

GUIDE TO WFF ONLINE SURVEYS

The Survey Tools

Washington Families Fund uses a website called surveymonkey.com for all of our on-line surveying. This site allows us to quickly and efficiently create a data collection tool that can be sent out in an email or posted on a website as a link. Each survey allows users to click on the link, follow the instructions and submit their survey results. By using a web-based surveying tool we are able to gather information easily from hundreds of users at a time and transfer the data directly into our in-house WFF database.

Even though we have had great success with this survey tool, it does have some limitations and quirks. As a result, we have written this guide to help you have the best experience possible when submitting your client data. In addition, each survey includes information, definitions, and instructions specific to that tool that will help guide you to successful completion and submittal.

There are 5 surveys in this suite:

1. Client Family Intake Survey (INTAKE)
2. Client Family Update Survey (UPDATE)
3. Client Family Change Survey (CHANGE)
4. Newly-Replaced Head of Household Survey (REPLACED HH)
5. Post-Exit Disappearances Survey (PE DISAPPEAR)

Schedule for Submitting Surveys

Below is the schedule for submitting the online surveys.

Data Collection Surveys	Due Dates
Intake into WFF Program	Within 30 days of entrance into a WFF housing unit
Family Exit from WFF Program	Within 30 days of exit
Post-Exit Follow-up Surveys	Every 6 months after exit
Annual Family Reassessment	September 30 th each year
Status Change Surveys	Within 3 weeks of change
Post-Exit Disappearance Survey	Within 2 weeks

Web Links for Accessing Survey Data Collection Tools:

All of the surveys can be accessed online via the web link below. Please note that all grantees from each year of award fill out the same survey. You will need a unique password in order to access the online survey. If you don't know what the correct password is, please contact the administrative or program lead for your WFF project or you can also contact the WFF Administrator at 206-322-9444 ext. 36 or via email at WFF@BuildingChanges.org. A downloadable PDF version of each of the surveys is also posted online. The PDF version does not require a password for access.

http://www.aidshousing.org/newsletter2210/newsletter_show.htm?doc_id=327085

Preparing for Completing a Survey:

Caution: If you have not completed at least one intake or one update survey online already, we would suggest that you get some training on the survey tools before jumping in with your first client family survey. You can get training from the WFF Administrator via telephone or you can check with another case manager/family advocate associate with your project. You can contact the WFF Administrator at (206) 322-9444 ext. 36 or via email at WFF@BuildingChanges.org

Things to consider when filling out the surveys:

- Be sure to have all the records and information with you that you will need in order to successfully fill out the survey. It's probably a good idea for your agency to have a printed copy of each of the surveys available as a guide for use in either revising your existing intake forms, or for use directly as a data collection tool.
 - The INTAKE survey is 31 printed pages, and the UPDATE survey is 33 printed pages. (You will use these two routinely.)
 - Because the CHANGE survey incorporates a number of different possible change scenarios, it's longer (54 printed pages), but you won't need the whole document each time you record a change of status. You can simply reference the section that relates to the change(s) you're recording and note the information needed.
 - The Newly-Replaced Head of Household Survey (REPLACED HH) and Post-Exit Disappearances Survey (PE DISAPPEAR) will be used less frequently and are 16 and 4 pages respectively.
- The information requested at INTAKE and UPDATE includes the family's history of housing and homelessness, demographic information on all members of the household, a range of data regarding access to services, education and employment, and the head of household's satisfaction with certain aspects of the family members' quality of life, ability to succeed, and progress towards goals. Some of the information may be gleaned from casual conversation over time, but much of it will require a more deliberate interview with the head of household.

If you don't feel comfortable asking the questions or can't figure out how to get the information in a timely manner, please let your supervisor know because gathering these data accurately at enrollment and then at intervals throughout their WFF service and

follow-up periods is essential to understanding the effectiveness both of your work and for the project as a whole.

- Each survey includes a number of questions that are required, which means that you will not be able to finish and submit the survey unless those questions are answered. (In the pdf version these questions have an asterisk (*) before them.) In some cases, surveymonkey will allow you to close the survey and go back to it at a later date, but you cannot open another survey until that one is finished and submitted. Also you cannot be sure that data won't be lost. And once a survey has been submitted, it cannot be retrieved to edit. Therefore, we recommend that you have all the data you need to complete the survey at the time you sit down to complete the survey online.
- **Every member of the household—both adults and children living with the head of household—will need a unique client identifier ('Client ID'). Without an identifier you cannot complete the survey tool.** To the extent that agencies are participating in the local Homeless Management Information System (HMIS), we recommend that your agency uses the HMIS number as the client ID. If your agency has its own identifier, please note that we will ask you to generate an HIMIS ID for all family members using the algorithm employed by the Safe Harbors HMIS system. (Safe Harbors is the system utilized by the State of Washington and in King County.)
- You can generate an HMIS ID by combining unique personal information as follows:
 - The first, middle and last initial; gender (F or M); and birth date (mm-dd-yyyy) The result is an 12-character string: DPCM12221951
 - In the case of twins, please list the younger twin as being born on the day following their actual date of birth
 - For families with concerns regarding confidentiality due to domestic violence, although recent legislation exempts HIMIS participation, WFF would still like to collect data on the families. You can generate a "dummy" HMIS ID by listing the birth date as January first of the year born for all family members, but please use their actual initials and gender. Thank you!
 - Please be sure to record the identifier for each family member in your agency records so that you can correctly reference it in the future, otherwise we will not be able to track the family's progress in the program.
- In addition to a Client ID, you will also need to provide the birth dates for all of the children enrolled in the WFF program and will be asked to list them in the order of eldest to youngest. This is how WFF will be able to track and evaluate the individual progress of each child.
- Please complete one survey for each family and only for those families that are receiving WFF funded services.

Entering Data

Once you have all of the client information with you that you will need in order to fill out the survey, click on the survey link to begin. After clicking the link, you will be prompted to enter a password that was included in your agency's contract and in an email to you.

Once the survey appears on your computer screen, you are ready to begin entering data. When filling out the survey, please note the following:

- Questions marked with an asterisk (*) are required fields and you will not be able to complete and submit the survey until they are answered.
- Please be careful when using a computer mouse with scroll features that you are not inadvertently changing an answer to the selected question. We suggest that you use the arrows on your keyboard or the tool bar on the right side of your computer screen to navigate the survey.
- The survey form is not able to detect whether data has been entered incorrectly. As a result, it is possible to enter a date of birth or client start date that occurs in the future. For this reason please be careful when entering data and double check yourself before proceeding.
- You can move forward and backward through a survey form, but once you hit 'Done' at the end of the survey, the answers are submitted and you cannot return to them. Closing your web browser or ending your Internet session before completing the survey will have unpredictable outcomes. As a result, we recommend that you do not close your browser or end your Internet session until you have completed an entire survey and hit the 'Done' button.
- If you submit a survey and later realize that the information is incorrect, please email WFF@BuildingChanges.org or call the WFF Administrator at (206) 322-9444, ext. 36. She will fax you a copy of your survey for you to correct. You can then fax the corrected survey back to Building Changes at (206) 322- 9298.
- Because most of the data elements in this survey have been taken directly from the HMIS dataset, you will find that some of the response choices do not necessarily relate to the populations that you are serving. We apologize for this and encourage you to pick the choice that is most accurate for each family and family member.
- If you would like a PDF copy of a completed survey, please let us know and staff will send you a copy. In the case of agency partnerships, where organizations other than the lead agency are filling out the surveys, all documents will be sent to the lead agency unless you notify us otherwise.
- If you find that the online survey tool is difficult to use or does not have enough space for all of the children in a family, please let us know.
- From time to time, we may need to make revisions to the survey tools. If so, we will notify you of the changes, and links to the most current versions of the surveys will be available online at: <http://www.aidshousing.org/wff>

If you have any questions or would like some training, do not hesitate to contact us:

Emily Nolan

(206) 322-9444, ext. 36

Emily.Nolan@BuildingChanges.org

The Client Family Intake Survey

The initial INTAKE survey should be completed and submitted within 30 days of the client's entrance into WFF-funded services. Please note that one survey is to be used for one family.

Questions with an asterisk (*) next to the number (online version) are required and must be answered in order for you to complete and submit the survey.

This survey begins with some basic information and guidance that is not repeated here. However, some additional instructions for each question follows:

Identification of Project, Agency and Staff Information

The first four questions provide documentation of the staff member, date of data entry, agency they work for, and WFF project association. This information is required for all survey documents.

1. 200__ WFF-FUNDED PROJECT
Please check the box that represents the project you are associated with. If you don't see your project name listed, then you have opened the survey for a different year. Please contact AHW if you can't get into the correct survey form online!
2. NAME OF PERSON ENTERING SURVEY DATA
Enter the name of the person filling out the online survey. In some cases this will be the same person for all participants in your program, but in other cases it may be a different case manager for each family. This name will let us know whom to contact if we have a question about the information in a survey.
3. ORGANIZATION OF PERSON ENTERING SURVEY DATA
Give the organization name of the person who is entering the data. This organization may or may not be the lead organization for your project.
4. DATE THIS SURVEY DATA WAS ENTERED
Please enter the date when this survey data was entered.

Identification of Family, Eligibility, and Certain Household Characteristics

Questions 5 through 29 seek information about the family as a whole, including family composition, eligibility for WFF services; income and benefits status prior to program entry; history of housing stability, homelessness, and domestic violence; and documentation of unmet needs.

