

## **CLIENT FAMILY UPDATE SURVEY for 2005 WFF GRANTEES**

Please use This Survey to enter data on one Client Family. Please do not attempt to enter data until you have completely assembled all of the necessary files and information. A printed version of This Survey may be helpful when interviewing Client Families, so the Online version has a link to a printed version of This 2005 Survey that opens in a new window.

**ONLINE SUBMITTAL:** Please be aware that once you click "Done" your answers are submitted and you cannot go back to revise them. Also, note that ending your Internet session or closing your browser before completing the entire Survey may have unpredictable results. You might be able to return to an incomplete Online Survey, but this is not guaranteed. Therefore, it is highly recommended that you complete the current entry and hit "Done" before ending your session.

**IMPORTANT NOTE:** It is expected that each Client Family will have a different Client Family Intake and a different set of Updates for each WFF-Funded Project that provides them with WFF-Funded Services - even if the different Projects are with the same Agency.

**REFERENCE:** Please refer to the WFF Online Survey Guide for in-depth explanations of each Question as well as helpful hints and suggestions on how to use This Survey. The Online version of each Survey has a link to the WFF Online Survey Guide that opens in a new window.

**FURTHER ASSISTANCE:** If you have any questions that aren't covered by the WFF Online Survey Guide, please email the WFF Coordinator at [WFF@BuildingChanges.org](mailto:WFF@BuildingChanges.org) or call them at (206) 805-6135.

## SURVEY QUESTIONS

In order to make it easier for WFF-Funded Agencies to complete WFF Surveys, the Questions in each Survey have been grouped together into Question Groups, which have themselves been grouped into Sections. These Sections, Question Groups, and Questions are in the same order in each Survey. In addition, each Survey will only contain the Questions and Question Groups that are relevant to That Survey.

**SECTION INFORMATION:** Sections are used to organize Questions based on which Questions apply to the different kinds of Client Family Changes and Client Family Updates that are reportable. Each Section Header will start with a Section Name that briefly describes the Questions in that Section.

**UPDATE AND CHANGE APPLICABILITY:** Each Section may only apply to certain Updates or Changes. Therefore, each Section Header on those Surveys will end with one or more Notes that specify which kind(s) of Change or Update applies to that Section. Each Section Header Note that specifies that the Questions in that Section are not applicable will also name the next Section that does apply to that kind of Change or Update (and will link to that next applicable Section in the Online version of This Survey).

**INTAKE AND POST-EXIT DISAPPEARANCE APPLICABILITY:** For Intakes and Post-Exit Disappearances, each Section applies and each Section Header will end with a Note that specifies that the Questions in that Section apply.

**QUESTION GROUP INFORMATION:** Question Groups are used to organize Questions to help Case Managers conduct Client Family Interviews. They are also used to organize Questions into groups that might or might not apply based on the composition of each Client Family and the different kind of Changes that a Client Family may experience. Each Question Group Header will start with a Question Group Name that briefly describes the Question Group. Each Question Group Header will also provide any required Definitions for the term(s) used in the Question Group. Each Question Group Header will end with a Note that specifies whether each kind of Change or Survey applies to the Group's Questions. Question Group Header Notes that specify that the Questions in that Section do not apply to some Client Families will name the next Question Group or Section that might apply and will link to that next applicable Question Group or Section in the Online version of This Survey.

## IDENTIFICATION AND SURVEY TYPE QUESTION(S)

THIS SECTION APPLIES TO ALL UPDATES. You must answer EACH Question in this Section in order to Submit this Survey.

This Section applies to Annual Reassessments.

This Section applies at Program Exit.

This Section applies to FIRST and LATER Post-Exit Follow-Up Interviews.

## 2005 WFF-FUNDED PROJECT IDENTIFICATION

This Question Group applies to ALL CLIENT FAMILIES.

Question 1 2005 WFF-FUNDED PROJECT (and Agency)

IMPORTANT NOTE: If your WFF-Funded Project isn't on this list, then it first received funds from a different Granting Cycle and you will need to use a different Survey.

- ASPIRE (Share)
- CROFT PLACE (Family Services of King County)
- EDMONDS HIGHLANDS PROJECT (YWCA of Seattle King County - Snohomish County)
- MARJIE'S HOUSE (Housing Authority of Island County)
- SOLACE PROJECT (International District Housing Alliance)
- SPOKANE FAMILIES FUTURES (Transitions)
- STRONG FAMILIES (Women's Resource Center of North Central Washington)
- SUPPORTING FAMILY SELF-SUFFICIENCY PROGRAM (Housing Authority of Thurston County)
- THE WILLOWS (Community Psychiatric Clinic)
- WFF HOUSING (Opportunity Council)

## DATA ENTRY

This Question Group applies to ALL CLIENT FAMILIES.

Question 2 Name of Person Entering This Survey Data

Question 3 Organization of Person Entering This Survey Data

Question 4 Date This Survey Data was Entered

EXPECTATION: In order to ensure that the most accurate data is reported, it is expected that ALL Survey Input will take place AT LEAST one (1) week after the event being reported has happened.

M M D D Y Y Y Y

Data Entry Date  /  /

## CLIENT FAMILY IDENTIFICATION

This Question Group applies to ALL CLIENT FAMILIES.

Question 5 Client Family Unique Identifier for This WFF-Funded Project

NOTE: Washington Families Fund prefers that this be the HMIS Household Identification Number, but it can be any Project-specific identifier that won't be duplicated by that specific Project later on.

Question 6 Client Family HMIS Household Identification Number

INSTRUCTIONS: Provide an HMIS Household Identification Number even if you're using it as your Agency's Client Family Unique Identifier above.

Question 7 Date that Client Family STARTED Receiving WFF-Funded Services from This WFF-Funded Project

M M D D Y Y Y Y

Service START Date

 /  / 

**WFF ELIGIBILITY**

This Question Group applies to ALL CLIENT FAMILIES.

Question 8 ELIGIBILITY BASIS

ELIGIBILITY DEFINITION: for WFF ELIGIBILITY purposes, an "Eligible Child" is: A) a CURRENT member of a Client Family Household EXCLUDING the CURRENT Head of Household who is under 18; or B) a CURRENT member of a Client Family Household INCLUDING the CURRENT Head of Household who is 18 BUT NOT OLDER AND who is Presently Enrolled in High School.

ELIGIBILITY DEFINITION: For WFF ELIGIBILITY purposes, a "Pregnant Woman" is: A) a Young Woman Under 18 who Is Pregnant AND who MAY NOT be the CURRENT Head of Household; OR B) an Adult Women Over 18 who Is Pregnant AND who MAY be the CURRENT Head of Household.

