

FINANCES AND ENTITLEMENTS

1. INCOME

Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential. I will not be sharing this information with your case manager, other staff, your family, or Social Security. During the past month, did you receive any income from (READ ITEM)? Record YES or NO for each item. If YES, ask - How much (READ ITEM) did you receive during the past month?

-8 Don't Know -9 Refused

A. Earned income/paid employment/sheltered workshop?	9 no 9 yes -8 -9	\$ 1st job _____	-8	-9
Interviewer: Fill in amount earned at respondent's other job on this line, if applicable	9 no 9 yes -8 -9	\$ 2nd _____	-8	-9
B. Social Security Retirement Benefits (SSA)	9 no 9 yes -8 -9	\$ _____	-8	-9
C. Social Security Disability Income (SSDI)	9 no 9 yes -8 -9	\$ _____	-8	-9
D. Supplemental Security Income (SSI)	9 no 9 yes -8 -9	\$ _____	-8	-9
E. VA or other armed services disability benefits	9 no 9 yes -8 -9	\$ _____	-8	-9
F. VA or other armed services pension	9 no 9 yes -8 -9	\$ _____	-8	-9
G. Temporary Assistance to Needy Families (TANF) - Formerly known as Aid to Families with Dependent Children (AFDC)?	9 no 9 yes -8 -9	\$ _____	-8	-9
H. Unemployment Compensation?	9 no 9 yes -8 -9	\$ _____	-8	-9
I. Worker-s Compensation?	9 no 9 yes -8 -9	\$ _____	-8	-9
J. Alimony?	9 no 9 yes -8 -9	\$ _____	-8	-9
K. Child Support?	9 no 9 yes -8 -9	\$ _____	-8	-9
L. Money from family?	9 no 9 yes -8 -9	\$ _____	-8	-9
M. Money from friends, acquaintances, or non-relatives?	9 no 9 yes -8 -9	\$ _____	-8	-9
N. Private disability insurance payments?	9 no 9 yes -8 -9	\$ _____	-8	-9
O. Non-disability insurance settlement, annuities, or income?	9 no 9 yes -8 -9	\$ _____	-8	-9
P. Rent or other income from property?	9 no 9 yes -8 -9	\$ _____	-8	-9
Q. Tax refunds or tax rebates?	9 no 9 yes -8 -9	\$ _____	-8	-9
R. Military income (reserves only)?	9 no 9 yes -8 -9	\$ _____	-8	-9
S. Pension from private employer, union, or government?	9 no 9 yes -8 -9	\$ _____	-8	-9
T. Other retirement income (e.g., IRA, KEOGH)?	9 no 9 yes -8 -9	\$ _____	-8	-9

U. Interest from a savings, checking, or NOW account? 9 no 9 yes -8 -9 \$ _____ -8 -9

V. Investment income from stocks, bonds, or mutual funds? 9 no 9 yes -8 -9 \$ _____ -8 -9

W. Money from an inheritance or trust? 9 no 9 yes -8 -9 \$ _____ -8 -9

X. Foster Care income? 9 no 9 yes -8 -9 \$ _____ -8 -9

Y. Money from a Crime Victim Compensation program? 9 no 9 yes -8 -9 \$ _____ -8 -9

Z. Money from Other Social Welfare benefits? 9 no 9 yes -8 -9

Benefit Type _____ \$ _____ -8 -9

_____ \$ _____ -8 -9

_____ \$ _____ -8 -9

AA. Money from a Vocational program 9 no 9 yes -8 -9 \$ _____ -8 -9

Mandatory Prompt: Sometimes people's income is increased through other methods that aren't reported to the government. The kinds of things I'm referring to include money received by doing odd jobs for cash, panhandling, gambling or bookmaking, drug dealing, selling stolen goods, or exchanging sex for money. I don't want to know which of these activities you might have engaged in, I just want to know by how much your monthly income increased if you did any of them. Remember, I can't share this information with anyone, no matter what the reason. Did you make any income this way past month? (If yes, ask:) How much?

BB. Unreported income 9 no 9 yes -8 -9 \$ _____ -8 -9

Did you receive any money past month from any source we haven't covered?

CC. Other sources (Describe below). 9 no 9 yes -8 -9

_____ \$ _____ -8 -9

_____ \$ _____ -8 -9

DD. What was your total **personal** income past month?
 Personal income means the total amount of money paid out to respondent
 or respondent's payee during the past month. \$ _____ -8 -9

Interviewer: Response given for #DD should be the sum total of responses given for #A - CC.

EE. Thinking about your total income past month, was this amount typical of what you usually receive each month, or was it higher or lower than usual?

INTERVIEWER: Circle 1, 2, or 3.

1 Typical
 2 Higher
 3 Lower -8 -9

Interviewer: IF NOT TYPICAL, ask - Why and record explanation below.