5. CLIENT FAMILY UNIQUE IDENTIFIER
WFF prefers that this be the HMIS Household Identification number, but if you are not currently enrolled in an HMIS system, it can be any Project-specific identifier that won't be duplicated by this Project later on.
6. CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Provide an HMIS Household Identification Number even if it's the same as above
7. DATE THAT CLIENT FAMILY STARTED RECEIVING WFF SERVICES
Please give the date when the client family began utilizing WFF funded services. For existing projects, this will be the date when your WFF funding contract began, e.g. October 1st.

8. ELIGIBILITY BASIS

Families are eligible for WFF if there is at least one “Eligible Child” and one adult head of household or the household consists of a “Pregnant Woman”, with or without a partner. This question clarifies that there is either a child or a pregnant woman present, or both. “Eligible Child” and “Pregnant Woman” are defined in the survey. Select one option.

9. LEGAL ADULT PRESENT

This question clarifies that there is either only one or more than one legal adult present in the household. “Legal Adult” is defined in the survey.

10. REPORTABLE CHILD COUNT

This questions request a total for the children present in the household. “Reportable Child is defined in the survey.

11. REPORTABLE ADULT COUNT

This questions request a total for the adults present in the household. “Reportable Adult” is defined in the survey.

12. INTERVIEW DATE

Please enter the date of the most recent/final interview you conducted in collecting this information.

13. CLIENT FAMILY PRIOR RESIDENCE at PROGRAM ENTRY

Please indicate where this family spent the night preceding entry into WFF housing. Please note that WFF eligibility is not dependent on the family’s being homeless the night before moving into a housing unit associated with your WFF program. However, they do need to have been recently homeless. Later questions will get at a family’s history of homelessness.

If you cannot find a suitable answer for where the family spent the night prior to moving into WFF housing, you may select “Other”. If so, please answer Question 14; otherwise skip to Question 15.

14. If you selected OTHER in answer to Question 13, please describe here.

15. CLIENT FAMILY PRIOR ZIP CODE

Please provide the ZIP code of the location where the client family spent the night right before entering a housing unit associated with your WFF program.

16. CLIENT FAMILY LENGTH OF STAY in PRIOR PLACE

Please indicate how long this family stayed in the place where they spent the night right before entering a housing unit associated with your WFF program.

17. CLIENT FAMILY PREVIOUSLY HOMELESS at PROGRAM ENTRY

Please indicate whether this family was homeless the night before entering a housing unit associated with your WFF program. Please note that WFF eligibility is not dependent on the family’s being homeless the night before moving into a housing unit associated with your WFF program. However, they do need to have been recently homeless. Other questions will get at a family’s history of homelessness. Homelessness for the purposes of the Washington Families Fund program is defined in the survey.

18. PRIOR HOMELESS START DATE

Please enter the date that this family most recently became homeless. If you don’t have an actual date, please respond as accurately as possible. This is called the “Latest Date” that they became homeless.

19. NUMBER of PRIOR HOMELESS EPISODES
Please enter the number of prior homeless episodes this family experienced prior to moving into a housing unit associated with your WFF program.
20. LONGEST CONTINUOUS PRIOR HOMELESS EPISODE
Please record in months the longest continuous prior homeless episode for this family before moving into a housing unit associated with your WFF program.
21. REASON for LATEST PRIOR HOMELESS EPISODES
Please indicate as many reasons for the latest (most recent) prior homeless episode for this family before moving into a housing unit associated with your WFF program. Check ALL that apply.
22. FIRST HOMELESS START DATE
Please report the first date that this family became homeless. If this family has only been homeless once, please enter the starting date of that episode.
23. ZIP CODE of PRIOR PERMANENT RESIDENCE
Please record the ZIP code of the family's latest (most recent) permanent residence. Permanent Residence is defined in the survey.
24. NUMBER of MOVES in the PRIOR TWO YEARS
Please indicate the number of times the family has moved in the two years prior to moving into a housing unit associated with your WFF program.
25. DATES of FAMILY'S LATEST THREE MOVES
Please enter dates for the families three latest moves, listing the most recent first and working backwards in time.
26. FAMILY INCOME SOURCE
Please indicate all sources of cash income that this family was receiving at time of intake.
27. CLIENT FAMILY CASH INCOME
Please enter the monthly income a client receives from employment. Also enter any income the family receives from all other sources. If there is no income, enter 0. You do not need to include a \$ sign.
28. CLIENT FAMILY SAVINGS
Please enter the amount the family contributes each month to a saving account. Also enter the total amount they currently have in savings. If they have no savings account, enter 0 for both lines. You do not need to include a \$ sign.
29. CLIENT FAMILY BENEFITS
Please indicate all sources of benefits that the family was receiving at time of intake.
30. PRIOR UNMET SERVICE NEEDS
Please indicate all needs that a client family had prior to intake that were unmet.
31. PRIOR DOMESTIC VIOLENCE
According to the Head of Household, has anyone in this Client Family experienced Domestic Violence, and if so, when did it occur? Please indicate one time frame.

Information Regarding the Current Head of Household

Questions 32 through 56 pertain specifically to the identified Head of Household. In a two-parent family, please ask the parents to identify which one is the head of household. Please note that if there is a change in Head of Household during their affiliation with WFF services, you are requested to complete both a CHANGE survey and a NEWLY-REPLACED HEAD OF HOUSEHOLD survey.

32. CURRENT HEAD OF HOUSEHOLD DATE OF BIRTH
Please enter the date of birth for the identified Head of Household.
33. CURRENT HEAD OF HOUSEHOLD HMIS UNIQUE IDENTIFIER
Please provide an Homeless Management Information System (HMIS) unique client identifier, even if your agency is not inputting client information into an HMIS system. (If you need to generate an HMIS number, please follow the instructions provided at the beginning of this document.)
34. CURRENT HEAD of HOUSEHOLD PREGNANCY
Please indicate if the current Head of Household was pregnant at time of intake.
35. CURRENT HEAD of HOUSEHOLD GENDER
Please indicate the current Head of Household's gender at program entry.
36. CURRENT HEAD of HOUSEHOLD RACE/ETHNICITY
Please indicate the current Head of Household's race/ethnicity at program entry. Please note that they may have more than one answer.
37. CURRENT HEAD of HOUSEHOLD VETERAN STATUS
Please indicate if the current Head of Household was a veteran at program entry.
38. CURRENT HEAD of HOUSEHOLD IMMIGRANT or REFUGEE STATUS
Please indicate if the current Head of Household is an immigrant or refugee.
39. CURRENT HEAD of HOUSEHOLD ENGLISH FLUENCY
Please indicate if the current Head of Household's English Fluency was sufficiently limited at intake such that s/he requires an interpreter.
40. CURRENT HEAD of HOUSEHOLD DISABLING CONDITIONS
Please indicate if the current Head of Household has one or more of the listed conditions and, at time of intake, was disabled as a result of its severity.
41. CURRENT HEAD of HOUSEHOLD HIV/AIDS STATUS
Please indicate the current Head of Household's HIV/AIDS status, if known, at program entry.
42. CURRENT HEAD of HOUSEHOLD LEVEL of SCHOOL COMPLETED
Please indicate the highest level of schooling completed by the current Head of Household at program entry.
43. CURRENT HEAD of HOUSEHOLD in SCHOOL
Please indicate if the current Head of Household was attending school at program entry.
44. CURRENT HEAD of HOUSEHOLD ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if the current Head of Household was enrolled in a Job Training or Job Search Program at program entry.

45. CURRENT HEAD of HOUSEHOLD EMPLOYMENT STATUS
Please indicate the kind of work, if any, the current Head of Household had at program entry.
46. CURRENT HEAD of HOUSEHOLD NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by the current Head of Household in the week prior to intake.
47. HEAD OF HOUSEHOLD MONTHLY INCOME FROM EMPLOYMENT
Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.
48. HEAD OF HOUSEHOLD HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage
49. HEAD OF HOUSEHOLD OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
50. HEAD OF HOUSEHOLD JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
51. HEAD OF HOUSEHOLD REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.
52. HEAD OF HOUSEHOLD JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
53. HEAD OF HOUSEHOLD UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Information Regarding Children in the Household

Questions 54 through 63 concern children in the household and gather information regarding their birth order, HMIS identifier, activities, school progress, social development, and behaviors. "Reportable Child" is defined in the survey. If there are no Reportable Children in the family (because WFF eligibility at program entry is due to Head of Household pregnancy), then you may skip ahead to question 64.

54. REPORTABLE CHILD DATE of BIRTH
Please list all Reportable Children in the household in birth order, starting with the eldest. If there are twins, please list the second child's date of birth as one day later than their actual date of birth. If triplets, please enter the third child as being born 2 days after their actual date of birth, etc. Please use this same ordering for these Reportable Children throughout the WFF survey tools.
55. REPORTABLE CHILD HMIS UNIQUE IDENTIFIER
Please provide an HMIS unique identifier for each reportable child, even if you aren't inputting client data into an HMIS system. (If you need to generate an HMIS number, please follow the instructions provided at the beginning of this document.)
56. REPORTABLE CHILD'S ORGANIZED ACTIVITIES
Please indicate which of the organized activities listed, if any, the Reportable Children in this household participated in at program entry.

