credit or other problems, and preparing to look for housing in low-poverty areas;
- ***Additional search assistance*** to identify and offer tours in low-poverty areas, search for available units, inspect units and negotiate leases with willing landlords;
- ***Inspection and lease approval*** to assure that the units selected by the families meet program standards with respect to housing quality, rental terms, and (for MTO experimental group families), location in a low-poverty census tract; and
- ***Move-in and occupancy*** during which MTO families will continue to receive counseling assistance and follow-up support to assure a successful transition to the new home and neighborhood.

The parallel steps for participating families and site agencies are shown below.

MTO Demonstration Steps for Participating Families and Agencies

Step	Family Actions	Agency Actions	Start/End
OUTREACH	Find out about MTO through mailings and information meetings	<ol style="list-style-type: none"> 1) Contact owners/managers of targeted developments for cooperation 2) Conduct family outreach through mailings and information meetings 	<p><i>Start:</i> Initial contact made with owners/managers, pre-application developed</p> <p><i>End:</i> Last information meeting, or application deadline</p>
PRE-APPLICATION AND WAITING LIST	Fill out a pre-application for MTO and turn it in by the deadline date	<ol style="list-style-type: none"> 1) Pre-screen for eligibility, with help of managers 2) Gather all eligible applications submitted by deadline 3) Form MTO waiting list 4) Notify families of waiting list position 	<p><i>Start:</i> Pre-applications are pre-screened for eligibility by managers</p> <p><i>End:</i> Families notified of waiting list position, first group invited to file full applications (date and time)</p>
INTAKE (ELIGIBILITY, ENROLLMENT, BASELINE SURVEY, RANDOM ASSIGNMENT)	<ol style="list-style-type: none"> 1) Come to the PHA to fill out a full Section 8 application 2) Submit all papers needed to establish eligibility 3) Sign the MTO Enrollment Agreement 4) Complete the Participant Baseline Survey 	<ol style="list-style-type: none"> 1) Bring in groups of applicants from top of MTO waiting list for application-taking 2) Collect forms and signatures required for income verification and other eligibility checks 3) Complete HUD Form 50058 4) Provide MTO program explanation and answer applicant questions 5) Assist families completing baseline surveys and enrollment agreement 6) Complete eligibility determination 7) Conduct random assignment of eligible families to 3 groups 8) Notify families of eligibility outcome and assignment 9) Issue first invitations to briefings 10) Set up participant tracking systems 	<p><i>Start:</i> First families brought in for application-taking</p> <p><i>End:</i> Briefing dates set (separate for MTO experimental group and Section 8 comparison group); families invited to briefings</p>

Step	Family Actions	Agency Actions	Start/End
BRIEFING AND ISSUANCE	<i>(MTO experimental group and Section 8 comparison group only)</i> Attend Section 8 briefing and receive certificate or voucher	<i>(MTO experimental group and Section 8 comparison group only)</i> 1) Brief groups separately 2) Provide required information and materials 3) Issue Section 8 certificates and vouchers 4) Refer MTO experimental group to NPO	<i>Start:</i> Section 8 briefing conducted for MTO family <i>End:</i> Certificate or voucher issued; referrals made to NPO
INITIAL COUNSELING	<i>(MTO experimental group only)</i> Attend group session held by the NPO, cooperate with credit and housekeeping checks, receive individual counseling	1) Hold group session for MTO families 2) Collect forms, signatures for credit checks 3) Make home visits, assess family needs 4) Deliver individual counseling	<i>Start:</i> Family invited to meeting at NPO <i>End:</i> Family ready to search for housing
ADDITIONAL SEARCH ASSISTANCE	<i>(MTO experimental group only)</i> Identify desired low-poverty areas, search for available units, find a place with a willing landlord	1) Conduct landlord outreach in low-poverty areas 2) Identify available rental units 3) Assist family's search with transportation, landlord introductions 4) Help family negotiate for apartment (rent, repairs if needed)	<i>Start:</i> Contacts with rental housing owners and managers in metro area <i>End:</i> Family finds a unit to rent with Section 8 assistance
INSPECTION AND LEASE-UP	<i>(MTO experimental group and Section 8 comparison group only)</i> Contact PHA, submit request for lease approval, get apartment inspected, sign lease	1) Determine agency with jurisdiction over family's unit (city or suburban) 2) Process Request for Lease Approval, conduct Housing Quality Standards inspection (approve repairs), approve rent 3) Execute lease	<i>Start:</i> Request For Lease Approval submitted <i>End:</i> Lease executed
MOVE-IN, OCCUPANCY, AND FOLLOW-UP SUPPORT	<i>(MTO experimental group only)</i> Arrange for utilities and furnishings, move, become familiar with new area	1) Help with moving arrangements 2) Maintain contact with family after move, provide support and troubleshooting in new area 3) Recontact family at first two lease renewals	<i>Start:</i> Moving plans made <i>End:</i> Family renews lease and begins third year occupancy

Key Players

The two principal organizations responsible for MTO in each of the five demonstration cities are the public housing authorities (PHAs) and the nonprofit organizations (NPOs) selected to run the demonstration. The other principal demonstration actors include:

- ***Eligible families*** who are enrolled in the demonstration and assigned to one of the three demonstration groups;
- ***HUD/Central*** (primarily the Office of Public and Indian Housing and the Office of Policy Development and Research);
- ***HUD Field Offices*** in each site (processing of annual contributions contracts and grant agreements, review of amended Section 8 administrative plans, monitoring and support); and
- ***Abt Associates Inc.*** (for research design, implementation planning, preparation of this operations manual, training, technical assistance, and program monitoring).

PHA and NPO Roles and Responsibilities

The Notice of Funding Availability (NOFA) and Program Guidelines for the Moving to Opportunity for Fair Housing Demonstration require the joint participation of a local Public Housing Authority (PHA) and a nonprofit organization (NPO) at each of the demonstration sites. The NOFA outlines the responsibilities that these two key agencies will assume.

PHA DESCRIPTION

PHAs and NPOs are different types of organizations, with different strengths, orientations, and resources. Public housing agencies are agencies that specialize in the highly regulated business

of providing housing assistance to low-income households. They are created under the laws of their particular states, and some states (California, New York, Massachusetts) have their own housing programs that PHAs also administer.

PHAs—especially large PHAs in large cities—tend to run a variety of housing programs. These may include both federal and state public housing, both federal and state tenant-based rental assistance, various kinds of development programs to create affordable housing, and specialized programs for special-needs populations. Each program comes with its own set of administrative, operational, and fiscal requirements. One PHA strength is the ability to organize the resulting complexity of tasks and timetables.

PHAs are used to running several kinds of "business" at once. The PHAs in the MTO sites are all very large landlords, responsible for the management and maintenance of thousands of public housing units in numerous developments all across the cities. As housing managers, they handle everything from screening prospective residents to repairing leaking faucets to mowing grass to purchasing toilet paper for public facilities in their developments. They are responsible for the ordinary preparation of vacant units for new residents and for the repair of all sorts of wear and tear and damage.

A second business that has expanded greatly for PHAs in the last 15 years is *housing modernization*. PHAs have become responsible for renovating (or even redeveloping) substantial portions of their public housing stock, which has suffered through a combination of aging, hard use, deferred maintenance due to underfunding, and (in some places) outright neglect. Modernization involves PHAs in planning, design, construction management, and working with residents on all phases of these projects.

A third business in which PHAs have become more involved recently is *social service provision*. The ordinary operating subsidy funds that HUD provides for federal public housing cover the management of applicants and residents and bricks-and-mortar. Special funding under

the old Comprehensive Improvements Assistance Program (CIAP) and regular funding under the new Comprehensive Grant Program (CGP) are directed primarily to housing modernization. Social service funding to PHAs has been largely a matter of special grants, to support PHA efforts at helping a very disadvantaged resident population deal with a variety of problems (e.g. physical or mental illnesses, adult illiteracy, teen pregnancy, family dysfunction, substance abuse).

The housing authorities have also sought for their tenants a share of the services made available through nonprofits that work generally with the low-income population. It is in this connection that some PHAs already have experience working with NPOs, and visa versa.

Finally, a fourth business that has grown all too fast for the PHAs is *security*. In the past decade, the level of illegal drug activity has risen rapidly in all major U.S. cities, and many also have active street gangs with some involvement in drug traffic. Public housing developments have become a particular focal point for drug activity and the violence it generates. Some of the PHAs in the MTO sites are struggling for basic control of their developments, in an effort to maintain public order and some semblance of a decent living environment for residents.

For the PHAs, the MTO demonstration will largely involve the parts of the agency that administer Section 8 and other tenant-based rental assistance programs. But there are many ways in which MTO implementation can be helped by PHA staff working in public housing management and other facets of agency operation. The supervisor in charge of MTO for the PHA should identify who else in that agency needs to be kept informed and involved during the demonstration.

PHA RESPONSIBILITIES

The primary responsibilities of the PHA are:

- To conduct *outreach* to low-income families who are living in Section 8 or public housing projects in designated high-poverty census tracts;
- To conduct *preliminary screening* of families who are interested in applying for the MTO program to determine their eligibility;
- To develop a *separate waiting list* according to Section 8 program regulations and the NOFA;
- To conduct *intake and certify incomes* for families who appear to be eligible for the program and choose to apply;
- To *enroll the required number of eligible families* in the program and carry out random assignment to one of three groups;
- To conduct *Section 8 briefings* and provide other search assistance usually provided to Section 8 recipients;
- To perform *housing quality inspections and review and approve leases*;
- To collect *program family and cost data* in support of the demonstration; and
- To *report to HUD* biennially on the progress of the MTO demonstration.

NPO DESCRIPTION

It is harder to generalize about the NPOs in the five MTO cities than it is about the PHAs. The nonprofit agencies that teamed up on the winning applications (with multiple NPOs in some cases) are a varied group:

- *neighborhood advocacy and community organizing* are the core missions of two organizations;
- *fair housing, with a metropolitan focus*, is the special focus of two other NPOs;

- two NPOs deliver *services to homeless families*, including housing placement and transitional support;
- one NPO is a county-wide community action agency operating *multiple service programs for low-income people*.

The community-based nonprofits draw important strengths from their closeness to the residents of their city neighborhoods. Through board representation and membership, residents express their goals and shape the objectives and programs of the NPOs. As a result, the organizations are expert at involving and helping empower low-income people to have more control over their lives.

Through their work with low-income populations and their work on particular issues, nonprofits come into contact with other agencies doing similar work. There are both formal and informal networks of nonprofits in fair housing, homeless services provision, community development, tenant advocacy, and other related fields. Such networks provide member NPOs with support, information-sharing, allies for political action, and sources of referrals for clients. Their networks are a significant asset for the NPOs in the MTO demonstration.

Differences from PHAs. There are some common themes that make these nonprofit organizations different from the PHAs. They are more closely focused on *providing social services*, they typically view themselves as *advocates for their clients*, and they tend to be less bound by regulations and procedures in how they carry out their programs.

Similarities to PHA. Even so, there are also commonalities with the PHAs. A number of the nonprofits have recently been running federal programs with plenty of rules and reporting requirements. Some of them have worked closely with government agencies—in some cases with the PHAs—and have learned that these agencies have effective bureaucrats and administrators who share their goals and can do what needs to be done. Most of all, within even the largest and most bureaucratic PHA are people with:

- the same commitment to providing needy people with quality service
- the same concern for listening to how clients define their own needs and goals
- the same care for doing the job right.

People to people, the PHA and NPO at each MTO site will thus find many shared views and many ways to work together.

NPO RESPONSIBILITIES

The NPO's primary responsibilities are:

- To help MTO experimental group families set goals and develop or sustain the *motivation for moving* to new homes;
- To give *guidance to families* in the MTO experimental group on the requirements of landlords and the selection of units;
- To *recruit landlords* willing to provide housing to MTO families in low-poverty census tracts, particularly landlords who manage more than 500 units and units with three or more bedrooms;
- To conduct a *group briefing* for MTO experimental group families, at which time information about landlords is presented and role-playing sessions are held to help families learn effective ways to present themselves to landlords;
- To provide *individual counseling on housing search* in low-poverty census tracts to MTO experimental group families;
- To perform *credit checks* on families in the MTO experimental group (to facilitate landlord acceptance);
- To conduct *home visits* of MTO experimental group families to observe their treatment of the property and provide individual counseling on relocation to low-poverty neighborhoods;

- To help MTO experimental group families in their search for housing by providing *transportation assistance* to low-poverty census tracts and assisting families in inspecting possible units;
- To *negotiate rents* with landlords and share favorable information about MTO experimental group families with landlords;
- To provide *information and follow-up counseling* to families as they adjust to their new homes, including visiting each MTO experimental group family within 90 days of a move and holding meetings with groups of families who have moved to the same area;
- To contact MTO experimental group families by mail approximately 120 days before each of the first two annual reexaminations and HQS inspections to offer *follow-up assistance*; and
- To collect *participant, program and cost data* in support of the demonstration and periodically report to HUD about the MTO program.

This chapter has provided background information about the MTO program. The next chapters are intended to provide you with information you need to be an MTO site assistant and to help PHAs and NPOs undertake the data collection tasks for this demonstration.

Chapter A-2

Site Assistant Role and Responsibilities

The primary responsibility of the PHAs and NPOs in the MTO demonstration is to enroll families in the program and to help them find housing using their Section 8 assistance. Data collection is an important, but secondary, concern. It is the site assistants' job to help local agencies with record-keeping and data collection tasks, so that they can concentrate their efforts on assisting families. *While the site agencies are ultimately responsible for collecting, maintaining, and submitting data to Abt Associates and HUD*, the site assistants will play a critical role in setting up data collection procedures and getting the demonstration off on the right footing.

While the site assistants are available to assist PHAs and NPOs with any MTO record-keeping or data collection tasks, there are some specific responsibilities which site assistants will need to assume. These are described briefly below and in greater detail throughout this manual. Following a description of specific duties, this chapter describes the general conduct of site assistants while working in the PHA and NPO offices.

DUTIES OF THE MTO SITE ASSISTANTS

Administering the Enrollment Agreement and Participant Baseline Survey to All Families Who Enroll in the MTO Program. As families are enrolled in the MTO program, they will be required to complete an Enrollment Agreement and Participant Baseline Survey.

This occurs during an intake visit. Site assistants will prepare for each intake visit by ensuring that an appropriate room and all survey materials are available. They will attend the PHA's introductory briefing which occurs at the start of each intake visit. Following the briefing, the site assistants will read the Enrollment Agreement and the first part of the survey aloud as participants follow and complete the forms. Site assistants will be available to answer participants' questions as the second part of the survey is completed by the participants. PHA staff will need to help the site assistants during the survey administration if five or more participants are in the group or if one or more of the participants has language or literacy problems. The site assistants will check the surveys to ensure that they are fully completed and then will send the finished surveys (in addition to the Enrollment Agreements and the HUD 50058 forms which are completed by the PHA) regularly to Abt Associates.

Assisting with Random Assignment. As part of the demonstration, participating families will be assigned to one of three groups: the MTO experimental group, the Section 8 comparison group, and the in-place control group. Site assistants will be trained to run a software package which will do random assignment once a family has been determined eligible for the program. During the early months of the enrollment period, the site assistants must be available to run the program as families are enrolled and/or to assist local site staff in running the program and correcting any errors¹. The software will produce a listing of the names of participants and their assignments. The site assistants will forward copies of the output to Abt Associates as requested. Random assignment software and procedures are discussed in more detail in Section C.

¹ This responsibility will eventually be assumed by a PHA staff member.

Assisting PHAs and NPOs in Setting up Record-keeping and Tracking Systems. PHAs and NPOs will be required to maintain a participant tracking system as part of the demonstration. The site assistants will ensure that all participants are entered into the PHA and NPO tracking system. (A Lotus shell will be provided to each site for data entry.) Once the system is established, the PHA and NPO staff will need to maintain the tracking system with help from the site assistants, if necessary. The site assistants will ensure that tracking system reports are submitted monthly.

Assistance in Other Required Data Collection and Record-Keeping. Site assistants are also available to assist in helping to set up and maintain records related to landlord outreach and program costs. They are responsible for ensuring that copies of landlord outreach forms and program cost forms are submitted monthly. The site assistants will work with the PHAs and NPOs to ensure that timesheet and cost data are being recorded as required.

Other Duties. Site assistants will be required to report to their field manager on a regular basis regarding their progress. Reporting will take three forms:

- weekly telephone calls to the MTO Field Manager (Marilyn Sawyer will arrange a time for these calls);
- maintenance of a weekly report log describing progress made and issues/problems encountered; and
- periodic conference calls with other site assistants and Abt project staff.

Aside from these duties, the site assistants may participate in other data collection and record-keeping tasks that are not required by HUD but have been identified as necessary by the local site agencies. Marilyn Sawyer, MTO Field Manager, should be consulted before accepting any additional assignments that will take more than two hours to complete.

WORKING WITH SITE AGENCIES

The site assistant job will be a challenging one. In addition to working with intake workers, administrative staff, and clerical staff from two agencies you will also work closely with the clients of the PHA and NPO. In working with staff from the PHAs and NPOs, you will need to be flexible and open to hearing their concerns and communicating yours. Remember that you are a visitor, even though you will be working in the local offices over a number of months. This is a significant amount of time to spend in a busy office. Be sensitive to office needs.

Each agency has been asked to designate an individual on staff who will take primary responsibility for data collection and record-keeping. This will be the person to whom you will report for assignments in the office. As a first step, you should set up an introductory meeting with this person at each agency. During the meeting you should describe the types of assistance you can offer. Be clear that you are there to help with any tasks related to data collection or record-keeping. By the end of the meeting you and your counterparts should agree to (or begin to develop) an initial work schedule (at least for the first month) and a list of tasks to be accomplished during the period. Both you and the office staff should be clear from the beginning about what you will do and when.

In general, it is advisable for you to spend some time at the local agencies prior to the start of the enrollment period, so that you have an opportunity to meet the staff, to become familiar with the agency's operations, and to learn how to operate the computer that will run the random assignment software as well as other office equipment (duplicating machine, phone). Local agencies have been requested to assist you by providing the following:

- A desk or work space with storage;
- Access to a telephone, preferably at the desk or work space, for both incoming and outgoing calls. (You will need to make long distance calls on occasion);

- Access to duplicating equipment and to the mail room or postage meter. (You will need to make photocopies of the Baseline Participant Survey as well as other data collection forms);
- Assistance from agency staff during intake visits, for handling group enrollment and baseline survey administration;
- Support from computer or MIS personnel related to random assignment processing and participant tracking.

SITE ASSISTANT CONDUCT ON SITE

You must wear your Abt ID Badge in plain sight at all times while working in either the PHA or NPO offices. This is in addition to any identification issued to you by either agency.

Every time you enter the office of the NPO or PHA, check in with the receptionist to inform the staff of your presence. Introduce yourself to personnel and use correct titles (Dr., Mr., Ms.) in addressing those with whom you come in contact. You may be invited to share the lounges, but don't make yourself at home in the lounge. Refrain from smoking. Be unobtrusive and maintain a low profile. If you are assigned storage space and space to work, be content with what you are provided. If your materials, supplies and notebooks are organized before you enter the building, you will accomplish your task more efficiently and display a more professional image.

You may find that there will be certain days of the week during which the activity level rises and your presence may not be welcomed. If this is true in your site, discuss this with the agency staff with whom you are working. On the days that you are expected at the office, it is essential to the success of this project that you be present—on time—each day—as assigned. *If an emergency arises, or if you become ill, notify your liaison immediately as well as your Field Manager.*

WORKING WITH MTO PARTICIPANTS

Your contact with MTO participants will be limited primarily to the intake visit. This is when you will be assisting families with the Enrollment Agreement and administering the Baseline Survey.

Be aware that many of the families who apply for the program may have young children. Some will bring children with them while they are completing the survey. All of the families will be very low-income. Some participants will have language or literacy problems. While the baseline is designed to be administered in a group setting, you may need to make special arrangements to assist a respondent in completing a survey one-on-one.

In order to assist you with the survey administration, the PHAs have been requested to provide a staff person to assist you if five or more people are participating in the survey administration or if any families have language or literacy problems. Coloring books and crayons will also be provided to keep the children busy as their parents complete the survey.

CONFIDENTIALITY

An important duty of Abt Associates project staff is to protect the confidentiality of all data that are being gathered. The responsibility starts with site assistants, but field managers, project directors, principal investigators, and senior company officials are just as involved. All employees of Abt are required to sign a confidentiality pledge as a condition of employment. A copy of this pledge is attached.

We must be particularly careful to protect the responses of participants who are completing the baseline survey. It is vital that MTO respondents feel that they may answer

freely and honestly with no fear that anyone not connected to the project will see or hear their responses.

To do this, the baseline surveys must be carefully handled once they have been completed. As respondents finish with their surveys, you should collect and review them to be sure they have been accurately completed (An edit checklist is provided in Section G). The respondent should remain in the room until you have finished reviewing his or her survey and have sealed the survey using the sticky labels that have been provided. Be sure that all parts of the survey are together before you seal the package. The completed surveys should be placed in your personal file (preferably one that can be locked). Take the surveys with you at the end of each day and mail the surveys to Abt Associates, Cambridge, within 2 days of their completion.

In addition to the baseline surveys, other sensitive information may be made available to you in the course of your duties. Take your lead from the local agency staff as to how and what information should be guarded.

Confidentiality Pledge

In accordance with the law and Abt Associates Inc. policy, I agree to maintain the confidentiality of the information given to me by respondents as a result of my request for such information. I will not disclose any information in which an individual, or establishment is identifiable without the consent of the individual, institution, or establishment.

I agree to maintain the confidentiality of the information contained in manuals, questionnaires, and other materials furnished to me by Abt Associates Inc.

As an employee of Abt Associates Inc. I understand that any violation of this agreement will be cause for dismissal without notice.

Name: _____

Date: _____

Print Name: _____

Section B

Participant Level Data Collection

Chapter B-1

Participant-Level Data Collection During Intake

During the enrollment period of the program, site assistants will be heavily involved in the collection of data about participants. Much of this data collection will occur during intake. Intake involves a complex set of procedures. It begins when a group of families from the MTO waiting list is brought in to complete an application. It ends when eligible families who have been randomly assigned to one of the groups that will receive rental assistance are invited in for the Section 8 briefing. Along the way, intake involves a number of important paperwork, record-keeping, and data collection tasks for the PHA and the NPO. This chapter explains how intake works, the types of data collection that occur, and indicates what the site assistants' responsibilities are at each step of the intake process.

Intake Tasks

The intake process is primarily the responsibility of the PHA, although the NPO can play a role. The six tasks that make up the intake process are:

- ***The Intake Visit.*** Small groups of families from the top of the MTO waiting list attend a scheduled visit at the PHA.¹ At this time, formal Section 8 applications are taken and a HUD Form 50058 is completed. The applicants are advised of program requirements and of the different groups to which they may be assigned. They read and sign the *Enrollment Agreement* and (if they are willing to join)

¹ The MTO waiting list is established following outreach by the PHA to targeted public housing residents and residents of Section 8 project-based housing. Residents express their interest in participating by filling out a pre-application form.

complete the *Participant Baseline Survey* with help from the site assistants and from PHA staff. The first page of the HUD Form 50058 will also be completed at this time.

- ***Processing Applications.*** The PHA processes the application and performs *full eligibility determination*. Eligible families are now MTO participants. Ineligible families are notified (under Section 8 requirements) and are dropped from the program.
- ***Random Assignment.*** The PHA or NPO randomly assigns families to one of three groups using random assignment software provided by Abt Associates.
- ***Participant Notification.*** The PHA notifies participating families of the outcome of random assignment. The families assigned to the in-place control group have now completed their initial contact with MTO; they will be contacted again, in the future, only for survey purposes. Families assigned to either the MTO experimental group or the Section 8 comparison group are informed about the date of the next Section 8 briefing for their group.
- ***PHA Participant Tracking.*** The PHA sets up its system for tracking participants through the demonstration. The tracking system must be designed to follow families in all three demonstration groups.
- ***NPO Notification and Tracking.*** The PHA provides the names of experimental group participants to the NPO. The NPO sets up its own tracking system for these families.

These tasks in the intake process are each discussed in detail below. Keep in mind that these are procedures that have been suggested to the PHAs and NPOs; the intake process will vary somewhat from one site to the next.

TASK ONE—THE INTAKE VISIT

Scheduling Visits. The PHA advises families at the top of the MTO waiting list that they should come to the PHA to begin the intake process. As with ordinary Section 8 processing, the families are asked to bring with them any documents that will be necessary to verify

eligibility for the program. The PHA invites a small group of families to come at the same time, so that between 6 and 12 families are there together for an intake visit. They should also bring with them the home addresses and telephone numbers of three relatives or friends who would know where the family could be reached if they moved.

When they are invited, the families are advised that the visit could last up to three hours, because during this visit the following will occur:

- the family will be told about the MTO demonstration program requirements and will be given an opportunity to ask questions;
- the family will be asked to read and sign the MTO Enrollment Agreement;
- a formal application for the Section 8 program will be taken, and eligibility will be reviewed;
- the first page of a HUD Form 50058 will be completed;
- a family member will complete the MTO Participant Baseline Survey.

Although it should not be required, the PHA is encouraged to suggest that small children be left at home—if at all possible—during the intake visit.

PHA staff will need to plan ahead so that staff and space are available for the intake visits. First, the PHA will need to have available at least half as many intake workers as it has families for any particular session.² Thus, if the PHA schedules appointments for eight families at 10 A.M. on Monday morning, four intake workers will need to be available to take applications.

Second, the site assistants must know about and be available to staff every intake visit.

² This will allow the intake workers to take applications from one-half of the group while the others are completing the baseline survey. The groups then switch.

Third, at least one PHA staff member should be available to:

- briefly explain the MTO program to the families at the start of the visit and answer their questions;
- help the site assistants distribute and collect the *Enrollment Agreements*; and
- assist with the Baseline Survey once the *Enrollment Agreement* has been signed (especially if five or more participants are completing the survey at one time).

Fourth, the PHA will need to arrange to have a room available, with chairs and desks (or clipboards), for the participants to use during the introductory briefing and while completing the baseline surveys. This is in addition to the private spaces for the intake workers to meet with the families for application-taking.

The site assistants should check in with the PHA staff each week to confirm the schedule for upcoming intake visits. The site assistants should identify how many families will be participating in each session and determine, if possible, whether any of the families will require special assistance in completing the survey due to language or literacy problems. Prior to each intake visit, the site assistants should check the room to make sure that enough chairs and desks and materials for demonstrating sample questions are available.³ The site assistants should also check to be sure that telephone books and an adequate number of blank surveys, pencils, coloring books, and crayons are available.

Introductory Group Briefing—What the Families Need to Hear. At the start of the intake visit, a PHA staff member should ask each family to print their name on a sign-in sheet. (These sheets should be filed for future references.) The PHA staff member should then introduce the PHA staff and the site assistant and then review with the families (in a group setting) information about the MTO program. In particular, it is important to remind the families who are called in from the waiting list that:

³ An overhead projector is ideal for this purpose. If the PHA cannot provide an overhead projector, please advise Marilyn Sawyer who will provide easel pads and markers.

- MTO is a special demonstration program, different in some ways from regular Section 8;
- not everyone who applies and is found eligible for the MTO program will receive a Section 8 certificate or voucher. This will be determined by chance (randomly), but at least two out of every three eligible families WILL be offered Section 8;
- their current housing will not be affected if they are not offered assistance or if they decide not to participate in the MTO program;
- they will be asked to fill out a survey today which asks questions about themselves and the people who live with them;
- they may be asked several years from now to answer another MTO survey; and
- if they receive Section 8 assistance under MTO, there may be rules about where they can move and counseling offered to help with finding an apartment and making the move.

The PHA staff should then encourage questions about the program, so that the rules are clear. This session will take anywhere from 15 to 30 minutes. Families will need to decide at this point if they wish to go forward with the application.

