

Name: _____

Last First MI

Participant ID Number: ParticipantID

A. CONTACTS -- Please identify two individuals (not living with you) who will know how to contact you:

A1. Name: 2QA01Contact#1 Last Name, 2QA01First Name, 2QA01Middle Initial
Address: 2QA01Address 2QA01State
City: 2QA01City State: 2QA01State Zip: 2QA01Zip
Home Phone: () 2QA01Home Phone
Work Phone: () 2QA01Work Phone
Pager Number: () 2QA01Pager Number
Relationship: 2QA01Relationship

A2. Name: 2QA02Contact#2 Last Name, 2QA02First Name
Address: 2QA02Address 2QA02Middle Initial
City: 2QA02City State: 2QA02State Zip: 2QA02Zip
Home Phone: () 2QA02Home Phone
Work Phone: () 2QA02Work Phone
Pager Number: () 2QA02Pager Number
Relationship: 2QA02Relationship

B. EMPLOYMENT HISTORY

- B1. During the past 12 months, did you receive: [Check all that apply.]
1. TANF 2QB1-TANF
2. State/Local General Assistance (GA) 2QB1-2GA
3. Supplemental Security Income (SSI) 2QB1-3SSI
4. Social Security Disability Insurance (SSDI) 2QB1-4SSDI
5. Food Stamps 2QB1-5Food Stamps
6. Unemployment Insurance (UI) Compensation 2QB1-6UI
7. Worker's Compensation 2QB1-7Workerscomp
8. Veteran's Administration (VA) Benefits 2QB1-8Veterans
9. Other: 2QB1-9OTHERS, 2QB1-9bOtherSpecify

B2. Have you ever been employed? 2QB02Employed
1. Yes 2. No [If no, go to Question C1]

B3. Have you ever been employed full-time?
1. Yes 2. No 2QB03Ever Employed FT

B4. What is the longest you ever worked for any one employer full-time? 2QB04bLongest Employed - Mo
____ Years and ____ Months
2QB04aLongest Employed - YR

- B5. Which best describes your employment in the past 12 months? 2QB05Describe Employment
1. Employed full-time
2. Employed part-time
3. Employed on temporary basis/worked at pick-up or occasional jobs
4. Did not work

B6. During the past 12 months, about how many months did you work full-time? ____ Months
2QB06Months Worked FT

B7. Are you currently employed? 2QB07aCurrently Employed
1. Yes [Go to Question B8]
2. No -- Month/year you left your last Job: ____/____ [Go to Question B11]

B8. Is this employment full-time or part-time?
1. Full-time 2. Part-time 2QB08Employed FT/PT

B9. Is the job expected to end within the next 6 months?
1. Yes 2. No 2QB09Job Security

B10. Do you have more than one job?
1. Yes 2. No 2QB10More than 1 Job

B11. Are you currently looking for another job?
1. Yes 2. No 2QB11Looking for Job

Complete for your current/most recent job:

B12. When did you start working for your current/most recent employer? Month/Year: ____/____
2QB12Start Date

B13. Are/were you self-employed? 1. Yes 2. No
2QB13self-Employed

B14. What kind of work do/did you do?
2QB14Occupation

B15. How many hours each week do/did you usually work at this job? ____ Hours 2QB15Hours Work/week

B16. What is/was your usual wage before taxes/deductions? \$ ____ per:
 Hour Day Week Two Weeks
 Semi-Monthly Monthly Year 2QB16bTime Period

B17. How well does/did this salary cover your financial needs? 2QB17Meet Financial Needs
1. Very well 3. Not very well
2. Fairly well 4. Not at all

B18. Does/did this job provide you with...[Check all that apply.] 2QB18aVacation 2QB18cMedical Coverage
1. Paid vacation 3. Medical coverage
2. Paid sick leave 4. None of the above
2QB18bSick Leave 2QB18dNone