57. REPORTABLE CHILD'S PRIOR DAYCARE STABILITY
For children in daycare, please indicate how many times each Reportable Child changed daycare providers in the past year.
58. REPORTABLE CHILD'S PRIOR SCHOOL STABILITY
For children attending school, please indicate how many times each Reportable Child changed schools in the past year.
59. REPORTABLE CHILD'S USUAL SCHOOL WEEK
For children attending school, please indicate how many School Days there are in a normal week at the school attended by each Reportable Child at program entry.
60. REPORTABLE CHILD'S USUAL WEEKLY SCHOOL ATTENDANCE
For children attending school, please indicate the number of days that each Reportable Child usually attended school each week at program entry.
61. HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S SCHOOL PROGRESS
Please record the Current Head of Household's concerns regarding each Reportable Child's progress in school at program entry, beginning with the eldest.
62. HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S PHYSICAL and SOCIAL DEVELOPMENT
Please record the Current Head of Household's concerns regarding each Reportable Child's physical and social development at program entry, beginning with the eldest.
63. HEAD OF HOUSEHOLD'S CONCERNS RE: CHILD'S BEHAVIOR
Please record the Current Head of Household's concerns regarding each Reportable Child's behavior at program entry, beginning with the eldest.

Information Regarding Adults in the Household

Questions 55 through 70 concern adults in the household other than the Current Head of Household and gather information regarding their birth dates, HMIS identifier, relationships within the family, demographic information, and veteran, HIV/AIDS, education and employment status. "Reportable Adult" is defined in the survey. If there are no Reportable Adults in the family (because WFF eligibility at program entry is due to Head of Household pregnancy), then you may skip ahead to question 55.

64. REPORTABLE ADULT DATE of BIRTH
Please list all Reportable Adults in the household in date order, starting with the eldest. If there are two adults who share the same birthday, please sort them alphabetically by first name. List the second adult's date of birth as one day later than their actual date of birth. If three, please enter the third child as being born 2 days after their actual date of birth, etc. Please use this same ordering for these Reportable Adults throughout the WFF survey tools.
65. REPORTABLE ADULT HMIS UNIQUE IDENTIFIER
Please provide an HMIS unique identifier for each reportable adult, even if you aren't inputting client data into an HMIS system. (If you need to generate an HMIS number, please follow the instructions provided at the beginning of this document.)
66. REPORTABLE ADULT RELATIONSHIP TO CURRENT HEAD OF HOUSEHOLD
Please indicate the nature of the relationship between each Reportable Adult and the Current Head of Household, starting with the eldest Reportable Adult.

67. REPORTABLE ADULT PREGNANCY
Please indicate if each Reportable Adult was pregnant at program entry.
68. REPORTABLE ADULT GENDER
Please indicate the gender of each Reportable Adult at program entry.
69. REPORTABLE ADULT RACE/ETHNICITY
Please indicate the race/ethnicity of each Reportable Adult at program entry, starting with the eldest. Please note that each person may have multiple answers.
70. REPORTABLE ADULT VETERAN STATUS
Please indicate if each Reportable Adult was a veteran at program entry, starting with the eldest.
71. REPORTABLE ADULT IMMIGRANT or REFUGEE STATUS
Please indicate if each Reportable Adult is an immigrant or refugee, starting with the eldest.
72. REPORTABLE ADULT FLUENCY in ENGLISH
Please indicate if the each Reportable Adult 's English Fluency was sufficiently limited at intake such that s/he requires an interpreter, starting with the eldest.
73. REPORTABLE ADULT DISABLING CONDITIONS
Please indicate if each Reportable Adult has one or more of the listed conditions and, at time of intake, was disabled as a result of its severity, starting with the eldest.
74. REPORTABLE ADULT HIV/AIDS STATUS
Please record each Reportable Adult 's HIV/AIDS status, if known, at program entry, starting with the eldest.
75. REPORTABLE ADULT LEVEL of SCHOOL COMPLETED
Please record the highest level of schooling completed by each Reportable Adult at program entry, starting with the eldest.
76. REPORTABLE ADULT in SCHOOL
Please indicate if each Reportable Adult was attending school at program entry, starting with the eldest.
77. REPORTABLE ADULT ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if each Reportable Adult was enrolled in a Job Training or Job Search Program at program entry, starting with the eldest.
78. REPORTABLE ADULT EMPLOYMENT STATUS
Please record the kind of work, if any, each Reportable Adult had at program entry, starting with the eldest.
79. REPORTABLE ADULT NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by each Reportable Adult in the week prior to intake, starting with the eldest.
80. REPORTABLE ADULT MONTHLY INCOME FROM EMPLOYMENT
Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.
81. REPORTABLE ADULT HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage.

82. REPORTABLE ADULT OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
83. REPORTABLE ADULT JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
84. REPORTABLE ADULT REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.
85. REPORTABLE ADULT JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
86. REPORTABLE ADULT UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Head of Household Satisfaction

Question 87 offers the opportunity to record the Current Head of Household's degree of satisfaction with certain aspects of the family's situation at program entry.

87. HEAD OF HOUSEHOLD SATISFACTION
Please record the Current Head of Household's satisfaction with the following aspects of the Client Family's experience/condition at program entry:
 - Quality of Life
 - Financial Situation
 - Living Conditions

Case Manager Evaluation

Questions 88 through 90 provide Case Managers the opportunity to record their assessment of certain aspects of family progress at program entry.

88. CHILD'S PHYSICAL AND SOCIAL DEVELOPMENT
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their physical and social development at time of intake, starting with the eldest Reportable Child.
89. CHILD'S BEHAVIOR
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their behavior at time of intake, starting with the eldest Reportable Child.
90. EVALUATION OF THE ENTIRE FAMILY
Please indicate your assessment of the entire Client Family's ABILITY at time of intake to:
 - Access services in the case plan
 - Engage with available services
 - Make progress on meeting their goals

Finishing the Survey

Congratulations! You have finished the survey. THANK YOU!

Print a Copy: Before submitting it, you may want to print a copy for your records.

If you need to enter more Client Family data, click '**Done**' to submit this survey and begin entering the data for the next client family.

If you are finished entering Client Family data, click '**Done**' to submit this survey and then close this browser window.

If you need real-time help, please contact Emily Nolan at (206) 322-9444, ext. 36 or email: Emily.Nolan@BuildingChanges.org.

The Client Family Update Survey

The initial UPDATE survey should be completed and submitted according to the dates indicated in the following table:

Data Collection Surveys	Due Dates
Family Exit from WFF Program	Within 30 days of exit
Post-Exit Follow-up Surveys	Every 6 months after exit
Annual Family Reassessment	September 30 th each year

Questions with an asterisk (*) next to the number (online version) are required and must be answered in order for you to complete and submit the survey.

This survey begins with some basic information and guidance that is not repeated here. However, some additional instructions for each question follows:

Identification of Project, Agency and Staff Information

The first four questions provide documentation of the staff member, date of data entry, agency they work for, and WFF project association. This information is required for all survey documents.

1. 200__ WFF-FUNDED PROJECT
Please check the box that represents the project you are associated with. If you don't see your project name listed, then you have opened the survey for a different year. Please contact AHW if you can't get into the correct survey form online!
2. NAME OF PERSON ENTERING SURVEY DATA
Enter the name of the person filling out the online survey. In some cases this will be the same person for all participants in your program, but in other cases it may be a different case manager for each family. This name will let us know who to contact if we have a question about the information in a survey.
3. ORGANIZATION OF PERSON ENTERING SURVEY DATA
Give the organization name of the person who is entering the data. This organization may or may not be the lead organization for your project.
4. DATE THIS SURVEY DATA WAS ENTERED
Please enter the date when this survey data was entered.

Identification of Family, Eligibility, and Update Type

Questions 5 through 15 seek information about the family as a whole, including family composition, eligibility for WFF services, update type, and family changes.

5. CLIENT FAMILY UNIQUE IDENTIFIER
WFF prefers that this be the HMIS Household Identification number, but if you are not currently enrolled in an HMIS system, it can be any Project-specific identifier that won't be duplicated by this Project later on.

6. CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Provide an HMIS Household Identification Number even if it's the same as above
7. DATE THAT CLIENT FAMILY STARTED RECEIVING WFF SERVICES
Please give the date when the client family began utilizing WFF funded services.

8. ELIGIBILITY BASIS
Please reconfirm the basis of the family's eligibility for WFF services as part of each Annual Reassessment. Exiting and post-Exit families may no longer be eligible; if so, please indicate note that by clicking "NEITHER: CLIENT FAMILY NO LONGER ELIGIBLE" and complete this survey as a Program Exit or Post-Exit Survey (First or Later). See Question 13 UPDATE TYPE

Families are eligible for WFF if there is at least one "Eligible Child" and one adult head of household or the household consists of a "Pregnant Woman", with or without a partner. This question clarifies that there is either a child or a pregnant woman present, or both. "Eligible Child" and "Pregnant Woman" are defined in the survey. Select one option.

9. LEGAL ADULT PRESENT
This question clarifies that there is either only one or more than one legal adult present in the household. "Legal Adult" is defined in the survey.
10. REPORTABLE CHILD COUNT
This questions request a total for the children present in the household. "Reportable Child" is defined in the survey.
11. REPORTABLE ADULT COUNT
This questions request a total for the adults present in the household. "Reportable Adult" is defined in the survey.
12. INTERVIEW DATE
Please enter the date of the most recent/final interview you conducted in collecting this information.
13. UPDATE TYPE
Please select one of the following four choices:
- Annual Reassessment, and Client Family Remains Eligible to receive services
 - Program Exit Interview
 - FIRST Post-Exit Follow-up Interview
 - LATER Post-Exit Follow-up Interview
14. CLIENT FAMILY RECENT CHANGES AT THIS UPDATE
Please select one of the following two choices:
- No
 - Yes, AND Change Survey Submitted. Please submit a change survey before completing the annual update survey!
15. CLIENT FAMILY DIVISION AT PROGRAM EXIT
Please select one of the following three choices:
- Family INTACT at Exit

- Family DIVISION at Exit and CHANGE Survey Submitted. Please submit a change survey before completing the annual update survey!
- This CLIENT FAMILY is NOT at Program Exit.