Site Assistant Responsibility: *The site assistants should attend all introductory briefings so that they may be introduced to the families and answer questions related to the survey.*

The Enrollment Agreement. The Enrollment Agreement, which is the basis for *informed consent* to join the MTO demonstration, explains the program's requirements and the family's responsibilities in the program. The MTO Enrollment Agreement form *must* be used in all five sites. Families must sign the agreement to join MTO. The MTO site assistants will distribute a form to each family and then read the form aloud as the families follow along. This is to alleviate any difficulties caused by language or literacy problems

Once the form is read aloud, the family may check one of two boxes which will indicate whether they DO or DO NOT want to apply for Section 8 assistance under the MTO program. The family then signs and dates the form. Families that do not wish to join MTO can now leave. Their Enrollment Agreements should be collected and placed aside to be filed later. Families who choose to apply will give their Enrollment Agreements to their assigned intake worker.

Site Assistant Responsibility: *The site assistants will read the Enrollment Agreement aloud to the families. For those families who choose not to apply for MTO assistance, the site assistants should collect their signed agreements. The names of these families should be deleted from the MTO waiting list and their Agreements should be filed by PHA staff. For families who choose to apply, the Enrollment Agreements are handed to their assigned intake worker.*

Application-taking and Eligibility Review. Once the families have signed the Enrollment Agreement, one half of the group can be assigned an intake worker who will help them complete the standard application for the Section 8 program, as well as the first page of a HUD 50058 form. This will probably take about 45 minutes to 1 hour.

As part of application-taking, Part I of the second page of the Enrollment Agreement must be completed by the PHA intake worker who notes the family's address, telephone number, and census tract location; and whether the individual family member applying for the program is listed on the current lease.

The intake worker may determine during the initial interview that the applicant is not eligible for the MTO program. For example, the household may not be a family with children or may not live in one of the developments targeted for the program.

If the intake worker makes this determination during the interview, Part II of the Enrollment Agreement, "Outcome of Participant's Application" should be completed. The intake worker checks the Ineligible box and indicates the reason why the family is not program-eligible.

In most cases, final eligibility cannot be determined during the interview because of normal processing time for income verification. Therefore, the second section of the Enrollment Agreement probably cannot be completed until the PHA has finished its review and final eligibility is determined. Once a determination is made, the intake worker will complete Part II, "Outcome of Participant's Application."

Site Assistant Responsibility: Application-taking and eligibility review is the responsibility of the PHA staff. The site assistants are responsible for collecting the HUD 50058 forms and the Enrollment Agreements once they have been completed. The 50058 forms are copied, and the copies are sent to Abt Associates, Cambridge, along with the baseline surveys (described below). The Enrollment Agreements are eventually copied and sent to Abt Associates, Cambridge, but before that occurs they are used to complete additional steps of the intake process. (See reference chart at the end of this chapter regarding where and when various forms are to be sent.)

Completing the Baseline Survey. While some families are going through the application-taking, others will be completing the Participant Baseline Survey. The purpose of the survey is to gather information about the participants and their families at the start of the program for the research needed to assess MTO's impact. Remember—only families who have decided to join MTO should complete a survey and all families joining MTO should do so.

The survey is conducted in a group setting and will be supervised by the MTO site assistants. A member of the PHA staff should be available to help the site assistants if there are five or more families filling out the survey at one time. English and Spanish versions of the survey will be available to participants.

The baseline survey is divided into two parts. First, the families are given a questionnaire to complete themselves as it is being read aloud to them by the site assistants. In this "chant and check" survey process, the site assistants will read a question and then the possible responses; the participants will mark their answers to that question. Once all the participants have answered the question, the site assistants will go on to read the next question. This part of the questionnaire should take 20 to 30 minutes to complete.

Questions in the first part of the survey cover the following topics:

- current housing
- neighborhood conditions
- neighbors (social network and social supports)
- employment training and experience
- receipt of benefits
- involvement with children's schooling
- contact information.

The second part of the survey collects demographic information about every member of the family. The site assistants will explain the three types of forms that are in this section and guide respondents through an example, but the forms cannot be read aloud to the respondents (because their families differ in membership). The site assistants will stay in the room to answer questions while this part of the survey is being completed.

The forms for the second part of the baseline include:

- a ***Household Information*** form with information for every member of the household
- an ***Adult Information*** form with information for every person in the household who is 18 years or older

- two *Child Information* forms, one for children ages 6 to 17 and another for children 5 and under.

The second part of the Participant Baseline Survey will take anywhere from 30 minutes to 1 hour to complete, depending on the size of the family. Once the forms are completed by respondents and checked by the site assistants, the respondents (who have not yet completed the Section 8 application) are ready for the intake workers.

Site Assistant Responsibility: *The site assistants are responsible for ensuring that every family who agrees to participate in the MTO Demonstration completes the Baseline Survey. The site assistants will administer the survey and will check surveys to ensure that they are fully completed. (Procedures for survey administration are discussed in detail in Chapter B-2.)*

Switching the Families/Completing Intake. As some families finish the Participant Baseline Survey (and it is checked by the site assistants), and as other families finish their application interview, the families switch places. Before a family leaves the PHA office, a staff member should be sure that both parts of the intake session have been completed.

Site Assistant Responsibility: *At the end of each intake meeting, the site assistants collect the baseline surveys from the families (site assistants will check to see that the surveys have been fully completed before the families leave) and the HUD 50058 forms from the intake workers. They will make one copy of the HUD 50058 forms; the original is filed at the PHA. For each family who attended the full intake session and completed all required forms, the baseline survey and a copy of the HUD form 50058 are sent to Abt Associates, Cambridge. Using the "Checklist for MTO Participant Forms" shown in Section G, the site assistants will record that these forms were completed and sent to Abt Associates. Site assistants are required to mail all baseline surveys and initial 50058 forms within two days of their completion.*

As shown in the Post-Intake Record-Keeping Chart (located at the end of this section) depending on the outcome of the family's application, the Enrollment Agreements are used for processing applications after the intake visit, for updating the waiting list, and for random assignment. The Enrollment Agreements for those families who choose not to participate in the MTO program (by checking the "No" box on the Enrollment Agreement) are used solely to update the waiting list and then the agreements should be filed by the site assistants or by PHA staff. The Enrollment Agreements for those who apply for the program remain with the intake worker until eligibility is determined.

TASK TWO—APPLICATION PROCESSING AND FINAL ELIGIBILITY DETERMINATION

Once the intake visit is over, the PHA follows its standard Section 8 procedures for certifying income and determining eligibility. Many of the applicants are already tenants in public housing, and some will have been recertified quite recently. To facilitate the eligibility processing, the PHAs may well be able to rely on existing public housing records and data systems to confirm eligibility. As eligibility processing is **completed**, the eligibility information is recorded on the Enrollment Agreements by the intake workers.

Site Assistant Responsibility: Once eligibility information is recorded on the Enrollment Agreements, they are collected by the site assistants and the waiting list is updated. (The PHA staff will likely do the updating; the site assistant should make sure that this step occurs, however.) The next step is to separate the Enrollment Agreements for eligible families from those of ineligible families. Enrollment Agreements of those families who are ineligible are copied and then filed by the PHA. The copies are sent to Abt Associates, Cambridge, so that the baseline surveys and HUD 50058 forms of ineligible families can be removed from the project files.

The Enrollment Agreements for eligible families are handled as follows. First, the site assistants check the Agreements against the checklists for the participant-level forms to be sure that a baseline survey and initial Form 50058 have been completed. Then "eligible" Enrollment Agreements are then handed to the person responsible for random assignment.

TASK THREE—RANDOM ASSIGNMENT OF ELIGIBLE FAMILIES

Random Assignment—What it Does. A finding of eligibility means that the family can be randomly assigned to one of the three MTO groups. These groups are:

- *the MTO experimental group*, whose members receive certificates or vouchers good only in low-poverty census tracts, with counseling and support from the NPO;
- *the Section 8 comparison group*, whose members receive ordinary certificates or vouchers and ordinary help from the PHA; and
- *the in-place control group*, whose members do not receive a certificate or voucher but stay in their current (assisted) units.

Random Assignment—How it Works. Abt Associates has developed a software package, to be installed on an IBM-compatible personal computer, that will enable the PHA to do random assignment. During the early part of the enrollment period, the site assistants will have this responsibility; they will train site agency staff to run the random assignment software once the demonstration is underway. (This is discussed in more detail in Section C.)

As MTO families are determined eligible, the site assistants or PHA staff members will enter the Social Security number or alien registration number, full name, and date of birth of the participant to be randomly assigned. The software will show on the screen the family's

assignment. If assigning to the MTO experimental group or Section 8 comparison group, the screen will also show whether the family is to be given a certificate or a voucher.

The random assignment software will also produce a listing with the names of the participants and their assignments. This report can be run daily or cumulatively and printed in different orders. PHA or NPO record-keeping on random assignment should include maintaining a full series of random assignment reports. In addition, copies of the computerized file must be sent regularly to Abt Associates, Bethesda.

Site Assistant Responsibility: The site assistants will use the random assignment software to assign families to the three groups and assist PHA staff in using the software. The site assistants should help the PHAs and NPOs to develop a file for maintaining random assignment reports and should be prepared to train PHA staff in the use of random assignment software. Finally, the site assistants should ensure that copies of the computerized file are forwarded to Abt Associates, Bethesda as requested.

Once random assignment is completed, the site assistants divide the Enrollment Agreements according to the three groups to which families have been assigned. Final information regarding group assignments and type of assistance are recorded on the Agreements. For those families who are assigned to the in-place control group or the Section 8 comparison group, one copy of the Agreement is made by the site assistants and sent to Abt Associates, Cambridge. For the MTO experimental group, two copies of the Enrollment Agreement are made. One is sent to Abt Associates, Cambridge, and the other is forwarded to the NPO along with the first page of the family's HUD 50058 form. The original Agreements are then used by the PHA to begin the participant tracking system--discussed later in this chapter.

TASK FOUR—NOTIFYING PARTICIPANTS

The families can now be notified of the outcome of their applications. As required for Section 8, this notification should be in writing. The letter should include the following information:

- *For families who are found to be ineligible for the MTO program*, the letter should indicate the reason why they are ineligible. They should also be advised that their current housing benefits will not be affected.
- *For families who are assigned to the in-place control group*, the letter should indicate that the family was eligible and joined the MTO program but was not selected to receive a Section 8 certificate or voucher. These families should be advised that they will continue to receive their current housing assistance and that they may be asked to participate in future surveys as part of the MTO program.
- *For families who are assigned to the Section 8 comparison group and the MTO experimental group*, the notification letter should offer congratulations and welcome them to the program. These families should be advised that they will be receiving a Section 8 certificate or voucher (according to which type of resource was randomly assigned). The letter should also give a date for the Section 8 briefing.

This step is the responsibility of PHA staff.

TASK FIVE—SETTING UP A PARTICIPANT TRACKING SYSTEM AT THE PHA

In order to track the progress of those families receiving Section 8 assistance through the MTO demonstration, the PHA and NPO will need to set up a participant tracking system. This tracking system should include all families assigned to the MTO experimental group and the Section 8 comparison group. The tracking system also records the assignment of *in-place control group* families, but no further active contact is required for this group by the PHA. The participant tracking system is discussed further in Section D.

The tracking information will be used by Abt Associates and HUD to monitor the progress of the demonstration. For example, the tracking system will provide (weekly or monthly) the number of families participating in the program, the number who have leased units, and the group to which these families belong.

The PHAs and NPOs can record information about participants using paper copies of these tracking forms. However, if the sites have existing software that enables them to record the information electronically, Abt Associates will work with the agency to arrive at a compatible electronic format. Lotus shells for the participant tracking forms will be provided to all of the sites. If the Lotus shell is used, the PHAs and NPOs can simply send copies of their files on diskettes rather than on paper.

The PHA must maintain three separate tracking logs, one for each of the demonstration groups. To avoid confusion, separate logs should be maintained. The Enrollment Agreements are used to enter information about each participant including their name, social security number, the date the Enrollment Agreement was completed, and the date of the outcome of random assignment.

The PHAs should continue to record information about the family as they progress in the program. For MTO experimental group and Section 8 comparison group families only, the PHA should record the date of the Section 8 briefing; whether a certificate or voucher is issued; and dates of issuance, search extension, and expiration of the certificate or voucher. If the family switches from one form of assistance to another (i.e., certificate to voucher) after random assignment, that information should be recorded as well. Once a family finds a unit, the dates for the housing quality standards inspection, lease approval, and move-in are noted. The unit address, name, and ID number for a receiving PHA and portability status are also recorded.

Tracking the In-place Control Group. Tracking the in-place control group members will not require special data collection by the PHA after the random assignment is recorded. It will

be accomplished using extracts made by the PHA or Section 8 project managers from the electronic Form 50058 files they will maintain for periodic submission to HUD. These files will be submitted to Abt Associates or HUD for use in updating demonstration records.

The PHAs will need to keep all participant tracking logs up-to-date as intake occurs. At the end of each month, copies will be submitted to Abt Associates or HUD. (During the early months of the demonstration, the forms will be submitted to Abt for receipt and review. PHAs will be notified at what point they should begin submitting the forms directly to HUD or another contractor to be selected.)

Site Assistant Responsibility: The site assistants should help in setting up and maintaining the participant tracking system at the PHA. The site assistants will make sure that every participant is entered into the log and will help the agencies to keep the logs up-to-date and ensure that copies of the logs are submitted monthly to Abt Associates, Bethesda.

TASK SIX—NOTIFYING THE NPO AND SETTING UP THE SYSTEM FOR MTO EXPERIMENTAL GROUP MEMBERS

Each PHA in the MTO demonstration must notify the NPO of the names of all families assigned to the experimental group. To do this, the PHA provides a copy of the Enrollment Agreement and the HUD Form 50058 for families as they are assigned to the Experimental Group.

The participant tracking form is to be maintained by staff of the NPOs, and applies only to MTO experimental group participants. It is used to record the dates and results of NPO-related activities. These include a credit check, a visit to the participant's home, and

accompanied visits to inspect up to three prospective units. When the participant finds a unit, the unit address and neighborhood are recorded, along with the date of a follow-up visit by NPO staff.

Site Assistant Responsibility: The site assistants will help the NPO to set up and maintain its participant tracking system. The site assistants will also send copies of the tracking logs to Abt Associates, Bethesda, at the end of each month.

Intake Flow Chart

Reference: Where To Send Specific MTO Forms and When

Name of Form	Where to Send	When to Send
Enrollment Agreement	Cambridge	Send copy once random assignment is completed
Baseline Survey	Cambridge	Within 2 days of completion
HUD Form 50058	Cambridge	Send copy within 2 days of completion
NPO Counseling Log	Cambridge	To Be Determined
Landlord Outreach Log	Bethesda	Once a month
PHA Participant Tracking Forms	Bethesda	Once a month
NPO Participant Tracking Forms	Bethesda	Once a month
PHA Monthly Labor Costs	Bethesda	Once a month
NPO Monthly Labor Costs	Bethesda	Once a month
Random Assignment Software Back-Up Disks	Bethesda	Submitted weekly*

* During start-up, you may be asked to submit information each time the random assignment program is run.

Cambridge Office:
 Abt Associates
 55 Wheeler Street
 Cambridge, MA 02138

Bethesda Office:
 Abt Associates
 Hampden Square, Suite 600
 4800 Montgomery Lane
 Bethesda, MD 20814

Chapter B-2

Survey Administration

Introduction

This chapter provides instructions for administering the Participant Baseline Survey, including question by question instructions (QxQs). The Participant Baseline Survey is in two parts. Part 1 is a questionnaire that asks about applicants' background, attitudes, and experiences with housing, employment, and welfare receipt. It is to be read aloud to applicants as a group. Part 2 consists of forms that ask for specific demographic information on applicants and their families. Applicants will complete Part 2 at their own pace, with help from the site assistants as needed.

GENERAL INSTRUCTIONS FOR ADMINISTERING PART 1

The Baseline Survey Respondent. The Baseline Survey questionnaire is administered only to the person who has applied and who has met initial eligibility. In addition to meeting initial eligibility criteria, the respondent must have completed the Enrollment Agreement. Many of the MTO families will be single mothers with children. Some will have language or literacy problems.

Proxy respondents are ineligible to complete this questionnaire.

Consistency. In order to ensure that we obtain high quality data, it is important that the surveys be read in a consistent manner. It is *very important* that you not reword questions or introductions; nor should you offer definitions, instructions, or explanations *other than what is in this guide* or emphasize particular answer choices. It is also important that you administer the questionnaire the same way every time, that is, you cannot adapt the administration to suit particular groups of respondents.

Maintaining Neutrality and Avoiding Bias. Bias can seriously impact the results of a survey or experiment. Maintaining neutrality and avoiding bias is vital to maintaining the reliability of the data. Body language, tone of voice, and facial expressions can convey your thoughts as easily as your words.

Remember the following:

- Do not assume the answer to any questions.
- Do not clarify questions or answers, especially those where an opinion is sought, except for those questions where clarification is permitted by the QxQs.
- Do not define any words except as specified.
- Do not react to any responses.
- Do not hurry through the interview.

It is easy to get caught up in people's lives. You may find yourself wanting to help alleviate a problem; however, your role is not that of interventionist or counselor. Your job is to collect the best and most reliable data possible, so that policy makers can allocate community resources in the most effective way. By resisting the temptation to offer individual assistance, you will be helping a great many people instead of one or two. Those respondents who request help on a problem should be referred to their PHA intake counselor.

Getting Started. Before administering the survey, be sure that you have the following items:

- enough copies of the forms,

- coloring pages and crayons for the children,
- pencils for the respondents to use,
- telephone books to be used for the contact information section of the survey,
- materials for demonstrating sample questions (This could be an easel and pad or an overhead projector if one is available.), and
- clipboards for the respondents if there are no desks.

It might also be necessary to have an extra PHA staff person available to help with set-up of the room or to aid in administering the survey in another language. Hopefully, arrangements will be made before the session begins concerning people who do not speak English. If during the survey you realize that there is a language difficulty, either try to find someone at the PHA to help or try to arrange a time for the respondent to come back and then make arrangements for a translator. You may also encounter someone who is not able to read. You will need to ask that person to wait until you have administered the survey to the group and then administer the survey to the person one-on-one. Each group of respondents should be at most six people. If possible, arrange the room so that people are sitting in rows and cannot easily see each others' surveys. Before beginning the survey administration, you will need to briefly explain why HUD is conducting the survey to the respondents. You should say:

We are very pleased that you have decided to apply for the Moving to Opportunity Program. This is a very exciting new program and one that we hope will have great benefits for people who participate. This program is being tried in five cities around the country and is being closely watched by policy makers in Washington, D.C.. The way MTO works in [city name] will affect housing programs around the country.

Because this is such an important new program, we need to learn as much as we can about people who apply so that we can follow what happens to them after they move. We are going to ask you to fill out a survey that asks about your background, housing, and employment. In order to make sure that everyone understands the questions, I will

be reading the survey aloud. Please DO NOT begin filling out your survey until I tell you to do so.

After reading the introduction, distribute the Part 1 booklets (face down) and pencils to all respondents.

Read Aloud Procedures. You should begin by standing at the front of the room. During the administration, you should circulate around the room (if possible) to make sure people are keeping up and are filling out the questionnaires correctly. It is likely that some people will start getting ahead. This is not a concern as long as they seem to be filling out the questions correctly. It is especially important to note the progress of women with small children. During the pre-test, we noted that often the mothers will be easily distracted by the child and will miss questions. It is also likely that some people will fall behind or, perhaps, will be unable to fill out the questionnaire. If you notice that happening, instruct the respondent to wait until you are finished reading to the group, and then do an individual administration.

You will need to read clearly and loudly. You will need to find a balance between reading fast enough so that respondents do not get bored and not going so fast as to lose a lot of people. The pace to aim for is about one question every 15 seconds or 4 questions per minute. Some questions will take longer (particularly fill-in-the-blanks) and others less time. It is best to start with a slower pace and then speed up as respondents begin to get comfortable with the questionnaire and format. Therefore, you should expect to take about 5 minutes to read the first three pages or so and then begin to pick up the pace. Be sure to tell the respondents that you will be picking up the pace. (There is a note in the QxQ indicating when you should pick up the pace.)

You should read all parts of every question, including introductions, stem, and answer choices. For example, for question B of the sample questions, the administrator should say: "Question B. What kind of housing do you live in now? Apartment. Single Family Home or Other." *Do not* pause between questions or answer choices. Reading each answer choice should give respondents adequate time to fill in their answers. If you notice that a large number of people are getting behind, then slow your reading pace. Do not slow down unless you notice *more than one or two* people who are having problems; the rest of the group will become bored and restless.

Always read the question numbers so that people can keep track of where you are. Also, every time you start a new page, announce the new page number, i.e. say "Page 2" before you continue reading the questions. Please note that the survey with the QxQs does not have the same page numbers as the survey you will hand out. Embedded in the QxQs are notations indicating that the respondents are turning the page.

Control. Positive reinforcement and stroking will ease the interview burden. This will be more difficult when administering to groups as opposed to administering to an individual respondent. You are a trained interviewer, your respondents have not been trained and are not prepared for this interaction. It is your responsibility to "train" your respondent and stay in control of the interview—a task which is often challenging. You must be certain that your respondent is listening carefully to the questions, thinking carefully about the answers and giving answers in the format used in the questionnaire.

Never be afraid to communicate your needs to the respondents. "I need you to respond to this question by choosing one of the answer categories. I will try to read them more *clearly* for you, and if you will choose one of the answers, this will go much faster for you." You must imply that the misunderstanding could be the result of your not having read the question clearly or loudly enough, do not imply that the respondent is not listening.

If you allow any respondent in the group to deviate from the questions and wander onto another topic, you will lengthen the time of the interview (for all in the session) and it can create a real ordeal as you attempt to bring the group back to the matter at hand—the interview. Gain control from the start and hold onto it. Your professionalism will be appreciated.

Reading Different Types of Questions. There are four different types of items in the questionnaire: yes/no items, fill-in-the-blanks, check lists, and scales that appear directly under the question. There are also introductions that appear in italics between sections. You should read all of the section headings and introductions. For example, at the top of page 2, say, "Section I: Housing Information. The first set of questions asks about the places you have lived."

To read yes/no items, read the entire question (including the question number) and then the answer choices (yes or no). For example, you would read question 1 on page 2 as: "Number 1. Have you ever applied for a Section 8 voucher or certificate before today? Yes or No"

For fill-in-the-blank items, you will need to give the respondents instructions. For example, you would read question 2, page 2 as: "Number 2. How long have you lived in your apartment or house? Write the number of months or years on the line."

For check lists, you will read the entire question and all answer choices, except "don't know". In the beginning of the survey administration, you may also find it helpful to read the "check one" instruction for the check list questions. For example, you would read question 12, page 3 as: "What kind of neighborhood would you *most* like to live in? One that is: mostly African-American, mostly Hispanic, mostly White, a mix of African-American and White, a mix of African-American and Hispanic, a mix of Hispanic and White, or a mix of African-American, Hispanic, and White, Other."

For scale items, you will read the entire question and then the entire scale every time. For example, you would read question 18 on page 4 as: "Where you live now, how much of a problem is... A) Walls with peeling paint or broken plaster? A big problem, small problem, or no problem at all? B) Plumbing that doesn't work? Big problem, small problem, or no problem at all."

Embedded Skip Patterns. Because this survey is being read aloud, there are no skip patterns, i.e. instructions for respondents to skip a question or set of questions if they do not apply to them. Instead, there are skips written into the questions. You will need to instruct respondents carefully about how to use them, particularly in the employment section.

The first embedded skip appears in question 9, page 3 (I Don't Want To Move). This one should be pretty straightforward since it is part of the checklist. Read it as: "Page 3. Number 9. What is the *main* reason you want to move? Check *one* answer. If you do not want to move, check, 'I don't want to move.' Better schools for my children. To be near my job. To have better transportation. To get a job. To get away from drugs and gangs. To get a bigger or better apartment. To be near my family."

The more complicated embedded skips appear in the employment section, starting with Q4 on page 11. There is an instruction that you will read telling respondents if they are not working now, they should always check the box for "I am not working". When you read Q4 and all others like it, you will need to remind them to look for the box. Read Q4 as: "Number 4. What kind of work do you do now? Write your answer on the line. If you are not working, check the box for 'I am not working', under the line." For Section 4, "Employment Training and Experience," if you notice that everyone in the group is not working, you may have the whole group skip ahead to Section 4, Question 12 concerning past jobs. This can only be done if the whole group can skip the questions together.

Language Issues. If you are a bilingual interviewer administering to a Spanish-speaking group, use the Spanish versions of the Baseline Survey whenever you encounter a Respondent who feels more comfortable reading and answering in Spanish.

If you are not Spanish-bilingual it will be necessary to determine if a Spanish-speaking respondent is able to read Spanish well enough to self-administer the Spanish version of the questionnaire. In sites where there are a significant number of Spanish-speaking residents, the PHA may provide a bilingual staff member to assist with Spanish administrations. A Job-Aid (located in Section G) has been prepared to assist you in communicating in Spanish, on a very basic level.

Lack of Time. It will be necessary for you to schedule administration sessions so that adequate time is available for the respondents to be able to finish the questionnaire. Since the last section of the questionnaire is filled in without assistance, it will be normal for some respondents to finish earlier than others. However, be prepared for respondents who will need an extraordinary amount of time to complete their work. Also be aware that people will probably be waiting outside for the next session causing some pressure to finish. However, under no circumstance should a respondent feel rushed to complete the questionnaire. Overall the questionnaire should take an hour to an hour and a half to complete.

Part 1 Questionnaire Administration and Q x Q Instructions

INTRODUCTION AND GENERAL INSTRUCTIONS

Prior to the survey administration, respondents will have listened to the PHA staff describe the MTO program and will have completed the Enrollment Agreement, which you have read aloud. In addition, you will have read the brief explanation as to why HUD is conducting the survey (see page B-22). Your next step will be to instruct respondents to turn over their questionnaires and fill in their names and Social Security numbers or their Alien Registration at the top of the page. Say:

Please turn over your questionnaires. Do not write anything in the box at the top of the page. Please print your name and Social Security number or Alien Registration number on the survey and then wait until I tell you to begin filling out the questionnaire.

While speaking, show the group where to print their name and SSN. Wait until everyone has finished and then begin reading the questionnaire introduction:

The purpose of this survey is to learn about people who are applying for the Moving to Opportunity program. We are asking these questions of people all over the country who are applying for this program. This survey asks you about the people who live with you, your housing, your neighborhood, and your work experiences.

Your answers will be kept private, and they will have no effect on your application.

I am going to be reading the survey aloud. Please follow along as best you can. Please answer all of the questions. Answer each question by either filling in the blank line or

checking the box as I am going to show you in the examples. Thank you very much for filling out this survey.

Any questions before we begin?

Answer any questions that respondents may have about the survey.

Then go through the three sample questions. Demonstrate using an overhead projector or an easel and pad. Say:

I am going to show you three sample questions. For question A, "What year were you born?", print the year on the blank line. For question B, "What kind of housing do you live in now?" check one of the answers that are listed, "Apartment, Single-family house, or other." For question C, "How would you feel about moving to a different house?", check the answer that comes closest to how you feel, "Very good, Good, Not sure, Bad, or Very bad." Does anyone have any questions?

If respondents are ready, then go to page 2 and begin reading Part I of the questionnaire as instructed above. Read all section headings and introductions and all parts of every question *except* the not applicable options.

CONTACT INFORMATION

At the end of Part 1 is a page requesting information about contact people. Read the introduction and then give the following instructions. Demonstrate how to fill out the form.