This Client Family IS or WOULD BE Eligible to receive WFF-Funded Services because it CURRENTLY has AT LEAST ONE...

ELIGIBLE CHILD but no Pregnant Woman      PREGNANT WOMAN but no Eligible Child      ELIGIBLE CHILD AND PREGNANT WOMAN

NEITHER: CLIENT FAMILY NO LONGER ELIGIBLE

Eligibility Basis

Question 9 LEGAL ADULT PRESENT

ELIGIBILITY DEFINITION: for WFF ELIGIBILITY purposes, a "Legal Adult" a person who is over 18.

ELIGIBILITY REQUIREMENT: for WFF ELIGIBILITY purposes, a "Legal Adult" MUST be present and MUST be the CURRENT Head of Household in each Client Family.

This Client Family REMAINS Eligible to Receive WFF-Funded Services because it CONTINUES TO HAVE...

Only <b>ONE</b> Legal Adult Present <b>WHO IS</b> Current <b>HEAD</b> of H	<b>OVER</b> One Legal Adult Present <b>INCLUDING</b> Current <b>HEAD</b> of H
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**NO  
LEGAL  
ADULT  
IS  
PRESENT:  
CLIENT  
FAMILY  
NO  
LONGER  
ELIGIBLE**

Legal Adults

**OTHER CLIENT FAMILY MEMBERS**

REPORTING DEFINITION: for WFF REPORTING purposes a "Reportable Child" is a CURRENT member of a Client Family Household INCLUDING the Current Head of Household AND INCLUDING each "Reportable Adult" who: A) was Under 18 when the Client Family STARTED Receiving WFF-Funded Services from This WFF-Funded Project; or B) Moved IN later AND was under 18 at that time.

REPORTING DEFINITION: for WFF REPORTING purposes, a "Reportable Adult" is a CURRENT member of a Client Family EXCLUDING the Current Head of Household but INCLUDING a "Reportable Child" who A) Is Over 18; B) Has Graduated from High School; C) Has Received a GED; D) Is Pregnant; or E) Has EVER Been Pregnant.

This Question Group applies to ALL CLIENT FAMILIES.

Question 10 Reportable Child Count as of This Update

What is the "Reportable Child" Count for This Client Family? In other words, how many "Reportable Children" are in This Client Family?

[        \*NONE\*        ]

to

[        11+        ]

[ REPORTABLE CHILDREN ]

Reportable Child Count



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Question 11 Reportable Adult Count  
as of This Update

What is the "Reportable Adult" Count for This Client Family? In other words, how many "Reportable Adults" are in This Client Family?

[ ] [ ] [ ] [ ] \*NONE\* [ ] [ ] [ ] [ ]

to

[ ] [ ] [ ] [ ] 6+ [ ] [ ] [ ] [ ]  
REPORTABLE ADULTS

Reportable  
Adult Count

 

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## INTERVIEW DATE

This Question Group applies to ALL CLIENT FAMILIES.

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Question 12 Date of Client Family Interview  
for This Update

EXPECTATION: IT IS EXPECTED THAT THIS CLIENT FAMILY WILL BE INTERVIEWED in order for This Survey to be Completed.

REASSESSMENT INTERVIEW REQUIREMENT: EACH Client Family should be interviewed as part of an Annual Reassessment EACH YEAR that they continue to receive WFF-Funded Services.

PROGRAM EXIT INSTRUCTIONS: EACH Client Family that exits the program should have an Exit Interview during the 2 weeks prior to their Program Exit.

PROGRAM EXIT DISAPPEARANCE INSTRUCTIONS: If the Client Family is unavailable to be interviewed at Program Exit, use the most recent contact date.

POST-EXIT DISAPPEARANCE INSTRUCTIONS: If the Client Family is unavailable to be interviewed at a scheduled Post-Exit Follow-Up, DO NOT USE THIS SURVEY. Use the "POST-EXIT DISAPPEARANCES SURVEY" instead. In order to facilitate data entry, the Online Version of This Survey has a link to the "Post-Exit Disappearances Survey" for 2005 WFF Grantees" that opens in a new window.

POST-EXIT FOLLOW-UP EXPECTATION: It is expected that EACH WFF-Funded Project will attempt to contact EACH Client Family that has received WFF-Funded Services every 6 months after Program Exit, INCLUDING Client Families who have Disappeared.

M M D D Y Y Y Y

UPDATE  
Interview Date

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## UPDATE TYPE

This Question Group applies to ALL CLIENT FAMILIES.

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Question 13 UPDATE TYPE

- Annual Reassessment, and Client Family Remains Eligible to receive WFF-Funded Services
  - Program Exit Interview
  - FIRST Post-Exit Follow-Up Interview
  - LATER Post-Exit Follow-Up Interview
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**"CHANGE SURVEY" REQUIREMENT(S)**

This Question Group applies to ALL CLIENT FAMILIES.

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Question 14 Client Family RECENT Changes at This Update

DEFINITION REFERENCE: The definition for "Reportable Child" and the definition for "Reportable Adult" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

REPORTING DEFINITION: A "Client Family Change" occurs whenever any of the following occurs in a Client Family which will continue to receive WFF-Funded Services from This WFF-Funded Project AFTER the Change: A) Any Client Family Member Moves IN (including a Newborn Child); B) Any Client Family Member Moves OUT (including any Client Family Member passing away); C) Any "Reportable Child" becomes a "Reportable Adult" (because they Reach 18, Graduate from High School, or Receive a GED, or Become Pregnant); C) The Head of Household or a "Reportable Adult" has a Demographic Alteration (by reporting a change or update in their Gender, their Race, whether they Are a Veteran, whether they Are an Immigrant or Refugee, whether they Need an Interpreter to Understand English, whether they have a Disabling Condition (be it Physical, Developmental, Mental Health, and/or Chemical Dependency); or E) The Head of Household is Replaced.

REPORTING EXPECTATION: It is expected that This WFF-Funded Project will report each "Client Family Change" on a "Client Family Change Survey" in a timely way. Therefore, it is ALSO expected that each "Client Family Change" since the Last Update by This WFF-Funded Project (or since their Client Family Intake, if this is their first Update by This WFF-Funded Project) WILL be reported on a "Client Family Change Survey" that WILL be Submitted BEFORE THIS SURVEY IS INPUT. Therefore, the Online version of This Survey has a link to the "Client Family Change Survey for 2005 WFF Grantees" that opens in a new window.