Departure Questions

Questions 16 through 23 seek information regarding families that have left the program, including when and why they left and where they went:

- DO NOT APPLY at ANNUAL REASSESSMENTS. If this is an annual reassessment, please skip ahead to the Resource Questions that start at # 32.
- DO NOT APPLY at LATER Post-Exit Follow-Ups. If this is a LATER Post-Exit Follow-Up, please skip ahead to the Dwelling Questions 24 - 31.
- DO APPLY at BOTH Program Exit and FIRST Post-Exit Follow-Ups.

16. DATE OF PROGRAM EXIT FROM THIS WFF-FUNDED PROJECT

Please enter the date of the most recent/final interview you conducted in collecting this information.

17. CLIENT FAMILY NO LONGER ELIGIBLE AT PROGRAM EXIT

Did the Client Family exit the program because they were or would no longer be eligible? Please select one of the following two choices:

- No
- Yes, AND Change Survey Submitted. Please submit a change survey before completing the

18. CLIENT FAMILY DISAPPEARED AT PROGRAM EXIT

Has the Client Family disappeared for more than one week?

19. CLIENT FAMILY PRIMARY REASON FOR LEAVING PROGRAM

Please select one of the following several choices:

- Left for a housing opportunity before completing program
- Completed program
- Non-payment of rent/occupancy charge
- Non-compliance with program
- Criminal activity/violence/destruction of property
- Reached maximum time allowed in program (Same as completed program)
- Needs could not be met by program
- Disagreement with rules
- Death
- Unknown/Disappeared
- Other (please specify)

20. CLIENT FAMILY MOVE TYPE WHEN LEAVING the PROGRAM
Please select one of the following four choices:
 - Disappeared for over one week
 - Temporary
 - Permanent
 - FAMILY NOT MOVING OUT
21. CLIENT FAMILY RESIDENCE IMMEDIATELY AFTER PROGRAM EXIT
Please select from one of many choices (HMIS categories). If this client has disappeared for more than one week, please answer to the best of your ability.
22. CLIENT FAMILY OTHER RESIDENCE IMMEDIATELY AFTER PROGRAM EXIT
If you selected OTHER in answer to Question 21, please describe here.
23. CLIENT FAMILY ZIP CODE IMMEDIATELY AFTER PROGRAM EXIT
Please provide the ZIP code of the location where the client family spent the night (or expected to spend) their FIRST night after leaving the program?

Post-Exit Dwelling Questions

Questions 24 through 31 seek questions regarding the family's current residence and recent homeless episodes, if any. They:

- DO NOT APPLY at ANNUAL REASSESSMENTS or PROGRAM EXIT. If this is an annual reassessment or Program Exit, please skip ahead to the Resource Questions that start at # 32.
 - ONLY APPLIES at FIRST and LATER Post-Exit Follow-Ups.
24. CLIENT FAMILY CURRENT RESIDENCE AS OF THIS POST-EXIT FOLLOW-UP
Please indicate where this family is staying now.
 25. CLIENT FAMILY CURRENT OTHER RESIDENCE AT THIS POST-EXIT FOLLOW-UP
If you selected OTHER in answer to Question 24, please describe here.
 26. CLIENT FAMILY CURRENT ZIP CODE AS OF THIS POST-EXIT FOLLOW-UP
Please provide the ZIP code of the location where the client family is staying now.
 27. CLIENT FAMILY CURRENTLY HOMELESS AS OF THIS POST-EXIT FOLLOW-UP
Please indicate whether this family is currently homeless.
 28. CLIENT FAMILY'S HOMELESSNESS START DATES AS OF THIS POST-EXIT FOLLOW-UP
 - a) Please enter the date that this family most recently became homeless since leaving the program or since the previous post-exit follow up. This is the "Latest Date" that they became homeless RECENTLY.
 - b) Please also enter the FIRST date that this family became homeless since leaving the program or since the previous post-exit follow up. This is the "First Date" that this family became homeless RECENTLY.
 29. CLIENT FAMILY RECENT HOMELESS EPISODES AT THIS POST-EXIT FOLLOW-UP
Please indicate the number of homeless episodes that this family has experienced since the LAST UPDATE SURVEY was completed.

30. CLIENT FAMILY'S LONGEST RECENT CONTINUOUS HOMELESS EPISODE AS OF THIS POST-EXIT FOLLOW-UP
Please indicate the length of the longest homeless episode that this family has experienced since the LAST UPDATE SURVEY was completed.
31. CLIENT FAMILY REASONS FOR RECENT HOMELESS EPISODES AS OF THIS POST-EXIT FOLLOW-UP
Please indicate the reasons for each homeless episode that this family has experienced since the LAST UPDATE SURVEY was completed. Select all that apply.

Resource Questions

Questions 32 through 37 apply to ALL UPDATES and seek information regarding the family's recent moves, income and benefit sources, unmet needs, and domestic violence experiences, if any:

32. NUMBER of CLIENT FAMILY RECENT MOVES AS OF THIS UPDATE
Only report the moves since this families most recent update.
33. DATES of FAMILY'S LATEST THREE MOVES AS OF THIS UPDATE
Only report the moves since this families most recent update, listing the most recent first and working backwards in time.
34. FAMILY INCOME SOURCE
Please indicate all sources of cash income that this family was receiving at time of THIS UPDATE.
35. CLIENT FAMILY CASH INCOME
Please enter the monthly income a client receives from employment. Also enter any income the family receives from all other sources. If there is no income, enter 0. You do not need to include a \$ sign.
36. CLIENT FAMILY SAVINGS
Please enter the amount the family contributes each month to a saving account. Also enter the total amount they currently have in savings. If they have no savings account, enter 0 for both lines. You do not need to include a \$ sign.
37. CLIENT FAMILY BENEFITS
Please indicate all sources of benefits that the family was receiving at time of THIS UPDATE.
38. CLIENT FAMILY RECENT UNMET SERVICE NEEDS
Only report on services that the client family needed but was unable to get since their most recent update (or INTAKE if this is their first update survey).
39. RECENT DOMESTIC VIOLENCE AS OF THIS UPDATE
Only report Domestic Violence experienced by this Client Family since their most recent update, and if known, when did it occur? Please indicate one time frame.

Information Regarding the Current Head of Household

Questions 40 through 47 pertain specifically to the identified Head of Household. In a two-parent family, please confirm that the head of household hasn't change since the previous Update (or Intake if this is the first update for this family). Please note that if there is a change in Head of Household during their affiliation with WFF services, you are requested to complete both a CHANGE survey and a NEWLY-REPLACED HEAD OF HOUSEHOLD survey.

40. CURRENT HEAD OF HOUSEHOLD DATE OF BIRTH
Please enter the date of birth for the identified Head of Household.
41. CURRENT HEAD OF HOUSEHOLD HMIS UNIQUE IDENTIFIER
Please provide an Homeless Management Information System (HMIS) unique client identifier, even if your agency is not inputting client information into an HMIS system.
42. CURRENT HEAD of HOUSEHOLD PREGNANCY
Please indicate if the current Head of Household was pregnant at the time of this update.
43. CURRENT HEAD of HOUSEHOLD LEVEL of SCHOOL COMPLETED
Please indicate the highest level of schooling completed by the current Head of Household at the time of this update.
44. CURRENT HEAD of HOUSEHOLD in SCHOOL
Please indicate if the current Head of Household was attending school at the time of this update.
45. CURRENT HEAD of HOUSEHOLD ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if the current Head of Household was enrolled in a Job Training or Job Search Program at the time of this update.
46. CURRENT HEAD of HOUSEHOLD EMPLOYMENT STATUS
Please indicate the kind of work, if any, the current Head of Household had at the time of this update.
47. CURRENT HEAD of HOUSEHOLD NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by the current Head of Household in the week prior to this update.
48. HEAD OF HOUSEHOLD MONTHLY INCOME FROM EMPLOYMENT
Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.
49. HEAD OF HOUSEHOLD HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage.
50. HEAD OF HOUSEHOLD OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
51. HEAD OF HOUSEHOLD JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
52. HEAD OF HOUSEHOLD REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.

53. HEAD OF HOUSEHOLD JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
54. HEAD OF HOUSEHOLD UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Information Regarding Children in the Household

Questions 55 through 64 concern children in the household and gather information regarding their HMIS identifier, activities, school progress, social development, and behaviors. "Reportable Child" is defined in the survey. If there are no Reportable Children in the family (because WFF eligibility at the time of this update is due to Head of Household pregnancy), then you may skip ahead to question 65.