If respondent currently resides in a group home or other facility, SKIP #EE.

EE. What was your total **household** income past month?

Household income means the total amount of money that everyone in your home received during the past month.

\$ _____ -8 -9

2. PHYSICAL AND MENTAL HEALTH SERVICES USED

Next, I would like you to tell me whether you have used certain kinds of physical and mental health services in the past month. If you used these services, I would also like you to tell me how many times you've used them in the past month. Please take a look at the services listed on this card as I ask you about each one of them. **Interviewer: (HAND CARD to respondent).**

A. Did you make any visits to a hospital emergency room? **9** no **9** yes -8 -9
If yes - How many visits did you make in the past month? # of visits _____ -8 -9

B. Did you make any visits to an outpatient mental health provider?
By provider I mean a psychiatrist, case manager or case worker, counselor, or supported employment specialist. **9** no **9** yes -8 -9

If yes - How many visits did you make to a mental health provider as an outpatient past month? # of visits _____ -8 -9

C. Did you spend any nights as an inpatient for psychiatric reasons? **9** no **9** yes -8 -9
If yes - How many nights did you spend in the hospital for psychiatric reasons In the past month? # of nights _____ -8 -9

D. Did you make any visits to a doctor or other medical provider as an outpatient for medical care? **9** no **9** yes -8 -9

If yes - How many visits did you make to a health care provider as an outpatient past month? # of visits _____ -8 -9

E. Did you spend any nights in the hospital for medical reasons? **9** no **9** yes -8 -9
How many nights did you spend in the hospital for medical reasons in the past month? # of nights _____ -8 -9

F. Did you make any visits to a dentist or dental hygienist? **9** no **9** yes -8 -9
How many visits did you make to a dental office in the past month? # of visits _____ -8 -9

3. TYPES OF ASSISTANCE

Next, I would like to ask you whether you've received different types of assistance in the past month. If you received assistance, I would also like you to help me estimate how much that help was worth in dollars. Take a look at the types of assistance listed on this card as I read them (HAND CARD).

A. Did you receive a housing subsidy? **9** no **9** yes -8 -9 \$ _____ -8 -9
How much did you receive/how much was it worth?

B. Did you receive a utilities subsidy (LIHEAP)? **9** no **9** yes -8 -9 \$ _____ -8 -9
How much did you receive/how much was it worth?

C. Did you receive a transportation subsidy? 9 no 9 yes -8 -9 \$ _____ -8 -9

How much did you receive/how much was it worth?

D. Did you receive food stamps? 9 no 9 yes -8 -9 \$ _____ -8 -9

How much did you receive/how much was it worth?

E. Did you receive any free food items from a Food Pantry or any other source? 9 no 9 yes -8 -9

What kind of food items did you receive and how many?

INTERVIEWER: LIST TYPE AND NUMBER OF FOOD ITEMS BELOW.

TYPE OF FOOD NUMBER -8 -9

F. Did you receive any free meals? 9 no 9 yes -8 -9

How many free breakfasts did you receive in the past month? # of breakfasts _____ -8 -9

How many free lunches did you receive in the past month? # of lunches _____ -8 -9

How many free dinners did you receive in the past month? # of dinners _____ -8 -9

G. Did you participate in a Social Security work incentive plan (i.e., PASS plan, ERWI)? 9 no 9 yes -8 -9 \$ _____ -8 -9

How much was it worth on a monthly basis?

H. Did you receive any free clothing? 9 no 9 yes -8 -9

What kinds of clothing did you receive?

INTERVIEWER: LIST TYPE AND NUMBER OF CLOTHING ITEMS BELOW.

TYPE OF CLOTHING NUMBER -8 -9

I. Did you stay in a shelter or other emergency housing? 9 no 9 yes -8 -9 # of nights _____ -8 -9

How many nights did you stay in a shelter or emergency housing?

J. Did you receive any education at a GED program, college, or trade school? 9 no 9 yes -8 -9 # of hours _____ -8 -9

How many hours of education did you receive?

K. Other than what we've discussed already, did you receive any other types of assistance in the past month? 9 no 9 yes -8 -9

If yes - Please describe it and tell me how much it was worth.

_____ \$ _____ -8 -9

	\$	-8	-9
	\$	-8	-9

4. ASSETS

I'd like to ask you about your personal assets. By assets I mean things like cash, checking and savings accounts, stocks, bonds, collectibles, vehicles, property, and any items which could be sold for cash, if necessary. Please take a look at this card as I read each category and tell me if you have each kind of asset and, if yes, how much it is worth, less any outstanding balance you owe on it.