INSTRUCTIONS: Only include Changes since the Client Family's most recent Update by This WFF-Funded Project (or since their Client Family Intake, if this is their first Update by This WFF-Funded Project).

Has there been a RECENT "Client Family Change"?

	No	Yes, AND Change Survey Submitted
RECENT Changes	<input type="radio"/>	<input type="radio"/>

Question 15 Client Family Division at Program Exit

REPORTING EXPECTATION: It is expected that This Client Family will be Moving OUT as a unit at Program Exit. If the Client Family is NOT Moving OUT as a unit at Program Exit, the Client Family Division is considered to be a "Client Family Change". Therefore, it is expected that any Client Family Division at Program Exit WILL be reported on a "Client Family Change Survey" that WILL be Submitted BEFORE THIS SURVEY IS INPUT. Therefore, the Online version of This Survey has a link to the "Client Family Change Survey for 2005 WFF Grantees" that opens in a new window.

Is This Client Family moving into multiple living situations at Program Exit?

	<b>Family INTACT at Exit</b>	<b>Family DIVISION at Exit AND Change Survey Submitted</b>	<b>THIS CLIENT FAMILY IS NOT AT PROGRAM EXIT</b>
Client Family Division	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DEPARTURE QUESTION(S)**

THIS SECTION DOES NOT APPLY AT ANNUAL REASSESSMENTS. If this is an Annual Reassessment, SKIP AHEAD to the "RESOURCE QUESTION(S)".

This Section applies at Program Exit.

This Section applies at FIRST Post-Exit Follow-Ups.

THIS SECTION DOES NOT APPLY AT LATER POST-EXIT FOLLOW-UPS. If this is a LATER Post-Exit-Follow-Up, SKIP AHEAD to the "DWELLING QUESTION(S)".

**PROGRAM EXIT**

This Question Group applies to CLIENT FAMILIES AT PROGRAM EXIT and CLIENT FAMILIES AT FIRST POST-EXIT FOLLOW-UP. If This Client Family is not at Program Exit AND not at their First Post-Exit Follow-Up, SKIP AHEAD to the "DWELLING QUESTION(S)".

Question 16 Date of Program Exit from This WFF-Funded Project

REMINDER: It is expected that there will be a Family Interview within 2 weeks of the time that a family moves out. In other words, the Program Exit Date should be within 2 weeks of the Program Exit Interview Date. The only exception is in the case of a Family Disappearance.

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Service END Date  /  /

Question 17 Client Family No Longer Eligible at Program EXIT

DEFINITION REFERENCE: The definition for "Pregnant Woman" and the definition for "Eligible Child" can be found under the "ELIGIBILITY BASIS" Question under the "WFF ELIGIBILITY" Question Group above.

REMINDER: Washington Families Fund supports Families with at least one "Pregnant Woman" and Families with at least one "Eligible Child".

Did the Client Family Exit the Program because they were or would be No Longer Eligible?

No Yes

Client Family No Longer Eligible

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Question 18 Client Family Disappeared  
at Program EXIT

DISAPPEARANCE FUNDING REQUIREMENT: If the Client Family has Disappeared for over one week, they must ALSO Exit the Program.

Has the Client Family Disappeared FOR OVER ONE WEEK?

	No	Yes
Client Family Disappeared	<input type="radio"/>	<input type="radio"/>

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### REASON FOR DEPARTURE

This Question Group applies to CLIENT FAMILIES AT PROGRAM EXIT and CLIENT FAMILIES AT FIRST POST-EXIT FOLLOW-UP. If This Client Family is not at Program Exit AND not at their First Post-Exit Follow-Up, SKIP AHEAD to the "DWELLING QUESTION(S)".

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Question 19 Client Family Primary Reason for Leaving Program  
as of This Update

- 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)

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### MOVE TYPE AT EXIT

This Question Group applies to CLIENT FAMILIES AT PROGRAM EXIT and CLIENT FAMILIES AT FIRST POST-EXIT FOLLOW-UP. If This Client Family is not at Program Exit AND not at their First Post-Exit Follow-Up, SKIP AHEAD to the "DWELLING QUESTION(S)".

Question 20 Client Family Move Type When Leaving Program as of This Update

\*Disappeared\*  
FOR OVER ONE WEEK    Temporary    Permanent

FAMILY  
NOT  
MOVING  
OUT

Client Family Move OUT Type

          

**FIRST RESIDENCE AFTER EXIT**

This Question Group applies to CLIENT FAMILIES AT PROGRAM EXIT and CLIENT FAMILIES AT FIRST POST-EXIT FOLLOW-UP. If This Client Family is not at Program Exit AND not at their First Post-Exit Follow-Up, SKIP AHEAD to the "DWELLING QUESTION(S)".

Question 21 Client Family Residence IMMEDIATELY After Program Exit as of This Update

DISAPPEARANCE INSTRUCTIONS: If This Client Family has Disappeared for over one week, answer to the best of your ability.

Where did This Client Family spend (or expect to spend) their First Night After Program Exit?

Emergency shelter	Transitional housing for homeless	Permanent housing for formerly homeless	Psychiatric facility	Substance abuse treatment facility	Hospital
Jail	Prison	Juvenile detention facility	Hotel or motel (paid for with voucher)	Hotel or motel (paid for without voucher)	Foster care home
Living with someone else	Family member's room, apartment, or house	Friend's room, apartment, or house	A car or other vehicle	An abandoned building	At a transportation site
Anywhere outside	Unsubsidized rental housing	Public housing	Section 8	Shelter Plus Care	HOME subsidized house or apartment
HOPWA subsidized house or apartment	Other subsidized house or apartment	Homeownership	Domestic Violence situation	OTHER (see Next Question)	

Client Family Residence RIGHT After Exit

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Question 22 Client Family "OTHER" Residence IMMEDIATELY After Program Exit as of This Update

INSTRUCTIONS: If This Client Family spent (or expected to spend) their First Night After Program Exit in an "OTHER" location (as specified in the Previous Question), specify where they are stayed.

Client Family "OTHER" Residence RIGHT After Exit

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Question 23    Client Family ZIP Code IMMEDIATELY After Program Exit  
as of This Update

What is the ZIP Code of the location where This Client Family spent (or expected to spend) their First  
Night After Leaving The Program?

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Client Family  
ZIP Code  
RIGHT After Exit

## POST-EXIT DWELLING QUESTION(S)

This Section does not apply at Annual Reassessments. If this is an Annual Reassessment, SKIP AHEAD to the "RESOURCE QUESTION(S)".