In the box marked, "Name:", print the person's first, middle, and last name on the top line and their relationship to you, that is whether this is your mother, sister, minister,

or whoever, on the second line. In the box marked "Address", print the person's complete address (or as much as you know), including the street, apartment number, city, state, and zip code. In the box marked "Telephone Number", print the person's entire telephone number, including the area code. When you are done filling in your contact information, raise your hand and I will collect your survey.

Allow respondents about five minutes to complete the contact information. There should be phone books available in the room for respondents to use as they complete the form. Please remember that a name with no address or with no telephone number will probably prove to be useless in tracing efforts later. Ask respondents to print, rather than to write the names and addresses. Stress during the instructions that persons living in their immediate household should not be included. If the telephone number is not listed under the name given by the respondent, it will be helpful if the person in whose name the telephone number is listed is written under the number. When respondents have finished completing the forms, collect all surveys. Check to make sure the respondent's name and social security number are on each survey.

Q x Qs

The following pages contain the instructions for individual items and answers to questions that respondents may ask. If a respondent still does not understand an item after you provide the explanation provided here, simply repeat the item and tell the respondent to go on to the next question. *Do not* reword questions, paraphrase, or offer explanations other than what is provided here. The question appears first and then the QxQ appears under the questions in italics.

MTO PARTICIPANT BASELINE SURVEY

Date: ___/___/___
PHA Name: _____

NAME _____
First Middle Last

Social Security Number: _____ - _____ - _____

INTRODUCTION

The purpose of this survey is to learn about people who are applying for the Moving to Opportunity program. We are asking these questions of people all over the country who are applying for this program. This survey asks you about the people who live with you, your housing, your neighborhood, and your work experiences.

Your answers will be kept private, and they will have no effect on the outcome of your application.

I am going to be reading the survey aloud. Please follow along as best you can. Please answer all of the questions. Answer each question by either filling in the blank line or checking the box as shown in the examples below. Thank you very much for filling out this survey.

Do you have any questions before we begin?

Sample Questions

A) What year were you born? _____ (YEAR) [WRITE IT ON THE LINE]

B) What kind of housing do you live in now? [CHECK ONE]

- ₁ Apartment
₂ Single-family house
₃ Other

C) How would you feel about moving to a different house? [CHECK ONE]

- Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

SECTION I - HOUSING INFORMATION

The first set of questions asks about the places you have lived.

1) Have you ever applied for a Section 8 voucher or certificate before today? [CHECK ONE]

- ₁ YES
- ₂ NO

Q1. A Section 8 voucher or certificate is a government subsidy that allows you to move to private rental housing.

2) How long have you lived in your apartment or house? _____ months OR _____ years

Q2. We want to know how many months or years you have lived in your house. If you have lived there less than a year, fill in the number of months. If you have lived there more than a year, fill in the number of years.

3) How long have you lived in your neighborhood? _____ months OR _____ years

Q3. Same as above.

4) Have you moved more than three times in the past five years?

- ₁ YES
- ₂ NO

Q4. Self-explanatory.

5) How long have you lived in the [CITY NAME] area?

_____ months OR _____ years

Q5. We want to know how long you have lived in this city or in nearby areas.

6) Have you ever lived outside the [CITY NAME] area?

- ₁ YES
- ₂ NO

Q6. By this we mean living in a different city or metropolitan area, i.e. the Baltimore area vs. the Philadelphia area.

7) Have you ever lived in a neighborhood where the people were...

- | | | |
|--|---|--|
| A) A mix of African-American and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) A mix of African-American and Hispanic? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) A mix of Hispanic and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) A mix of African-American, Hispanic, and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Mostly White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

Q7. *We are interested in knowing about the ethnic background of people who lived in your neighborhood.*

The next set of questions asks about moving to other neighborhoods.

8) Would you like to move to another house or neighborhood?

- ₁ YES
₂ NO

Q8. *By house, we mean house or apartment.*

Respondents are now turning to Page 3.

9) What is the main reason you want to move? [CHECK ONE]

- ₁ Better schools for my children
₂ To be near my job
₃ To have better transportation
₄ To get a job
₅ To get away from drugs and gangs
₆ To get a bigger or better apartment
₇ To be near my family
₈ Other
₉₉ I don't want to move

Q9. *We want to know the most important reason you want to move. Please choose one. If you don't want to move, check, "I don't want to move." By transportation, we mean public transportation (buses and trains).*

10) What is the second most important reason you want to move? [CHECK ONE]

- ₁ Better schools for my children
- ₂ To be near my job
- ₃ To have better transportation
- ₄ To get a job
- ₅ To get away from drugs and gangs
- ₆ To get a bigger or better apartment
- ₇ To be near my family
- ₈ Other
- ₉₉ I don't want to move

Q10. We want to know the second most important reason you want to move. Please choose one. If you don't want to move, check, "I don't want to move." By transportation, we mean public transportation (buses and trains.)

11) Where would you like to move? [CHECK ONE]

- ₁ Somewhere else in my neighborhood
- ₂ A different neighborhood in [CITY NAME]
- ₃ A different neighborhood in the suburbs
- ₄ A different city outside the [CITY NAME] area
- ₅ Other
- ₉₉ I don't want to move

Q11. We want to know where you would like to move. If you don't want to move, check, "I don't want to move."

12) What kind of neighborhood would you most like to live in? One that is...[CHECK ONE]

- ₁ Mostly African-American
- ₂ Mostly Hispanic
- ₃ Mostly White
- ₄ A mix of African-American and White
- ₅ A mix of African-American and Hispanic
- ₆ A mix of Hispanic and White
- ₇ A mix of African-American, Hispanic, and White
- ₈ Other

Q12. We want to know the ethnic make-up of the neighborhood you would most like to live in. Please choose one.

Respondents are now turning to Page 4.

13) How would you feel about having your children attend a school where more than half of the children are White? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

Q13. *By how you feel, we mean how comfortable or uncomfortable you would be.*

14) How would you feel about having your children attend a school where almost all of the children are White?

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

Q14. *Same as above.*

15) How would you feel about living in a neighborhood where more than half of the people earn more money than you? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

Q15. *Same as above.*

16) How would you feel about living in a neighborhood where almost all of the people earn more money than you? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

Q16. *Same as above.*

The next set of questions asks about the house or apartment you live in now.

Say: I will begin to read the questions more quickly now. If you have any questions, please ask. (Be sure you are pacing yourself with the respondents.)

17) Overall, how would you describe the condition of your current house or apartment? Would you say it was in: [CHECK ONE]

₁ Excellent condition
₂ Good condition
₃ Fair condition
₄ Poor condition

Q17. *You can define the condition as "whatever it means to you."*

18) Where you live now, how much of a problem is...[CHECK ONE]

A) Walls with peeling paint or broken plaster? [CHECK ONE]

Big problem Small problem No problem at all
₃ ₂ ₁

A) By peeling paint, we mean paint that is coming off the walls in strips or paint that is chipping off the wall. By broken plaster, we mean pieces of the wall that are falling off or are likely to fall off.

B) Plumbing that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

B) By plumbing that doesn't work, we mean faucets that do not work, sinks that are clogged, or toilets that do not flush or that overflow.

C) Rats or mice?

Big problem Small problem No problem at all
₃ ₂ ₁

C) Self-explanatory.

D) Broken locks or no locks on the door to your unit?

Big problem Small problem No problem at all
₃ ₂ ₁

D) By broken locks, we mean either the turn lock on the door handle or a deadbolt lock that is separate from the door handle.

Respondents are now turning to Page 5.

18) Where you live now, how much of a problem is...[CHECK ONE]

E) Broken windows or windows without screens?

Big problem Small problem No problem at all
₃ ₂ ₁

E) Self-explanatory.

F) A heating system that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

F) Self-explanatory.

G) A stove or refrigerator that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

G) Self-explanatory.

H) Exposed wire or electrical problems?

Big problem Small problem No problem at all
₃ ₂ ₁

H) By exposed wire, we mean wires that you can see hanging on the wall or lying on the floor. By electrical problems, we mean broken lights or light switches and plugs that do not work.

I) Too little space?

Big problem Small problem No problem at all
₃ ₂ ₁

I) By too little space, we mean that there is not enough room for everyone that lives there, i.e. not enough bedrooms for everyone.

Respondents are now turning to Page 6.

SECTION II - NEIGHBORHOOD

The next questions ask about your neighborhood.

1) Which of the following statements best describes how satisfied you are with your neighborhood? [CHECK ONE]

- ₁ Very satisfied
- ₂ Somewhat satisfied
- ₃ In the middle
- ₄ Somewhat dissatisfied
- ₅ Very dissatisfied

Q1. We want to know how happy you are with the neighborhood where you currently live.

The next questions ask about safety in your neighborhood. By safety, we mean being safe from being robbed, attacked, or shot.

2) How safe are the parking lots and sidewalks near your neighborhood school? Would you say... [CHECK ONE]

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

Q2. Self-explanatory.

3) How safe do you feel at home alone at night? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

Q3. Self-explanatory.

4) How safe are the streets near your home during the day? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

Q4. Self-explanatory.

5) How safe are the streets near your home at night? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

Q5. Self-explanatory.

The next questions ask about problems in your neighborhood.

6) In your neighborhood, how bad of a problem is...

Q6. We are interested in finding out how bad the following problems are in your neighborhood.

A) Litter or trash on the streets or sidewalks? [CHECK ONE]

Big problem Small problem No problem at all
₃ ₂ ₁

A) Self-explanatory.

B) Graffiti or writing on the walls?

Big problem Small problem No problem at all
₃ ₂ ₁

B) Self-explanatory.

C) People drinking in public?

Big problem Small problem No problem at all
₃ ₂ ₁

C) By people drinking in public, we mean people drinking alcohol on the street or in public areas.

<p>Respondents are now turning to Page 7.</p>
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6) In your neighborhood, how bad of a problem is...

D) Drug dealers or users?

Big problem Small problem No problem at all
₃ ₂ ₁

D) By users, we mean people who use illegal drugs.

E) Abandoned buildings?

Big problem Small problem No problem at all
₃ ₂ ₁

E) By abandoned buildings, we mean empty, boarded-up buildings.

The next questions ask about services in your neighborhood.

7) How long does it take you to get to the nearest bus or train stop?

Less than 15 minutes	15 to 30 minutes	30 to 45 minutes	45 minutes to 1 hour	More than 1 hour
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q7-Q11.

We are interested in finding out how long it takes you to go from your home to the place described in each of the questions. Please try to give us your best guess of the time it takes you. The type of transportation is not important. Please choose one answer.

8) How long does it take you to get to the grocery store you use most of the time?

Less than 15 minutes	15 to 30 minutes	30 to 45 minutes	45 minutes to 1 hour	More than 1 hour
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

9) How long does it take you to get to the nearest park or playground?

Less than 15 minutes	15 to 30 minutes	30 to 45 minutes	45 minutes to 1 hour	More than 1 hour
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

10) How long does it take you to get to your church or place of worship?

Less than 15 minutes	15 to 30 minutes	30 to 45 minutes	45 minutes to 1 hour	More than 1 hour	Not Applicable
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

11) How long does it take you to get to the doctor, health clinic, or hospital you use most of the time?

Less than 15 minutes	15 to 30 minutes	30 to 45 minutes	45 minutes to 1 hour	More than 1 hour	Not Applicable
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Respondents are turning to Page 8.

12) Please tell me if any of the following things have happened to you or who lives with you in the past 6 months:

Please provide a time reference such as since December/Christmas time.

Q12. We are interested in finding out if these events happened in the last six months to you or to anyone who lives with you. Where these events happened is not important.

A) Was anyone's purse or jewelry snatched from them? ₁ YES ₂ NO

A) Self-explanatory.

B) Was anyone threatened with a knife or gun? ₁ YES ₂ NO

B) Self-explanatory.

C) Was anyone beaten or assaulted? ₁ YES ₂ NO

C) By assaulted, we mean attacked and beaten with fists or with an object.

D) Was anyone stabbed or shot? ₁ YES ₂ NO

D) Self-explanatory.

E) Did anyone try to break into your home? ₁ YES ₂ NO

E) By break into your home, did someone try to get into your home by forcing a window or door open.

Respondents are turning to Page 9.

SECTION III: NEIGHBORS

The next questions ask you about your neighbors.

1) How often do you lend things to a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

Q1-Q5. By "almost every day," we mean that this happens several times per week. By "almost never," we mean that this hardly ever occurs. If the answer "a couple of times" is given ask them to choose the closest answer.

2) How often do you borrow things from a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

3) How often do you watch a neighbor's child?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

Q3. By watch, we mean to take care of a neighbor's child.

4) How often do you have coffee or a meal with a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

Q4. Self-explanatory.

5) How often do you stop to chat with a neighbor in the street or hallway?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

Q5. By chat, we mean to stop and talk with someone.

6) How many of your friends live in the same neighborhood as you?

None ₀ A few ₁ Many ₂

Q6. The definition of friends is "whatever it means to you."

7) How many of your family members live in the same neighborhood as you?

- None A few Many
₀ ₁ ₂

Q7. *Self-explanatory.*

8) If you saw a neighbor's child getting into trouble, how likely is it that you would tell your neighbor about it?

- Very likely Somewhat likely Not Very likely Not at all likely
₁ ₂ ₃ ₄

Q8. *By trouble, we mean things like writing graffiti, fighting with other kids, throwing rocks, stealing, drinking alcohol, or doing drugs.*

9) If a neighbor who wasn't a close friend saw your child getting into trouble, how likely is it that they would tell you about it?

- Very likely Somewhat likely Not Very likely Not at all likely
₁ ₂ ₃ ₄

Q9. *Same as above.*

Respondents are now turning to Page 10.

10) If you needed help getting food, who would you go to first for help? Would you go to...
[CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A foodbank or soup kitchen
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

Q10. *By help getting food, we mean that you do not have the money to get enough food. By government agency, we mean a place where you can get public assistance like food stamps.*

11) If you were sick and unable to take care of yourself, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A social service agency
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

Q11. By social service agency, we mean a place like the Salvation Army or Catholic Charities. By government agency, we mean a health clinic or public assistance.

12) If you needed money for an emergency, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A bank
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

Q12. By city agency, we mean a public assistance office.

13) If you had a serious personal problem, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A social service agency or counseling center
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

Q13. By personal problem, we mean something like worrying about your kids getting into trouble. By social service agency, we mean a place like a Boys and Girls Club, the Salvation Army, Catholic Charities, or a counseling center. By city agency, we mean a mental health clinic or a social services center.

Respondents are now turning to Page 11.

SECTION IV - EMPLOYMENT TRAINING AND EXPERIENCE

The next set of questions asks about your work experiences.

1) Are you in a job training program now (like a program that teaches typing, cosmetology, nursing, carpentry, business or other courses)?

- ₁ I am in a job training program now. (What kind?) _____
- ₂ I am enrolled in a job training program now, but have not started.
(What kind?) _____
- ₃ I am not in a job training program.

Q1. By job training program, we mean a program that teaches you typing, cosmetology, nursing, carpentry, business, or other courses. If you say yes, then please be sure to write on the line the type of program you are currently taking. By "what kind", we mean what the class or course is about.

2) During most of last week, were you... [CHECK ONE]

- ₁ Working for pay
- ₂ Looking for work
- ₃ Keeping house/minding children
- ₄ Attending school
- ₅ Doing something else

Q2. We are interested in finding out what you did last week. By minding children, we mean taking care of your own children. By attending school, we mean either high school, college, or a job training program. You can only choose one answer, so mark the one that you did the most last week.

3) Do you have any small jobs to bring in extra money like babysitting, home repairs, housecleaning, cooking and catering, sewing, and things like that?

- ₁ YES
- ₂ NO

Q3. Self-explanatory.

If you are working now, please answer the next questions about the kind of work you do. If you are not working now, check the box "I am not working."

4) What kind of work do you do? _____

₉₉ I AM NOT WORKING

Q4. *Please write the kind of work you do on the lines. If you are not working, be sure to check the box which says "I am not working." By type of work, we mean the job that you are doing, for example construction, cleaning houses, sales clerk, security guard, secretary, or nurse's aide. Do not write in the shaded box.*

5) How long have you been doing this job?

_____ WEEKS

OR

_____ MONTHS

OR

_____ YEARS

₉₉ I AM NOT WORKING

Q5. *We are interested in finding out how long you have been doing this work (job) that you wrote down in Question 4. If you are not working, please check the box that says "I am not working." If it has been years, write the number next to the years. If you have been there for under a year, write in the number of months. If it has been under a month, write the number of weeks you have been there.*

6) How much do you usually earn an hour? \$ _____ /**HOUR**

₉₉ I AM NOT WORKING

Q6. *We are interested in finding out how much money you earn an hour on average. Write the amount of money you earn in an hour on the line. Try to give us your best guess. It is okay to give us just the dollar amount and no cents. If you are not working, please check the box that says "I am not working."*

Respondents are now turning to Page 12.

7) How many hours do you usually work in a week? _____/HOURS

₉₉ I AM NOT WORKING

Q7. We are interested in finding out how many hours you work in one week on average. Write the number of hours on the line. Try to give us your best guess. If you are not working, please check the box that says "I am not working."

8) How many months did you work at that job last year? _____/MONTHS

₉₉ I AM NOT WORKING

Q8. We are interested in finding out how many months you spent working at that job last year. If you are not working, please check the box that says "I am not working." By "that job," we mean the job that you listed in Question 4. By "last year," we mean during the year. The largest possible answer is 12 months and the smallest is 0 months. If you worked less than one month, enter 0.

9) How did you first hear about your job? [CHECK ONE]

- ₁ From a neighbor
- ₂ From a friend or associate
- ₃ From a family member
- ₄ From a want ad in the newspaper
- ₅ From an employment agency
- ₆ From the welfare office
- ₇ From somewhere else (specify) _____
- ₉₉ I AM NOT WORKING

Q9. Self-explanatory. "Specify" can be further defined as "explain."

10) How do you get to work? [CHECK ONE]

- ₁ Bus or other public transportation
- ₂ My own car
- ₃ Cab
- ₄ Borrowed car
- ₅ Walk
- ₆ I work at home
- ₇ Ride with a friend (carpool)
- ₈ Other (specify) _____
- ₉₉ I AM NOT WORKING

Q10. *We are interested in finding out what type of transportation you take to get to work. By other public transportation, we mean things like the train or a streetcar. If you use more than one kind of transportation, please check the box that shows how you get to work most of the time. If you do not use one of the ways listed to get to work, check the box which says "Other" and write on the line how you get to work. If you are not working, please check the box that says "I am not working." "Specify" can be further defined as "explain."*

11) How long does it take you to get to work? [CHECK ONE]

- ₁ Less than 15 minutes
- ₂ 15 to 30 minutes
- ₃ 30 to 45 minutes
- ₄ 45 minutes to one hour
- ₅ More than one hour
- ₆ I work at home
- ₉₉ I AM NOT WORKING

Q11. *We are interested in finding out how long it takes you to go from your home to work. If you are not working, please check the box that says "I am not working." Try to make your best guess and only mark one answer.*

The next set of questions asks about any jobs you may have had in the past. If you have never worked for pay, check the box for "I have never worked for pay."

12) Have you ever worked for pay? [CHECK ONE]

- ₁ I am working now
- ₂ I have worked for pay, but I am not working now
- ₃ I have never worked for pay

Q12. *We are interested in finding out if you have ever worked for pay at anytime. If you are currently working for pay, place a check in box 1, "I am working now." If you have worked for pay, but you are not currently working for pay, place a check in box 2, "I have worked for pay, but I am not working now." If you have never worked for pay, place a check in box 3, "I have never worked for pay."*

Respondents are now turning to Page 13.

13) When did you last work? _____ (YEAR)

- ₉₇ I AM WORKING NOW
- ₉₉ I HAVE NEVER WORKED FOR PAY

Q13. *We are interested in finding out the last year in which you worked for pay. If you are still working for pay, check the box which says, "I am working now." If you have never worked for pay, check the box which says, "I have never worked for pay." Please write the year in which you last worked for pay on the line. Please give us your best guess.*

14) What type of work did you do at your previous job? _____

- ₉₉ I HAVE NEVER WORKED FOR PAY

Q14. *We are interested in finding out what you did at your last paying job--not one you may have now. If you have never worked for pay, check the box that says, "I have never worked for pay." If you have only had one job, write no previous job on the line. By type of work, we mean the job that you did, for example construction, cleaning houses, sales clerk, security guard, or nurse's aid. Write your answer on the line.*

The next set of questions asks about looking for work.

15) Are you now looking for work? [CHECK ONE]

- ₁ I am working now, but looking for a different job
- ₂ I am not working now, but I am looking for work
- ₃ I am not looking for work
- ₄ No, I am working now

Q15. Self-explanatory.

16) What kinds of things have you done to look for work in the past 6 months? Have you...?

Please provide a time reference such as since December/Christmas time.

- | | | |
|---|---|--|
| A) Looked in the newspaper? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) Gone on interviews? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) Gone to an employment agency? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) Talked to friends? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Other things? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

Q16. If you are not looking for work, check "No" on all of these questions.

The next set of questions asks about your transportation.

17) Do you have a valid drivers license?

₁ YES

₂ NO

Q17. *Self-explanatory.*

18) Do you have a car that runs?

₁ YES

₂ NO

Q18. *Self-explanatory.*

Respondents are now turning to Page 14.

SECTION V - BENEFITS INFORMATION

The next set of questions asks about your experiences with welfare.

1) Did you ever get AFDC (welfare) for your own children?

- ₁ YES
₂ NO

Q1. AFDC means Aid to Families with Dependent Children. It is also called welfare.

2) Are you getting AFDC (welfare) now?

- ₁ YES
₂ NO

Q2. same as above

3) When did you first begin to get AFDC for your own children?

- Year: _____
₉₈ Do not remember
₉₉ I HAVE NEVER GOTTEN AFDC

Q3. We are interested in finding out the year in which you first received AFDC (welfare) for your own children. Write the year on the line. Try to give us your best guess. If you have never received AFDC (welfare), check the box which says, "I have never gotten AFDC."

4) When was the last time you applied for AFDC (welfare)? We do not mean the last time you were recertified.

- Year: _____
₉₈ Do not remember
₉₉ I HAVE NEVER GOTTEN AFDC

Q4. We are interested in finding out the last year you applied for AFDC (welfare). Please write the year on the line. Try to give us your best guess. If you have never received AFDC (welfare), check the box which says, "I have never gotten AFDC."

5) Did your mother ever get AFDC or welfare when you were growing up?

- ₁ YES
₂ NO
₉₈ Don't know

Q5. *By mother, we mean your mother or whomever you lived with most of the time you were growing up.*

6) Did you live with both of your parents until you were 16?

- ₁ YES
₂ NO

Q6. *We are interested in finding out if you have lived with the same two parents from the time you were born until you were 16 years old. By parents, we mean a mother, a father, a step-mother, or a step-father.*

Respondents are now turning to Page 15.

7) Do you now get any of the following benefits?

- | | | |
|---|---|--|
| A) Food Stamps? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) SSI (Supplemental Security Income)? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) Child support? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) Medicaid? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Education assistance (financial aid)? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| F) WIC? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| G) Unemployment Compensation? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| H) Social Security Disability or Survivor's Benefits? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

Q7. *SSI (Supplemental Security Income) is a welfare program for elderly people or persons with disabilities. Child support is money fathers pay to support their children. Medicaid is a program that pays for medical care for poor people. It is called different things in different states such as Medi-Cal, Green Card, Medical Card, or Medical Assistance. Education assistance (financial aid) is money used to pay for classes or courses such as Pell Grants or student loans. WIC is the Women-Infants-Children program which supplies supplemental food stamps to women with infants or young children in order for them to buy formula and nutritious food. Social Security Disability is a social security payment for people who are disabled. Survivor's Benefits are for surviving children or dependents of people who have died.*

8) Is there anyone with you who has a health problem or mental problem that keeps him/her from doing normal activities like walking, getting dressed, housework, or working? If yes, who is it?

₁ NO

₂ YES

Person 1:	_____	_____	_____
	First	Middle	Last
Person 2:	_____	_____	_____
	First	Middle	Last
Person 3:	_____	_____	_____
	First	Middle	Last

Q8. *We are interested in finding out if anyone who lives in your home has a health problem or a mental problem that prevents them from doing normal activities. By normal activities, we mean walking, getting dressed, housework, or working at a job. By health problem, we mean an illness or condition like heart problems, arthritis, M.S. (Multiple Sclerosis), or sickle-cell anemia. By mental problem, we mean retardation, severe learning disabilities, or mental illness. If you mark the box which says "Yes," be sure to list each person who has these problems. On the line, ask them to please print their first name, then their middle name, and then their last name.*

Respondents are now turning to Page 16.

SECTION VI: OUTLOOK

The next questions ask you about how sure you feel about dealing with situations that may come up if you move to a new neighborhood.

1) How sure are you that you will be able to find an apartment in a different area of [city name]?

Are you... [CHECK ONE]

Very sure Fairly sure 50-50 Not very sure Not at all sure
₁ ₂ ₃ ₄ ₅

Q1. We are interested in finding out how sure you are that you will be able to locate another apartment in a different part of the metropolitan area where you live.

2) How sure are you that you would like living in a neighborhood you've never lived in before?

Are you...

Very sure Fairly sure 50-50 Not very sure Not at all sure
₁ ₂ ₃ ₄ ₅

Q2. Self-explanatory.

3) How sure are you that you would be able to get along with your neighbors after you move?

Are you...

Very sure Fairly sure 50-50 Not very sure Not at all sure
₁ ₂ ₃ ₄ ₅

Q3. Self-explanatory.

4) How sure are you that you would like living in a neighborhood with people who earn more than you? Are you...

Very sure Fairly sure 50-50 Not very sure Not at all sure
₁ ₂ ₃ ₄ ₅

Q4. Self-explanatory.

5) How sure are you that you will have a job after you move? Are you...

Very sure Fairly sure 50-50 Not very sure Not at all sure
₁ ₂ ₃ ₄ ₅

Q5. Self-explanatory.

6) How sure are you that you could keep your children from hanging around with kids who get into trouble after you move? Are you...

Very sure

 1

Fairly sure

 2

50-50

 3

Not very sure

 4

Not at all sure

 5

Q6. *By getting into trouble, we mean kids who are using drugs, drinking alcohol, stealing, or writing graffiti.*

Respondents are now turning to Page 17.

SECTION VII: SCHOOL

The last set of questions asks you about your involvement with your children's schooling.

1) In the past 12 months, have you or another adult who lives with you gone to a general meeting at your child(ren)'s school or pre-school, like a back-to-school night or parent/teacher organization meeting?

Please provide a time reference such as since last September.

- ₁ YES
- ₂ NO
- ₃ I have no children in school

Q1. *Self-explanatory.*

2) In the past 12 months, have you or another adult who lives with you gone to a school or class event like a play, sports event, or science fair?

Please provide a time reference such as since last September.

- ₁ YES
- ₂ NO
- ₃ I have no children in school

Q2. *Self-explanatory.*

3) In the past 12 months, have you or another adult who lives with you been a volunteer at your child(ren)'s school or been on a school committee?

Please provide a time reference such as since last September.

- ₁ YES
- ₂ NO
- ₃ I have no children in school

Q3. *Self-explanatory.*

4) In the past 12 months, have you or another adult who lives with you worked with a youth group, sports team, or club outside of school?

Please provide a time reference such as since last September.

- ₁ YES
- ₂ NO
- ₃ I have no children in school

Q4. Self-explanatory.

Respondents are now turning to the pages of Section VIII: Contact Information, Page 18.

SECTION VIII: CONTACT INFORMATION

Because this is a new program, it is very important that we talk to people a few times during the next few years to see how things are going. Please give us the names, addresses, and telephone numbers for THREE friends or relatives who do not live with you and who will always know how to contact you. Please list people who live at different addresses. Your answers will be kept private.

