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# WORKFIRST RE-EXAM: TANF/SFA CLIENT SURVEY

*We need your help! We want to know if the WorkFirst program is working. Are there better ways to help WorkFirst parents find work? Raise healthy children? Become independent? WorkFirst parents know what's working and what's not. Please tell us about your experience with WorkFirst.*

## A. PLEASE TELL US ABOUT YOUR WORKFIRST ACTIVITIES

- 1) Have you ever participated in WorkFirst activities?
  - a) No, I was exempt because of my age, disability or because I was needed to stay home to care for an infant or a family member with health problems. [skip to B4]
  - b) No, I have never participated in WorkFirst activities for other reasons. [skip to A2]
  - c) Yes, I was required to participate in WorkFirst activities. [skip to A3]
- 2) Has your family ever been on WorkFirst?
  - a) Yes, I am on WorkFirst now [skip to B4]
  - b) Yes, I used to be on WorkFirst [skip to B4]
  - c) No, I have never been on WorkFirst [thank you for taking this survey -- exit]
- 3) Which WorkFirst activities did you do during your last year of WorkFirst and for how many hours a week? [Enter your weekly hours by each activity you did]
  - a) A job [hours per week]
  - b) A work study job [hours per week]
  - c) A job with on –the-job training [hours per week]
  - d) Community Jobs or Career Jump [hours per week]
  - e) Unpaid work experience or assigned volunteer work [hours per week]
  - f) Job Search [hours per week]
  - g) High school or GED [hours per week]
  - h) Life skills training [hours per week]
  - i) English as a second language (ESL) [hours per week]
  - j) Job skills training [hours per week]
  - k) Vocational education [hours per week]
  - l) Managing problems like no housing, family violence or bad health [hours per week]
  - m) None of the above [skip to B4]
- 4) Which of these WorkFirst activities was most helpful?
  - a) A job
  - b) A work study job
  - c) A job with on –the-job training
  - d) Community Jobs or Career Jump
  - e) Unpaid work experience or assigned volunteer work
  - f) Job Search
  - g) High school or GED
  - h) Life skills training
  - i) English as a second language (ESL)
  - j) Job skills training
  - k) Vocational education
  - l) Managing problems like no housing, family violence or bad health
- 5) Who did you report to while you were in this activity?
  - a) Community Services Office staff (WorkFirst Program Specialist or Social Worker)
  - b) WorkSource Center staff (Job Service Specialist)

- c) LEP Pathway staff
  - d) Local college staff (WorkFirst College Coordinator)
  - e) Community Jobs/Supported Work staff
  - f) Community organization staff
  - g) I don't know
- 6) How much did the activity help you?
- a) Learn new skills [very much, somewhat helpful, not helpful, doesn't apply]
  - b) Communicate better in English [very helpful, somewhat helpful, not helpful, doesn't apply]
  - c) Know how to apply for jobs [very helpful, somewhat helpful, not helpful, doesn't apply]
  - d) Become more employable [very helpful, somewhat helpful, not helpful, doesn't apply]
  - e) Get a better paying job [very helpful, somewhat helpful, not helpful, doesn't apply]
  - f) Know your strengths [very helpful, somewhat helpful, not helpful, doesn't apply]
  - g) Gain confidence [very helpful, somewhat helpful, not helpful, doesn't apply]
  - h) Know how to deal with health or family problems [very helpful, somewhat helpful, not helpful, doesn't apply]
  - i) See your children do better at child care or at school [very helpful, somewhat helpful, not helpful, doesn't apply]
- 7) Because of the WorkFirst activity, I was able to [Select all that apply]
- a) Get a certificate or degree
  - b) Graduate from my class or training
  - c) Get a job
  - d) Get approved for SSI
- 8) Would you like to tell us about another activity that you participated in?
- a) Yes
  - b) No [skip to B1]
- 9) What other WorkFirst activities would you like to tell us about?
- a) A job
  - b) A work study job
  - c) A job with on-the-job training
  - d) Community Jobs or Career Jump
  - e) Unpaid work experience or assigned volunteer work
  - f) Job Search
  - g) High school or GED
  - h) Life skills training
  - i) English as a second language (ESL)
  - j) Job skills training
  - k) Vocational education
  - l) Managing problems like no housing, family violence or bad health
  - m) None of the above [skip to B1]
- 10) Who did you report to while you were in this activity?
- a) Community Services Office staff (WorkFirst Program Specialist or Social Worker)
  - b) WorkSource Center staff (Job Service Specialist)
  - c) LEP Pathway staff
  - d) Local college staff (WorkFirst College Coordinator)
  - e) Community Jobs/Supported Work staff
  - f) Community organization staff
  - g) I don't know
- 11) How much did the activity help you?
- a) Learn new skills [very helpful, somewhat helpful, not helpful, doesn't apply]
  - b) Communicate better in English [very helpful, somewhat helpful, not helpful, doesn't apply]