This Section does not apply at Program Exit. If the Client Family is at Program Exit, SKIP AHEAD to the "RESOURCE QUESTION(S)".

THIS SECTION ONLY APPLIES AT FIRST AND LATER POST-EXIT FOLLOW-UPS.

## POST-EXIT RESIDENCE

This Question Group ONLY applies to Client Families who have been Interviewed at First or Later Post-Exit Follow-Ups. If This Client Family HAS NOT been Interviewed for a First or Later Post-Exit Follow-Up, SKIP AHEAD to the "RESOURCE QUESTION(S)".

Question 24 Client Family CURRENT Residence  
as of This Post-Exit Follow-Up

Where is This Client Family staying now?

Emergency shelter	Transitional housing for homeless	Permanent housing for formerly homeless	Psychiatric facility	Substance abuse treatment facility	Hospital
Jail	Prison	Juvenile detention facility	Hotel or motel (paid for with voucher)	Hotel or motel (paid for without voucher)	Foster care home
Living with someone else	Family member's room, apartment, or house	Friend's room, apartment, or house	A car or other vehicle	An abandoned building	At a transportation site
Anywhere outside	Unsubsidized rental housing	Public housing	Section 8	Shelter Plus Care	HOME subsidized house or apartment
HOPWA subsidized house or apartment	Other subsidized house or apartment	Homeownership	Domestic Violence situation	OTHER (see Next Question)	

Client Family  
CURRENT  
Post-Exit  
Residence

Question 25 Client Family CURRENT "OTHER" Residence  
as of This Post-Exit Follow-Up

INSTRUCTIONS: If This POST-EXIT Client Family is CURRENTLY staying in an "OTHER" location as specified in the Previous Question, specify where they are currently staying.

Client Family  
CURRENT  
"OTHER"  
Residence

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Question 26 Client Family CURRENT ZIP Code  
as of This Post-Exit Follow-Up

What is the ZIP Code of the location where This Client Family is staying now?

Client Family  
CURRENT ZIP  
Code

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## POST-EXIT HOMELESS STATUS

REPORTING DEFINITION: A person or family is considered "Homeless" if they have been: A) Sleeping in a place not meant for human habitation (e.g., on a sidewalk, in a park, in a car, or in an abandoned and/or condemned building); B) Spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; C) Exiting an institutional setting (e.g. jail, prison, in-patient treatment facility, or foster care) without an appropriate housing destination secured; D) TEMPORARILY sharing the housing of others due to loss of housing, economic hardship, or similar reasons; E) Being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain or access housing; F) Staying in an emergency shelter or motel due to a lack of adequate alternative accommodations; or G) Residing in transitional housing or other Supportive Housing Program for homeless persons.

This Question Group ONLY applies to Client Families who have been Interviewed at First or Later Post-Exit Follow-Ups. If This Client Family IS NOT at a Post-Exit Follow-Up, SKIP AHEAD to the "RESOURCE QUESTION(S)".

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Question 27 Client Family CURRENTLY Homeless  
as of This Post-Exit Follow-Up

Is This Post-Exit Client Family CURRENTLY "Homeless"?

	No	Yes
CURRENTLY Homeless	<input type="radio"/>	<input type="radio"/>

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## RECENT POST-EXIT HOMELESS EPISODES

DEFINITION REFERENCE: The definition for "Homeless" can be found in the "POST-EXIT HOMELESS STATUS" Question Group above.

This Question Group ONLY applies to Client Families who have been Interviewed at First or Later Post-Exit Follow-Ups. If This Client Family IS NOT at a Post-Exit Follow-Up, SKIP AHEAD to the "RESOURCE QUESTION(S)".

Question 28 Client Family's RECENT Homelessness Start Dates as of This Post-Exit Follow-Up

INSTRUCTIONS: Report the most recent date that This Client Family became "Homeless" as the "LATEST Date Became Homeless RECENTLY". If This Client Family has had more than one Homeless Episode since the Last Update by This WFF-Funded Project, ALSO report the date that they FIRST became "Homeless" since the Last Update by This WFF-Funded Project as the "Date FIRST Became Homeless RECENTLY".

INSTRUCTIONS: Include only those "Homeless" Episode(s) since the Last Update by This WFF-Funded Project.

IMPORTANT NOTE ABOUT ROW ORDERING: Due to a SurveyMonkey programming error, the Rows in This Question may be incorrectly ordered below. Please use the Row LABEL to determine your answers rather than the Row ORDER, and make DOUBLY sure that you are entering the correct Date in the correct Row.

	M	M		D	D		Y	Y	Y	Y
LATEST Date Became Homeless RECENTLY	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date FIRST Became Homeless RECENTLY	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 29 Client Family RECENT Homeless Episodes as of This Post-Exit Follow-Up

INSTRUCTIONS: Include only those "Homeless" Episode(s) since the Last Update by This WFF-Funded Project.

	<input type="text" value="*NONE*"/>
	to
	<input type="text" value="9+ Episodes"/>
RECENT Homeless Episodes	<input type="text"/>

Question 30 Client Family's Longest RECENT Continuous Homeless Episode as of This Post-Exit Follow-Up

INSTRUCTIONS: Include only those "Homeless" Episode(s) since the Last Update by This WFF-Funded Project.

	<input type="text" value="*NONE*"/>
	to
	<input type="text" value="19+ Months"/>
Longest RECENT Homeless Period	<input type="text"/>

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Question 31 Client Family Reasons For RECENT Homeless Episodes  
as of This Post-Exit Follow-Up

INSTRUCTIONS: Include the Client Family's reasons for EACH "Homeless" Episode since the Last Update by This WFF-Funded Project.

(Select ALL that apply)

- \*NONE\*
- Mental Illness
- Alcoholism
- Substance abuse
- Medical problems
- Transient on the road
- Domestic abuse/violence
- Family crisis
- Runaway youth
- Primarily economic reasons
- Eviction
- Displacement
- New arrival
- Other (please specify)

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## RESOURCE QUESTION(S)

THIS SECTION APPLIES TO ALL UPDATES. You must answer ALL the Questions in this Section in order to Submit this Survey.

This Section applies at Annual Reassessments.

This Section applies at Program Exit.

This Section applies at FIRST or LATER Post-Exit Follow-Ups.

## RECENT MOVES

This Question Group applies to ALL CLIENT FAMILIES.