55. REPORTABLE CHILD DATE of BIRTH
Please list all Reportable Children in the household in birth order, starting with the eldest. If there are twins, please list the second child's date of birth as one day later than their actual date of birth. If triplets, please enter the third child as being born 2 days after their actual date of birth, etc. Please use this same ordering for these Reportable Children throughout the WFF survey tools.
56. REPORTABLE CHILD HMIS UNIQUE IDENTIFIER
Please provide an HMIS unique identifier for each reportable child, even if you aren't inputting client data into an HMIS system.
57. REPORTABLE CHILD'S ORGANIZED ACTIVITIES
Please indicate which of the organized activities listed, if any, the Reportable Children in this household participated in right now.
58. REPORTABLE CHILD'S PRIOR DAYCARE STABILITY
For children in daycare, only report changes in daycare providers since their most recent update (or INTAKE if this is their first update survey).
59. REPORTABLE CHILD'S PRIOR SCHOOL STABILITY
For children attending school, only report changes in schools since their most recent update (or INTAKE if this is their first update survey).
60. REPORTABLE CHILD'S USUAL SCHOOL WEEK
For children attending school, please indicate how many School Days there are in a normal week at the school attended by each Reportable Child right now.
61. REPORTABLE CHILD'S USUAL WEEKLY SCHOOL ATTENDANCE
For children attending school, please indicate the number of days that each Reportable Child usually attended school each week as of this update.
62. HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S SCHOOL PROGRESS
Please record the Current Head of Household's concerns regarding each Reportable Child's progress in school at right now, beginning with the eldest.
63. HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S PHYSICAL and SOCIAL DEVELOPMENT
Please record the Current Head of Household's concerns regarding each Reportable Child's physical and social development right now, beginning with the eldest.

64. HEAD OF HOUSEHOLD'S CONCERNS RE: CHILD'S BEHAVIOR
Please record the Current Head of Household's concerns regarding each Reportable Child's behavior right now, beginning with the eldest.

Information Regarding Adults in the Household

Questions 65 through 80 concern adults in the household other than the Current Head of Household and gather information regarding their birth dates, HMIS identifier, relationships within the family, pregnancy, education and employment status. "Reportable Adult" is defined in the survey. If there are no Reportable Adults in the family, then you may skip ahead to question 81

65. REPORTABLE ADULT DATE of BIRTH
Please list all Reportable Adults in the household in date order, starting with the eldest. If there are two adults who share the same birthday, please sort them alphabetically by first name. List the second adult's date of birth as one day later than their actual date of birth. If three, please enter the third child as being born 2 days after their actual date of birth, etc. Please use this same ordering for these Reportable Adults throughout the WFF survey tools.
66. REPORTABLE ADULT HMIS UNIQUE IDENTIFIER
Please provide an HMIS unique identifier for each reportable adult, even if you aren't inputting client data into an HMIS system.
67. REPORTABLE ADULT RELATIONSHIP TO CURRENT HEAD OF HOUSEHOLD
Please indicate the nature of the relationship between each Reportable Adult and the Current Head of Household, as of this update, starting with the eldest Reportable Adult.
68. REPORTABLE ADULT PREGNANCY
Please indicate if each Reportable Adult was pregnant as of this update.
69. REPORTABLE ADULT HIGHEST LEVEL of SCHOOL COMPLETED
Please record the highest level of schooling completed by each Reportable Adult as of this update, starting with the eldest.
70. REPORTABLE ADULT in SCHOOL
Please indicate if each Reportable Adult was attending school as of this update, starting with the eldest.
71. REPORTABLE ADULT ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if each Reportable Adult was enrolled in a Job Training or Job Search Program as of this update, starting with the eldest.
72. REPORTABLE ADULT EMPLOYMENT STATUS
Please record the kind of work, if any, each Reportable Adult had as of this update, starting with the eldest.
73. REPORTABLE ADULT NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by each Reportable Adult in the week prior to this update, starting with the eldest.
74. REPORTABLE ADULT MONTHLY INCOME FROM EMPLOYMENT
Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.

75. REPORTABLE ADULT HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage.
76. REPORTABLE ADULT OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
77. REPORTABLE ADULT JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
78. REPORTABLE ADULT REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.
79. REPORTABLE ADULT JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
80. REPORTABLE ADULT UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Head of Household Satisfaction

Question 81 offers the opportunity to record the Current Head of Household's degree of satisfaction with certain aspects of the family's situation as of this update.

81. HEAD OF HOUSEHOLD SATISFACTION
Please record the Current Head of Household's satisfaction with the following aspects of the Client Family's experience/condition as of this update:
 - Quality of Life
 - Financial Situation
 - Living Conditions

Case Manager Evaluation

Questions 82 through 84 provide Case Managers the opportunity to record their assessment of certain aspects of family progress as of this update.

82. CHILD'S PHYSICAL AND SOCIAL DEVELOPMENT
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their physical and social development as of this update, starting with the eldest Reportable Child.
83. CHILD'S BEHAVIOR
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their behavior as of this update, starting with the eldest Reportable Child.
84. EVALUATION OF THE ENTIRE FAMILY
Please indicate your assessment of the entire Client Family's ABILITY as of this update to:
 - Access services in the case plan
 - Engage with available services
 - Make progress on meeting their goals

Finishing the Survey

Congratulations! You have finished the survey. THANK YOU!

Print a Copy: Before submitting it, you may want to print a copy for your records.

If you need to enter more Client Family data, click '**Done**' to submit this survey and begin entering the data for the next client family.

If you are finished entering Client Family data, click '**Done**' to submit this survey and then close this browser window.

If you need real time help, please contact Emily Nolan at (206) 322-9444, ext. 36 or email: Emily.Nolan@BuildingChanges.org.

The Post-Exit Disappearances Survey

This survey is to be used when you are unable to contact a family for post-exit follow up. Please note that one survey is to be used for one family.

Questions with an asterisk (*) next to the number (online version) are required and must be answered in order for you to complete and submit the survey.

This survey begins with some basic information and guidance that is not repeated here. However, some additional instructions for each question follows:

Identification of Project, Agency and Staff Information

The first four questions provide documentation of the staff member, date of data entry, agency they work for, and WFF project association. This information is required for all survey documents.

1. 200__ WFF-FUNDED PROJECT
Please check the box that represents the project you are associated with. If you don't see your project name listed, then you have opened the survey for a different year. Please contact AHW if you can't get into the correct survey form online!
2. Enter the name of the person filling out the online survey. In some cases this will be the same person for all participants in your program, but in other cases it may be a different case manager for each family. This name will let us know who to contact if we have a question about the information in a survey.
3. Give the organization name of the person who is entering the data. This organization may or may not be the lead organization for your project.
4. Please enter the date when this survey data was entered.

Information on the Disappeared Family

Questions 5 through 9 seek information about the family that has disappeared.

5. CLIENT FAMILY UNIQUE IDENTIFIER
WFF prefers that this be the HMIS Household Identification number, but if you are not currently enrolled in an HMIS system, it can be any Project-specific identifier that won't be duplicated by this Project later on.
6. CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Provide an HMIS Household Identification Number even if it's the same as above
7. DATE THAT DISAPPEARED FAMILY STARTED RECEIVING WFF SERVICES
Please give the date when the client family began utilizing WFF funded services. For existing projects, this will be the date when your WFF funding contract began, e.g. October 1st.
8. DISAPPEARANCE TYPE
Please indicate which Interview was due next when this Client Family disappeared:
 - FIRST Post-Exit Follow-UP
 - Later Post-Exit Follow-Up
9. LAST CONTACT
Please provide the date of last contact with this disappeared family.

Finishing the Survey

Congratulations! You have finished the survey. THANK YOU!

Print a Copy: Before submitting it, you may want to print a copy for your records.

If you need to enter more Client Family data, click '**Done**' to submit this survey and begin entering the data for the next client family.

If you are finished entering Client Family data, click '**Done**' to submit this survey and then close this browser window.

If you need real time help, please contact Emily Nolan at (206) 322-9444, ext. 36 or email: Emily.Nolan@BuildingChanges.org.

Newly-Replaced Head of Household Survey

This survey is to be used when the identified head of household at intake changes. Please note that one survey is to be used for one family.

Questions with an asterisk (*) next to the number (online version) are required and must be answered in order for you to complete and submit the survey.

This survey begins with some basic information and guidance that is not repeated here. However, some additional instructions for each question follows:

Identification of Project, Agency and Staff Information

The first four questions provide documentation of the staff member, date of data entry, agency they work for, and WFF project association. This information is required for all survey documents.

1. 200__ WFF-FUNDED PROJECT
Please check the box that represents the project you are associated with. If you don't see your project name listed, then you have opened the survey for a different year. Please contact AHW if you can't get into the correct survey form online!
2. Enter the name of the person filling out the online survey. In some cases this will be the same person for all participants in your program, but in other cases it may be a different case manager for each family. This name will let us know who to contact if we have a question about the information in a survey.
3. Give the organization name of the person who is entering the data. This organization may or may not be the lead organization for your project.
4. Please enter the date when this survey data was entered.

Client Family Identification

Questions 5 through 7 seek information about the family involved in this change.

5. CLIENT FAMILY UNIQUE IDENTIFIER
WFF prefers that this be the HMIS Household Identification number, but if you are not currently enrolled in an HMIS system, it can be any Project-specific identifier that won't be duplicated by this Project later on.
6. CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Provide an HMIS Household Identification Number even if it's the same as above
7. DATE THAT DISAPPEARED FAMILY STARTED RECEIVING WFF SERVICES
Please give the date when the client family began utilizing WFF funded services. For existing projects, this will be the date when your WFF funding contract began, e.g. October 1st.

Other Prior Client Family Members

Questions 8 and 9 seek information on both the Reportable Children and the Reportable Adults in this family prior to this change.