<u>Name:</u>	<u>Address:</u>	<u>Telephone Number:</u>
_____ First Middle Last Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____
_____ First Middle Last Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____
_____ First Middle Last Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____

Part 2 General Instructions

The second part of the survey consists of a series of forms which request demographic information on *every* member of the household. You will read each form through once and demonstrate how to complete the form. You will also need to provide individual help to respondents as needed. For some respondents, this may mean you must sit down with them and fill out the forms. Finally, you must check over all forms and make sure they are filled out correctly before the respondent leaves. Be sure to put all the forms, Part I and Part II, together and seal all four sides using the sticky labels provided. Allow respondents to watch you seal it to insure them of the confidentiality of the survey.

HOUSEHOLD INFORMATION FORM/ADULT INFORMATION FORM

First, you will hand out the Household Information form and Adult Information form. Say:

I am going to give you some forms to fill out about you and the other people who live with you now. I will go over each form once and will be available to help anyone who has any problems. Again, your answers will be kept private and will have no effect on the outcome of your application.

The first set of forms I will give you are a Household Information form and an Adult Information Form. The Household Information form asks you to provide the name, birthdate, sex, race, and ethnicity of every person who lives with you now, including yourself. Please do not include any person who is staying with you temporarily like an aunt or uncle spending the week at your home. Please print your full name and social security number at the top. Put the information about yourself in the first line. There is enough space for you to put information about 13 people on the front and back. If you

have more than 13 people in your household, please raise your hand and I will give you another form.

Demonstrate how to fill out the form on the overhead or easel pad.

In the first column, column A, print the person's last name. For line 1, put your name. In the second column, column B, print the person's first name. If the person has a nickname, put it in parentheses next to their first name. Print the person's middle name in column C. Write the person's birthdate in column D. Put the day first, then the month, and the year. In column E, check the box for the person's sex—male or female. In column F, check the box for the person's race—African American, White, American Indian, Asian/Pacific Islander, or other. In the last column, column G, check whether or not the person is Hispanic. Does anyone have any questions?

Wait five minutes and then hand out and introduce the Adult Information form.

I'd like everyone's attention so that I can go over the next form. The Adult Information form asks you to provide information about the education, employment, marital status, and number of children for every adult over the age of 18 who lives with you now, including yourself. Do not include your children or any adults who are only staying in your home temporarily. Put the information about yourself in the first line. There is enough space for you to put information about 10 people on the front and back. If there are more than 10 adults in your household, please raise your hand and I will give you another form.

Demonstrate how to fill out the form on the overhead or easel pad.

First, print your name and social security number at the top of the first page.

In the first column, column A, print the person's last name. For line 1, print your name. In the second column, column B, print the person's first name. In column C, print the person's relationship to you—that is, whether they are your child, your sister, your aunt, and so on. In column D, check whether or not the person is in school now. In column E, check whether or not the person graduated from high school or has a GED. In column F, check whether or not the person is working full or part-time. In column G, check whether the person is never married, married, separated, divorced, or widowed. In column H, write in the number of children the person has. If the person has no children, write 0. In the last column, column I, write the year the person's oldest child was born. If the person does not have a child, leave this space blank. If you don't know the year, check the box for "Don't know".

Does anyone have any questions about this form before you begin? If you have any questions while you are filling out this form, please raise your hand and I will help you.

CHILD INFORMATION FORMS

Wait ten minutes and then hand out the child information forms. If respondents have completed the Household and Adult Information forms, then collect the forms and check them to make sure they are filled in correctly. Hand out the packets with the child information forms (five per packet)—both older children (6-17) and younger (5 and under). Again, you will read these forms aloud once and will need to provide respondents with help as needed. Finally, you will need to check all forms to make sure they are filled out correctly before the respondent leaves.

Children Ages 6 to 17. Say:

Can I have everyone's attention so I can go over the next forms. Anyone who needs more time to finish the Adult Information forms should finish them when I am done. You

should take as much time as you need to complete them. I am going to give you two sets of child information forms, one set for any children you have that are between 6 and 17 and another set for children who are 5 and younger. You should fill out one form for each child in your household. This does not mean only your own children—please include any other children who live with you. The forms are double-sided; make sure you fill out all the information on both the front and the back for each child.

Demonstrate how to fill out the form.

The first set of forms are for children who are between 6 and 17 years old. You should have 5 copies. If you need more, raise your hand and I will give them to you.

As I read the form, please fill out the first one with me. On the first page, fill in your whole name—first, middle, and last; your social security number or alien registration number; and the number of children ages 6 to 17 in your household, both your own and any other children who live with you. If you have no children ages 6 to 17, write 0 and wait for me to go over the second set of forms.

Turn to the first form. Fill in the name of the first child who is between 6 and 17 years old in line 1. Start with the oldest child and work down to the youngest child. In line 2, check the box for the child's relationship to you—birth child, adopted child, grandchild, foster child, other relative, or not a relative.

In question 3, check whether or not the child is in school. In question 4, print the name of the child's school on the line. In question 5, check the grade the child has just completed. In question 6, check whether or not the child is in a special class for gifted children or does advanced work in any subjects.

In question 7, check whether or not the child has gone to a special class at school or

gotten special help in school for learning problems and for behavioral or emotional problems during the past two years. In question 8, check whether or not the child has any physical, emotional, or mental problems that causes the child to need special medicine or equipment, that makes it hard for the child to get to school, or that makes it hard for the child to play active games or sports. In question 9, check whether or not the child has been suspended or expelled from school in the past two years. In question 10, check whether or not someone from the school has asked you or an adult in your household during the past two years to come in and talk about problems this child was having with schoolwork or behavior.

In question 11, check where the child usually goes after school - home, supervised; home, unsupervised; somewhere else, supervised; somewhere else unsupervised. In question 12, check who supervises this child if the child is supervised after school. In question 13, check where the child usually is in the evenings - home, supervised; home, unsupervised; somewhere else, supervised; somewhere else, unsupervised. In question 14, check who usually supervises the child in the evenings if the child is supervised.

Does anyone have any questions before we begin the second set of Child Information Forms?

Children 5 and Under. Say:

Now I am going to introduce the last form. As I read the form, please fill out the first one with me. The last set of forms are for children 5 and under. You should have 5 copies. If you need more, raise your hand, and I will give them to you.

On the first page, fill in your whole name—first, middle, and last, your social security number or alien registration number, and the number of children 5 and under in your household, both your own children and any other children who live with you. If you have no children under 5, write 0.

Turn to the first form. Fill in the name of the first child in line 1. Start with the oldest child and work down to the youngest child. In line 2, check the box for the child's relationship to you—birth child, adopted child, grandchild, foster child, other relative, or not a relative. In question 3, fill in how much the child weighed when he or she was born—both pounds and ounces. In question 4, check whether or not the child was ever in the hospital before his/her first birthday because he/she was sick or injured.

In question 5, check whether or not the child has any physical, emotional, or mental problems that causes the child to need special medicine or equipment, that makes it hard for the child to get to school, or that makes it hard for the child to play active games or sports.

In question 6, check whether the child is now in a pre-school program like Head Start or nursery school. In question 7, check whether or not the child is in any other child care program or with a babysitter while you are working, looking for work, in school, or in job training. In question 8, check whether or not you use these types of child care for the child—Head Start, day care or group care center other than Head Start, a babysitter who is a relative, a babysitter who is not a relative, or other. In question 9, check the person who most often takes care of your child when you go out.

In question 10, check how often you do the following things with your child - go on an outing to the park or out shopping, go to church or Sunday School, go to visit friends

and relatives who don't live with you, and play cards/do a puzzle/play board games. In question 11, check how often you get a chance to read a book or story to this child or to watch Sesame Street or other educational programs with this child.

Does anyone have any questions before we begin to fill out the rest of the Child Information Forms?

On the following pages, are the QxQs for the Child Information forms. The question appears first and then the QxQ response.

MOVING TO OPPORTUNITIES BASELINE SURVEY: PART II - HOUSEHOLD INFORMATION

Name _____ Social Security Number: _____

Household Members

Please provide the following information about yourself and all other people who live with you now. Do not include people who are only in your home temporarily. List yourself on Line 1.

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
1. (SELF)			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
2.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
3.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
4.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
5.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
6.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
7.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
8.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
9.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
10.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
11.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
12.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
13.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC

Adult Information Form

Name _____ Social Security Number: _____

Please provide the following information about yourself and other adults (19 & older) who live with you now. Do not include your children or adults who are only staying in your home temporarily. List yourself on line 1.

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
1.		SELF	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 99 NEITHER	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED		
2.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 99 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
3.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 99 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
4.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 99 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
5.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
6.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
7.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
8.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
9.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
10.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW

Children in Household Ages 6 to 18

1) CHILD's Name: _____
First Last

Q1. Write on the line both the first and last name of the child.

2) What is this CHILD's relationship to you? _1 Birth child _3 Grandchild _6 Other relative
[CHECK ONE] _2 Adopted child _4 Foster child _8 Not a relative

Q2. Self-explanatory.

3) Is this CHILD now in school? _1 YES _2 NO

Q3. We are interested in finding out if the child is currently going to school.

4) What is the name of this CHILD's last school: _____

Q4. Write on the line the name of the school the child is currently attending or if the child is no longer attending school, write the name of the last school the child attended.

5) What grade has this CHILD just completed:
[CHECK ONE] _1 Kindergarten _4 Grade 3 _7 Grade 6 _10 Grade 9 _13 Grade 12
_2 Grade 1 _6 Grade 4 _8 Grade 7 _11 Grade 10 _14 Not graded
_3 Grade 2 _6 Grade 5 _9 Grade 8 _12 Grade 11

Q5. We are interested in finding out the last grade the child completed. Please check the grade the child has just finished - not the grade the child is currently in.

6) Does this CHILD go to a special class for gifted students or do advanced work in any subjects?
_1 YES _2 NO _88 Don't know

Q6. By special class for gifted students, we mean a class for children who are doing work above their grade level.

Children in Household Ages 6 to 18

7) During the past two years, has this CHILD gone to a special class or school or gotten special help in school for...

- A) Learning problems ₁ YES ₂ NO ₉₉ Don't know
- B) Behavioral or emotional problems ₁ YES ₂ NO ₉₉ Don't know

Q7. *By learning disabilities, we mean things like dyslexia. By behavioral problems, we mean things like attention deficit disorder.*

8) Does this CHILD have any physical, emotional, or mental problems that...

- A) Means this CHILD needs special medicine or equipment? ₁ YES ₂ NO
- B) Makes it hard for this CHILD to get to school? ₁ YES ₂ NO
- C) Makes it hard for this CHILD to play active games or sports? ₁ YES ₂ NO

Q14. *By physical, emotional, or mental problems, we mean things like asthma, sickle-cell anemia, mental illness, or retardation.*

9) During the past two years, has this CHILD ever been suspended or expelled from school?

- ₁ YES ₂ NO ₉₉ Don't know

Q9. *Self-explanatory.*

10) During the past two years, has anyone from this CHILD's school asked someone to come in and talk about problems this CHILD was having with schoolwork or behavior?

- ₁ YES ₂ NO ₉₉ Don't know

Q10. *By someone from school, we mean teachers, the principals, or counselors.*

Children in Household Ages 6 to 18

11) Where does this CHILD usually go after school? [CHECK ONE]

- ₁ Home, supervised
- ₂ Home, unsupervised
- ₃ Somewhere else, supervised
- ₄ Somewhere else, unsupervised

Q11. *We are interested in finding out where the child usually goes after school. By supervised, we mean that someone is at the place actually watching the child. By unsupervised, we mean that no one is watching the child. Choose the one that happens most of the time.*

12) If this CHILD is supervised after school, who supervises this CHILD? [CHECK ONE]

- ₁ This CHILD's mother
- ₂ This CHILD's father
- ₃ This CHILD's brother or sister
- ₄ This CHILD's grandparents
- ₅ Other relative of this CHILD
- ₆ A friend of yours
- ₇ Trade with neighbor
- ₈ Leave this CHILD alone
- ₉ Hired babysitter who is not a relative
- ₁₀ Day care center
- ₉₉ This CHILD is not supervised after school

Q12. *If the child is not supervised, then check the box which says, "This child is not supervised after school."*

13) Where is this CHILD usually in the evenings? [CHECK ONE]

- ₁ Home, supervised
- ₂ Home, unsupervised
- ₃ Somewhere else, supervised
- ₄ Somewhere else, unsupervised

Q13. *We are interested in finding out where the child usually is in the evenings. By supervised, we mean that someone is at the place actually watching the child. By unsupervised, we mean that no one is watching the child. Choose the one that happens most of the time.*

Children in Household Ages 6 to 18, continued

14) If this CHILD is supervised in the evenings, who supervises this CHILD? [CHECK ONE]

- | | | | |
|---------------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> ₁ | This CHILD's mother | <input type="checkbox"/> ₇ | Trade with neighbor |
| <input type="checkbox"/> ₂ | This CHILD's father | <input type="checkbox"/> ₈ | Leave this CHILD alone |
| <input type="checkbox"/> ₃ | This CHILD's brother or sister | <input type="checkbox"/> ₉ | Hired babysitter who is not a relative |
| <input type="checkbox"/> ₄ | This CHILD's grandparents | <input type="checkbox"/> ₁₀ | Day care center |
| <input type="checkbox"/> ₆ | Other relative of this CHILD | <input type="checkbox"/> ₉₉ | This CHILD is not supervised after school |
| <input type="checkbox"/> ₈ | A friend of yours | | |

Q14. If the child is not supervised, then check the box which says, "This child is not supervised in the evenings."

CHILD INFORMATION FORMS
CHILDREN AGES 5 AND YOUNGER

Please fill out one form for each child who lives with you now and is 5 years old or younger.

Your name: _____
First Middle Last

Your Social Security Number: _____

Number of children ages 5 or younger in household: _____

1) CHILD's Name: _____
First Last

Q1. Write on the line both the first and last name of the child.

2) What is this CHILD's relationship to you? ₁ Birth child ₃ Grandchild ₆ Other relative
[CHECK ONE] ₂ Adopted child ₄ Foster child ₆ Not a relative

Q2. Self-explanatory.

3) How much did this CHILD weigh when he/she was born? _____ Pounds, _____ Ozs. ₉₉ Don't know

Q3. Write on the line how much the child weighed when he/she was born. Record the pounds in the first space and the ounces in the second space. Try to give us your best guess.

4) Was this CHILD ever in the hospital before his/her first birthday because this CHILD was sick or injured?

₁ YES ₂ NO ₉₉ Don't know

Q4. By "ever in the hospital," we mean that the child was so sick that he/she had to stay overnight in the hospital.

5) Does this CHILD have any physical, emotional, or mental problems that...

A) Means this CHILD needs special medicine or equipment? ₁ YES ₂ NO ₉₉ Don't know
B) Makes it hard for this CHILD to go to pre-school or this CHILD care? ₁ YES ₂ NO ₉₉ Don't know
C) Makes it hard for this CHILD to play active games or sports? ₁ YES ₂ NO ₉₉ Don't know

Q5. By physical, emotional, or mental problems, we mean things like asthma, sickle-cell anemia, mental illness, or retardation.

6) Is this CHILD now in a pre-school program like Head Start or nursery school?

₁ YES ₂ NO ₉₉ Don't know

Q6. *Self-explanatory.*

7) Is this CHILD in any other kind of child care program, or is he/she being cared for by a regular babysitter while you are working, looking for work, in school, or in job training?

₁ YES ₂ NO

Q7. *Self-explanatory.*

8) What types of child care do you use for this CHILD?

- A) I DO NOT USE CHILD CARE ₁ YES ₂ NO
- B) Head Start day care center ₁ YES ₂ NO
- C) Day care or group care center other than Head Start ₁ YES ₂ NO
- D) Babysitter who is a relative (grandparents, sister or brother) ₁ YES ₂ NO
- E) Babysitter who is not a relative ₁ YES ₂ NO
- F) Other ₁ YES ₂ NO

Q8. *Self-explanatory.*

9) When you go out (for example, to go shopping or to visit a friend), who most often takes care of your this CHILD? [CHECK ONE]

- ₁ CHILD's father
- ₂ CHILD's brother or sister
- ₃ CHILD's grandparents
- ₄ Other relative of CHILD
- ₆ A friend of yours
- ₆ Trade with neighbor
- ₇ Leave CHILD alone
- ₈ Hired babysitter who is not a relative
- ₈ Day care center
- ₁₀ Other
- ₁₁ I usually take CHILD with me

Q9. We are interested in finding out who takes care of your child most of the time when you go out. Please check only one answer. By go out, we mean to go shopping or to go visit a friend.

10) How often do you or someone in your home have a chance to... [CHECK ONE]

- A) Take CHILD on an outing to a park or out shopping ₁ Every day ₂ About once a week ₃ About once a month ₄ Almost never
- B) Take CHILD to church for a service or Sunday School ₁ Every day ₂ About once a week ₃ About once a month ₄ Almost never
- C) Take CHILD to visit with friends and relatives ₁ Every day ₂ About once a week ₃ About once a month ₄ Almost never
- D) Play cards, do a puzzle, or play a board game with CHILD ₁ Every day ₂ About once a week ₃ About once a month ₄ Almost never

Q10. We are interested in finding out how often you do the following activities with your child. Please check one answer.

11) How often do you or someone in your home have a chance to...

- A) Read a book or story to CHILD ₁ More than once a day ₂ About once a day ₃ About once a week ₄ About once a month ₆ Almost never
- B) Watch Sesame Street or other educational programs with CHILD ₁ More than once a day ₂ About once a day ₃ About once a week ₄ About once a month ₆ Almost never

Q11. Same as above.

POST SURVEY ADMINISTRATION

As baseline surveys are completed, it is important that they are handled carefully. As respondents finish with their surveys, you should collect the surveys putting Part I of the survey with the forms from Part II. You should then review all of the survey using the edit checklist (found in Section G) making any changes or corrections in red pen in the right margin of the survey. Be sure that the respondent remains in the room while you are checking the survey so that he or she can help to answer any questions you may have. As you check the survey, be sure to look for the following items:

- name and SSN or alien registration number on all of the forms
- most questions completed
- all information on the contact sheet has been correctly given

You will also need to place an employment code in the shaded box provided by Question 4 in Section IV on employment training and experience. The employment code list is located at the end of this chapter as well as in the QxQ packets.

After you have completed checking the survey and making any necessary changes, place Part I and Part II together and seal them with sticky labels, placing one label on all four sides. The sealed surveys should be placed in your personal file (preferably one that can be locked). Take the surveys with you at the end of each day and mail the surveys to Abt Associates, Cambridge, within 2 days of their completion.

Employment Codes

The following are the employment codes to use for Question 4, Section IV "Employment Training and Experience." Place the number in the shaded box in Question 4. In the parentheses are examples of the types of jobs someone would do for each classification.

- 1= Retail Sales (Sales clerk, check-out clerk)
- 2= Other Sales (Avon salesperson, Insurance salesperson)
- 3= Crafts (Carpenter, Electrician)
- 4= Operatives (Factory worker, Bus or Truck driver)
- 5= Laborer (Construction worker)
- 6= Service Worker (Housekeeper, Security guard)
- 7= Clerical Worker (Secretary, Word processor)
- 8= Skilled Service (LPN, Nurse's Aide, Day Care worker)
- 9= Professional Worker (RN, Doctor, Lawyer, Teacher)
- 10= Other
- 99= Not working

Chapter B-3

Participant-Level Data Collection During the Counseling Period

The first two chapters of this section have discussed three participant-level data collection forms that are used during the intake process: the Enrollment Agreement, the Participant Baseline Survey, and the HUD Form 50058. There is one other participant-level data collection instrument -- the Participant Counseling Log -- which is recommended for use by the NPOs during the counseling process. The Participant Counseling Log is used to record counseling activities performed by the NPO staff with the experimental group participants. NPO staff will be asked to record contacts with each participant as well as the purpose and duration of the contact. If participants attend group counseling sessions, these should be reported as well. Visits to other agencies (through agency referrals) do not need to be recorded.

The Counseling Log will allow HUD to review the level of counseling that is provided throughout the demonstration. The Log will also allow HUD to review the types of counseling that were needed and the duration of the counseling. Since this information may already be maintained by the NPO as part of their regular operations, the NPO may substitute its own forms for the Counseling Log as long as the same information is being tracked.

INFORMATION TO BE COLLECTED

The Counseling Log, which is maintained for each participant, asks for the following information:

- participant's name
- participant's social security number
- date of counseling contact
- duration of the contact
- whether the contact was in-person or by telephone
- reason for the contact
- outcome and/or next step.

DATA COLLECTION AND REPORTING REQUIREMENTS

NPO counselors are expected to record all telephone or in-person counseling contacts with an MTO participant, including contacts during group counseling. As noted above, NPOs may use the log that has been designed by Abi Associates or their own form to record counseling contacts. Copies of the logs must be submitted to HUD one year after the start of intake and then again one year later.

SITE ASSISTANT RESPONSIBILITIES

Site assistants should check with the NPOs at the start of the program to make sure they have set up a system for recording counseling contacts. Periodically, site assistants should check with the NPO counselors to make sure the counseling logs are being maintained. Since the logs are

not submitted until the end of the intake period, site assistants are not responsible for copying and sending the logs to HUD. This will be the responsibility of NPO staff.

Section C

Random Assignment

Chapter C-1

The Site Assistant's Role in Random Assignment

One of the most important features of the MTO demonstration is the use of special research techniques designed to assure that HUD will be able to answer Congress's questions about the value of moving to opportunity. One of these techniques is random assignment. Random assignment is not regularly used in the programs that the PHAs and NPOs operate. As a result, the agencies will be depending on the site assistants for help with managing the random assignment process and using the computer software package that will actually make the assignments.

This chapter discusses what the site assistant's role will be in random assignment at the MTO sites. The following chapter provides detailed instructions on using the computer software package.

Introduction to Random Assignment

In the MTO demonstration, families who have enrolled in the program and have been found eligible for Section 8 are assigned to one of three groups:

- *the MTO experimental group*, whose members receive certificates or vouchers good only in low-poverty census tracts, with counseling and support from the NPO;
- *the Section 8 comparison group*, whose members receive ordinary certificates or vouchers and ordinary help from the PHA; and,

- *the in-place control group*, whose members do not receive a certificate or voucher but stay in their current (assisted) units.

Random assignment is the method that will be used to place families in each of these groups. "Random" means that there is no pattern to the placements. There is no choice involved, no actions by staff members or family members, no influence of family characteristics on the process. Instead, the assignments are made on the basis of a mathematical function internal to the workings of all computers.

The purpose of random assignment, from a research point of view, is to make sure that the mix of families in all three groups is roughly the same. Then, as the families go through the MTO program and make (or do not make) their moves to other locations, researchers can be reasonably sure that any differences in the experience of the groups—taking all the families together—are a result of the program and not of factors that made the groups different from the start.

Another factor behind using random assignment in MTO is that there will probably be far more families applying for the program than can actually get the Section 8 certificates and vouchers made available through it. Random assignment is a fair way to give out scarce resources; it assures that each family has the very same chance as any other family of getting a certificate or voucher through MTO.

In the MTO program, random assignment will take place as part of the intake process, after families enroll in the program, complete the baseline survey, and are determined eligible for Section 8. Through use of the Abt-MTO random assignment computer software, the families will be assigned to the three groups. Each family will be notified of their eligibility and assignment, and the families assigned to the groups receiving certificates or vouchers will be invited back to the PHA for their Section 8 briefing.

Random assignment will end when the PHA has leased up every MTO certificate or voucher at least once to an enrolled family randomly assigned to the MTO experimental or Section 8 comparison group. After full lease-up, as MTO certificates or vouchers become available through turnover, the PHA will draw families from the special MTO waiting list but will process them in the ordinary manner of the Section 8 program, without using random assignment.

Responsibility for Random Assignment

The ultimate responsibility for the random assignment process lies with the PHA (or NPO) at which it is being conducted. The PHA is the responsible agency because random assignment will be conducted as part of the Section 8 intake process at the PHA.

The site agency's responsibility for random assignment is very important. This is a critical function, which needs to be carried out with the utmost care, in order to maintain the public credibility of the MTO program as well as maintaining the integrity of the research. Even though the site assistants may play a major role in carrying out random assignment, particularly early in the demonstration, the site agency's MTO program manager needs to work with the site assistant on local procedures (such as how frequently the assignment program will be run, or what types of reports will be generated). The site managers also need to become fully familiar with how random assignment is performed, and needs to be able to explain and defend the process publicly if it is questioned.

Thus, the site agency where the random assignment process is housed has responsibility for the process. The site assistants will play a role in random assignment in several ways. Site assistants will:

- be trained to use the software;

- be trained to help with installation of the software at the site agencies;
- most likely have main responsibility for use of the program at first, or will at least want to monitor (be present whenever) site staff use the software until everyone is comfortable that the procedures are understood and observed;
- be responsible for communicating with Abt about any problems, sending error reports if needed, and sending back-up file copies to Abt, at first daily, then weekly, until the end of random assignment.

Random Assignment as Part of the Intake Process

Random assignment can only take place after a family has: 1) signed the Enrollment Agreement to join MTO, 2) completed the Participant Baseline Survey, and 3) been determined fully eligible for MTO and Section 8 by the PHA. *All three of these conditions must be met before random assignment.*

The flow chart at the end of Chapter B-1 shows the flow of record-keeping after the intake visit. Refer back to that exhibit and follow the path taken by the Enrollment Agreements. You will see that these forms are used by the PHA to update the MTO waiting list, then sorted according to whether the family has been determined eligible for Section 8. *The Enrollment Agreements for the eligible families are the input to the random assignment process.*

Identifying information for each eligible family is entered from the Enrollment Agreement into the random assignment program. The program keeps a record of the result of the assignment. This is also recorded in the participant tracking system. The computer software allows various kinds of reports to be printed showing the assignments made, and these reports will become part of the agency's MTO documentation. During monitoring visits, Abt project staff will examine the reports; between monitoring visits, the site assistants should be aware and let the MTO program manager (as well as the Abt site monitor) know if the record-keeping is not being maintained.

After the random assignment has been carried out, the Enrollment Agreements are sorted by the families' assigned groups. There should be one pile for each of the three groups. Then, these piles are used to make entries in the tracking systems the agencies are required to keep for all enrolled families. The tracking logs are discussed further in Section D.

Preparing for Random Assignment

In preparation for random assignment, the Enrollment Agreements for the eligible families need to be gathered together in one place and kept together. The MTO program manager should designate where the Enrollment Agreements will be collected. The Section 8 intake staff should be informed of this step and should know to move the Enrollment Agreements out of the family's file when eligibility processing is completed.

The random assignment software can only process one family at a time. Even so, it is more efficient to accumulate a batch of Enrollment Agreements, get them ready for processing, run them through the program, and print a report on the results for all together.

The MTO program manager will probably make the decision on how often random assignment processing will be done, and on the time of day/day of the week it will take place. *Be sure to let Ty Hardaway (Abt Associates) know the anticipated schedule for your site.*

Getting the Enrollment Agreements ready for random assignment involves the following steps:

- Check that all the Agreements have been signed and that the box on the front for agreeing to join MTO was checked off;
- Check that the Section 8 intake worker has completed the outcomes section on the back/second page of the Agreement and that the outcome is Eligible;

- Check that you can read the name, social security number, and date of birth for input to the random assignment software. If you are in doubt, you can check these items with the intake worker and use the applicant file to confirm them.

Once the Enrollment Agreements are ready, you can turn to the Abt-MTO Random Assignment Software package. Instructions for using the package are provided in Chapter C-2 of this manual.

Completing Random Assignment Processing

Once the random assignment processing for a batch of Enrollment Agreements has been run, it is important to run a report of the cases just assigned. With the daily report and the Enrollment Agreements, you should take the following steps to complete random assignment processing:

- **Check for completeness**, to be sure that every family with an Enrollment Agreement in the batch has been randomly assigned to one of the three groups in the MTO demonstration;
- **Check for any errors** that may have been made in entering the names, social security numbers, or dates of birth. Look very closely to be sure that the social security numbers are properly matched to the names and dates of birth (no criss-crosses among families). The next section will explain how to handle any errors you find.
- **Print the report(s)** that the MTO program manager has chosen to use for documenting the random assignment process. These should go to the manager or be filed as the manager has instructed.
- Unless there is another scheduled run of the random assignment software later in the day, be sure to **run a back-up** of the random assignment directory to a diskette. Make a copy of the back-up diskette to send to Abt. (You will be doing this on a daily basis as random assignment starts up, on a weekly basis later.)