Question 32 Client Family RECENT Moves  
as of This Update

INSTRUCTIONS: only report moves since the Client Family's most recent Update by This WFF-Funded Project (or since their Client Family Intake, if this is their first Update by This WFF-Funded Project).

[  \*NONE\*  ]  
to  
[  9+  ]  
Moves

RECENT Moves

Question 33 Date(s) of Client Family Latest 3 RECENT Moves  
as of This Update

INSTRUCTIONS: only report moves since the Client Family's most recent Update by This WFF-Funded Project (or since their Client Family Intake, if this is their first Update by This WFF-Funded Project).

IMPORTANT NOTE: The Family Exit Date should ONLY be reported on a Post-Exit Follow-Up Survey. DO NOT report the Date that ANY Client Family Moved OUT on an Exit Interview.

IMPORTANT NOTE ABOUT ROW ORDERING: Due to a SurveyMonkey programming error, the Rows in This Question may be incorrectly ordered below. Please use the Row LABEL to determine your answers rather than the Row ORDER, and make DOUBLY sure that you are entering the correct Date in the correct Row.

	M	M	/	D	D	/	Y	Y	Y	Y
Latest RECENT Move	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Latest RECENT Move	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Latest RECENT Move	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## INCOME AND BENEFITS

This Question Group applies to ALL CLIENT FAMILIES.

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Question 34 Client Family Income Sources  
as of This Update

DISAPPEARANCE INSTRUCTIONS: If the Client Family has Disappeared for over one week, answer to the best of your knowledge.

(Select ALL that apply)

- \*NONE\*
- Employment
- Unemployment Insurance
- SSI
- SSDI
- Veteran's Disability
- Private Disability
- Workers Comp.
- TANF
- GA
- Social Security
- Veteran's Pension
- Pension or Retirement
- Child support
- Alimony or spousal support
- Other Sources (please specify)

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Question 35 Client Family Monthly Income  
as of This Update

Client Family Monthly Income from Employment

Client Family Monthly Income from ALL Other Sources

TOTAL Client Family Monthly Income

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Question 36 Client Family Savings  
as of This Update

INSTRUCTIONS: If This Client Family doesn't have a Savings Account, enter "0" as the CURRENT Family Savings Account Balance.

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Client Family  
Monthly  
Contributions to  
Savings

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Client Family  
CURRENT  
Savings  
Account  
Balance

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Question 37 Client Family Benefits  
as of This Update

DISAPPEARANCE INSTRUCTIONS: If the Client Family has Disappeared for over one week, answer to the best of your knowledge.

(Select ALL that apply)

- \*NONE\*
- Medicare
- Medicaid
- Veterans Administration Medical Services
- State Children's Health Insurance Program
- Any other health insurance
- Food Stamps or money for food on a benefits card
- WIC
- TANF Child Care services
- TANF transportation services
- Other TANF-funded services

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## **ACCESS TO SERVICES**

This Question Group applies to ALL CLIENT FAMILIES.

Question 38 Client Family RECENT Unmet Service Needs  
as of This Update

INSTRUCTIONS: Only report on Services that the Client Family needed but was unable to get since their most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

According to the Current Head of Household, what Service(s) needed by the Client Family were they unable to get?

(Select ALL that apply)

- \*NONE\*
- Alcohol Treatment
- Basic Needs
- Benefits
- Child Care
- Clothing
- Domestic Violence Services
- Drug Treatment
- Education
- Emergency Housing/Shelters/Motel Vouchers
- Employment Preparation
- Employment (Job Placement)
- Family Reunification
- Financial Literacy
- Food
- Health Care
- HIV/AIDS
- Housing Counseling
- Language Services
- Legal
- Life Skills Training
- Long Term Case/Care Management
- Mental Health Counseling
- Outreach
- Parenting Classes
- Personal/Grooming Needs
- Private/Public Subsidized Housing
- Temporary Mailing Address
- Transitional Case/Care Management
- Transitional Housing
- Transportation
- Other (please specify)

	▲
	□
	▼

## DOMESTIC VIOLENCE QUESTION(S)

THIS SECTION APPLIES FOR ALL UPDATES. You must answer EACH Question in this Section in order to Submit this Survey.

This Section applies at Annual Reassessments.

This Section applies at Program Exit.

This Section applies at FIRST or LATER Post-Exit Follow-Ups.

## DOMESTIC VIOLENCE

RCW 26.50.010 DEFINITION (as of September 2006; unchanged as of August 2007): "Domestic Violence" means: a) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members; (b) sexual assault of one family or household member by another; or (c) stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member.

RCW 10.99.020 DEFINITION (abridged) (as of September 2006; unchanged as of August 2007): "Domestic Violence" includes but is not limited to any of the following crimes when committed by one family or household member against another: assault; drive-by shooting; reckless endangerment; coercion; burglary; criminal trespass; malicious mischief; kidnapping; unlawful imprisonment; violation of the provisions of a restraining order, no-contact order, or protection order; rape; stalking; and interference with the reporting of domestic violence.

UPDATED LEGAL DEFINITIONS: In recognition of the fact that the legal definition of "Domestic Violence" may change over time, the Online version of This Survey has a link to RCW 26.50.010 that opens in a new window and a link to RCW 10.99.020 that opens in a new window.

This Question Group applies to ALL UPDATES.

Question 39 RECENT Domestic Violence  
as of This Update

INSTRUCTIONS: only report Domestic Violence experienced since the Client Family's most recent Update (or their Client Family Intake, if they haven't yet had an Annual Reassessment by This WFF-Funded Project).

According to the Current Head of Household, has this Client Family experienced Domestic Violence and (if so) when did it occur?

- \*NO\*
- Within the past 3 months
- 3 to 6 months ago
- 6 to 12 months ago
- More than a year ago
- Don't know
- Refused

**HEAD OF HOUSEHOLD QUESTION(S)**

THIS SECTION APPLIES TO ALL UPDATES. You must answer EACH Question in this Section in order to Submit this Survey.

This Section applies at Annual Reassessments.

This Section applies at Program Exit.

This Section applies at FIRST or LATER Post-Exit Follow-Ups.

**HEAD OF HOUSEHOLD IDENTIFICATION**

This Question Group applies to ALL CLIENT FAMILIES.

Question 40 Current Head of Household Date of Birth

M M D D Y Y Y Y

Current Head  /  /

Question 41 Current Head of Household HMIS Unique Identifier

INSTRUCTIONS: Provide an HMIS Unique Identifier for the Current Head of Household even if you aren't inputting client data into HMIS.

Current Head

**CURRENT HEAD OF HOUSEHOLD PREGNANCY**

This Question Group applies to ALL CLIENT FAMILIES.