8. PRIOR REPORTABLE CHILD COUNT

This questions request a total for the Reportable Children present in the household prior to the change in Head of Household. "Reportable Child is defined in the survey.

9. PRIOR REPORTABLE ADULT COUNT

This questions request a total for the Reportable Adults present in the household prior to the change in Head of Household. "Reportable Adult" is defined in the survey.

Newly-Replaced Head of Household Interviewed

Questions 10 and 11 verify that an interview with the newly-replaced head of household occurred and request the date of that interview.

10. NEWLY-REPLACED HEAD of HOUSEHOLD INTERVIEWED

Was the newly-replaced head of household interviewed so that this survey could be completed?

11. DATE OF NEWLY-REPLACED HEAD of HOUSEHOLD INTERVIEW

Please enter the interview date with the newly-replaced head of household.

Head of Household Questions

Questions 12 through 29 relate to the newly-replaced head of household and their reason for departure, personal data, move information, and Reportable Child data and concerns.

12. PRIMARY REASON FOR NEWLY-REPLACED HEAD of HOUSEHOLD'S DEPARTURE

Please record the newly-replaced head of household's primary reason for leaving this WFF program.

13. RECENT DOMESTIC VIOLENCE

Please indicate if the newly-replaced head of household reports that this family has experienced Domestic Violence, and if so when it occurred.

14. NEWLY-REPLACED HEAD of HOUSEHOLD DATE of BIRTH

Please record the newly-replaced head of household's date of birth.

15. NEWLY-REPLACED HEAD of HOUSEHOLD HMIS IDENTIFIER

Please indicate the newly-replaced head of household's HMIS unique identifier.

16. NEWLY-REPLACED HEAD of HOUSEHOLD PREGNANCY STATUS

Please indicate if this the newly-replaced head of household is pregnant.

17. NEWLY-REPLACED HEAD of HOUSEHOLD MOVE DIRECTION

Please indicate if this newly-replaced head of household is moving out or not moving.

18. NEWLY-REPLACED HEAD of HOUSEHOLD MOVE TYPE

Please indicate if this move is temporary, permanent, passed away or not moving.

19. NEWLY-REPLACED HEAD of HOUSEHOLD MOVE DATE

Please record a Move-Out date, if any, for this newly-replaced head of household.

20. NEWLY-REPLACED HEAD of HOUSEHOLD INVOLUNTARY MOVE

Please indicate if this move was Involuntary and, if so, who initiated the departure.

21. NEWLY-REPLACED HEAD of HOUSEHOLD RESIDENCE

Where did the newly-replaced head of household stay their First Night (or expect to stay) after moving out?

22. OTHER RESIDENCE (IF SELECTED ABOVE)
If the newly-replaced head of household stayed (or expected to stay) in an OTHER situation in Question 21, please describe that place.
23. NEWLY-REPLACED HEAD of HOUSEHOLD ZIP CODE
Please indicate the ZIP code where the newly-replaced head of household stayed (or expected to stay) their First Night after moving out.
24. PRIOR REPORTABLE CHILDREN'S DATE of BIRTH
Please list all Prior Reportable Children in the household in birth order, starting with the eldest. If there are twins, please list the second child's date of birth as one day later than their actual date of birth. If triplets, please enter the third child as being born 2 days after their actual date of birth, etc.
25. PRIOR REPORTABLE CHILDREN'S UNIQUE HMIS IDENTIFIERS
Please provide an HMIS unique identifier for each Prior Reportable Child, even if you haven't been inputting client data into an HMIS system.
26. PRIOR REPORTABLE CHILDREN'S SCHOOL PROGRESS
Please record the newly-replaced head of household's concerns regarding each Prior Reportable Child's recent progress in school, beginning with the eldest.
27. PRIOR REPORTABLE CHILDREN'S SOCIAL and PHYSICAL DEVELOPMENT
Please record the newly-replaced head of household's concerns regarding each Prior Reportable Child's recent physical and social development, beginning with the eldest.
28. PRIOR REPORTABLE CHILDREN'S BEHAVIOR
Please record the newly-replaced head of household's concerns regarding each Prior Reportable Child's recent behavior, beginning with the eldest.
29. NEWLY-REPLACED HEAD of HOUSEHOLD'S SATISFACTION
Please record the newly-replaced head of household's satisfaction with the following aspects of the Client Family's recent experience/condition:
 - Quality of Life
 - Financial Situation
 - Living Conditions

Finishing the Survey

Congratulations! You have finished the survey. THANK YOU!

Print a Copy: Before submitting it, you may want to print a copy for your records.

If you need to enter more Client Family data, click '**Done**' to submit this survey and begin entering the data for the next client family.

If you are finished entering Client Family data, click '**Done**' to submit this survey and then close this browser window.

If you need real time help, please contact Emily Nolan at (206) 322-9444, ext. 36 or email: Emily.Nolan@BuildingChanges.org.

The Client Family Change Survey

This survey is to be used to record all changes to household composition, family member demographics, Please note that one survey is to be used for one family.

Questions with an asterisk (*) next to the number (online version) are required and must be answered in order for you to complete and submit the survey.

This survey begins with some basic information and guidance that is not repeated here. However, some additional instructions for each question follows:

Identification of Project, Agency and Staff Information

The first four questions provide documentation of the staff member, date of data entry, agency they work for, and WFF project association. This information is required for all survey documents.

1. 200__ WFF-FUNDED PROJECT
Please check the box that represents the project you are associated with. If you don't see your project name listed, then you have opened the survey for a different year. Please contact AHW if you can't get into the correct survey form online!
2. Enter the name of the person filling out the online survey. In some cases this will be the same person for all participants in your program, but in other cases it may be a different case manager for each family. This name will let us know who to contact if we have a question about the information in a survey.
3. Give the organization name of the person who is entering the data. This organization may or may not be the lead organization for your project.
4. Please enter the date when this survey data was entered.

Identification of Family, Eligibility, Composition, and Type of Change

Questions 5 through 16 seek information about the family as a whole, including family composition, eligibility for WFF services, type of change, effective date, and whether a "Newly-Replaced Head of Household Survey" was required and completed.

5. CLIENT FAMILY UNIQUE IDENTIFIER
WFF prefers that this be the HMIS Household Identification number, but if you are not currently enrolled in an HMIS system, it can be any Project-specific identifier that won't be duplicated by this Project later on.
6. CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Provide an HMIS Household Identification Number even if it's the same as above
7. DATE THAT CLIENT FAMILY STARTED RECEIVING WFF SERVICES
Please give the date when the client family began utilizing WFF funded services. For existing projects, this will be the date when your WFF funding contract began, e.g. October 1st.
8. ELIGIBILITY BASIS
Families are eligible for WFF if there is at least one "Eligible Child" and one adult head of household or the household consists of a "Pregnant Woman", with or without a partner. This question clarifies that there is either a child or a pregnant woman present.

or both as of this change. “Eligible Child” and “Pregnant Woman” are defined in the survey. Select one option.

9. LEGAL ADULT PRESENT

This question clarifies that there is either only one or more than one legal adult present in the household as of this change. “Legal Adult” is defined in the survey.

10. REPORTABLE CHILD COUNT AS OF THIS CHANGE

This questions request a total for the children present in the household as of this change. “Reportable Child” is defined in the survey.

11. REPORTABLE ADULT COUNT AS OF THIS CHANGE

This questions request a total for the adults present in the household as of this change. “Reportable Adult” is defined in the survey.

12. INTERVIEW DATE

Please enter the date of the most recent/final interview you conducted in collecting information about this CHANGE.

13. CHANGE TYPES

Please select on or more change types being recorded from the list below. All terms in “quotes” are defined in the survey:

- ANY family member MOVING OUT, including a family member who passed away
- “Reportable Child” MOVING IN, including a Newborn Child
- “Reportable Child” MOVING OUT, including a “Newly Recordable Adult”
- “Reportable Child” now a “Newly Recordable Adult”
- “Reportable Adult” MOVING IN
- “Reportable Adult” MOVING OUT
- “Continuing Head of Household has had a “Demographic Alteration”
- “Reportable Adult” has had a “Demographic Alteration”
- Head of Household REPLACED BY ANOTHER “LEGAL ADULT”
- “NEWLY-REPLACED Head of Household” MOVING OUT
- “NEWLY-REPLACED Head of Household” has had a “Demographic Alteration

14. NEW HEAD OF HOUSEHOLD MOVING IN

Please indicate if there is a “New Head of Household” who is also moving I as part of this change.

15. EFFECTIVE DATE FOR THIS CHANGE

Please record the effective date for this change.

16. NEWLY-REPLACED HEAD OF HOUSEHOLD INTERVIEW AND REPORTING

Please indicate if the “Newly-Replaced Head of Household” was interviewed separately and a “Newly-Replaced Head of Household Survey” was completed.

17. CLIENT FAMILY DIVISION

Please indicate if and how the Client Family was divided by this change.

Other Family Questions

Questions 18 through 20 only apply for changes in families where a Client Family Member is MOVING OUT and either starting or joining another eligible Client Family in this WFF-funded project. If no client family member is moving out, please skip ahead to Question 22.