- ***Sort the Enrollment Agreements according to the group assignment*** and double-check your sorting afterwards. Label the three stacks clearly. They will be used to add the families into the MTO tracking logs at the PHA and (for the MTO experimental group) later at the NPO. The program manager should indicate where these stacks should be kept before tracking log use.

When these steps have been taken, you have successfully carried out your random assignment responsibilities.

Dealing with Random Assignment Problems

The site assistant's role in random assignment may involve you in various kinds of problems related to this important function in the MTO demonstration. We want you to know that some of these problems *can* arise, even though it is hoped they will not.

STAFF RESISTANCE TO RANDOM ASSIGNMENT

You may find that some of the staff in the site agency do not like the idea of random assignment. This may be because it makes for more complications and paperwork in running the MTO demonstration, or it may be that they feel that it is unfair in some way. One reason that the site assistants will play an active role in random assignment, particularly at the start, is so that site staff can see how it works and get used to it. But please do make a mental note of staff resistance and ***send a memo to the field manager and Ty Hardaway at Abt to let them know about it.*** Also, please be alert for any indications that the software or back-up diskettes have been used by other (possibly unauthorized) people, and ***report this to the field manager right away.***

STAFF NOT COOPERATING WITH RANDOM ASSIGNMENT PROCESS

It is possible that you will have problems obtaining the cooperation you need from site agency staff to carry out your random assignment responsibilities. If this occurs, *stop and think about the situation*. What is going wrong? What is making it happen? Can you see a solution to it? Who can help fix the problem?

Once you have worked it out this far, you should *let the field manager know* what is happening. She may suggest that you talk to the MTO program manager about it, or that some other action be taken. She will also make sure that the site monitor from Abt knows what is happening. It is very important to address this kind of problem quickly, so that random assignment does not become a bottle-neck in the intake process.

PROBLEMS WITH THE SOFTWARE INSTALLATION (INITIAL OR LATER)

Problems with the installation of the random assignment software can take a variety of forms. Abt's Ty Hardaway will work with the site agency to decide which machine in which office will be used for random assignment, so we will have information on the type of machine before you install the package. You will be trained to install the software, and Ty can give you further pointers about the particular system as needed.

Even so, you may encounter difficulties when you get to the machine. Use the practice diskette to work these bugs out, keeping notes on how you do it so that the real installation will go more smoothly. You can even call Ty for help while you are at the keyboard. He will also know who in the site agency can best help with a machine problem.

Other installation problems can occur later. The main types are a) a system or hard disk problems; and b) a requirement that the random assignment software be moved to another machine.

System Problems. *If there is a computer crash during a run of the random assignment software, you should notify Ty Hardaway immediately. You should also notify the site agency's lead computer person. Do not attempt to fix the problem yourself; remember that the computer is the property and responsibility of the site agency. Once the problem with the computer is fixed, it is likely that you will need to use the most recent back-up file to restore the random assignment system. This is why daily back-ups are so vital! If you do have to use the back-up, you and the site staff will need to repeat any random assignment processing that occurred since the back-up diskette was made.*

Need to Move the Random Assignment Software to Another Machine. If the site agency wishes to replace the computer being used for random assignment, or if there is a need to rearrange use of different machines, you should let Ty Hardaway know that this is going to happen. He will contact site agency staff to discuss the move and make sure it does not cause security problems.

Once the new machine is identified, the entire directory from the old machine should be copied and then installed on the new hard disk. Once it is in place, ***be sure that the directory is completely deleted from the old machine.***

ERRORS MADE DURING RANDOM ASSIGNMENT PROCESSING

Errors made during random assignment processing are perhaps the easiest kind of problem to handle. Any error that you notice during processing or when you are checking after the processing occurs needs to be documented and reported using the Abt-MTO Random Assignment Software Package Error Form. A copy is located at the end of this chapter.

The ground rules on random assignment error handling are very simple:

- ***If you make an error during processing, DO NOT enter the same case again into the random assignment program.*** Use the error reporting form to document what happened; follow the instructions on the form. Then continue on to the next case. Be sure to report the error the same day it happened.
- ***Make sure to let the MTO program manager know*** about any case(s) where random assignment errors occurred. This will prevent the error from turning into a problem for the enrolled family or the site agency;
- ***If you are running reports for the site agency's documentation files, you need to mark the error on all the reports*** (with your initials and the date).

Reporting an error by using the error form will have several results. First, it will start Abt taking actions that can correct the error and correct the printed reports. You will receive a diskette back with instructions to do this.

Second, reporting a random assignment error will alert Abt to any research effects the error could have. If for example, an ineligible family gets randomly assigned by mistake, Abt needs to know how to handle and flag that case for later research purposes.

Conclusion

The site assistants in the MTO program will play an important role in making sure that random assignment procedures are put in place properly at each site and that the site staff become familiar and comfortable with using the software during the first several months of the demonstration. These are significant responsibilities. But you should remember that:

- ***The ultimate responsibility for the random assignment process lies with PHA (or NPO) at which it is being conducted.***

- ***Site assistants have several sources of support and assistance*** for dealing with random assignment, including the field manager, the Abt staff member supporting the software (Ty Hardaway), and the primary Abt staff monitor for your site.

Never hesitate to call on the field manager for help, even (or especially) if you think there may be a problem with random assignment but you are not sure. You are working for an organization that has years of experience in field work and the problems that can arise, and that organization—Abt Associates—can help you deal with just about anything that may happen during your work on the MTO demonstration.

**Moving to Opportunity for Fair Housing
Demonstration Program**

**Abt-MTO Random Assignment Software Package
Error Form**

Name of staff person: _____

Phone: _____

Name of site agency/city: _____

Date: _____ Time: _____

Instructions: Use this form to report any error made during use of the Abt-MTO Random Assignment Software package. Report the error as soon as it is noticed. Examples of errors include:

- A wrong digit in a social security number
- A mis-spelled name
- A mismatch of social security number and name or date of birth (i.e. families criss-crossed)
- Entering a family that is not eligible for MTO and Section 8.

Important: *If an error is made, DO NOT enter the case again in the random assignment program!*

- 1) Explain the error in the box below. Indicate what *should* have happened instead.
- 2) Print a daily report showing the random assignment error. On the report, circle the data item with the error, or the whole line if the family should not have been entered.
- 3) Make a copy of this form and the daily report with the circled item or line. Give the copy to the MTO program manager for placement in the agency file of random assignment documentation.
- 4) Send the original form and the daily report to:
Ty Hardaway
Abt Associates Inc.
Hampden Square—Suite 600
4800 Montgomery Lane
Bethesda, MD 20814-5341

Explanation of error (what did happen, what should have happened)

Chapter C-2

Random Assignment Software

Introduction to the Software Package

The Abt Associates—MTO Random Assignment Software (RAS) Package is *easy to install* and *easy to use*. RAS is a menu-driven, DOS-based, modular software package which allows site staff to randomly assign eligible families to the three MTO groups:

- MTO Experimental Group;
- Section 8 Comparison Group; or,
- In-Place Control Group.

The *MTO experimental group* will receive certificates or vouchers useable only in low-poverty areas (no more than 10 percent of population below the poverty line in 1989), along with counseling and assistance in finding a private unit to lease. *The Section 8 comparison group* will receive regular Section 8 certificates or vouchers (geographically unrestricted) and ordinary briefings and assistance from the PHA. *The in-place control group* will receive no certificates or vouchers, but will continue to receive project-based housing assistance.

In addition to assigning eligible families to one of these three groups, RAS automatically assigns families in the first two groups to a certificate or a voucher at the sites that have both.

RAS is divided into three main modules:

- Random Assignment

- Reporting
- Utilities

The *Random Assignment* module allows the user to enter family identifier information. Then the software randomly assigns the client to a group. The *Reporting* module allows the user to generate different types of reports: daily reports; reports within specific date ranges; and cumulative reports. All reports can be sorted by Social Security Number, client name, or by the client's assignment group. The *Utilities* module allows the user to view and print reports.

As a precaution, users should not power down or reboot the system while using RAS; always try to exit the software gracefully. However, be assured that the software package, by design, is carefully protected if unavoidable systems problems do happen.

Installation of the Random Assignment Software Package

CHOOSING THE MACHINE

The Abt-MTO random assignment software is designed to run on a wide range of DOS computers, but is impossible to anticipate all configurations at the site agencies. If possible, a fairly standard DOS configuration, as shown below, should be used:

- IBM PC or compatible
- DOS 5.0 or higher (to view reports on screen—but not required)
- 3 MB Hard disk space (or more)
- 2 MB RAM (or more)

Other requirements for RAS installation are:

- PC or workstation security;
- If networked, method to prevent access to RAS from other workstations;
- PC location in an appropriate work space.

By *security*, we mean a method of restricting software access to the site assistant and those agency staff persons authorized to run random assignment. By *appropriate work space*, we mean a space where the site assistant will be able to work and where agency staff authorized to work on MTO can also have access. However, we suggest this not be an open, unsecured space, because of the sensitivity of the random assignment function.

NOTE: Abt Associates staff member Ty Hardaway will work with each site agency where RAS will be run, to identify the best machine in the most appropriate location for this function.

INSTALLING THE PACKAGE

Installation of the Abt Associates—MTO Random Assignment Software package is simple. All necessary files are contained in a self-extracting, compressed file. To install RAS, follow the following three steps:

- Insert the 3.5" Installation disk into a 3.5" drive¹
- Change the prompt to the 3.5" drive (a: or b:) by typing "a:" or "b:"
- At the prompt, type "install c:" (or "install d:"²).

¹ The software will also be available on 5.25" media.

² "c:\" will be used throughout this document to represent the individual site's PC hard disk whether it be c:\, d:\ or other drive name.

The installation program will create a directory named MTO on the specified drive and then extract the RAS program files into that directory. Once the extraction is complete, you will be in the c:\MTO directory.

Using the Random Assignment Software Package

RAS is a menu-driven modular software package which allows the Abt site assistant or authorized site staff to randomly assign eligible families to the three MTO groups:

- MTO Experimental Group;
- Section 8 Comparison Group; or
- In-Place Control Group.

IMPORTANT: Before a family is randomly assigned, three conditions must be met:

- The family must have signed the MTO Enrollment Agreement
- The family must have completed the Baseline Participant Survey; and
- The family must have been determined fully eligible for MTO and Section 8 by the PHA.

All three of these conditions must be met before random assignment.

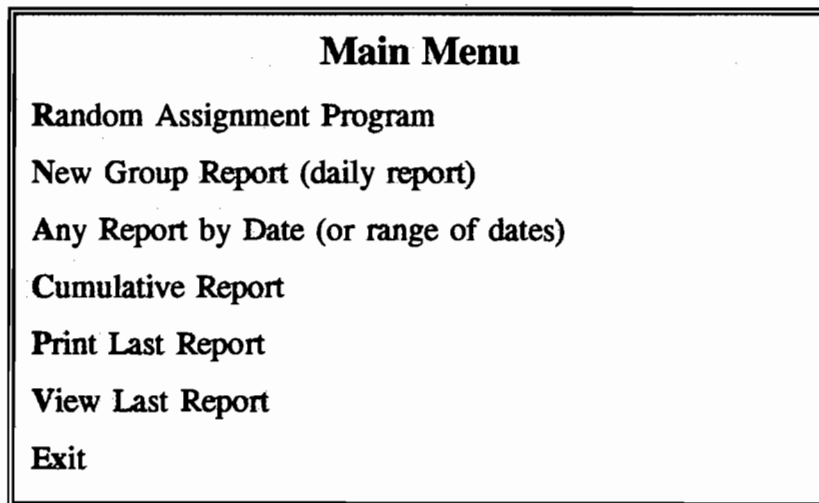
If a family is assigned to the MTO experimental group or the Section 8 comparison group, RAS also automatically assigns the family a certificate or a voucher. Los Angeles is the only first-round MTO site where this is not necessary, because Los Angeles has only received vouchers for MTO.

STARTING THE RAS PACKAGE

Enter the Abt-MTO Random Assignment Software package by entering the c:\MTO directory and typing the word "main." You will be prompted to enter a password. Check with Ty Hardaway for appropriate password (also enclosed with the RAS documentation). The three RAS modules are:

- Random Assignment
- Reporting
- Utilities

When you enter the program, the main menu looks like this:



In general, users will be entering the program to perform random assignment. However, users can also enter the application to generate, view, or exclusively print reports.

THE RANDOM ASSIGNMENT MODULE

Enter the Random Assignment Software package by typing the word "main" at the DOS prompt in the c:\MTO directory and entering the appropriate password. At the main menu, select *Random Assignment Program* (the first menu item). This module randomly assigns a family to one of the three groups (and, if appropriate, to a certificate or voucher). Note that the program assigns one family at a time. Each family's data must be entered and the assignment generated, before another family can be processed.

Entering the data. The user is prompted to enter data on the family head into five fields:

- Social Security Number (SSN)
- Last Name
- First Name
- Middle Initial
- Date of Birth

The first field which the user is prompted to enter data is the SSN field. At this point the SSN is the only field where data can be entered. The user can enter nine digits into this field. Once the SSN is entered, the user must press the ENTER key to continue. As an error prevention mechanism, users must repeat the SSN step. If the SSNs match users are allowed to continue. If the SSNs do not match, users must begin the case again. The TAB key moves the cursor forward through the remaining fields. SHIFT-TAB moves backwards between fields. The ENTER key should only be used after the SSN is entered and after Date Of Birth field is complete. ***IMPORTANT: No changes in the fields can be made after random assignment has been performed, so it is vital that the data entry and confirmation be done with extreme care.***

After the ENTER key is pressed, the user is asked (prompted) whether the record is correct. Press ENTER again once you check all fields and the answer is yes. If there is a mistake of any kind, press N (followed by ENTER) for no. Pressing N allows the user to go

back and edit the data fields. The user may also type X (followed by ENTER) to cancel the entire record. **Warning: This is the only time the user is allowed to edit data. Always double check that the ALL information entered into the data fields is accurate. User editing features are intentionally limited to protect the staff and the client families.**

Running the Random Assignment Program. Once the data fields are correct and the user has pressed ENTER to confirm this, the program randomly assigns the family to one of the following three groups:

- MTO Experimental MTOX
- Section 8 Comparison SEC8
- In-place Control CONT

The abbreviations are used by the RAS (on the screen and on reports) to designate the three different groups. The MTO experimental and Section 8 comparison groups are further randomly divided into certificates and vouchers (except in Los Angeles). Once the assignment is complete the suffix "C" or "V" (certificate or voucher) is attached to either MTOX or SEC8. An MTO Experimental group assignment with a voucher, for example, would appear on the report as MTOX-V.

The result of the random assignment for the family is first shown on the screen. The group assignment will flash on the screen, and a running total of assignments will appear at the bottom of the screen. Each time an assignment is run, the running total will be increased by one for the appropriate group.

Exiting the Module. Exit the Random Assignment module by filling in the SSN field with consecutive zeroes (the default value) and pressing ENTER.

THE REPORTING MODULE

The Reporting Module creates reports of the random assignment procedure results. These reports are very important for the MTO program and must be kept as part of program documentation. Each site agency responsible for random assignment will decide the types of reports to be used (from the choices in the software) and the times at which they are to be run.

NOTE: *This module only creates or generates the reports. The user must go back to the main menu and use the Utilities module to view or print a reports after it is generated.*

The user has the option of creating, saving, and printing reports. Users can generate cumulative reports (everyone enrolled in MTO), reports by date or range of dates, and daily reports of the assignments made. In addition, the reports can be sorted by several fields (including SSN, name, or assigned group).

CREATING THE REPORT

To create a DAILY REPORT, the user can choose the *New Group Assignment Report (daily report)* menu choice. After selecting this option, a sort option menu with the following options is displayed:

Sort Menu
Name
SSN
Group x Name
Group x SSN
Exit

Once the sort order is selected, the user is prompted for a date in the format YYMMDD. YY is the two digit year code; MM is the two digit month code; and DD is the two digit day code.

For example, January 2, 1994 would be entered as 940102 in the YYMMDD format. Pressing ENTER after the date activates the program to generate the report.

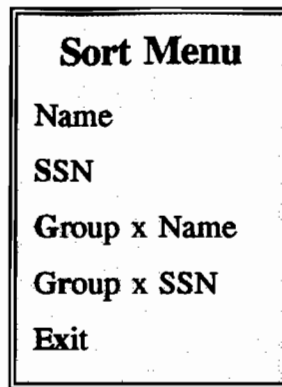
The data of random assignments already made are then automatically extracted, sorted, and the appropriate report is generated. This may take a few seconds if the data file is large. Once the report is generated the program returns to the sort menu. Select exit to return to the main menu.

To generate a report by RANGE OF DATES, the user selects the *Any Report by Date (or range of dates)* menu option. After selecting this option, a menu with the following sort options is displayed:

<p style="text-align: center;">Date Sort Menu</p> <p>Date x Name</p> <p>Date x SSN</p> <p>Date x Group x Name</p> <p>Date x Group x SSN</p> <p>Exit</p>
--

Once the sort order is selected, the user is prompted for a starting and ending date in the format YYMMDD (see above section). The data are extracted, sorted, and a report is again generated. Once the report is generated the program returns to the sort menu. Select exit to return to the main menu.

To generate a CUMULATIVE report, select *Cumulative Report* from the menu options. A menu with the following sort options is displayed:



As with the other reports, once the sort order is selected, the data are extracted, sorted, and the appropriate report is generated.

Once any report has been generated, the user must exit the reporting module. The user can exit the module by using the direction arrow keys to select "exit" from the menu or by typing the letter "x."

THE UTILITIES MODULE

The Utilities Module of the Abt Associates—MTO Random Assignment Software package is designed to allow the user to view or print a report created in the Reporting Module.

VIEWING THE REPORT

After generating a report and exiting the Reporting module, the user will again be at the main menu. To view the report just created on the screen, the user must select *View Last Report*. **NOTE: This option will only work on computers running DOS 5.0 or higher.** Selecting this option calls up the most recently generated report into the DOS editor. Refer to your DOS

manual for instructions. (TIP: ALT-F then x to Exit, ALT-F then A to save the report with a new name.) Editing the report on the screen only changes the appearance of the report as it will be printed. Alterations made in this option do not change the underlying data. Users may also save and print reports from the DOS editor. See your DOS manual for instructions.

PRINTING THE REPORT

Once a report has been generated, the user can print the report. To print the report, the user must select *Print Last Report* from the main menu choices. This option prints the most recent report generated. It is assumed that there is a printer correctly attached to the computer. All reports are labelled with the appropriate site and the date the report was run.

EXITING THE PROGRAM

At the main menu, select Exit or ESC to quit the program and return to the DOS prompt.

BACKING UP THE RAS DATA FILE

It is vital to perform daily backups of the RAS data files. This preventative measure ensures that each site always has a copy of the MTO Random Assignment data file that is no more than one day old. If the computer hard disk crashes, if a system virus develops, or if any other computer malfunction occurs, each site will have a current data file. Note: If any of the above accidents should happen, please call Ty Hardaway at (301) 913-0525 for technical support.

tracking system should include all families assigned to the MTO Experimental Group and the Section 8 Comparison Group. The tracking system also records the assignment of in-place control group families, but no further active contact is required for this group once random assignment is completed.

The tracking information is used by Abt Associates and HUD to monitor the progress of the demonstration. For example, the tracking system will provide, on a weekly or monthly basis, the number of families participating in the program, the number who have leased units, and the group to which these families belong.

INFORMATION TO BE COLLECTED

Participant Tracking at the PHA. There are three different Participant Tracking Forms to be used specifically with each type of group. For the MTO Experimental Group and the Section 8 Comparison Group, the forms request basically information (with one exception):

- name of participant
- social security number
- date of pre-application
- date enrollment form, baseline survey, and HUD 50058 were completed
- date of random assignment
- type of assistance and a place to note if there is a change in assistance
- date notified of application outcome
- date of Section 8 Briefing by PHA
- date of referral to NPO (*MTO Experimental Group only*)
- date of issuance of the certificate or voucher
- date of certificate or voucher extension
- if unsuccessful, final expiration date

- if successful, date of HQS inspection
- if successful, date of lease approval
- if successful, date of move-in
- if successful, name, address, and id number of receiving PHA
- status of certificate or voucher (portability)

For the In-Place Control Group, the form asks for the following information:

- name of participant
- social security number
- date of pre-application
- date enrollment form, baseline survey, and HUD 50058 were completed
- date of random assignment
- date notified of application outcome

Participant Tracking Forms for the NPO. The NPO is only responsible for tracking the Experimental Group. The form asks for the following information:

- name of participant
- social security number
- date of initial meeting with NPO
- date credit check was obtained
- result of the credit check
- counselor comments
- date of initial home visit
- result of the home visit

- counselor comments
- listing of other needs identified by counselor and household which will be addressed
- date of visit to the prospective unit #1
- address of prospective unit #1
- census tract where unit #1 is located
- indicate how the unit #1 was located
- result of the visit to unit #1
- address of prospective unit #2
- census tract where unit #2 is located
- indicate how the unit #2 was located
- result of the visit to unit #2
- address of prospective unit #3
- census tract where unit #3 is located
- indicate how the unit #3 was located
- result of the visit to unit #3
- if successful, chosen unit address and neighborhood
- census tract where chosen unit is located
- move-in date
- date of NPO follow-up contact
- if unsuccessful, date dropped out of the program
- for all participants, comments regarding outcome

DATA COLLECTION AND REPORTING REQUIREMENTS

PHAs and NPOs must ensure that the names of all participants are entered into the appropriate tracking file. Names, social security numbers, and other initial information should be entered using the Enrollment Forms which have been separated into three piles according to the three random assignment groups. (This was discussed in Chapter B-1.) Once the initial group of families has been entered into the tracking system, information about the families should be updated regularly as the families move through the program. Of course, new names will be added to the tracking system as the PHAs enroll additional families in the program.

NPO participant tracking commences once the names of MTO experimental group families have been entered into the PHA tracking system. Copies of the Enrollment Agreements for experimental group families are sent to the NPOs so that they can then begin the counseling process and enter the names of the families into the NPO tracking system.

Data on participant tracking can be recorded in the Lotus shells provided by Abt Associates or on paper copies of the forms. On a monthly basis, data files or paper copies of the forms must be submitted to Abt Associates, Bethesda.

SITE ASSISTANT RESPONSIBILITIES

Site assistants must ensure that every participant is entered into the appropriate PHA or NPO tracking log. Site assistants should help to update the logs as necessary and send file copies or paper copies monthly to Abt Associates, Bethesda.

Section E

Data Collection Forms

MTO PARTICIPANT ENROLLMENT AGREEMENT

The Housing Authority of _____ has received special Section 8 certificates and vouchers under the Moving to Opportunity for Fair Housing or MTO Program. If you apply and are eligible for the program, the Housing Authority may place you on a special waiting list to get one of these certificates or vouchers. Your application for the MTO program will not affect the housing you now have.

As part of this application, you will fill out a survey which asks questions about you and the people who live with you. You may also be asked to fill out other surveys or be interviewed later. This information will be used only for research purposes.

Because this is a special program with a small number of certificates and vouchers, not everyone will get assistance. To guarantee that all families have the same chance of getting assistance, the Housing Authority will give out certificates and vouchers by lottery. The Housing Authority will contact you to let you know what happens.

If you do get a Section 8 certificate or voucher through the MTO Program, you may be asked to come to meetings about moving and looking for a new neighborhood. There may also be rules about where you can move with your Section 8 certificate or voucher. Finally, you must be willing to follow any other program rules or regulations.

Please check one of the boxes below to show if you want to sign up for the MTO Program. Then please sign your name and fill in the other information.

- YES. I have read this form and want to apply for a Section 8 certificate or voucher through the MTO Program.** I am willing to follow any special rules for this program. I agree to let the researchers studying this program get information about me or my children from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that neither my name nor those of my family members will be used in any study report.
- NO. I have read this form and have decided not to apply for a Section 8 certificate or voucher through the MTO Program.**

Signature

___/___/___
mo day year

Print full name

SSN #: _____ - _____ - _____

Date of Birth ___/___/___
mo day year

For MTO program use only:

I. Housing Status

A. Current Address of Applicant:

Development Name: _____

Street: _____ Apt.: _____

State: _____ ZIP: _____

Telephone (_____) _____ - _____

B. Census tract of current unit: _____

C. Is current lease in this applicant's name? 1. Yes 2. No

II. Outcome of Participant's Application

A. Date of Pre-Application: ____ / ____ / ____
mo day year

B. Date of Eligibility Determination: ____ / ____ / ____
mo day year

C. Eligibility

1. Eligible, will apply
- a. Random Assignment: MTO Experimental
 Section 8 Comparison
 In-place Control
- b. Type of Assistance: Certificate
 Voucher

2. NOT eligible Why? a. Not on lease b. Not a family with children
 c. Above income limits d. Not in high poverty census tract
 e. Other (explain) _____

3. Eligible for program, but declined to participate. Why? _____

Family Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Ump Approval Number: 207-7-0000 (expired 12/31/00)

1 Effective Date of action (mm/dd/yy)

People Who Will Live in the Home (list adults and people with income first)

Person number	2b Last Name	2c First Name (plus Sr, Jr, 3rd, etc)	2d Date of Birth (mm/dd/yy)	2e Sex (M or F)	2f Type* of Person	2g Disability?	2h His/Her own Social Security No. (If none put 0)
1	Head				H		
2							
3							
4							
5							
6							

← 2i Total Number of people. 2j If 7 or more people, write Ages of People Not Listed above. →

* Codes in 2f: H = head S = spouse F = foster child Y = other youth under 18 E = full-time student 18+ L = live-in aide A = other adult

Expected Income per Year

3a Dollars per Year	3b Who? (no. in 2a)	3c Source: Each source for each person on a separate line. Include income from assets. Omit wages of youth under 18 (except Head and Spouse). PE=pension M=military pay SS=social security F=federal wage SI=SSI W=other wage D=AFDC U=unemp. benft. G=general assist. AI=asset income CS=child support I=Indian trust/per capita N=other nonwage sources B=own business
		← Amount from Other Sources
4		If assets are over \$5,000 see adjustment, page 3. If not, put 0 in 4 and 4a. 4a
5		Total Annual Income: column 3a + line 4.
6		Number of People Under 18, or with Disability, or Full-Time Student. Don't count head, spouse, foster child, or live-in aide.
7a		If Head and Spouse are Under 62 and have no disabilities, skip to line 8. Otherwise write yearly medical cost that is not reimbursed and fill 7b to 7d.
7b		Medical Cost Standard: line 5 times 0.03.
+ 7c		Medical Allowance: 7a - 7b. If 7b is bigger, put 0.
+ 7d		Elderly/Disability Allowance: write \$400.
+ 8		If anyone has handicapped assistance expenses, see adjustment, page 3. If not, write 0.
+ 9a		Dependent Allowance: line 6 times \$480.
+ 9b		Yearly Child Care Cost that is not reimbursed.
9c		(Indian Housing Only) Travel Cost to work or school - up to \$1,300 per year.
10a		Total Allowances: add lines marked "+" (7c to 9c).
10b		Adjusted Annual Income: line 5 minus 10a. If 10a is bigger, write 0.
▲ 11		30% of Adjusted Monthly Income: line 10b ÷ 40.
▲ 12		10% of Total Monthly Income: line 5 ÷ 120.
▲ 13		Welfare Rent per month, if any.
14		Highest of 3 lines marked "▲" (lines 11 to 13).