Question 42 Current Head of Household Is Pregnant as of This Update

No Yes

Current Head

**CURRENT HEAD OF HOUSEHOLD EDUCATION**

This Question Group applies to ALL CLIENT FAMILIES.

Question 43 Current Head of Household Highest Level of School Completed as of This Update

No schooling completed	Nursery school to 4th grade	5th or 6th grade	7th or 8th grade	9th grade	10th grade
11th grade	12th grade, no diploma	High School diploma	GED	Some college	Associates
Bachelors	Masters	PhD	Other graduate		

Current Head

Question 44 Current Head of Household In School as of This Update

No Yes

Current Head

### CURRENT HEAD OF HOUSEHOLD EMPLOYMENT

This Question Group applies to ALL CLIENT FAMILIES.

Question 45 Current Head of Household Enrolled in a Job Training or Job Search Program as of This Update

No Yes

Current Head

Question 46 Current Head of Household Employment Status as of This Update

\*NONE\* Temporary Seasonal Permanent

Current Head

Question 47 Current Head of Household Number of Hours Worked Last Week as of This Update

0 Hours Worked 1-8 Hours Worked 9-16 Hours Worked 17-24 Hours Worked 25-32 Hours Worked 33-40 Hours Worked 41-48 Hours Worked 49+ Hours Worked

Current Head

Question 48 Current Head of Household Monthly Income from THEIR Employment as of This Update

Current Head

Question 49 Current Head of Household Health Insurance Coverage from THEIR Employment as of This Update

(Select ALL that apply)

\*NONE\* Self (Current Head) Reportable Adult(s) Reportable Children

CURRENT HEAD IS NOT WORKING

Current Head

Question 50 Current Head of Household Other Benefits from THEIR Employment as of This Update

Select ALL that apply)

	*NONE*	Paid Holidays	Paid Vacation	Paid Sick Days	Disability Insurance	Retirement Plan	Life Insurance	CURRENT HEAD IS NOT WORKING
Current Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CURRENT HEAD OF HOUSEHOLD JOB CHANGES**

This Question Group applies to ALL CLIENT FAMILIES.

Question 51 Current Head of Household Number of RECENT Job Changes as of This Update

INSTRUCTIONS: Only report Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

[ ] \*NONE\* [ ]  
 to  
 [ ] 53+ [ ]  
 Job Changes

Current Head

Question 52 Current Head of Household Reasons for RECENT Job Changes as of This Update

INSTRUCTIONS: Only report the reasons for Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

	I was fired	I didn't like my job	I didn't like the commute	I didn't like the hours	I needed childcare	I got a better job	Another Reason	DID NOT CHANGE JOBS
Current Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 53 Current Head of Household RECENT Job Replacement BEFORE Job Change as of This Update

INSTRUCTIONS: Only report Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

Did the Current Head of Household have a new job lined up BEFORE they changed jobs RECENTLY?

	Never	Sometimes	Always	NOT CHANGE JOBS
Current Head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Question 54 Current Head of Household Total Period of RECENT Unemployment  
as of This Update

INSTRUCTIONS: Only report Unemployment since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

[      \*NONE\*      ]

to

[      52      ]

[ Weeks Unemployed ]

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Current Head

## **REPORTABLE CHILD QUESTION(S)**

DEFINITION REFERENCE: The definition for "Reportable Child" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

This Section ONLY applies to Client Families with at least one "Reportable Child". If This Client Family DOES NOT have a "Reportable Child", SKIP AHEAD to the "REPORTABLE ADULT QUESTION(S)".

This Section applies at Annual Reassessments.

This Section applies at Program Exit.

This Section applies at FIRST and LATER Post-Exit Follow-Ups.

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## **REPORTABLE CHILD IDENTIFICATION**

This Question Group applies to Client Families with at least one "Reportable Child". If this Client Family DOES NOT have a "Reportable Child", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "REPORTABLE ADULT QUESTION(S)".

Question 55 Reportable Child Date of Birth

DEFINITION REFERENCE: The definition for "Reportable Child" and the definition for "Reportable Adult" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

INSTRUCTIONS: ENTER EACH "REPORTABLE CHILD" IN DATE ORDER, with the youngest reported last. If more than one "Reportable Child" has the same birthday, sort them alphabetically by first name (so Aaron comes before Mo, who comes before Zora). Follow this protocol if more than one "Reportable Child" has the same birthday: input each older "Reportable Child" in descending order by age, input the first "Reportable Child" with the shared birthday accurately, input the second "Reportable Child" with that shared birthday as though they were born one day later than they were, input any third "Reportable Child" with that shared birthday as though they were born two days later than they were (etc.), and then input each younger "Reportable Child" in date order.

REMINDER: INCLUDE EACH "REPORTABLE CHILD", even if they are the Head of Household or a "Reportable Adult".

IMPORTANT NOTE ABOUT ROW ORDERING: Due to a SurveyMonkey programming error, the Rows in This Question may be incorrectly ordered below. Please use the Row LABEL to determine your answers rather than the Row ORDER, and make DOUBLY sure that you are entering the correct Date in the correct Row.

	M	M	/	D	D	/	Y	Y	Y	Y
Eldest Child	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 6	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 7	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 8	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 9	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 10	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 56 Reportable Child HMIS Unique Identifier

INSTRUCTIONS: Provide an HMIS Unique Identifier for each "Reportable Child", even if you aren't inputting client data into HMIS.

Eldest Child	<input type="text"/>
Child 2	<input type="text"/>
Child 3	<input type="text"/>
Child 4	<input type="text"/>
Child 5	<input type="text"/>
Child 6	<input type="text"/>
Child 7	<input type="text"/>
Child 8	<input type="text"/>
Child 9	<input type="text"/>
Child 10	<input type="text"/>

**REPORTABLE CHILD ACTIVITIES**

This Question Group ONLY applies to Client Families with at least one "Reportable Child". If this Client Family DOES NOT have a "Reportable Child", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "REPORTABLE ADULT QUESTION(S)".

Question 57 Reportable Child's Organized Activities as of This Update

What organized activities does each "Reportable Child" participate in right now?

(Select ALL that apply)

	*NONE*	Head Start	Child Care	School	Organized Groups or Clubs	Organized Sports	Vacation Camp	Other
Eldest Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 58 Reportable Child's RECENT DAYCARE Stability  
as of This Update

INSTRUCTIONS: Only report Daycare Changes (including any Exit from Daycare) since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

How many times has each "Reportable Child" changed Daycare Providers RECENTLY?