- c) Know how to apply for jobs [very helpful, somewhat helpful, not helpful, doesn't apply]
  - d) Become more employable [very helpful, somewhat helpful, not helpful, doesn't apply]
  - e) Get a better paying job [very helpful, somewhat helpful, not helpful, doesn't apply]
  - f) Know your strengths [very helpful, somewhat helpful, not helpful, doesn't apply]
  - g) Gain confidence [very helpful, somewhat helpful, not helpful, doesn't apply]
  - h) Know how to deal with health or family problems [very helpful, somewhat helpful, not helpful, doesn't apply]
  - i) See your children do better at child care or at school [very helpful, somewhat helpful, not helpful, doesn't apply]
- 12) Because of the WorkFirst activity, I was able to [Select all that apply]
- a) Get a certificate or degree
  - b) Graduate from my class or training
  - c) Get a job
  - d) Get approved for SSI

## B. PLEASE TELL US ABOUT YOUR WORKFIRST EXPERIENCE

- 1) Did you ever do more than one WorkFirst activity during the same week? *For example, you were scheduled to do work experience every morning and classes for 3 afternoons a week.*
  - a) No [skip to B4]
  - b) Yes
- 2) Did you have any problems being scheduled for more than one activity in the same week?
  - a) No, I didn't have any problems [skip to B4]
  - b) Yes, I had problems.
- 3) What problems did you have?
  - a) It was hard to get from one activity to another because I didn't have time or transportation
  - b) It was hard to do both activities and still pick up my child from childcare on time
  - c) I had trouble remembering my schedule
  - d) I don't speak English and don't know how to take public transportation.
  - e) I had other problems [describe]
- 4) Has WorkFirst staff ever helped you deal with problems that made it difficult for you to participate? *For example, were you able to get assigned safe activities when you were going through family violence or had health problems?*
  - a) Yes, I got help in managing problems
  - b) No, I was asked to do more than I could do
  - c) No, I didn't need help in managing problems
- 5) *Working Connections Child Care helps parents pay for child care by paying for some or most of the cost. Do you get help paying for child care from the Working Connections Child Care?*
  - a) Yes [skip to B9]
  - b) No, I used to use Working Connections Child Care, but I stopped.
  - c) No, I use other child care [skip to B7]
  - d) No, I don't need child care [skip to B9]
  - e) I don't know [skip to B8]
- 6) Why did you stop using Working Connections Child Care?
  - a) I didn't need child care after I left WorkFirst. [skip to B9]
  - b) I lost my job. [skip to B8]
  - c) I earned too much money. [skip to B8]
  - d) My copayment was too high. [skip to B8]
  - e) I had another reason
- 7) Why don't you use Working Connections Child Care?
  - a) Too much paperwork
  - b) It took too long

- c) My provider stopped caring for my child
  - d) Reapplying was too hard
  - e) I had another reason [text box]
- 8) If you don't use Working Connections Child Care, or aren't sure if you use Working Connections Child Care, who do you use?
- a) My family or friends provide child care
  - b) I get low or no cost child care from my community (like the Boys and Girls Club or my church)
  - c) I get child care from another agency
  - d) My child's dad/mom takes care of them
  - e) Other [text box]
- 9) What's most helpful to you in the WorkFirst program? [text box]
- 10) What could be improved the program? *For example, what other services could be offered?* [text]

### C. PLEASE TELL US ABOUT YOURSELF

- 1) How long have you been on WorkFirst (or, if you are not on WorkFirst now, how long were you on last time)?
- a) Half a year (6 months or less)
  - b) A year
  - c) Two years
  - d) More than two years
- 2) Do you (or did you) receive WorkFirst:
- a) For yourself and your children
  - b) Just for your children
- 3) What county do you live in now?
- a) [list of counties]
- 4) Please select your gender:
- a) Female
  - b) Male
- 5) Are you currently experiencing any of the following? (select all that apply)
- a) Family violence/domestic violence
  - b) Health problems or a disability (physical, mental, emotional and/or substance abuse)
  - c) Homelessness or unstable housing
  - d) Don't have the education or skills I need to get a job
  - e) Financial problems like evictions or bankruptcy
  - f) Legal problems like convictions or having a conviction history
  - g) Unreliable or no transportation
  - h) Unreliable or no child care
  - i) Pregnant or caring for an infant
  - j) Need to stay home to care for a family member with health problems
  - k) None of the above
- 6) Are you a US citizen? [yes or no]
- 7) What is your native language?
- a) English
  - b) Spanish
  - c) Other [describe]

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