Background Data

Items 15a-15c are for New Admissions Only:	← 15a Date Entered waiting list (mm/dd/yy)
	← 15b Zip Code before admission (5 digits)
<input type="checkbox"/> Substandard Housing	← 15c Selection Preference; check all that apply.
<input type="checkbox"/> Homeless	
<input type="checkbox"/> Involuntarily Displaced	
<input type="checkbox"/> Rent Above 50% of Income	
<input type="checkbox"/> Local Preference	
<input type="checkbox"/> No Preference	
15d 1 = White 3 = American Indian/Alaska Native 2 = Black 4 = Asian/Pacific Islander	
15e 1 = Hispanic 2 = Not Hispanic	
15f Family Self-Sufficiency Participant? Y or N If "Y," submit FSS Addendum (form HUD-50058-FSS)	
15g Ownership: 3 = HOPE 3 6 = Mutual Help 1 = HOPE 1 4 = Sec.21 7 = Turnkey III 2 = HOPE 2 5 = Sec.5(h) 8 = UP&OUT	
15h 1 = New Admission 5 = Portability Move-out 2 = Reexamination 6 = End Participation 3 = Interim Redeterm. (definitions on page 4) 4 = Portability Move-in 7 = Other Change of Unit	
	← 15i If Changed Head, write former head's Social Security Number
15j 1 = Public Housing 4 = Sec.8 Vouchers 2 = Indian Housing 5 = Sec.8 Mod Rehab 3 = Sec.8 Certificates	
	← 15k Agency Name
	← 15l Project No. Include the 2-letter state code. (see page 4)
	← 15m Security Deposit, if any.
	← 15n Number of Bedrooms, in unit to be occupied.

Public Housing, Indian Rental & Turnkey III

16a Ceiling Rent, if any.
16b Lower Rent: lower of line 14 or 16a.
16c Utility Allowance, if any.
16d Tenant Rent: 16b minus utility (16c) If utility is big ○ mark the circle, write the difference, credit the tenant
16e (Public Housing Only) Site Code.

Indian Mutual Help

17a Monthly Income: line 10b ÷ 12 months.
 17b Number between 0.15 and 0.30 corresponding to the percent in the mutual help agreement.
 17c Gross Family Cost: 17a times 17b.
 17d Utility Allowance, if any.
 ▲ 17e Net Cost: 17c minus 17d. *If 17d is bigger, put 0.*
 ▲ 17f Administration Charge.
 17g Maximum Monthly Payment in Agreement, if any (usually 17f + monthly debt service).
 17h Family Cost: higher of 17e, 17f, but not over 17g.

Sec. 8 Admissions (only if line 5 is over very low income limit)

18 Write one number in the box. Letters show which programs may use each reason.
 CVM1 = Prevent displacement by Rental Rehab, Project-based Certificate, or Mod Rehab program.
 CV 2 = Former public housing unit sold or demolished.
 CV 3 = Former landlord opted out of Sec.8 or prepaid HUD-insured mortgage.
 C 4 = Former HUD-owned or HUD-held building sold.
 V 5 = Moved from another unit under the US Housing Act of 1937.
 CM 6 = HUD-approved exception.
 M 7 = Unit under contract before 10/1/81.

Sec. 8 Certificates (except manufactured home sites)

21a If 20b is "Y" or family is a New Admission; write FMR or exception rent.
 21b Contract Rent to Owner. *If unit has other subsidy, write the subsidized rent.*
 21c Utility Allowance, if any.
 21d Gross Rent of unit: 21b + 21c.
 21e Total Tenant Payment: copy from line 14.
 21f Tenant Rent: 21e minus utility (21c).
 If utility is bigger, mark the circle, write the difference, and credit the tenant.
 21g HAP to Owner: 21b - 21f. *If circle marked, copy 21b.*
 21h Line 21b includes highest cost utility? Y or N

Sec. 8 Vouchers

22a Payment Standard.
 22b 30% of Adjusted Monthly Income: copy from line 11.
 ▼ 22c Maximum Subsidy: 22a minus 22b.
 22d (Sec.236 & FmHA Sec.515 Only) Market Rent.
 22e (Sec.236 & FmHA Sec.515 Only) Basic Rent.
 22f Utility Allowance, if any.
 22g Rent to Owner. *If Sec.236 or FmHA Sec.515, take lower of 22a or 22d, but not less than 22e.*
 ▼▼ 22h Gross Rent of unit: 22f plus 22g.
 ▲ 22i Gross Rent less Maximum Subsidy: 22h minus 22c.
 ▲ 22j 10% of Total Monthly Income: copy from line 12.
 22k Total Family Contribution: higher of 22i or 22j (▲).
 ▼ 22l Gross Rent less Contribution: 22h minus 22k.
 ▼▼ 22m Total Voucher Subsidy: lower of 22c or 22l (▼).
 22n HAP to Owner: lower of 22g or 22m (▼▼).
 22o Family Rent to Owner: 22g minus 22n.
 22p Utility Reimbursement to Family: 22m minus 22n

Sec. 8 Unit Data: Certificates, Vouchers & Mod Rehab

19a Unit's street address: _____ apt.no: _____
 city: _____ state: _____ zip: _____
 ←19b Owner.
 ←19c Owner's TIN/SSN.
 ←19d Date unit last passed inspection (mm/yy).

Sec.8 Certificates & Vouchers (including Mod Rehab converted to Certificate)

20a Number of Bedrooms on Certificate or Voucher.
 20b Is family now moving to this unit? Y or N
 20c Portability? Y or N *If "No," skip to 20f.*
 20d Cost billed per month. Write 0 if absorbed.
 20e HA No. billed 8 characters; may ask 1-800-FON-MTCS
 20f Mark all housing types that apply:
 Project-based Certificate program unit
 Unit has other subsidy too
 More than 2 families share unit
 Family in co-op which owns building
 Congregate, with common dining room
 SRO: 1 room occupied by 1 person
 IGR: has continual supportive services
 Mod Rehab converted to Certificate
 Rent manufactured/mobile home
 Own manufactd./mobile home & Rent Site (see 24)

Sec.8 Mod Rehab (except converted to Certificate)

23a Current Base Rent.
 23b Rehabilitation Debt Service.
 23c Contract Rent to Owner: 23a plus 23b.
 23d Utility Allowance, if any.
 23e Total Tenant Payment: copy from line 14.
 23f Tenant Rent: 23e minus (23d). *If utility is bigger, mark the circle, write difference and credit tenant*

 23g HAP to Owner: 23c - 23f. *If circle marked copy 23c.*
 ←23h HAP Contract Number
 23i Line 23c includes Highest Cost Utility? Y or N
 23j Mod Rehab SRO Program for Homeless? Y or N

MTO PARTICIPANT BASELINE SURVEY

Date: ___/___/___
PHA Name: _____

NAME _____
First Middle Last

Social Security Number: _____ - _____ - _____

INTRODUCTION

The purpose of this survey is to learn about people who are applying for the Moving to Opportunity program. We are asking these questions of people all over the country who are applying for this program. This survey asks you about the people who live with you, your housing, your neighborhood, and your work experiences.

Your answers will be kept private, and they will have no effect on the outcome of your application.

I am going to be reading the survey aloud. Please follow along as best you can. Please answer all of the questions. Answer each question by either filling in the blank line or checking the box as shown in the examples below. Thank you very much for filling out this survey.

Do you have any questions before we begin?

Sample Questions

A) What year were you born? _____ (YEAR) [WRITE IT ON THE LINE]

B) What kind of housing do you live in now? [CHECK ONE]

- ₁ Apartment
- ₂ Single-family house
- ₃ Other

C) How would you feel about moving to a different place? [CHECK ONE]

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very good | Good | Not sure | Bad | Very bad |
| <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

SECTION I - HOUSING INFORMATION

The first set of questions asks about the places you have lived.

1) Have you ever applied for a Section 8 voucher or certificate before today? [CHECK ONE]

- ₁ YES
₂ NO

2) How long have you lived in your apartment or house? _____ months OR _____ years

3) How long have you lived in your neighborhood? _____ months OR _____ years

4) Have you moved more than three times in the past five years?

- ₁ YES
₂ NO

5) How long have you lived in the [CITY NAME] area?

_____ months OR _____ years

6) Have you ever lived outside the [CITY NAME] area?

- ₁ YES
₂ NO

7) Have you ever lived in a neighborhood where the people were...

- | | | |
|--|---|--|
| A) A mix of African-American and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) A mix of African-American and Hispanic? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) A mix of Hispanic and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) A mix of African-American, Hispanic, and White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Mostly White? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

The next set of questions asks about moving to other neighborhoods.

8) Would you like to move to another house or neighborhood?

- ₁ YES
₂ NO

9) What is the main reason you want to move? [CHECK ONE]

- ₁ Better schools for my children
- ₂ To be near my job
- ₃ To have better transportation
- ₄ To get a job
- ₅ To get away from drugs and gangs
- ₆ To get a bigger or better apartment
- ₇ To be near my family
- ₈ Other
- ₉₉ I don't want to move

10) What is the second most important reason you want to move? [CHECK ONE]

- ₁ Better schools for my children
- ₂ To be near my job
- ₃ To have better transportation
- ₄ To get a job
- ₅ To get away from drugs and gangs
- ₆ To get a bigger or better apartment
- ₇ To be near my family
- ₈ Other
- ₉₉ I don't want to move

11) Where would you like to move? [CHECK ONE]

- ₁ Somewhere else in my neighborhood
- ₂ A different neighborhood in [CITY NAME]
- ₃ A different neighborhood in the suburbs
- ₄ A different city outside the [CITY NAME] area
- ₅ Other
- ₉₉ I don't want to move

12) What kind of neighborhood would you most like to live in? One that is...[CHECK ONE]

- ₁ Mostly African-American
- ₂ Mostly Hispanic
- ₃ Mostly White
- ₄ A mix of African-American and White
- ₅ A mix of African-American and Hispanic
- ₆ A mix of Hispanic and White
- ₇ A mix of African-American, Hispanic, and White
- ₈ Other

13) How would you feel about having your children attend a school where more than half of the children are White? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

14) How would you feel about having your children attend a school where almost all of the children are White?

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

15) How would you feel about living in a neighborhood where more than half of the people earn more money than you? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

16) How would you feel about living in a neighborhood where almost all of the people earn more money than you? [CHECK ONE]

Very good Good Not sure Bad Very bad
₅ ₄ ₃ ₂ ₁

The next set of questions asks about the house or apartment you live in now.

17) Overall, how would you describe the condition of your current house or apartment? Would you say it was in: [CHECK ONE]

₁ Excellent condition
₂ Good condition
₃ Fair condition
₄ Poor condition

18) Where you live now, how much of a problem is...[CHECK ONE]

A) Walls with peeling paint or broken plaster? [CHECK ONE]

Big problem Small problem No problem at all
₃ ₂ ₁

B) Plumbing that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

C) Rats or mice?

Big problem Small problem No problem at all
₃ ₂ ₁

D) Broken locks or no locks on the door to your unit?

Big problem Small problem No problem at all
₃ ₂ ₁

18) Where you live now, how much of a problem is...[CHECK ONE]

E) Broken windows or windows without screens?

Big problem Small problem No problem at all
₃ ₂ ₁

F) A heating system that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

G) A stove or refrigerator that doesn't work?

Big problem Small problem No problem at all
₃ ₂ ₁

H) Exposed wire or electrical problems?

Big problem Small problem No problem at all
₃ ₂ ₁

I) Too little space?

Big problem Small problem No problem at all
₃ ₂ ₁

SECTION II - NEIGHBORHOOD

The next questions ask about your neighborhood.

1) Which of the following statements best describes how satisfied you are with your neighborhood? Would you say... [CHECK ONE]

- ₁ Very satisfied
- ₂ Somewhat satisfied
- ₃ In the middle
- ₄ Somewhat dissatisfied
- ₅ Very dissatisfied

The next questions ask about safety in your neighborhood. By safety, we mean being safe from being robbed, attacked, or shot.

2) How safe are the parking lots and sidewalks near your neighborhood school? Would you say... [CHECK ONE]

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

3) How safe do you feel at home alone at night? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

4) How safe are the streets near your home during the day? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

5) How safe are the streets near your home at night? Would you say...

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very safe | Safe | Unsafe | Very unsafe |
| <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

The next questions ask about problems in your neighborhood.

6) In your neighborhood, how bad of a problem is...

A) Litter or trash on the streets or sidewalks? [CHECK ONE]

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Big problem | Small problem | No problem at all |
| <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

B) Graffiti or writing on the walls?

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Big problem | Small problem | No problem at all |
| <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

C) People drinking in public?

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Big problem | Small problem | No problem at all |
| <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

6) In your neighborhood, how bad of a problem is...

D) Drug dealers or users?

Big problem Small problem No problem at all
₃ ₂ ₁

E) Abandoned buildings?

Big problem Small problem No problem at all
₃ ₂ ₁

The next questions ask about services in your neighborhood.

7) How long does it take you to get to the nearest bus or train stop?

Less than 15 to 30 30 to 45 45 minutes More than
15 minutes minutes minutes to 1 hour 1 hour
₁ ₂ ₃ ₄ ₅

8) How long does it take you to get to the grocery store you use most of the time?

Less than 15 to 30 30 to 45 45 minutes More than
15 minutes minutes minutes to 1 hour 1 hour
₁ ₂ ₃ ₄ ₅

9) How long does it take you to get to the nearest park or playground?

Less than 15 to 30 30 to 45 45 minutes More than
15 minutes minutes minutes to 1 hour 1 hour
₁ ₂ ₃ ₄ ₅

10) How long does it take you to get to your church or place of worship?

Less than 15 to 30 30 to 45 45 minutes More than Not
15 minutes minutes minutes to 1 hour 1 hour Applicable
₁ ₂ ₃ ₄ ₅ ₆

11) How long does it take you to get to the doctor, health clinic, or hospital you use most of the time?

Less than 15 to 30 30 to 45 45 minutes More than Not
15 minutes minutes minutes to 1 hour 1 hour Applicable
₁ ₂ ₃ ₄ ₅ ₆

The next questions ask about things that may have happened to you or someone who lives with you.

12) Please tell me if any of the following things have happened to you or anyone who lives with you in the past 6 months:

- A) Was anyone's purse or jewelry snatched from them?** ₁ YES ₂ NO
- B) Was anyone threatened with a knife or gun?** ₁ YES ₂ NO
- C) Was anyone beaten or assaulted?** ₁ YES ₂ NO
- D) Was anyone stabbed or shot?** ₁ YES ₂ NO
- E) Did anyone try to break into your home?** ₁ YES ₂ NO

SECTION III: NEIGHBORS

The next questions ask you about your neighbors.

1) How often do you lend things to a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

2) How often do you borrow things from a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

3) How often do you watch a neighbor's child?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

4) How often do you have coffee or a meal with a neighbor?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

5) How often do you stop to chat with a neighbor in the street or hallway?

Almost every day ₁ Once a week ₂ Once a month ₃ A few times a year ₄ Almost never ₅

6) How many of your friends live in the same neighborhood as you?

None ₀ A few ₁ Many ₂

7) How many of your family members live in the same neighborhood as you?

None ₀ A few ₁ Many ₂

8) If you saw a neighbor's child getting into trouble, how likely is it that you would tell your neighbor about it?

Very likely ₁ Somewhat likely ₂ Not Very likely ₃ Not at all likely ₄

9) If a neighbor saw your child getting into trouble, how likely is it that they would tell you about it?

Very likely ₁ Somewhat likely ₂ Not Very likely ₃ Not at all likely ₄

10) If you needed help getting food, who would you go to first for help? Would you go to...
[CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A foodbank or soup kitchen
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

11) If you were sick and unable to take care of yourself, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A social service agency
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

12) If you needed money for an emergency, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A bank
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

13) If you had a serious personal problem, who would you go to first for help? Would you go to... [CHECK ONE]

- ₁ A family member
- ₂ A friend
- ₃ A neighbor
- ₄ Your church
- ₅ A social service agency or counseling center
- ₆ A government agency
- ₇ Somewhere else
- ₈ Nowhere

SECTION IV - EMPLOYMENT TRAINING AND EXPERIENCE

The next set of questions asks about your work experiences.

1) Are you in a job training program now (like a program that teaches typing, cosmetology, nursing, carpentry, business or other courses)?

- ₁ I am in a job training program now. (What kind?) _____
- ₂ I am enrolled in a job training program now, but have not started.
(What kind?) _____
- ₃ I am not in a job training program.

2) During most of last week, were you... [CHECK ONE]

- ₁ Working for pay
- ₂ Looking for work
- ₃ Keeping house/minding children
- ₄ Attending school
- ₅ Doing something else

3) Do you have any small jobs to bring in extra money like babysitting, home repairs, housecleaning, cooking and catering, sewing, and things like that?

- ₁ YES
- ₂ NO

If you are working now, please answer the next questions about the kind of work you do. If you are not working now, check the box "I am not working."

4) What kind of work do you do? _____

₉₉ I AM NOT WORKING

5) How long have you been doing this job?

_____ WEEKS

OR

_____ MONTHS

OR

_____ YEARS

₉₉ I AM NOT WORKING

6) How much do you usually earn an hour? \$ _____ /HOUR

₉₉ I AM NOT WORKING

7) How many hours do you usually work in a week? _____/HOURS

₉₉ I AM NOT WORKING

8) How many months did you work at this job last year? _____/MONTHS

₉₉ I AM NOT WORKING

9) How did you first hear about your job? [CHECK ONE]

- ₁ From a neighbor
- ₂ From a friend or associate
- ₃ From a family member
- ₄ From a want ad in the newspaper
- ₅ From an employment agency
- ₆ From the welfare office
- ₇ From somewhere else (specify) _____
- ₉₉ I AM NOT WORKING

10) How do you get to work? [CHECK ONE]

- ₁ Bus or other public transportation
- ₂ My own car
- ₃ Cab
- ₄ Borrowed car
- ₅ Walk
- ₆ I work at home
- ₇ Ride with a friend (carpool)
- ₈ Other (specify) _____
- ₉₉ I AM NOT WORKING

11) How long does it take you to get to work? [CHECK ONE]

- ₁ Less than 15 minutes
- ₂ 15 to 30 minutes
- ₃ 30 to 45 minutes
- ₄ 45 minutes to one hour
- ₅ More than one hour
- ₆ I work at home
- ₉₉ I AM NOT WORKING

The next set of questions asks about any jobs you may have had in the past. If you have never worked for pay, check the box for "I have never worked for pay."

12) Have you ever worked for pay? [CHECK ONE]

- ₁ I am working now
- ₂ I have worked for pay, but I am not working now
- ₃ I have never worked for pay

13) When did you last work? _____ (YEAR)

- ₉₇ I AM WORKING NOW
₉₉ I HAVE NEVER WORKED FOR PAY

14) What type of work did you do at your previous job? _____

₉₉ I HAVE NEVER WORKED FOR PAY

The next set of questions asks about looking for work.

15) Are you now looking for work? [CHECK ONE]

- ₁ I am working now, but looking for a different job
₂ I am not working now, but I am looking for work
₃ I am not looking for work
₄ No, I am working now

16) What kinds of things have you done to look for work in the past 6 months? Have you...?

- | | | |
|----------------------------------|---|--|
| A) Looked in the newspaper? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) Gone on interviews? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) Gone to an employment agency? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) Talked to friends? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Other things? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

The next set of questions asks about your transportation.

17) Do you have a valid drivers license?

- ₁ YES
₂ NO

18) Do you have a car that runs?

- ₁ YES
₂ NO

SECTION V - BENEFITS

The next set of questions asks about your experiences with welfare.

1) Did you ever get AFDC (welfare) for your own children?

- ₁ YES
₂ NO

2) Are you getting AFDC (welfare) now?

- ₁ YES
₂ NO

3) When did you first begin to get AFDC for your own children?

Year: _____

- ₉₈ Do not remember
₉₉ I HAVE NEVER GOTTEN AFDC

4) When was the last time you applied for AFDC (welfare)? We do not mean the last time you were recertified.

Year: _____

- ₉₈ Do not remember
₉₉ I HAVE NEVER GOTTEN AFDC

5) Did your mother ever get AFDC or welfare when you were growing up?

- ₁ YES
₂ NO
₉₈ Don't know

6) Did you live with both of your parents until you were 16?

- ₁ YES
₂ NO

7) Do you now get any of the following benefits?

- | | | |
|--|---|--|
| A) Food Stamps? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| B) SSI (Supplemental Security Income)? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| C) Child support? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| D) Medicaid? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| E) Education assistance (financial aid)? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| F) WIC? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| G) Unemployment Compensation? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |
| H) Social Security Disability or Survivor's Benefits? | <input type="checkbox"/> ₁ YES | <input type="checkbox"/> ₂ NO |

8) Is there anyone living with you who has a health problem or mental problem that keeps him/her from doing normal activities like walking, getting dressed, housework, or working? If yes, who is it?

₁ NO

₂ YES

Person 1:	_____		
	First	Middle	Last Name
Person 2:	_____		
	First	Middle	Last Name
Person 3:	_____		
	First	Middle	Last Name

SECTION VI: OUTLOOK

The next questions ask you about how sure you feel about dealing with situations that may come up if you move to a new neighborhood.

1) How sure are you that you will be able to find an apartment in a different area of [city name]?

Are you... [CHECK ONE]

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

2) How sure are you that you would like living in a neighborhood you've never lived in before?

Are you...

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

3) How sure are you that you would be able to get along with your neighbors after you move?

Are you...

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

4) How sure are you that you would like living in a neighborhood with people who earn more than you? Are you...

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

5) How sure are you that you will have a job after you move? Are you...

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

6) How sure are you that you could keep your children from hanging around with kids who get into trouble after you move? Are you...

Very sure

 ₁

Fairly sure

 ₂

50-50

 ₃

Not very sure

 ₄

Not at all sure

 ₅

SECTION VII: SCHOOL

The last set of questions asks you about your involvement with your children's schooling.

1) In the past 12 months, have you or another adult who lives with you gone to a general meeting at your child(ren)'s school or pre-school, like a back-to-school night or parent/teacher organization meeting?

- ₁ YES
- ₂ NO
- ₃ I have no children in school

2) In the past 12 months, have you or another adult who lives with you gone to a school or class event like a play, sports event, or science fair?

- ₁ YES
- ₂ NO
- ₃ I have no children in school

3) In the past 12 months, have you or another adult who lives with you been a volunteer at your child(ren)'s school or been on a school committee?

- ₁ YES
- ₂ NO
- ₃ I have no children in school

4) In the past 12 months, have you or another adult who lives with you worked with a youth group, sports team, or club outside of school?

- ₁ YES
- ₂ NO
- ₃ I have no children in school

SECTION VIII: CONTACT INFORMATION

Because this is a new program, it is very important that we talk to people a few times during the next few years to see how things are going. Please give us the names, addresses, and telephone numbers for THREE friends or relatives who do not live with you and who will always know how to contact you. Please list people who live at different addresses. Your answers will be kept private.

<u>Name:</u>	<u>Address:</u>	<u>Telephone Number:</u>
First _____ Middle _____ Last _____ Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____
First _____ Middle _____ Last _____ Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____
First _____ Middle _____ Last _____ Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() - _____

MOVING TO OPPORTUNITIES BASELINE SURVEY: PART II - HOUSEHOLD INFORMATION

Name _____ Social Security Number: _____

Household Members

Please provide the following information about yourself and all other people who live with you now. Do not include people who are only in your home temporarily. List yourself on Line 1.

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
1. (SELF)			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
2.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
3.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
4.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
5.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
6.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
7.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
8.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
9.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
10.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
11.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
12.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC
13.			/ / MONTH DAY YEAR	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 AFRICAN-AMERICAN <input type="checkbox"/> 2 WHITE <input type="checkbox"/> 3 AMER. INDIAN <input type="checkbox"/> 4 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 5 OTHER	<input type="checkbox"/> 1 HISPANIC <input type="checkbox"/> 2 NOT HISPANIC

Adult Information Form

Name _____

Social Security Number: _____

Please provide the following information about yourself and other adults (18 & older) who live with you now. Do not include children under 18 or adults who are only staying in your home temporarily. List yourself on line 1.

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
1.		SELF	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED		
2.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
3.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
4.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 3 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
5.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
6.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
7.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
8.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
9.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW
10.			<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 GED <input type="checkbox"/> 2 HIGH SCHOOL <input type="checkbox"/> 9 NEITHER <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 FULL-TIME <input type="checkbox"/> 2 PART-TIME <input type="checkbox"/> 3 NOT WORKING <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 1 NEVER MARRIED <input type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 SEPARATED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 WIDOWED <input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW	<input type="checkbox"/> 99 DON'T KNOW

Children in Household Ages 6 to 17

1) CHILD's Name: _____
First Last

2) What is this CHILD's relationship to you? _1 Birth child _3 Grandchild _6 Other relative
[CHECK ONE] _2 Adopted child _4 Foster child _6 Not a relative

3) Is this CHILD now in school? _1 YES _2 NO

4) What is the name of this CHILD's last school: _____

5) What grade has this CHILD just completed: _1 Kindergarten _4 Grade 3 _7 Grade 6 _10 Grade 9 _13 Grade 12
[CHECK ONE] _2 Grade 1 _6 Grade 4 _8 Grade 7 _11 Grade 10 _14 Not graded
_3 Grade 2 _8 Grade 5 _9 Grade 8 _12 Grade 11

6) Does this CHILD go to a special class for gifted students or do advanced work in any subjects?
_1 YES _2 NO _99 Don't know

7) During the past two years, has this CHILD gone to a special class or school or gotten special help in school for...
A) Learning problems _1 YES _2 NO _99 Don't know
B) Behavioral or emotional problems _1 YES _2 NO _99 Don't know

8) Does this CHILD have any physical, emotional, or mental problems that...

A) Means this CHILD needs special medicine or equipment? _1 YES _2 NO
B) Makes it hard for this CHILD to get to school? _1 YES _2 NO
C) Makes it hard for this CHILD to play active games or sports? _1 YES _2 NO

9) During the past two years, has this CHILD ever been suspended or expelled from school?

_1 YES _2 NO _99 Don't know

10) During the past two years, has anyone from this CHILD's school asked someone to come in and talk about problems this CHILD was having with schoolwork or behavior?

_1 YES _2 NO _99 Don't know

Children in Household Ages 6 to 17

11) Where does this CHILD usually go after school? [CHECK ONE]

- ₁ Home, supervised
- ₂ Home, unsupervised
- ₃ Somewhere else, supervised
- ₄ Somewhere else, unsupervised

12) If this CHILD is supervised after school, who supervises this CHILD? [CHECK ONE]

- ₁ This CHILD's mother
- ₂ This CHILD's father
- ₃ This CHILD's brother or sister
- ₄ This CHILD's grandparents
- ₆ Other relative of this CHILD
- ₆ A friend of yours
- ₇ Trade with neighbor
- ₈ Leave this CHILD alone
- ₉ Hired babysitter who is not a relative
- ₁₀ Day care center
- ₉₉ This CHILD is not supervised after school

13) Where is this CHILD usually in the evenings? [CHECK ONE]

- ₁ Home, supervised
- ₂ Home, unsupervised
- ₃ Somewhere else, supervised
- ₄ Somewhere else, unsupervised

14) If this CHILD is supervised in the evenings, who supervises this CHILD? [CHECK ONE]

- ₁ This CHILD's mother
- ₂ This CHILD's father
- ₃ This CHILD's brother or sister
- ₄ This CHILD's grandparents
- ₅ Other relative of this CHILD
- ₆ A friend of yours
- ₇ Trade with neighbor
- ₈ Leave this CHILD alone
- ₉ Hired babysitter who is not a relative
- ₁₀ Day care center
- ₉₉ This CHILD is not supervised after school

**CHILD INFORMATION FORMS
CHILDREN AGES 5 AND YOUNGER**

Please fill out one form for each child who lives with you now and is 5 years old or younger.