A. Money in a bank, savings & loan, credit union, or cash on hand?	9 no 9 yes	-8 -9	\$ _____	-8	-9
B. Home, condominium, or any other property you own?	9 no 9 yes	-8 -9	\$ _____	-8	-9
C. Car, motorcycle, bicycle, or other vehicles?	9 no 9 yes	-8 -9	\$ _____	-8	-9
D. Stocks, bonds, or mutual funds?	9 no 9 yes	-8 -9	\$ _____	-8	-9
E. Jewelry, collectibles, or other valuables?	9 no 9 yes	-8 -9	\$ _____	-8	-9

Mandatory Prompt: Are there any other assets you have? If so, please tell me what they are and how much they are worth, less any outstanding balance you may owe on them.

F. Other Assets	9 no 9 yes	-8 -9			
Describe _____			\$ _____	-8	-9
_____			\$ _____	-8	-9

5. EXPENSES

Next, please think about how much money you spent in the past month and everything you spent it on. Please think about all bills such as rent, utilities, credit card and other bills, as well as expenses such as food, clothing, transportation, entertainment, and any other expenses you may have. It's important that you deduct from these expenses any money you received to help you cover them. I only want to know how much you spent out of your own pocket on each of these expenses (SHOW CARD) in the past month. Please take a look at this card as I read them.

Did you spend any money on ...

A. Housing (rent or mortgage payment)?	9 no 9 yes	-8 -9	\$ _____	-8	-9
B. Utilities such as					
Electric?	9 no 9 yes	-8 -9	\$ _____	-8	-9
Gas?	9 no 9 yes	-8 -9	\$ _____	-8	-9
Phone?	9 no 9 yes	-8 -9	\$ _____	-8	-9
Cable TV?	9 no 9 yes	-8 -9	\$ _____	-8	-9
Water, Sewer?	9 no 9 yes	-8 -9	\$ _____	-8	-9
C. Food?	9 no 9 yes	-8 -9	\$ _____	-8	-9
D. Transportation?	9 no 9 yes	-8 -9	\$ _____	-8	-9
E. Childcare?	9 no 9 yes	-8 -9	\$ _____	-8	-9
F. Medication (include ONLY out-of-pocket expenses)?	9 no 9 yes	-8 -9	\$ _____	-8	-9
G. Mental Health Care, other than Medication? (Include ONLY out-of-pocket expenses)	9 no 9 yes	-8 -9	\$ _____	-8	-9
H. Medical Care, other than mental health care & medication					

(Include ONLY out-of-pocket expenses)? 9 no 9 yes -8 -9 \$ _____ -8 -9

I. Entertainment? 9 no 9 yes -8 -9 \$ _____ -8 -9

J. Cigarettes and Tobacco Products? 9 no 9 yes -8 -9 \$ _____ -8 -9

K. Alcohol & Drugs? 9 no 9 yes -8 -9 \$ _____ -8 -9

L. Gifts and Loans to Others? 9 no 9 yes -8 -9 \$ _____ -8 -9

M. Clothing? 9 no 9 yes -8 -9 \$ _____ -8 -9

Mandatory Prompt: Are there any other expenses you had in the past month? If so, please tell me what they were and how much you paid in the past month.

N. Other Expenses? 9 no 9 yes -8 -9
 List other expenses and amounts below.

_____ \$ _____ -8 -9

_____ \$ _____ -8 -9

_____ \$ _____ -8 -9

INTERVIEWER: If respondent has signed release form for Master Beneficiary Record, skip to Section 8 - SSI/SSDI Contacts.

6. SSI BENEFICIARY HISTORY

INTERVIEWER: Code >YES= to A. below if known (refer to Question 1D).

A. Have you ever received Supplemental Security Income (SSI)? 9 no 9 yes -8 -9
 If no, go to question 7.

B. Sometimes, people go off of SSI. That is, they receive it for a while and then they lose their eligibility and do not get it for many months until they sign up again. If that has happened to you, how many different times have you gone off and then back on SSI?

of times _____ -8 -9

FIRST OR ONLY TIME

C. What month and year did you begin receiving SSI (the first time)? _____/_____ -8 -9

D. When did you stop receiving SSI (the first time)? _____/_____ or
 9 currently receiving -8 -9

E. Please take a look at this card and tell me why you stopped receiving SSI at that time.
 (HAND CARD & CODE ALL THAT APPLY).

No longer disabled, medically recovered	1	0	-8	-9
Had too much money from jobs to be eligible	1	0	-8	-9
Had too much money from other sources to be eligible	1	0	-8	-9
No stable address, out of country	1	0	-8	-9
In Jail or Prison	1	0	-8	-9
Some other reason - describe _____	1	0	-8	-9

SECOND TIME

F. What month and year did you begin receiving SSI (the second time)? _____/_____ -8 -9

G. When did you stop receiving SSI (the second time)? _____/_____/ or
 9 currently receiving -8 -9

H. Please take a look at this card and tell me why you stopped receiving SSI at that time.
 (HAND CARD & CODE ALL THAT APPLY).