18. OTHER CLIENT FAMILY UNIQUE IDENTIFIER
Please lists the unique identifier for each “OTHER Client Family” involved in this change. If more than one “OTHER Client Family” exists or is created, please list them in descending order based on the number of children in each “OTHER Client Family.”
19. OTHER CLIENT FAMILY HMIS HOUSEHOLD IDENTIFICATION NUMBER
Please an HMIS Household Identification Number for each “OTHER Client Family” involved in this change as ordered in the previous question.
20. DATE THAT OTHER CLIENT FAMILY STARTED RECEIVING WFF SERVICES
Please uses the same date here that you used for each “OTHER Client Family” involved in this change as indicated in question #15.

Head of Household Questions

Questions 21 through 42 relate to the Continuing or New Head of Household:

21. RECENT DOMESTIC VIOLENCE AS OF THIS CHANGE
Please indicate if the continuing or NEW head of household reports that this family has experienced Domestic Violence, and if so when it occurred.
22. CURRENT HEAD OF HOUSEHOLD DATE OF BIRTH
Please enter the date of birth for the identified Head of Household.
23. CURRENT HEAD OF HOUSEHOLD HMIS UNIQUE IDENTIFIER
Please provide an Homeless Management Information System (HMIS) unique client identifier, even if your agency is not inputting client information into an HMIS system.
24. CURRENT HEAD of HOUSEHOLD PREGNANCY
Please indicate if the current Head of Household was pregnant as of this change.
25. CURRENT HEAD OF HOUSEHOLD MOVE DIRECTION
Please indicate whether the Current Head of Household is Continuing (FAMILY MEMBER IS NOT MOVING) or a NEW Head of Household in MOVING IN.
26. CURRENT HEAD OF HOUSHOLD MOVE TYPE
Please indicate whether the Current Head of Household is NOT MOVING, Passed Away, or a NEW Head of Household is moving in Temporarily or Permanently.
27. NEWLY-ARRIVING HEAD OF HOUSEHOLD MOVE-IN DATE
Please indicate the date that the New Head of Household has or will Move In.
28. NEWLY-ARRIVING HEAD OF HOUSEHOLD PRIOR RESIDENCE
Please indicate where this Newly-Arriving Head of Household spent the night right before they moved into WFF housing.
29. If you selected OTHER in answer to Question 13, please describe here.
30. NEWLY-ARRIVING HEAD OF HOUSEHOLD PRIOR ZIP CODE
Please provide the ZIP code of the location where this Newly-Arriving Head of Household spent the night right before moved into this WFF program.

31. NEWLY-ARRIVING HEAD OF HOUSEHOLD LENGTH OF STAY in PRIOR PLACE
Please indicate how long this Newly-Arriving Head of Household stayed in the place where they spent the night right before moving into this WFF program.

Changed Head of Household Demographics

This question group applies to Client Families with a “NEW Head of Household” as well as a “Continuing Head of Household” who has had a “Demographic Alteration.” If this is not the case, please skip ahead to the “Reportable Child Questions” that start at #43.

32. CHANGED HEAD of HOUSEHOLD GENDER
Please indicate the current Head of Household’s gender at program entry.
33. CHANGED HEAD of HOUSEHOLD RACE/ETHNICITY
Please indicate the current Head of Household’s race/ethnicity at program entry. Please note that they may have more than one answer.
34. CHANGED HEAD of HOUSEHOLD VETERAN STATUS
Please indicate if the current Head of Household was a veteran at program entry.
35. CHANGED HEAD of HOUSEHOLD IMMIGRANT or REFUGEE STATUS
Please indicate if the current Head of Household is an immigrant or refugee.
36. CHANGED HEAD of HOUSEHOLD ENGLISH FLUENCY
Please indicate if the current Head of Household’s English Fluency was sufficiently limited at intake such that s/he requires an interpreter.
37. CHANGED HEAD of HOUSEHOLD DISABLING CONDITIONS
Please indicate if the current Head of Household has one or more of the listed conditions and, at time of intake, was disabled as a result of its severity.

New Head of Household Demographics

This question group ONLY applies to Client Families with a “NEW Head of Household” as well as a “Continuing Head of Household” who has had a “Demographic Alteration.” If this is not the case, please skip ahead to the “Reportable Child Questions” that start at question 43 on Reportable Child Date of Birth.

38. NEW HEAD of HOUSEHOLD LEVEL of SCHOOL COMPLETED
Please indicate the highest level of schooling completed by the current Head of Household at program entry.
39. NEW HEAD of HOUSEHOLD in SCHOOL
Please indicate if the current Head of Household was attending school at program entry.
40. NEW HEAD of HOUSEHOLD ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if the current Head of Household was enrolled in a Job Training or Job Search Program at program entry.
41. NEW HEAD of HOUSEHOLD EMPLOYMENT STATUS
Please indicate the kind of work, if any, the current Head of Household had at program entry.
42. NEW HEAD of HOUSEHOLD NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by the current Head of Household in the week prior to intake.

43. HEAD OF HOUSEHOLD MONTHLY INCOME FROM EMPLOYMENT
44. Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.
45. HEAD OF HOUSEHOLD HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage.
46. HEAD OF HOUSEHOLD OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
47. HEAD OF HOUSEHOLD JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
48. HEAD OF HOUSEHOLD REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.
49. HEAD OF HOUSEHOLD JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
50. HEAD OF HOUSEHOLD UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Reportable Child Questions

This question group ONLY applies for Changes in Client Families with at least one "Reportable Child." If this is not the case, please skip ahead to the "Reportable Adult Questions" that start at # 66.

51. REPORTABLE CHILD DATE of BIRTH
Please list all Reportable Children in the household in birth order, starting with the eldest. Please use the same ordering for these Reportable Children as you used for previous WFF survey tools.
52. REPORTABLE CHILD HMIS UNIQUE IDENTIFIER
Please provide an HMIS unique identifier for each reportable child, even if you aren't inputting client data into an HMIS system. Please use the same ordering for these Reportable Children as you used for previous WFF survey tools.
53. REPORTABLE CHILD'S MOVE DIRECTION
Please provide an answer for each Reportable Child.
54. REPORTABLE CHILD'S MOVE TYPE
Please provide an answer for each Reportable Child.

MOVING Child Questions

This question group ONLY applies for Changes in Client Families with at least one "Reportable Child" that is MOVING IN or MOVING OUT. If this is not the case, please skip ahead to the "Reportable Child Concerns" that start at # 63.

55. REPORTABLE CHILD'S MOVE DATE
Please provide an answer for each Reportable Child.
56. ARIVING REPORTABLE CHILD'S PRIOR RESIDENCE
Please indicate where each Reportable Child who is MOVING IN spent the night right before they moved in.

57. ARRIVING REPORTABLE CHILD'S PRIOR "OTHER" RESIDENCE
If you reported OTHER for any children in the previous question, please describe.
58. ARRIVING REPORTABLE CHILD'S PRIOR ZIP CODE
Please provide the ZIP code of the location where each Reportable Child spent the night right before they moved in.
59. ARRIVING REPORTABLE CHILD'S LENGTH OF STAY IN PRIOR PLACE
Please indicate how long each Reportable Child stayed in the place where they spent the night right before they moved in.
60. DEPARTING REPORTABLE CHILD INVOLUNTARY MOVE OUT
Please skip this entry if no Reportable Child is MOVING OUT. For those Reportable Children who moved out, please indicate if the move was involuntary, and if so, who initiated the departure.
61. DEPARTING REPORTABLE CHILD RESIDENCE IMMEDIATELY AFTER MOVING OUT
Please skip this entry if no Reportable Child is MOVING OUT. For those Reportable Children who moved out, please indicate where the spent (or intended to spend) their FIRST NIGHT after MOVING OUT.
62. If you selected OTHER in answer to Question 56, please describe here.
63. DEPARTING REPORTABLE CHILD'S ZIP CODE IMMEDIATELY AFTER MOVING OUT
Please provide the ZIP code of the location where each Reportable Child in Question 57 spent (or intended to spend) their FIRST NIGHT after MOVING OUT.
64. MOVING REPORTABLE CHILD'S ORGANIZED ACTIVITIES
Please skip this entry if no Reportable Child is MOVING IN or OUT. Please indicate which of the organized activities listed, if any, the Reportable Children WHO ARE MOVING IN OR OUT participate in right now. Select all that apply.
65. MOVING REPORTABLE CHILD'S RECENT DAYCARE STABILITY
Please skip the entry if for any Reportable Child who is NOT MOVING IN or OUT For children in daycare WHO ARE MOVING IN or OUT, please indicate how many times each Reportable Child changed daycare providers recently, including any times caused by this change.
66. MOVING REPORTABLE CHILD'S RECENT SCHOOL STABILITY
Please skip the entry if for any Reportable Child who is NOT MOVING IN or OUT For children attending school WHO ARE MOVING IN or OUT, please indicate how many times each Reportable Child changed schools recently, including any times caused by this change. Please only report School Changes since the Client Family's most recent Update, or Intake if they have not yet had an Annual Reassessment.
67. MOVING REPORTABLE CHILD'S USUAL SCHOOL WEEK
Please skip the entry if for any Reportable Child who is NOT MOVING IN or OUT For children attending school, please indicate how many School Days there are in a normal week at the school attended by each Reportable Child WHO IS MOVING IN or OUT.
68. REPORTABLE CHILD'S USUAL WEEKLY SCHOOL ATTENDANCE
For children attending school, please indicate the number of days that each Reportable Child WHO IS MOVING IN or OUT usually attends school each week right now.