Your name: _____
First Middle Last

Your Social Security Number: _____

Number of children ages 5 or younger in household: _____

1) CHILD's Name: _____
First _____ Last _____

2) What is this CHILD's relationship to you? ₁ Birth child ₃ Grandchild ₆ Other relative
[CHECK ONE] ₂ Adopted child ₄ Foster child ₆ Not a relative

3) How much did this CHILD weigh when he/she was born? _____ Pounds, _____ Ozs. ₉₈ Don't know

4) Was this CHILD ever in the hospital before his/her first birthday because this CHILD was sick or injured?

₁ YES ₂ NO ₉₈ Don't know

5) Does this CHILD have any physical, emotional, or mental problems that...

A) Means this CHILD needs special medicine or equipment? ₁ YES ₂ NO ₉₈ Don't know
B) Makes it hard for this CHILD to go to pre-school or child care? ₁ YES ₂ NO ₉₈ Don't know
C) Makes it hard for this CHILD to play active games or sports? ₁ YES ₂ NO ₉₈ Don't know

6) Is this CHILD now in a pre-school program like Head Start or nursery school?

₁ YES ₂ NO ₉₈ Don't know

7) Is this CHILD in any other kind of child care program, or is he/she being cared for by a regular babysitter while you are working, looking for work, in school, or in job training?

₁ YES ₂ NO

8) What types of child care do you use for this CHILD?

A) I DO NOT USE CHILD CARE ₁ YES ₂ NO
B) Head Start day care center ₁ YES ₂ NO
C) Day care or group care center other than Head Start ₁ YES ₂ NO
D) Babysitter who is a relative (grandparents, sister or brother) ₁ YES ₂ NO
E) Babysitter who is not a relative ₁ YES ₂ NO
F) Other ₁ YES ₂ NO

Children in household ages 5 and younger, continued

9) When you go out (for example, to go shopping or to visit a friend), who most often takes care of this CHILD? [CHECK ONE]

- 1 CHILD's father
- 2 CHILD's brother or sister
- 3 CHILD's grandparents
- 4 Other relative of CHILD
- 5 A friend of yours
- 6 Trade with neighbor
- 7 Leave CHILD alone
- 8 Hired babysitter who is not a relative
- 9 Day care center
- 10 Other
- 11 I usually take CHILD with me

10) How often do you or someone in your home have a chance to... [CHECK ONE]

- A) Take CHILD on an outing to a park or out shopping 1 Every day 2 About once a week 3 About once a month 4 Almost never
- B) Take CHILD to church for a service or Sunday School 1 Every day 2 About once a week 3 About once a month 4 Almost never
- C) Take CHILD to visit with friends and relatives 1 Every day 2 About once a week 3 About once a month 4 Almost never
- D) Play cards, do a puzzle, or play a board game with CHILD 1 Every day 2 About once a week 3 About once a month 4 Almost never

11) How often do you or someone in your home have a chance to...

- A) Read a book or story to CHILD 1 More than once a day 2 About once a day 3 About once a week 4 About once a month 5 Almost never
- B) Watch Sesame Street or other educational programs with CHILD 1 More than once a day 2 About once a day 3 About once a week 4 About once a month 5 Almost never

Participant Counseling Log

Participant Name: _____ Social Security No. : _____

Date: ___/___/___ ¹	Duration of Contact: ___ minutes	___ In-person	___ Telephone
Reason for Contact: _____			
Outcome/Next Step ² : _____			

Date: ___/___/___	Duration of Contact: ___ minutes	___ In-person	___ Telephone
Reason for Contact: _____			
Outcome/Next Step: _____			

Date: ___/___/___	Duration of Contact: ___ minutes	___ In-person	___ Telephone
Reason for Contact: _____			
Outcome/Next Step: _____			

¹ Record all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

² If referral was made, please indicate to what agency the participant was referred and for what purpose.

Nonprofit Name: _____

Landlord Outreach Log¹

Date of Initial Contact	Landlord Name and Address	Outreach Method <i>(check one)</i>	Size of Units Available for MTO <i>(check all that apply)</i>
		<input type="checkbox"/> telephone <input type="checkbox"/> in-person visit <input type="checkbox"/> landlord briefing <input type="checkbox"/> other, specify _____	<input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3+ bedroom
Number of Units Managed _____		Has landlord accepted Section 8 previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Landlord Reaction to Program <i>(check one)</i>	Neighborhoods Where Potential MTO Units are Located	Results/Follow-up Action ²
<input type="checkbox"/> very interested <input type="checkbox"/> interested <input type="checkbox"/> noncommittal <input type="checkbox"/> not interested		

¹ Complete one sheet for each landlord contacted.

² Record initial visit, as well as dates and outcomes for follow-up activities.

Nonprofit Name: _____

Landlord Group Outreach Log¹

Date of Initial Contact	Landlord Group Name	Contact Person and Phone Number
Outreach Method (check one) <input type="checkbox"/> telephone <input type="checkbox"/> in-person visit <input type="checkbox"/> landlord briefing <input type="checkbox"/> other, specify _____		Number of Members <input type="checkbox"/> < 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> over 100

Geographic Area the Group Represents	Results/Follow-up Action ²

¹ Complete one sheet for each landlord contacted.

² Record initial visit, as well as dates and outcomes for follow-up activities.

MTO Demonstration: PHA Monthly Program Costs

Page 1

PHA Name: _____ Month: _____ Year: _____

Labor Cost Categories	Monthly Expenditures
Direct labor	\$
Fringe and benefits	
Overhead	
TOTAL LABOR COSTS	\$
Non-Labor Cost Categories¹	Monthly Expenditures
	\$
TOTAL NON-LABOR COSTS	\$
TOTAL PROGRAM COSTS²	\$

¹ Report non-labor expenditures that are directly related to the MTO demonstration, such as consultant fees, rent for additional office space, program advertising, etc.

² Sum of TOTAL LABOR COSTS and TOTAL NON-LABOR COSTS.

MTO Demonstration: PHA Monthly Labor Costs

page 2

PHA Name: _____ Month: _____ Year: _____

PHA Staff Assigned to MTO	MTO Activities Undertaken this Month ¹ <i>Write in # and type of activity</i>	# of Hours Worked This Month per Activity	Hourly Rate	Total # of Hours This Month	Total Labor Cost This Month
1)	1)				
	2)				
	3)				
	4)				
2)	1)				
	2)				
	3)				
	4)				
3)	1)				
	2)				
	3)				
	4)				
4)	1)				
	2)				
	3)				
	4)				
TOTAL LABOR HOURS AND COST THIS MONTH FOR ALL ACTIVITIES					

¹ 1 = **Outreach to Eligible Participants**. 2 = **Intake**, including the intake visit and completion of HUD Form 50058, the Enrollment Agreement, and Participant Baseline Survey. 3 = **Random Assignment Activities**. 4 = **Section 8 Processing**, all activities associated with regular Section 8 processing, including eligibility determination, issuance, briefing, dwelling unit inspection and lease approval. 5 = **Demonstration Record-keeping**, including all record-keeping and reporting activities not covered elsewhere, such as completion of the Program Cost Form, duplicating and assembling data collection forms/extracts for mailing to Abt. 6 = **Demonstration Management**, including all administrative activities other than record-keeping and data collection that are associated with the demonstration; would include preparing for and assisting Abt site visits. 7 = **Other Activities**, please list.

MTO Demonstration: NPO Monthly Program Costs

NPO Name: _____ Month: _____ Year: _____

Cost Categories	Monthly Expenditures
Direct labor	\$
Fringe and benefits	
Overhead	
TOTAL LABOR COSTS	\$
Rent and/or utilities	
Telephone/Fax	
Postage and delivery	
Duplicating	
Office supplies/equipment	
Advertising	
Travel	
Other:	
Other:	
TOTAL NON-LABOR COSTS	\$
TOTAL PROGRAM COSTS¹	\$

Funding Sources	
Federal Grant Funds expended this month	\$
Local Matching Funds expended this month	\$
In-kind Contributions this month (List types and approximate dollar value below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

¹ Sum of all TOTAL LABOR and TOTAL NON-LABOR costs.

MTO Demonstration: NPO Monthly Labor Costs

page 2

NPO Name: _____

Month: _____

Year: _____

Staff Assigned to MTO	MTO Activities Undertaken this Month ¹ <i>write in # and type of activity</i>	# of Hours Worked This Month per Activity	Hourly Rate	Total # of Hours This Month	Total Labor Cost This Month
1)	1)				
	2)				
	3)				
	4)				
2)	1)				
	2)				
	3)				
	4)				
3)	1)				
	2)				
	3)				
	4)				
4)	1)				
	2)				
	3)				
	4)				
TOTAL LABOR HOURS AND COST THIS MONTH FOR ALL ACTIVITIES					

¹ 1 = Group Counseling/Briefing. 2 = Credit Check. 3 = Home Visit. 4 = Landlord Outreach, includes all landlord outreach activities as well as maintenance of the Landlord Outreach Log. 5 = Showing Units to MTO Experimental Group Participants. 6 = Individual Counseling, including all individual counseling of participants by NPO staff (in-person and by telephone) that occurs outside of the activities listed elsewhere on this form. Includes time spent maintaining the participant counseling logs. 7 = Follow-up Visit to Experimental Group Participants After Lease-up. 8 = Demonstration Record-keeping, includes all record-keeping and reporting activities not covered elsewhere, such as completion of the Program Cost Form, xeroxing and assembling data collection forms for mailing to Abt, including preparing for and assisting with Abt site visits. 9 = Demonstration Management; this covers all administrative activities (other than data collection and record-keeping) that are associated with the program. 10 = Other Activities, please list.

PHA Name _____

PHA PARTICIPANT TRACKING FORM: PAGE 1
MTO EXPERIMENTAL GROUP

ENROLLMENT			Intake					
Name of Participant		Social Security No.	Date of Pre-Application ¹	Date Enrollment Form/Baseline Survey/HUD 50058 Completed	Date of Random Assignment	Type of Assistance	Check here if assistance type is changed ²	Date Notified of Application Outcome
First Name	Last Name							
		- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /
		- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /
		- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /
		- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /
		- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

² For example, a family who is assigned a voucher may request and receive a certificate instead.

PHA PARTICIPANT TRACKING FORM: PAGE 2
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	Intake		Search			
			Date of Section 8 Briefing by PHA	Date of Referral to NPO	Date of Issuance/ Certificate or Voucher	Date of Certificate/ Voucher Extension	<u>Unsuccessful</u> Final Expiration Date	
First Name	Last Name							
		- -	/ /	/ /	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /	/ /	/ /

PHA PARTICIPANT TRACKING FORM: PAGE 3
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	INSPECTION/MOVE-IN			Status of CV ²
First Name	Last Name		Date of HQS Inspection ¹	Date of Lease Approval	Date of Move-in	
		- -	/ /	/ /	/ /	Successful
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	

Name: _____	Name: _____	Name: _____	Name: _____	Name: _____
ID#: _____	ID#: _____	ID#: _____	ID#: _____	ID#: _____
Address: _____	Address: _____	Address: _____	Address: _____	Address: _____

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

² Indicate whether the receiving PHA will be: billing your agency for the certificate or voucher (write "B"), or whether it will be absorbing or swapping one of its own certificates or vouchers (write "A"). If portability is not involved, write "N/A."

PHA Name _____

PHA PARTICIPANT TRACKING FORM: PAGE 1
SECTION 8 COMPARISON GROUP

ENROLLMENT			Intake					
Name of Participant	Social Security No.	Date of Pre-Application ¹	Date Enrollment Form/Baseline Survey/HUD 50059 Completed	Date of Random Assignment	Type of Assistance	Check here if assistance type changed:	Date Notified of Application Outcome	Date of Section 8 Briefing By HUD
First Name	Last Name							
	- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /	/ /
	- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /	/ /
	- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /	/ /
	- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /	/ /
	- -	/ /	/ /	/ /	<input type="checkbox"/> Certificate <input type="checkbox"/> Voucher		/ /	/ /

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

² For example, a family who is assigned a voucher may request and receive a certificate instead.

PHA PARTICIPANT TRACKING FORM: PAGE 2
SECTION 8 COMPARISON GROUP

Name of Participant		Social Security No.	Search			
			Date of Issuance/ Certificate or Voucher ¹	Date of Certificate/ Voucher Extension	<u>Unsuccessful</u> Find Expiration Date	
First Name	Last Name					
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	
		- -	/ /	/ /	/ /	

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

PHA PARTICIPANT TRACKING FORM: PAGE 3
SECTION 8 COMPARISON GROUP

Name of Participant		Social Security #	INSPECTION/MOVE-IN				Successful			Name and Address of Receiving PHA/ PHA ID Number			Status of CV ²
First Name	Last Name		Date of HOS Inspection ¹	Date of Lease Approval	Date of Move-In				Name:	ID#:	Address:		
		- -	/ /	/ /	/ /				Name: _____	ID#: _____	Address: _____		
		- -	/ /	/ /	/ /				Name: _____	ID#: _____	Address: _____		
		- -	/ /	/ /	/ /				Name: _____	ID#: _____	Address: _____		
		- -	/ /	/ /	/ /				Name: _____	ID#: _____	Address: _____		
		- -	/ /	/ /	/ /				Name: _____	ID#: _____	Address: _____		

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

² Indicate whether the receiving PHA will be: billing your agency for the certificate or voucher (write "B"), or whether it will be absorbing or swapping one of its own certificates or vouchers (write "A"). If portability is not involved, write "N/A."

PHA Name _____

**PHA PARTICIPANT TRACKING FORM:
IN-PLACE CONTROL GROUP**

ENROLLMENT						
Name of Participant		Social Security No.	Date of Pre-Application ¹	Date Enrollment Form/Baseline Survey/ HUD Form 50058 Completed	Date of Random Assignment	Date Notified of Application Outcome
First Name	Last Name					
		- -	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /
		- -	/ /	/ /	/ /	/ /

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

NPO Name _____

NPO PARTICIPANT TRACKING FORM: PAGE 1
MTO EXPERIMENTAL GROUP

ENROLLMENT				CREDIT CHECK		
Name of Participant First Name Last Name	Social Security No.	Date of Initial Meeting With NPO ¹	Date Obtained	Result	Counselor Comments: Actions taken to Rectify Any Problems <i>(Please include Counselor's initials)</i>	
	- -	/ /	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed		
	- -	/ /	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed		
	- -	/ /	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed		

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

NPO PARTICIPANT TRACKING FORM: PAGE 2
MTO EXPERIMENTAL GROUP

HOME VISIT					
Name of Participant		Social Security No.	Date of Initial Visit ¹	Result	Any household or furnishing problems/actions taken
First Name	Last Name				
		- -	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed	
		- -	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed	
		- -	/ /	<input type="checkbox"/> Problem <input type="checkbox"/> No Problem <input type="checkbox"/> Not Completed	

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

NPO Participant Tracking Form: Page 3
MTO EXPERIMENTAL GROUP

		COUNSELING & SERVICE REFERRALS
Name of Participant		Other needs identified by counselor and household which will be addressed by NPO or through referrals <i>(Please include counselor's initials)</i>
First Name	Last Name	

¹ List Identified Needs: 1) Child care service - purchase of care; 2) Job training; 3) GED classes; 4) Employment counseling; 5) Employment; 6) Home budgeting & financial management; 7) Health care training & assistance; 8) Food; 9) Government entitlements; 10) Legal Aid; 11) Other, please specify.

Prepared by Abt Associates

NPO PARTICIPANT TRACKING FORM: PAGE 4
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	VISITING PROSPECTIVE UNITS				
First Name	Last Name		Date ¹	Address	Census/ Tract #	Unit Source	Result
<i>Showing of Prospective Unit #1²</i>							
		- -	/ /	_____ _____ _____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____ _____ _____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____ _____ _____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.
² NPOs are required to accompany each family on visits to prospective units. Record information on up to three (3) visits on the tracking log.

NPO PARTICIPANT TRACKING FORM: PAGE 5
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	VISITING PROSPECTIVE UNITS				Result
First Name	Last Name		Date ¹	Address	Census/ Tract #	Unit Source	
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit

Showing of Prospective Unit #2

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.
² NPOs are required to accompany each family on visits to prospective units. Record information on up to three (3) visits on the tracking log.

NPO PARTICIPANT TRACKING FORM: PAGE 6
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	VISITING PROSPECTIVE UNITS				
First Name	Last Name		Date ¹	Address	Census/ Tract #	Unit Source	Result
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit
		- -	/ /	_____		<input type="checkbox"/> Family <input type="checkbox"/> NPO <input type="checkbox"/> Other source	<input type="checkbox"/> Submitted application <input type="checkbox"/> Did not submit

*Showing of Prospective Unit #3**

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.
² NPOs are required to accompany each family on visits to prospective units. Record information on up to three (3) visits on the tracking log.

NPO PARTICIPANT TRACKING FORM: PAGE 7
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	SEARCH OUTCOME			
First Name	Last Name		Unit Address and Neighborhood	Census/Tract	Move-in Date ¹	Date of NPO Follow-up Contact
		/ /			/ /	/ /
		/ /			/ /	/ /
		/ /			/ /	/ /

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

NPO PARTICIPANT TRACKING FORM: PAGE 8
MTO EXPERIMENTAL GROUP

Name of Participant		Social Security No.	SEARCH OUTCOME
First Name	Last Name		<i>Unsuccessful and Successful Participants:</i> Comments Regarding Outcome (Please include counselor's initials)
		- -	<i>Unsuccessful Participants:</i> Date Dropped out of Program: / /
		- -	 / /
		- -	 / /

¹ Report all dates as month/day/year. For example, May 1, 1994 would be recorded as 05/01/94.

Section F

Abt Administrative Procedures

Chapter F-1

Managing Data Collection Forms

MAILING DATA COLLECTION FORMS

All data collection forms and materials must be shipped to the Abt Offices using Federal Express Government Overnight Service. Shipments are to be marked "Deliver Weekday." Call Federal Express at 1-800-238-5355 to request a pickup. There is no charge for this pickup service. Pre-printed Federal Express airbills must be used for these shipments. These airbills will be among the supplies you receive.

Fill in the date, your name, telephone number and address on the right side of the airbill. Write your site name on the Federal Express airbill in the box labeled "Your Internal Billing Reference" to the right of the project code (5700-011). The Abt account number for this project is 5700-011. Check the boxes marked "Bill Recipient", "Government Package", and "Deliver Weekday."

Address the airbill (left side) to either the Abt Cambridge or Bethesda office depending on the contents of the package. A listing of the forms and the office they are to be sent to is located at the end of this chapter.

For shipments containing more than one package, only one airbill should be used. Federal Express will handle the "multiple package" work for you. Place the airbill in an airbill pouch, but do not seal the pouch. Federal Express will seal the envelope after the package has

been weighed. Additionally, for all packages going to Abt, you will be provided with Abt address labels as an added identifier of the package's destination.

Federal Express usually schedules pickups for late afternoon and early evening. When you call for a pickup, they will tell you approximately what time they will come. When receiving packages, Government Overnight is usually delivered anytime between 10:30 AM and 3:30 PM. You can call 1-800-238-5355 to find out the delivery time window for your area.

You will receive an initial supply of Federal Express airbills, envelopes, pouches, and government overnight stickers. Additional supplies of Federal Express shipping materials may be ordered on a supply requisition. In addition, your Federal Express delivery person will be able to provide you with additional envelopes, pouches, and stickers. (Airbills must be ordered from your field manager.)

Near the end of each month, you should send in the pink copies of the Federal Express Airbills for all items that your Field Manager has reported as having been received. The pink copies should be placed in a separate envelope addressed to Heather Hulse and enclosed in one of your regular mailings.

A schedule indicating how often baseline surveys and other data collection item materials are to be submitted is located in Section G and is called "Reference: Where to Send Specific MTO Forms and When."

Transmittal forms will be used to record the contents of the Federal Express packages. There are two transmittal forms at the end of this chapter. One of the transmittal forms is for all documents going to Cambridge, and the second form is for all documents going to the Bethesda office. Be sure to include the appropriate transmittal form with all mailings.

SECURITY OF BASELINE SURVEY INSTRUMENTS

The MTO Baseline Survey must be protected before, during, and after administration. It is essential that all forms and documents are handled carefully, because the respondents have been assured of confidentiality. Proper handling and storage of these materials is critical to ensure against loss, breach of security or respondent confidentiality, and other hazards. It is our responsibility to ensure security of all used and unused questionnaires and to provide an accurate accounting of materials used during the data collection period. Completed baseline surveys should be taken home with you at the close of the day. The transmittal should be prepared at home. In some cases, it may be necessary to take completed Baseline instruments with you for Federal Express pickup at either the PHA or NPO. If this is necessary, these Federal Express envelopes should be sealed before leaving home. Work with your field manager to designate a secure and locked storage space for material storage prior to, during and after the scheduled office visits. When traveling to and from your site offices, all instruments should be kept in the *locked* trunk of your automobile. All materials must have proper protection at all times during the data collection period.

MTO Bethesda Transmittal

**TO: Abt Associates, Bethesda
 Hampden Square, Suite 600
 4800 Montgomery Lane
 Bethesda, MD 20814
 Attn: Heather Hulse**

Interviewer Name: _____ Date Mailed: _____

Site: _____ FedEx Airbill #: _____

Lotus File	Paper		office use: Rec'd ✓
		Landlord Outreach Log	
		PHA Participant Tracking Form	
		NPO Participant Tracking Form	
		PHA Monthly Labor Costs	
		NPO Monthly Labor Costs	
		Random Assignment Software Backup Disk	
		Other:	
		Other:	
		Other:	
		Other:	
		Other:	

Chapter F-2

Reporting Procedures

One of your responsibilities as a site assistant will be to report periodically to your field manager, Marilyn Sawyer, or other Abt project staff regarding the progress of the MTO demonstration at your site. This reporting will take three forms: 1) preparing written reports of meetings or outstanding problems/issues; 2) reporting to Marilyn Sawyer during weekly conference calls; and 3) participating in periodic conference calls or meetings with Abt project staff as well as other site assistants. Each is discussed below.

PREPARING WRITTEN REPORTS

Once you begin working on-site, you will be expected to prepare written reports of meetings with NPO/PHA staff as well as issues or problems that arise in the course of your work. A form, which will be provided to you for this purpose, will require you to describe the activity (meeting or event you attended or problem that arose) and identify the outcome, if applicable, or next steps to be taken. These reports should be mailed weekly, after your conference call with Marilyn Sawyer. They will then be forwarded to other Abt project staff.

WEEKLY CONFERENCE CALLS

You will be expected to report by telephone to Marilyn Sawyer every Monday regarding your activities during the previous week. To prepare for this weekly conference call, you should

review your written reports for the previous week to refresh your memory about any problems or issues that arose. You should also be prepared to provide, for the previous week, the following information to Marilyn:

- hours worked;
- expenses;
- number of baseline surveys completed, and the dates mailed;
- the dates that copies of transmittal forms, time and expense reports, and written reports were mailed to Marilyn; and
- goals/plans for upcoming week.

OTHER PERIODIC CONFERENCE CALLS/MEETINGS

During the early months of the demonstration, joint conference calls will be held with all the site assistants and Abt project staff to discuss implementation of the program. Beginning in July 1994, these calls will be scheduled every other week. You will be notified of the exact time of the calls.

In addition, Abt project staff will be visiting local sites during the early months of the demonstration. It is likely that you will be asked to assist and participate in these monitoring visits. The Abt staff member assigned to your site will notify you well in advance of a visit to let you know the type of assistance that will be required.

Chapter F-3

Getting Paid

The Abt accounting office must receive accurate Time and Expense (T&Es) and Expense Reports from you in a timely manner in order for you to be paid regularly and on time.

FIELD STAFF SOURCEBOOK: INTERVIEWER PAYMENT POLICIES AND PROCEDURES

The Interviewer Payment Policies and Procedures Module (in your Field Staff SourceBook) contains standard rules and regulations for charging your time and expenses to Abt Associates. This module will provide the information you will need to correctly submit a T&E and/or an Expense Report each week.

MTO POLICIES AND PROCEDURES SPECIFICATIONS PAGE

Every Abt project or study has a different budget and design. This "SPECIFICATIONS OUTLINE" will give you specific information tailored to the MTO project. Please refer to it when completing your T&Es. The MTO Specifications Page is shown at the end of this chapter.

OVERTIME PRE-APPROVAL

Overtime, or time worked in excess of 40 hours per week, is not permitted without prior approval of the Field Manager. In general, Abt Associates discourages overtime not only

because of the excessive cost to the project, but because of the cost to the well-being of our interviewing staff. However, since the schedules at the sites are dependent on the needs of the PHA and/or NPO plus baseline survey respondent's schedules, there may be times when some flexibility on this issue is necessary. The Field Manager and the Site Assistant will work together to delegate the work to avoid overtime, but FM's may approve overtime if it is unavoidable.

Please note that no overtime charges will be honored unless the time has been *pre-approved* by your Field Manager.

TIME AND EXPENSE REPORT EDIT CHECKLIST

Until you are more familiar with the T&E, use the checklist provided below to verify that all information has been entered correctly on your form. An example of a completed MTO T&E also follows. Remember that the Interviewer Payment Policies and Procedures Module will be able to answer most of your questions. Note that incorrect T&Es may be returned to you from the Bethesda or Cambridge offices and this will delay your paycheck. *T&Es with no signature cannot be paid under any circumstances.*

WEEKLY EXPENSE REPORTS

All Abt field personnel submit Travel Expense Reports for expenses incurred while they are traveling and staying overnight to conduct Abt business. With the exception of training in Bethesda in June, we do not anticipate that Travel Expense Reports will be required during the duration of the field period. Instructions for the completion of the Travel Expense Reports are in the Interviewer Payment Policies and Procedures Module. Examples of a completed MTO Expense Report and an Expense Report Checklist are provided at the end of this chapter.

AUTHORIZATION FOR PURCHASES AND EXPENSES

Please note that *all* purchases except postage must be *pre-approved* by your Field Manager, whether they are submitted on a T&E or on a Travel Expense Report. Original receipts must also be attached to these forms for expenditures of \$1.00 or more.

RESOLVING PROBLEMS WITH PAY OR EXPENSE CHECKS

Questions about payment of T&Es and Expense Reports or Travel Expense Reports should be referred to your Field Manager. Be prepared to give your Field Manager the week ending date of your T&E along with the date that you mailed it. *Do not call the Bethesda or Cambridge offices about a payment problem.*

MTO Time & Expense Specifications
INTERVIEWER PAYMENT POLICIES AND PROCEDURES

The Interviewer Payment Policies and Procedures Module contains standard rules and regulations for charging your time and expenses to Abt Associates Inc. Every Abt project has a different budget and design. This SPECIFICATIONS PAGE gives you specific information tailored to the MTO Evaluation. Please refer to it when completing your Time and Expense Reports.

Charge Number is: 5700 - 02
Charge Name is: HOUSER5

Activities used for MTO are:

- Task Unit 3: Travel.** Charge all time spent *traveling between the PHA and NPO offices only*. Since MTO is a site-based study, travel to and from your home to the office is not a reimbursable expense.
- Task Unit 4: Contacting and Locating.** Charge time spent administering, and editing baseline surveys. Also on this line, time spent preparing the baseline surveys for mailing.
- Task Unit 5: Screening.** Record the time spent working at the PHA offices (not including time spent administering baseline surveys).
- Task Unit 6: Interviewing.** Record the time spent working at the NPO offices.
- Task Unit 9: Reporting, Conference, Other.** Charge the time to this task that you spend talking to your Field Manager or giving your weekly report on cost and production. Also include time spent talking with other Abt staff, for example talking to Ty Hardaway concerning the random assignment software.

**DO NOT REPORT ANY TIME
TO ANY OTHER ACTIVITY OR TASK NUMBER**

Number of Completed Cases - Enter the total baseline surveys completed each day.