	0 RECENT Daycare Changes	1 RECENT Daycare Change	2 RECENT Daycare Changes	3 RECENT Daycare Changes	4 RECENT Daycare Changes	5+ RECENT Daycare Changes	CHILD IS NOT IN DAYCARE
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 59 Reportable Child's RECENT SCHOOL Stability  
as of This Update

INSTRUCTIONS: Only report School Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

How many times has each "Reportable Child" Changed Schools RECENTLY?

	0 RECENT New Schools	1 RECENT New School	2 RECENT New Schools	3 RECENT New Schools	4 RECENT New Schools	5+ RECENT New Schools	CHILD IS NOT IN SCHOOL
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 60 Reportable Child's Usual School Week  
as of This Update

How many School Days are there in a normal week at the School attended by each "Reportable Child"?

	0 Weekly School Days	1 Weekly School Day	2 Weekly School Days	3 Weekly School Days	4 Weekly School Days	5 Weekly School Days	CHILD IS NOT IN SCHOOL
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 61 Reportable Child's Usual Weekly School Attendance  
as of This Update

How many days does each "Reportable Child" usually attend School each Week?

	0 Days in School	1 Day in School	2 Days in School	3 Days in School	4 Days in School	5 Days in School	TOO YOUNG OR GRADUATED
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**REPORTABLE CHILD CONCERNS**

This Question Group ONLY applies to Client Families with at least one "Reportable Child". If this Client Family does not have a "Reportable Child", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "REPORTABLE ADULT QUESTION(S)".

Question 62 Current Head of Household Concerns  
about Reportable Child's SCHOOL PROGRESS  
as of This Update

How many concerns does the Current Head of Household have about the SCHOOL PROGRESS of each "Reportable Child" right now?

	No Concerns	Few Concerns	Some Concerns	Many Concerns	Major Concerns	TOO YOUNG or GRADUATED
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 63 Current Head of Household Concerns  
about Reportable Child's PHYSICAL AND SOCIAL DEVELOPMENT  
as of This Update

How many concerns does the Current Head of Household have about the PHYSICAL AND SOCIAL DEVELOPMENT of each "Reportable Child" right now?

	No Concerns	Few Concerns	Some Concerns	Many Concerns	Major Concerns
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 64 Current Head of Household Concerns  
about Reportable Child's BEHAVIOR  
as of This Update

How many concerns does the Current Head of Household have about the BEHAVIOR of each  
"Reportable Child" right now?

	No Concerns	Few Concerns	Some Concerns	Many Concerns	Major Concerns
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**REPORTABLE ADULT QUESTION(S)**

DEFINITION REFERENCE: The definition for "Reportable Adult" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

This Section ONLY applies to Client Families with at least one "Reportable Adult". If This Client Family DOES NOT have a "Reportable Adult", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

This Section applies at Annual Reassessments.

This Section applies at Program Exit.

This Section applies at FIRST and LATER Post-Exit Follow-Ups.

**REPORTABLE ADULT IDENTIFICATION**

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If This Client Family DOES NOT have a "Reportable Adult", SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

Question 65 Reportable Adult Date of Birth

DEFINITION REFERENCE: The definition for "Reportable Adult" and the definition for "Reportable Child" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

INSTRUCTIONS: ENTER EACH "REPORTABLE ADULT" IN DATE ORDER, with the youngest reported last. If more than one "Reportable Adult" has the same birthday, sort them alphabetically by first name (so Aaron comes before Mo, who comes before Zora). Follow this protocol for each "Reportable Adult" with a shared birthday: input each older "Reportable Adult" in descending order by age, input the first "Reportable Adult" with the shared birthday accurately, input the second "Reportable Adult" with that shared birthday as though they were born one day later than they were, input any third "Reportable Adult" with that shared birthday as though they were born two days later than they were (etc.), and then input each younger "Reportable Adult" in date order.

REMINDER: INCLUDE EACH "REPORTABLE ADULT", even if they are also a "Reportable Child".

IMPORTANT NOTE ABOUT ROW ORDERING: Due to a SurveyMonkey programming error, the Rows in This Question may be incorrectly ordered below. Please use the Row LABEL to determine your answers rather than the Row ORDER, and make DOUBLY sure that you are entering the correct Date in the correct Row.

	M	M	/	D	D	/	Y	Y	Y	Y
Eldest Adult	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 3	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 4	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 5	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Question 66 Reportable Adult HMIS Unique Identifier

INSTRUCTIONS: Provide an HMIS Unique Identifier for each "Reportable Adult", even if you aren't inputting client data into HMIS.

Eldest Adult	<input type="text"/>
Adult 2	<input type="text"/>
Adult 3	<input type="text"/>
Adult 4	<input type="text"/>
Adult 5	<input type="text"/>

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**REPORTABLE ADULT RELATIONSHIP**

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If This Client Family DOES NOT have a "Reportable Adult", SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

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Question 67 Reportable Adult Relationship to Current Head of Household as of This Update

DEFINITION REFERENCE: The definition for "Reportable Adult" and the definition for "Reportable Child" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

INSTRUCTIONS: Report the Relationship to the Current Head of Household for EACH "Reportable Adult", even if the "Reportable Adult" is also a "Reportable Child".

	Spouse	Partner	Friend	Sibling	Child	Other Family
Eldest Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**REPORTABLE ADULT PREGNANCY**

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If this Client Family DOES NOT have a "Reportable Adult", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

Question 68 Reportable Adult Is Pregnant as of This Update

	No	Yes
Eldest Adult	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>

**REPORTABLE ADULT EDUCATION**

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If this Client Family DOES NOT have a "Reportable Adult", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

Question 69 Reportable Adult Highest Level of School Completed as of This Update

	No schooling completed	Nursery school to 4th grade	5th or 6th grade	7th or 8th grade	9th grade	10th grade
	11th grade	12th grade, no diploma	High School diploma	GED	Some college	Associates
	Bachelors	Masters	PhD	Other graduate		
Eldest Adult	<input type="text"/>					
Adult 2	<input type="text"/>					
Adult 3	<input type="text"/>					
Adult 4	<input type="text"/>					
Adult 5	<input type="text"/>					

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Question 70 Reportable Adult In School  
as of This Update

	No	Yes
Eldest Adult	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>

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## REPORTABLE ADULT EMPLOYMENT

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If this Client Family DOES NOT have a "Reportable Adult", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

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Question 71 Reportable Adult Enrolled in a Job Training or Job Search Program  
as of This Update