69. CURRENT HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S SCHOOL PROGRESS
Please record the Current Head of Household's concerns regarding ALL Reportable Child's progress in school (regardless of whether they are moving or not) beginning with the eldest.
70. CURRENT HEAD of HOUSEHOLD'S CONCERNS RE: CHILD'S PHYSICAL and SOCIAL DEVELOPMENT
Please record the Current Head of Household's concerns regarding ALL Reportable Child's physical and social development (regardless of whether they are moving or not), beginning with the eldest.
71. CURRENT HEAD OF HOUSEHOLD'S CONCERNS RE: CHILD'S BEHAVIOR
Please record the Current Head of Household's concerns regarding ALL Reportable Child's behavior (regardless of whether they are moving or not), beginning with the eldest.

Information Regarding Adults in the Household

Questions 71 through 89 concern Reportable Adults in the household and gather information regarding their birth dates, HMIS identifier, relationships within the family, demographic information, type of move, and veteran, disability, education and employment status. "Reportable Adult" is defined in the survey. If there are no Reportable Adults in the family, please skip ahead to question 90 on Head of Household Satisfaction.

72. REPORTABLE ADULT DATE of BIRTH
Please list all Reportable Adults in the household in date order, starting with the eldest. Please be sure you are using the same ordering for all Reportable Adults throughout the WFF survey tools.
73. REPORTABLE ADULT HMIS UNIQUE IDENTIFIER
Please provide each Reportable Adult's HMIS unique identifier, even if you aren't inputting client data into an HMIS system. (If you need to generate an HMIS number, please follow the instructions provided at the beginning of this document.)
74. REPORTABLE ADULT RELATIONSHIP TO CURRENT HEAD OF HOUSEHOLD
Please indicate the nature of the relationship between each Reportable Adult and the Current Head of Household, starting with the eldest Reportable Adult.
75. REPORTABLE ADULT PREGNANCY
Please indicate if each Reportable Adult was pregnant at the time of this Change.
76. REPORTABLE ADULT MOVE DIRECTION
Please indicate for each Reportable Adult in the household whether they are moving out, moving in, or not moving.
77. REPORTABLE ADULT MOVE TYPE
Please indicate for each Reportable Adult the type of move that is being recorded; select one answer for each Adult: Disappeared, Passed Away, Temporary Move, Permanent Move, or Not Moving.
78. MOVING REPORTABLE ADULT MOVE DATE
Please indicate the Move-In or Move-Out Date for each Adult that is moving.

79. ARRIVING REPORTABLE ADULT PRIOR RESIDENCE
For each Adult that is Moving In, please indicate where they spent the night right before moving into WFF housing.
80. ARRIVING REPORTABLE ADULT PRIOR "OTHER" RESIDENCE
If you reported "Other" for the Prior Residence of any of the adults in this household, please specify where they spent the night right before moving into WFF housing.
81. ARRIVING REPORTABLE ADULT PRIOR ZIP CODE
Please indicate the ZIP code where each Reportable Adult that is moving in spent the night right before moving into WFF housing.
82. ARRIVING REPORTABLE ADULT LENGTH OF STAY IN PRIOR PLACE
How long did each Reportable Adult that is moving in stay in the place where they spent the night right before moving into WFF housing?

Information Regarding Adults Moving into the Household or with "Altered Demographic" Status

Questions 82 through 87 concern both adults in the household other than the Current Head of Household who are NEW to the household and current Reportable Adults who have had a "DEMOGRAPHIC ALTERATION." If neither of these conditions is true then you may skip ahead to question 88 regarding departing adults. When answering the questions below, please skip the answer for all adults not meeting these requirements.

83. ALTERED OR NEW REPORTABLE ADULT GENDER
Please indicate the gender of each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult at the time of this Change.
84. ALTERED OR NEW REPORTABLE ADULT RACE/ETHNICITY
Please indicate the race/ethnicity of each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult at the time of this Change, starting with the eldest. Please note that each person may have multiple answers.
85. ALTERED OR NEW REPORTABLE ADULT VETERAN STATUS
Please indicate if each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult was a veteran at the time of this Change, starting with the eldest.
86. ALTERED OR NEW REPORTABLE ADULT IMMIGRANT or REFUGEE STATUS
Please indicate if each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult is an immigrant or refugee, starting with the eldest.
87. ALTERED OR NEW REPORTABLE ADULT FLUENCY in ENGLISH
Please indicate if the each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult's English Fluency was sufficiently limited at intake such that s/he requires an interpreter, starting with the eldest.
88. ALTERED OR NEW REPORTABLE ADULT DISABLING CONDITIONS
Please indicate if each NEWLY ARRIVING OR DEMOGRAPHICALLY ALTERED Reportable Adult has one or more of the listed conditions and, at the time of this Change, was disabled as a result of its severity, starting with the eldest.

Information Regarding Adults Moving Out of the Household

Questions 88 through 91 concern Reportable Adults who are MOVING OUT of the household. When answering these questions, please skip the answer for all Reportable Adults not moving out.

89. DEPARTING REPORTABLE ADULT INVOLUNTARY MOVE OUT
For all Reportable Adults that are moving out, please indicate if the move is involuntary, and if so, who initiated the departure.
90. DEPARTING REPORTABLE ADULT RESIDENCE IMMEDIATELY AFTER MOVING OUT
For each Adult that is Moving Out, please indicate where they spent (or expected to spend) their FIRST Night after moving out of WFF housing.
91. DEPARTING REPORTABLE ADULT PRIOR "OTHER" RESIDENCE
If you reported "Other" for the Residence Immediately after Moving Out of any of the adults in this household, please specify where they spent (or expected to spend) their FIRST Night after moving out of WFF housing.
92. DEPARTING REPORTABLE ADULT ZIP CODE IMMEDIATELY AFTER MOVING
Please indicate the ZIP code where each Reportable Adult that is moving out spent (or expected to spend) their FIRST Night after moving out of WFF housing.

Information Regarding Adults Moving Into or Out of the Household

Questions 92 through 96 concern Reportable Adults in the household who are either MOVING IN or MOVING OUT. If no Reportable Adult is moving, please skip ahead to question 90 on Head of Household Satisfaction. When answering these questions, please skip the answer for all Reportable Adults not moving.

93. MOVING REPORTABLE ADULT LEVEL of SCHOOL COMPLETED
Please record the highest level of schooling completed by each MOVING Reportable Adult, starting with the eldest.
94. MOVING REPORTABLE ADULT in SCHOOL
Please indicate if each MOVING Reportable Adult was attending school, starting with the eldest.
95. MOVING REPORTABLE ADULT ENROLLED in JOB TRAINING or JOB SEARCH PROGRAM
Please indicate if each MOVING Reportable Adult was enrolled in a Job Training or Job Search Program at move date, starting with the eldest.
96. MOVING REPORTABLE ADULT EMPLOYMENT STATUS
Please record the kind of work, if any, each Reportable Adult had at move date, starting with the eldest.
97. MOVING REPORTABLE ADULT NUMBER or HOURS WORKED
If working, please indicate the number of hours worked by each Reportable Adult in the week prior to move date, starting with the eldest.
98. REPORTABLE ADULT MONTHLY INCOME FROM EMPLOYMENT
Please enter the amount earned. If there is no income, enter 0. You do not need to include a \$ sign.

99. REPORTABLE ADULT HEALTH INSURANCE COVERAGE FROM EMPLOYMENT
Please indicate which family members are receiving health coverage.
100. REPORTABLE ADULT OTHER BENEFITS FROM EMPLOYMENT
Please indicate which benefits are being received.
101. REPORTABLE ADULT JOB CHANGES
Please indicate the number of times the client has changes jobs in the previous year.
102. REPORTABLE ADULT REASON FOR JOB CHANGES
Please indicate the reason for the change of jobs.
103. REPORTABLE ADULT JOB REPLACEMENT
Please indicate if the client had a new job lined up before quitting the current job.
104. REPORTABLE ADULT UNEMPLOYMENT
Please indicate how long the client was unemployed in the past year.

Head of Household Satisfaction

Question 105 offers the opportunity to record the Current Head of Household's degree of satisfaction with certain aspects of the family's situation at the time of this change. Please answer this question for all types of changes and moves.

105. HEAD OF HOUSEHOLD SATISFACTION
Please record the Current or NEW Head of Household's satisfaction with the following aspects of the Client Family's experience/condition at the time of this change:
- Current Quality of Life
 - Current Financial Situation
 - Current Living Conditions

Case Manager Evaluation

Questions 106 through 108 provide Case Managers the opportunity to record their assessment of certain aspects of family progress at the time of this change.

106. CHILD'S PHYSICAL AND SOCIAL DEVELOPMENT
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their physical and social development at the time of this change, starting with the eldest Reportable Child.
107. CHILD'S BEHAVIOR
Please indicate your assessment of each Reportable Child's ABILITY to make positive progress in their behavior at the time of this change, starting with the eldest Reportable Child.
108. EVALUATION OF THE ENTIRE FAMILY
Please indicate your assessment of the entire Client Family's ABILITY at the time of this change to:
- Access services in the case plan
 - Engage with available services
 - Make progress on meeting their goals

Finishing the Survey

Congratulations! You have finished the survey. THANK YOU!

Print a Copy: Before submitting it, you may want to print a copy for your records.

If you need to enter more Client Family data, click '**Done**' to submit this survey and begin entering the data for the next client family.

If you are finished entering Client Family data, click '**Done**' to submit this survey and then close this browser window.

If you need real time help, please contact Emily Nolan at (206) 322-9444, ext. 36 or email: Emily.Nolan@BuildingChanges.org.