Telephone - Reimbursement for Long Distance telephone charges made from your home to your Field Manager or to the Bethesda office. Follow the instructions in your IPPP Module in the Field Staff SourceBook.

Where to mail your T&E:

NOTE: Review the T&E Edit Checklist to be sure you have completed your T&E properly.

- Bottom copy: Keep it for your records.
4th copy: Mail it to your Field Manager in the envelopes provided.
Top 3 copies: Mail promptly in envelopes addressed to:

Mary Joel Holin
Abt Associates Inc.
Hampden Square, Suite 600
Bethesda, MD 20814

T&E Edit Checklist—MTO

1. Is employee number in boxes? (0 plus 5 digit ID #)
2. Week ending date should always be a Saturday.
3. Are project charge number and charge name entered? (5700-02)(HOUSER5)
4. Is your name printed legibly?
5. **Did you sign the report on the signature line? (In ink?)** You won't get paid if you did not.
7. Are the month and date entered over each weekday, and is the date in the Saturday box the same as the "week ending" date?"
8. Is time recorded in the **correct** rows? Have you followed the task unit guidelines included in this chapter?
9. Are hours totaled across each row and down each column?
10. Is time recorded in decimals to the nearest .1 (one-tenth) hour? (Example: .3 for 15 minutes, .5 for half hour, .8 for 45 minutes)
11. Is total number of miles driven **each day** recorded in the mileage row? Mileage allowance cannot be paid unless it is recorded each day.
12. Are mileage and numbers of completed screeners and interviews totaled at the end of the weekly entries? Do the numbers of completed screeners and interviews **balance** with the production figures on your Weekly Production Report?
13. Is \$.25 entered on the "@ \$___" and is the total number of miles driven for the week multiplied by this number and entered on the first line under "Expenses"?
14. Are all travel/transportation related expenses entered on the correct lines and subtotaled?
15. Are all other expenses entered on the correct lines? Is the SUBTOTAL entered?
16. Do total expenses equal subtotal plus expenses below?
17. Are unusual time and expenses explained inside the box in the lower right section of this report?

Expense Report Edit Checklist

1. Did you complete the form in ink? Is your name **PRINTED** legibly?
2. Week ending date should always be a Saturday.
3. Is the **Purpose of Trip** written with exact purpose (training, interviewing, etc.) and destination written legibly?
4. Is your employee number in boxes? (0 plus 5 digit ID #)
5. Are the **month** and **date** entered over each weekday, and is the date in the Saturday box the same on the "week ending" date?
6. Did you fill in the **From** and **To** columns under the dates. These should be city names.
7. Check the entries for each day for accuracy. Did you:
 - Enter number of miles driven?
 - Multiply your miles by \$.25 (enter in space before cents) and enter the total cost of miles driven on the second line?
 - Enter any other transportation costs on the appropriate line?
 - Calculate the **Subtotal Ground Trans?** (Remember to add in only mileage cost, not the number of miles.)
 - Enter the cost of your **Air Fare** even if Abt purchased your ticket?
 - Enter the cost of your **Lodging (Room & Tax)** on each day even if paid by Abt?
 - Enter the allowance for each meal daily? Does it match the Federal Register for this city?
 - Calculate the **Subtotal Meals?**
 - Enter any Telephone charges and any **Miscellaneous** expenses on the appropriate line?
 - Describe miscellaneous expenses on the reverse side?
 - Calculate your **TOTAL EXPENSES** by adding all the numbers in the shaded areas?
 - Look up the **Per Diem Allowed** in the Federal Register found at the end of your IPPP in the Field Staff SourceBook and enter on this line.
 - **Excess Per Diem** is entered only when the total of Lodging and Subtotal Meals exceeds Per Diem Allowed. (This is merely an accounting calculation and does not affect your reimbursement.)
8. Did you total each category and enter the amount in **Totals for Week?**
9. Do the **Total Expenses** for all days together equal the **Totals for Week?**
10. Did you complete the **Summary of Charges** section by:
 - Transferring company paid amounts to the correct line?
 - Calculating the **Total company paid?**
 - Transfer **Total Expenses** for the week to the Summary Box?
 - Enter the amounts for company paid expenses, an advance, and prior balance carry forward?
 - Add **Total Expenses**, subtract **Company Paid**, subtract your **Advance** (if any), and subtract any **Prior Balance** that you carried forward from last week?
11. Did you check the **Amount due** boxes to reflect who has money coming?
12. Are project **Charge Name** and **Charge number** entered? (5700-02)
13. Did you **SIGN YOUR NAME!**

Chapter F-4

Performance Evaluations

Overview of Abt Interviewer Evaluation Process

Evaluating and rewarding individual performance is an essential requirement for every organization in that it provides a fair, honest, consistent and realistic assessment of the strengths and weaknesses of the field staff team and an opportunity to assess the probability of interviewer achievement on future assignments. Successful completion of a project depends on the quality of the work produced by the field staff.

While some field staff members may have an unusual aptitude for locating hard-to-find potential respondents, others may have special expertise in obtaining cooperation from reluctant respondents. Some may be adept in working in institutional settings, such as schools or hospitals. It is to the advantage of the project managers to recognize and assign individuals with appropriate skills to each task.

Field Managers may not be familiar with the work of certain individuals and may use the Interviewer Evaluation Form as a resource when staffing new projects. This form is designed to give precise, standardized feedback about the interviewer's performance on completed projects as observed by the Field Manager. This evaluation form has been designed to identify and give recognition for excellence in diverse areas of achievement.

Field Managers are responsible for insuring that each interviewer is trained competently, supervised effectively, and given appropriate feedback on the quality of work performed. This can be challenging when there is relatively little face to face contact between supervisor and interviewer. Weekly reporting by telephone provides a means for the Field Manager and interviewer to interact, discuss the current status of the assignment and set goals for successful

completion of the work. Constructive feedback should be provided on an ongoing basis. Interviewers should not be surprised by their evaluations.

Each of us work for many different reasons. But common to all, and among the most important, is the satisfaction that we are doing something we like to do, that we are doing it well, and that our skills are fairly compensated. Since satisfaction bears a direct relationship to performance, it is crucial that feedback on performance be prompt and ongoing. It is equally important that the process provide support and assistance, encouragement and recognition, and an opportunity to respond to approval and criticism.

You are the most important reason that we do evaluations. An evaluation gives standardized feedback to you about your performance on the MTO Demonstration. You have a basic right to know how your Field Manager views your performance and through review of the Interviewer Evaluation Form you can evaluate your progress and compare your performance to other interviewers on staff. Identifying any problems early in the field period will help you to grow as an interviewer and will aid in a timely and cost effective completion to the MTO Demonstration. As we proceed through this project, we will be identifying any problems we encounter so that we can work together to improve upon them during the course of the project. Please feel free to discuss any of the areas on the performance evaluation with your Field Manager at any time. "*How am I doing?*" is a question that you have every right to ask at any time. Your final evaluation on the MTO Demonstration should not be a surprise.

How the Evaluation Works

The end-of-project review begins with the day you are assigned to the project. The project director will develop the project targets and requirements, for instance, the number of field staff to be assigned, the amount of work to complete, the number of work hours expected, the schedule for completion. The Field Manager to whom you report is responsible for communicating project targets and requirements to you at the time you are staffed and during the first few weeks of data collection activities. A copy of the Interviewer Evaluation form is

included at the end of this chapter. Review the areas in which your performance will be evaluated with your Field Manager as she outlines the goals of the MTO Demonstration.

Your Field Manager's first task in preparing your evaluation is to enter project data, which include the name and number of the project, the time period that you worked on the project and the type of respondents interviewed. This information will be entered in our *Interviewer Database* so that we know who our experienced interviewers are when another similar project is staffed. If applicable, the number of cases assigned and completed and the resultant completion rate will also be entered on the Interviewer Evaluation.

Your *Performance Rating* on the MTO Demonstration will evaluate your success in six categories:

- Training Performance
- Productivity
- Efficiency
- Interviewing
- Administrative Areas, and
- Refusal Conversion.

You will be assigned a numerical rating for items in each of these 6 categories. Performance requirements to earn each of the five numerical ratings are as follows:

- 5 = ***Outstanding.*** Performance *far* exceeds project expectations. The interviewer who earns this rating is a polished professional, always looking for better ways to accomplish required tasks. A rating of 5 must be reserved for special and outstanding accomplishments.
- 4 = ***Good, Above Average.*** A performance rating of 4 indicates performance that is *consistently* above average and well within the guidelines of project requirements. To earn a rating of 4, an interviewer must demonstrate some effort beyond the norm.
- 3 = ***Average.*** This rating is used for an interviewer who meets Abt's high standards,

who performs in a competent manner, and whose performance meets the job requirements. The majority of numerical ratings will fall into this category.

- 2 = ***Below Average.*** Performance in this area does not always meet Abt expectations and improvement is needed in this area before an interviewer can be assigned to another project. The need for improvement and constructive suggestions in this area should have been offered by the Abt Field Manager during the field period and should be documented. FM's are required to add commentary to the evaluation form if a rating of 2 is given in any area.
- 1 = ***Inadequate.*** Performance in this area is not acceptable. In spite of suggestions for improvement by the Abt Field Manager, adequate attempts for achievement were not made by the interviewer. An interviewer earning a performance rating of "1" may be removed from the project. FM's are required to add commentary to the evaluation form if a rating of 1 is given in any area.
- NA = ***Not Applicable.*** NA is used by the evaluator when unable to rate an interviewer because the skill does not apply to this particular project.
- DK = ***Don't Know.*** DK is used by an evaluator when the item is applicable but there has not been an opportunity to observe the interviewer on this item.

Your Field Manager will review each of these ratings with you at the end of the project and will compute the Summary Performance Rating to the nearest tenth of a point. You will receive a copy of this evaluation form from the Abt National Field Manager after she has reviewed it and you are entitled to write a letter of comment regarding your evaluation and submit it to the National Field Manager if you are not in agreement with your rating.

ABT ASSOCIATES INC. INTERVIEWER EVALUATION

Interviewer Name (First Name Last Name)

Interviewer ID |__|__|__|__|__|__|

Assignment Title

Project Name

Project # |__|__|__|__|

Dates Covered From ___/___/___ to ___/___/___

SAMPLE TYPE (CHECK ALL THAT APPLY)

- General population probability sample
- Special list samples
 - Elites (e.g., MDs, program directors)
 - Low income (e.g., drug addicts, homeless, job trainees)
 - Middle class (specify: _____)
- Institutional Populations
 - Hospitals
 - Schools
 - Other (specify: _____)
- Other sample type (specify: _____)

CASELOAD

__	Cases Originally Assigned	
__	Additional Cases Assigned	
__	Completed Cases	__ Completion Rate
__	Converted Cases	

PERFORMANCE

Please evaluate the following areas of interviewer performance using this scale:

- 5 = Outstanding
- 4 = Good, Above Average
- 3 = Average
- 2 = Below Average
- 1 = Inadequate
- NA = Not Applicable
- DK = Don't Know

Training Performance

- Active participation during session, punctual attendance
- Understood/mastered basic training materials
- Understood/mastered advance study as required

Productivity

- Worked sufficient hours per week
- Quantity of completed cases met or exceeded project standards
- Stayed within budget guidelines

Interviewing Areas

- Adhere to project guidelines/specifications
- Gained cooperation of respondents
- Records of call complete and accurate
- Wrote clearly and legibly
- Adaptable to time and location of interviewing assignment

Abstraction

- Abstraction of available data performed accurately and completely
- Abstractions completed in a timely and cost effective manner

Administrative Areas

- Submitted project reports and T&E's accurately and on time
- Issues presented in a clear and correct manner
- Receptive to negative feedback
- Able to work as a team member
- Available to supervisor

Refusal Conversion

- Converted own refusals
- Converted others' refusals
- Via phone (PLEASE CHECK) _____
- In-person (PLEASE CHECK) _____

Locating Skills

- Found hard-to-locate respondents

Efficiency

- Planned and managed caseload wisely

Computer-Assisted Interviewing

- Facility with computer-assisted interviewing (CATI, CAPI, etc.)

SUMMARY PERFORMANCE RATING

**USE SPACE BELOW TO COMMENT;
ATTACH ADDITIONAL SHEETS AS NECESSARY**

EVALUATED BY:

EVALUATOR ID |__|__|__|__|__|__|

Section G

Resources

MTO Site Assistant Address List

Field Manager

Marilyn Sawyer
6634 North Newgard Street
Chicago, IL 60626
312-761-8061
312-761-8039 (fax)

Baltimore

Beulah D. Wallace
3817 Glen Avenue
Baltimore, MD 21215
410-542-0207

Boston

Martha R. Scanlon
41 Sheridan Street
Cambridge, MA 02140
617-868-6268 (home)
617-497-8940

Chicago

Ruth Toby Kleinbaum
1555 North Dearborn Parkway, Apt. 7B
Chicago, IL 60610
312-649-1555

Los Angeles

Diane Preciado
4749 Santa Ana Street
Bell, CA 90201
213-773-6235

New York

Michelle D. Williams
609 W. 204th Street, #9
New York, NY 10034
212-569-7808

**Moving to Opportunity for Fair Housing
Demonstration Program**

**Abt-MTO Random Assignment Software Package
Error Form**

Name of staff person: _____

Phone: _____

Name of site agency/city: _____

Date: _____ Time: _____

Instructions: Use this form to report any error made during use of the Abt-MTO Random Assignment Software package. Report the error as soon as it is noticed. Examples of errors include:

- A wrong digit in a social security number
- A mis-spelled name
- A mismatch of social security number and name or date of birth (i.e. families criss-crossed)
- Entering a family that is not eligible for MTO and Section 8.

Important: *If an error is made, DO NOT enter the case again in the random assignment program!*

- 1) Explain the error in the box below. Indicate what *should* have happened instead.
- 2) Print a daily report showing the random assignment error. On the report, circle the data item with the error, or the whole line if the family should not have been entered.
- 3) Make a copy of this form and the daily report with the circled item or line. Give the copy to the MTO program manager for placement in the agency file of random assignment documentation.
- 4) Send the original form and the daily report to: Mr. Ty Hardaway

Abt Associates
Hampden Square—Suite 600
4800 Montgomery Lane
Bethesda, MD 20814

Explanation of error (what did happen, what should have happened)

MTO Baseline Administration Checklist for Room Preparation

Do you have . . . ?

- Enough (and extra) copies of the Baseline Survey
- Sharpened pencils for Respondents (and extra pencils)
- Coloring Pages and Crayons
- Telephone Books
- Mock-Up Samples
- Red pen for editing
- Seals for the Baseline Surveys
- Clipboards for rooms without desks
- Scripts and QxQs
- Pencil Sharpener
- Marker pens appropriate for the mock-up samples
- Kleenex Tissues

Room Readiness

- Desks/Chairs are in rows, if possible
- Mock-Up Samples are placed in the front of the room

MTO Baseline Administration

Edit Checklist

Be sure to mark changes in red in the margins of the survey.

- Make sure Respondent name and SSN (or alien registration number) are on all forms

BASELINE

- Most questions answered by Respondent or coded "DK" or "Ref" by Site Assistant
- Employment Code has been placed in the box on Question 4 Section IV

CONTACT SHEET

- All information is completed -- name, address, phone number
- All information is legible
- At least two contacts who do not reside with the Respondent are listed

ADULT FORM

- Compare list on adult form to household form

CHILD FORMS

- Compare number of children forms to household form

MTO Administration

Checklist for MTO Participant Forms

Participant Name: _____

Social Security #: _____

As each item is completed, check the box and write the date to the left of the box.

1. Enrollment Agreement Form
[Check each as completed]
 - Completed
 - Original filed at PHA
 - Copy sent to Abt Associates, Cambridge
 - Copy sent to NPO, if MTO Experimental Group

2. HUD Form 50058 (1st page only)
[Check each as completed]
 - Completed
 - Original filed at PHA
 - Copy sent to Abt Associates, Cambridge
 - Copy sent to NPO, if MTO Experimental Group

3. Baseline Survey
[Check each as completed]
 - Completed
 - Sent to Abt Associates, Cambridge

4. Random Assignment Software
[Check as completed]
 - Data entered from Enrollment Agreement

5. PHA Tracking System
[Choose ONE]
 - Using Enrollment Agreement Data:
 - Entered into In-Place Control
 - Entered into Section 8 Comparison
 - Entered into MTO Experimental Group

6. NPO Tracking System
[Check as completed]
 - Using Enrollment Agreement Data:
 - If MTO Experimental Group, data entered

7. NPO Counseling Log
[Check as completed]
 - Using Enrollment Agreement Data:
 - If MTO Experimental Group, data entered

MTO Administration
Participant Level Forms to Abt Associates, Cambridge
55 Wheeler Street
Cambridge, MA 02138
Attn: Debi Magri

For the Month of: _____

- 1) Enrollment Agreements
 - Submitted Week One
_____ (date)
 - Submitted Week Two
_____ (date)
 - Submitted Week Three
_____ (date)
 - Submitted Week Four
_____ (date)

- 2) Participant Baseline Survey
 - Submitted Week One
_____ (date)
 - Submitted Week Two
_____ (date)
 - Submitted Week Three
_____ (date)
 - Submitted Week Four
_____ (date)

- 3) HUD Form 50058 (1st page only)
 - Submitted Week One
_____ (date)
 - Submitted Week Two
_____ (date)
 - Submitted Week Three
_____ (date)
 - Submitted Week Four
_____ (date)

- 4) NPO Counseling Log
 - Check to make sure updates are occurring
(You will be advised as to when to send the forms.)

**MTO Administration
Forms to Abt Associates, Bethesda
Hampden Square, Suite 600
4800 Montgomery Lane
Bethesda, MD 20814
Attn: Heather Hulse**

For the Month of: _____

Remember: Lotus file is preferred, but if necessary, send paper copy.

- | | | |
|---|--------------------------|--------------------------------------|
| 1) Landlord Outreach Log | <input type="checkbox"/> | Submitted this month |
| 2) PHA Participant Tracking Forms | <input type="checkbox"/> | Submitted this month |
| 3) NPO Participant Tracking Forms | <input type="checkbox"/> | Submitted this month |
| 4) PHA Monthly Labor Costs | <input type="checkbox"/> | Submitted this month |
| 5) NPO Monthly Labor Costs | <input type="checkbox"/> | Submitted this month |
| 6) Random Assignment Software
Back-Up Disk | <input type="checkbox"/> | Submitted Week One
_____ (date) |
| | <input type="checkbox"/> | Submitted Week Two
_____ (date) |
| | <input type="checkbox"/> | Submitted Week Three
_____ (date) |
| | <input type="checkbox"/> | Submitted Week Four
_____ (date) |

COMMONLY USED SPANISH PHRASES

English

Spanish

Good morning.	Buenos días
Good afternoon.	Buenas tardes
Good evening.	Buenas tardes/Buenas noches
Is there anyone here who can speak English?	¿Hay alguien aquí que pueda hablar inglés?
I'm _____.	Yo soy _____.
My name is _____.	Mi nombre es _____.
I don't speak Spanish.	No hablo español.
May I speak with _____?	¿Puedo hablar con _____?
Is _____ here?	¿Se encuentra _____? ¿Está _____ aquí?
When will _____ be home?	¿Cuándo estará _____ en casa?
When will _____ return?	¿Cuándo regresará _____?
Please.	Por favor.
Thank you.	Gracias.
Thank you for your help.	Muchas gracias por su ayuda.
I appreciate it.	Se lo agradezco.
You're welcome.	De nada.
Somone who speaks English will be in contact with you.	Alguien que habla español se pondra en contacto con usted.
That's too bad!	¡Qué lástima!
I'll return (on) _____.	Voy a regresar el _____.
Sunday	domingo
Monday	lunes
Tuesday	martes
Wednesday	miércoles
Thursday	jueves
Friday	viernes
Saturday	sábado
in the morning	por la mañana
in the afternoon	por la tarde
May I have the phone # of this home?	¿Me permite el número del teléfono de este hogar?
I had an appointment with _____.	Tenía cita con _____.
Please wait a moment for a person that speaks Spanish.	Por favor espera un momento para una persona que habla Español.

Reference: Where To Send Specific MTO Forms and When

Name of Form	Where to Send	When to Send
Enrollment Agreement	Cambridge	Send copy once random assignment is completed
Baseline Survey	Cambridge	Within 2 days of completion
HUD Form 50058	Cambridge	Send copy within 2 days of completion
NPO Counseling Log	Cambridge	To Be Determined
Landlord Outreach Log	Bethesda	Once a month
PHA Participant Tracking Forms	Bethesda	Once a month
NPO Participant Tracking Forms	Bethesda	Once a month
PHA Monthly Labor Costs	Bethesda	Once a month
NPO Monthly Labor Costs	Bethesda	Once a month
Random Assignment Software Back-Up Disks	Bethesda	Submitted weekly*

* During start-up, you may be asked to submit information each time the random assignment program is run.

Cambridge Office:
 Abt Associates
 55 Wheeler Street
 Cambridge, MA 02138

Bethesda Office:
 Abt Associates
 Hampden Square, Suite 600
 4800 Montgomery Lane
 Bethesda, MD 20814

Backing up the vital files is a simple four step process:

- **Change to the c:\MTO directory;**
- **Insert the BACKUP disk in the a:\ drive (or b:\, whichever is appropriate);**
- **Type "copy assign.* a:" This command copies the files assign.idx and assign.mas to the floppy disk; and,**
- **Store the backup floppy in a safe location.**

Section D

Record-Keeping and Program Level Data Collection

Chapter D-1

Record-Keeping and Program-Level Data Collection

The previous sections of this manual have described the responsibilities of site assistants regarding participant-level data collection and random assignment. One other major area of responsibility is helping the PHAs and NPOs to set up and maintain program-level records about the MTO Demonstration. The records that must be maintained relate to:

- NPO outreach to landlords and landlord groups in low-poverty areas;
- the costs of operating the MTO program; and
- tracking participants through the various phases of the MTO program.

Record-keeping as it relates to each of these topics and the associated responsibilities of the site assistants are discussed below. (Data collection forms can be found in Section E.)

The Landlord and Landlord Group Outreach Logs

The NPOs conducting landlord recruitment must record their contacts with owners, managers, and their associations or organizations using the Landlord and Landlord Group Outreach Logs. The logs have been designed to be useful to staff working on this task, and to serve as a basis for reporting program activity. The logs will be collected and used to document the efforts made by all the sites to recruit landlords in low-poverty areas.

INFORMATION TO BE COLLECTED

There are two types of logs. The Landlord Outreach Log asks the NPO to record the following information concerning outreach to specific landlords:

- date of initial contact
- landlord name and address
- type of outreach method used
- size of the units available for MTO
- number of units that are managed
- whether or not the landlord has accepted Section 8 previously
- landlord reaction to the program
- neighborhoods where the potential units for MTO are located
- results/follow-up action.

The second log is used to record outreach to landlord groups. The following information is needed:

- date of initial contact
- landlord group name
- contact person and phone number
- outreach method
- number of members
- geographic area the group represents
- results/follow-up action.

DATA COLLECTION AND REPORTING REQUIREMENTS

The logs are to be maintained by the NPO staff responsible for landlord outreach. Logs should be updated regularly, as contacts with landlords occur. Copies of the outreach logs will be submitted at the end of each month of the intake period to Abt Associates/Bethesda.

SITE ASSISTANT RESPONSIBILITIES

The site assistants are responsible for helping NPOs to set up the landlord outreach logs at the start of the demonstration. Site assistants should check periodically to make sure that outreach logs are being maintained and, at the end of each month, should photocopy the logs and send them to Abt Associates/Bethesda.

Program Cost Forms

In order to track the costs of operating the MTO demonstration, PHAs and NPOs must keep records on the amount of staff time devoted to MTO activities and the other direct costs associated with the program, such as rent, telephone, and travel. This information must be reported monthly using the program cost forms shown in Section E.

Labor costs will make up by far the largest portion of costs for running the demonstration. For most months, the information to be collected is total labor hours and costs. For two months only, more detailed hours (by specific activity) need to be collected. MTO program managers will need to integrate the procedures for recording labor hours spent on MTO with the agency's regular procedures for staff time sheets. Each agency should assign one individual with the responsibility for collecting this data.

INFORMATION TO BE COLLECTED

There are two forms: a Monthly Program Costs Form and a Monthly Labor Costs Form. While the PHA and NPO versions of these forms differ somewhat, they are designed to collect basically the same information. The first form -- the **Monthly Program Costs Form** -- is completed at the end of each month and asks for the following information:

- PHA or NPO name
- month and year for which the form is completed
- the monthly expenditures for labor and other non-labor items
- NPOs only: federal grant and matching fund expenditures per month

To obtain an accurate monthly labor cost figure, staff assigned to MTO will need to keep daily records of the total amount of time they devote to MTO activities. Staff simply keep a record of how much time they spend on MTO each day. It is important that all staff working on MTO record their total time each day, but it is not necessary to record the time devoted to particular activities.

At the end of the month, staff time records should be given to the person responsible for completing the cost form so that the total labor expenditures for the month can be calculated. The total labor costs for the month are computed by calculating direct labor expenditures (hours multiplied times pay rates) and adding fringe benefits and overhead. (Abt project staff can assist local agencies in determining appropriate benefit and overhead rates, if necessary.)

Non-labor costs must also be recorded on the Monthly Program Cost Forms. These include expenditures such as consultant fees, rent for any additional office space, telephone, postage, program advertising, printing and duplication.

In addition to recording labor and non-labor expenditures, NPOs must also record the amount of federal grant funds and local matching funds that were expended during the month.

In addition, in-kind contributions (donations, volunteer time) should be noted along with the approximate dollar value of each contribution.

The second form -- the **Monthly Labor Costs Form** -- must be completed for just two months of the intake period. This form requests the following information:

- PHA or NPO name
- month and year for which the form is completed
- name of the staff assigned to MTO
- MTO activities undertaken this month by each staff member
- for each staff member, number of hours worked this month per activity
- hourly rate of the staff member
- total number of hours this month for the staff member
- total labor cost this month for the staff member

During the two months that this information is collected, staff assigned to MTO will need to keep a daily record of the amount of time they devote to various MTO activities, in addition to their overall time commitment to the program. PHA staff would record the time spent on specific activities such as outreach, Section 8 intake and processing, random assignment, record-keeping, and demonstration management. For the NPOs, staff will need to record the amount of time devoted to activities like group briefings, individual counseling, landlord outreach, search assistance, and demonstration management and record-keeping.

The daily record of each staff member working on MTO should be coordinated with regular time sheets and collected at the same intervals. At the end of the month, this information must be gathered by the staff member responsible for completing the form. For each staff member working on MTO, the number of hours spent on each activity is recorded on

the Monthly Labor Costs Form. The person completing the form then totals the number of hours devoted to MTO by each staff member per month and the total labor cost for each staff member that month.

DATA COLLECTION AND REPORTING REQUIREMENTS

Each agency should assign one staff member the responsibility for collecting program cost information for the program cost forms. At least monthly, the assigned staff person should collect labor hours from individual staff members as well as information on non-labor costs from the accounting department. On a monthly basis, total costs are tabulated the data are entered into a Lotus shell version of the forms (provided by Abt Associates) or copied onto a paper form. The form or a file on disk should be submitted to Abt Associates, Bethesda at the end of each month.

In the case of the Monthly Labor Cost Form, data are collected for only two one month periods and are sent to Abt Associates, Bethesda at the end of each of those months. PHAs and NPOs will be advised as to which months the Monthly Cost Forms will be used.

SITE ASSISTANT RESPONSIBILITIES

The site assistants should help local agencies to set up procedures for collecting cost data and help them to maintain that data, if requested. On a monthly basis, the site assistants should send copies of all program cost forms to Abt Associates, Bethesda as requested.

Participant Tracking Forms

In order to track the progress of families receiving Section 8 assistance through the MTO demonstration, the PHA and NPO will need to set up a participant tracking system. This