- No longer disabled, medically recovered 1 0 -8 -9
- Had too much money from jobs to be eligible 1 0 -8 -9
- Had too much money from other sources to be eligible 1 0 -8 -9
- No stable address, out of country 1 0 -8 -9
- In Jail or Prison 1 0 -8 -9
- Some other reason - describe _____ 1 0 -8 -9

THIRD TIME

I. What month and year did you begin receiving SSI (the third time)? _____/_____/ -8 -9

J. When did you stop receiving SSI (the third time)? _____/_____/ or
 9 currently receiving -8 -9

K. Please take a look at this card and tell me why you stopped receiving SSI at that time.
 (HAND CARD & CODE ALL THAT APPLY).

- No longer disabled, medically recovered 1 0 -8 -9
- Had too much money from jobs to be eligible 1 0 -8 -9
- Had too much money from other sources to be eligible 1 0 -8 -9
- No stable address, out of country 1 0 -8 -9
- In Jail or Prison 1 0 -8 -9
- Some other reason - describe _____ 1 0 -8 -9

7. SSDI BENEFICIARY HISTORY

INTERVIEWER: Code >YES= to A. below if known (refer to Question 1C).

A. Have you ever received Supplemental Security Income (SSDI)? 9 no 9 yes -8 -9
 If no, go to question -8.

B. Sometimes, people go off of SSDI. That is, they receive it for a while and then they lose their eligibility and do not get it for many months until they sign up again. If that has happened to you, how many different times have you gone off and then back on SSDI? # of times _____ -8 -9

FIRST OR ONLY TIME

C. What month and year did you begin receiving SSDI (the first time)? _____/_____/ -8 -9

D. When did you stop receiving SSDI (the first time)? _____/_____/ or
 9 currently receiving -8 -9

E. Please take a look at this card and tell me why you stopped receiving SSDI at that time.
 (HAND CARD & CODE ALL THAT APPLY).

- No longer disabled, medically recovered 1 0 -8 -9
- Had too much money from jobs to be eligible 1 0 -8 -9

Had too much money from other sources to be eligible	1	0	-8	-9
No stable address, out of country	1	0	-8	-9
In Jail or Prison	1	0	-8	-9
Some other reason - describe _____	1	0	-8	-9

SECOND TIME

F. What month and year did you begin receiving SSDI (the second time)? _____/_____ -8 -9

G. When did you stop receiving SSDI (the second time)? _____/_____ or
9 currently receiving -8 -9

H. Please take a look at this card and tell me why you stopped receiving SSDI at that time.
(HAND CARD & CODE ALL THAT APPLY).

No longer disabled, medically recovered	1	0	-8	-9
Had too much money from jobs to be eligible	1	0	-8	-9
Had too much money from other sources to be eligible	1	0	-8	-9
No stable address, out of country	1	0	-8	-9
In Jail or Prison	1	0	-8	-9
Some other reason - describe _____	1	0	-8	-9

THIRD TIME

I. What month and year did you begin receiving SSDI (the third time)? _____/_____ -8 -9

J. When did you stop receiving SSDI (the third time)? _____/_____ or
9 currently receiving -8 -9

K. Please take a look at this card and tell me why you stopped receiving SSDI at that time.
(HAND CARD & CODE ALL THAT APPLY).

No longer disabled, medically recovered	1	0	-8	-9
Had too much money from jobs to be eligible	1	0	-8	-9
Had too much money from other sources to be eligible	1	0	-8	-9
No stable address, out of country	1	0	-8	-9
In Jail or Prison	1	0	-8	-9
Some other reason - describe _____	1	0	-8	-9

8. SSI/SSDI CONTACTS

Interviewer: If respondent DOES NOT report SSI or SSDI ask A, otherwise skip to C.

A. Have you ever applied for SSI or SSDI? 9 no 9 yes -8 -9
IF NO, SKIP to C.

B. Which of the following reasons best explains why you applied for but have never received SSI/SSDI?
(HAND CARD AND CODE ALL THAT APPLY).

I was determined to be ineligible based on income 1 0 -8 -9

I was determined to be not disabled	1	0	-8	-9
I never completed the application process	1	0	-8	-9
My application is being processed	1	0	-8	-9
Some other reason - describe _____	1	0	-8	-9

INTERVIEWER: ASK EVERYONE:

C. Have you ever talked to anyone from Social Security about how work could affect your benefits?
 9 no 9 yes -8 -9

INFORMATION FROM THE INTERVIEWER

A. Did you use any written documents in preparing responses to these items?
 IF YES, please describe these below. 9 no 9 yes

B. Did you obtain verbal information from anyone other than the respondent?
 IF YES, please describe this person(s) below. 9 no 9 yes

C. Do you have any reason to believe the information provided by the respondent was not accurate?
 IF YES, please indicate below WHICH information may be unreliable and WHY. 9 no 9 yes