	No	Yes
Eldest Adult	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>

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Question 72 Reportable Adult Employment Status  
as of This Update

	*NONE*	Temporary	Seasonal	Permanent
Eldest Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 73 Reportable Adult Number of Hours Worked Last Week as of This Update

	0 Hours Worked	1-8 Hours Worked	9-16 Hours Worked	17-24 Hours Worked	25-32 Hours Worked	33-40 Hours Worked	41-48 Hours Worked	49+ Hours Worked
Eldest Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 74 Reportable Adult Monthly Income from THEIR Employment as of This Update

Eldest Adult	<input type="text"/>
Adult 2	<input type="text"/>
Adult 3	<input type="text"/>
Adult 4	<input type="text"/>
Adult 5	<input type="text"/>

Question 75 Reportable Adult Health Insurance Coverage from THEIR Employment as of This Update

(Select ALL that apply)

	*NONE*	Self (This Adult)	Current Head	Other Reportable Adult(s)	Reportable Children	REPORTABLE ADULT NOT WORKING
Eldest Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 76 Reportable Adult Other Benefits from THEIR Employment as of This Update

(Select ALL that apply)

	*NONE*	Paid Holidays	Paid Vacation	Paid Sick Days	Disability Insurance	Retirement Plan	Life Insurance	REPORTABLE ADULT NOT WORKING
Eldest Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REPORTABLE ADULT JOB CHANGES

This Question Group ONLY applies to Client Families with at least one "Reportable Adult". If This Client Family DOES NOT have a "Reportable Adult", SKIP AHEAD to the "HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)".

Question 77 Reportable Adult Number of RECENT Job Changes as of This Update

INSTRUCTIONS: Only report Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

[ ] \*NONE\* [ ]  
 to  
 [ ] 53+ [ ]  
 [ ] Job Changes [ ]

Eldest Adult	<input type="text"/>	▼
Adult 2	<input type="text"/>	▼
Adult 3	<input type="text"/>	▼
Adult 4	<input type="text"/>	▼
Adult 5	<input type="text"/>	▼

Question 78 Reportable Adult Reasons for RECENT Job Changes as of This Update

INSTRUCTIONS: Only report the reasons for Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

	I was fired	I didn't like my job	I didn't like the commute	I didn't like the hours	I needed childcare	I got a better job	Another Reason	<i>DID NOT CHANGE JOBS</i>
Eldest Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 79 Reportable Adult RECENT Job Replacement BEFORE Job Change as of This Update

INSTRUCTIONS: Only report Job Changes since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

Did each Reportable Adult have a new job lined up BEFORE they changed jobs RECENTLY?

	Never	Sometimes	Always	<i>DID NOT CHANGE JOBS</i>
Eldest Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 80 Reportable Adult Total Period of RECENT Unemployment  
as of This Update

INSTRUCTIONS: Only report Unemployment since the Client Family's most recent Update (or their Client Family Intake, if this is their first Update by This WFF-Funded Project).

[      \*NONE\*      ]

to

[      52      ]  
[      Weeks Unemployed      ]

Eldest Adult	<input type="text"/>	▼
Adult 2	<input type="text"/>	▼
Adult 3	<input type="text"/>	▼
Adult 4	<input type="text"/>	▼
Adult 5	<input type="text"/>	▼

## HEAD OF HOUSEHOLD SATISFACTION QUESTION(S)

THIS SECTION APPLIES FOR ALL UPDATES. You MUST answer EACH Question in this Section in order to Submit This Survey.

### CURRENT HEAD OF HOUSEHOLD SATISFACTION

This Question Group applies to ALL CLIENT FAMILIES.

Question 81 Current Head of Household Satisfaction  
with Client Family Day-to-Day Experience  
as of This Update

How satisfied is the Current Head of Household with the Client Family's...

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied Nor Satisfied	Satisfied	Very Satisfied	CLIENT FAMILY DISAPPEARED FOR OVER ONE WEEK
CURRENT Quality of Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CURRENT Financial Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CURRENT Living Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## REPORTABLE CHILD EVALUATION QUESTION(S)

DEFINITION REFERENCE: The definition for "Reportable Child" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

This Section ONLY applies to Client Families with at least one "Reportable Child". If This Client Family DOES NOT have a "Reportable Child", SKIP AHEAD to the "ENTIRE CLIENT FAMILY EVALUATION QUESTION(S)".

## REPORTABLE CHILD EVALUATION

DEFINITION REFERENCE: The definition for "Reportable Child" can be found under the "OTHER CLIENT FAMILY MEMBERS" Question Group Heading above.

This Question Group ONLY applies to Client Families with at least one "Reportable Child". If This Client Family DOES NOT have a "Reportable Child", or if this is a Post-Exit Follow-Up and you do not wish to answer these Questions, SKIP AHEAD to the "ENTIRE CLIENT FAMILY EVALUATION QUESTION(S)".

Question 82 Case Manager Evaluation  
of Reportable Child's PHYSICAL AND SOCIAL DEVELOPMENT  
as of This Update

How much Ability does each "Reportable Child" have to Make Positive Progress in their PHYSICAL AND SOCIAL DEVELOPMENT?

	No Ability	Little Ability	Some Ability	Good Ability	Complete Ability
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 83 Case Manager Evaluation  
of Reportable Child's BEHAVIOR  
as of This Update

How much Ability does each "Reportable Child" have to Make Positive Progress in their BEHAVIOR?

	No Ability	Little Ability	Some Ability	Good Ability	Complete Ability
Eldest Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ENTIRE CLIENT FAMILY EVALUATION QUESTION(S)**

THIS SECTION APPLIES FOR ALL UPDATES. You MUST answer EACH Question in this Section in order to Submit This Survey.

**ENTIRE CLIENT FAMILY EVALUATION**

This Question Group applies to ALL CLIENT FAMILIES.

Question 84 CASE MANAGER EVALUATION  
of ENTIRE CLIENT FAMILY  
as of This Update

How much Ability does This Client Family have to...

	No Ability	Little Ability	Some Ability	Good Ability	Complete Ability
Access services in the case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with available services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress on meeting their goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## END OF SURVEY

You have reached the End of This Survey. Thank you!

**VERY IMPORTANT NOTE:** In order for This Survey to be Submitted, you must reach the "Congratulations" screen. If you are redirected to the top of the Survey, you must scroll through each Question to find and correct each error, which are noted in red letters. Do not close the browser window until you have reached the "Congratulations" screen, or all information on this survey will be lost.

Click "DONE" to see if This Survey is complete and can be Submitted.