

# Housing and Employment Navigator Client EXIT Survey

## Survey Instructions

Please complete this survey within 30 days of a client leaving Navigator services.

In order to complete this survey you will need to interview the client. To conduct the interview you may wish to use this [printable version of the survey](#) to ensure you collect all necessary information.

For more detailed instructions and definitions of terms used in this survey, please refer to these [guidelines](#). For questions, please contact Margaret Hennings, Performance Measurement Specialist at Building Changes: [Margaret.Hennings@BuildingChanges.org](mailto:Margaret.Hennings@BuildingChanges.org) or 206-805-6163.

After you click the "Done" button on the last page of the survey, you will be taken to a "thank you" page. Your survey has not been submitted until you see this page.

## Navigator Identification

### \* 1. Who is entering the data into this survey?

*Note: This should be the name of the Navigator, NOT the name of the client.*

### \* 2. In which Washington Families Fund or Sound Families project is this client enrolled?

- King Co - Appian Way
- King Co - Croft Place
- King Co - Villa Esperanza
- King Co - YWCA Young Parent's Program
- Pierce Co - Exodus
- Pierce Co - LASA
- Pierce Co - Phoenix
- Pierce Co - YWCA
- Other (please specify)

## Client Identification and Services

### \* 1. Client initials (King Co Navigator only):

### \* 2. What is the client's date of birth (King Co Navigator only)?

Date of birth:      MM    DD    YYYY  
                          /  /

# Housing and Employment Navigator Client EXIT Survey

## 3. On what date did the client stop receiving Housing and Employment Navigator services?

Service end date:      MM    DD    YYYY  
                                  /  /

## 4. What was the primary reason for ending the client's Navigator services?

- Gained employment and discontinued services
- Moved from SF/WFF housing
- No longer wanted services
- Lost contact/disappeared
- Other (please specify)

## Education and Employment

### 1. What is the highest level of school completed by the client?

- None
- 4th grade or less
- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade (no diploma)
- High school diploma
- GED
- Post-secondary degree

### 2. Is the client currently in school?

- Yes
- No

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## 3. Did this client receive WIA Services while enrolled in the Navigator program?

- WIA Adult
- WIA Dislocated
- WIA Youth
- Native American Programs

## 4. Did this client receive non-WIA Employment Services while enrolled in the Navigator program? (select all that apply)

- Job Corp
- Veterans Employment and Training
- ESD Employment Services
- Division of Vocational Rehabilitation (DVR)
- Senior Community Services Employment
- Post Secondary Vocational Education
- Post Secondary Community College
- Adult Basic Education/Literacy
- Youth Build Tacoma
- Youth Internship Project
- WorkFirst: Community Jobs; Career Jump; Job Connection
- Other (please specify)

## 5. Is the client currently employed?

- Yes
- No

## Currently Employed

Answer these questions only if the client is currently employed.

If they are working more than one job, answer all questions for the job at which they work the most hours.

If the client is not working, please do not answer any of the questions and skip directly to the next page.

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## 1. If the client is currently employed, what type of job is it?

- Permanent
- Temporary
- Seasonal
- Don't Know

## 2. If the client is currently employed, what is their monthly income from working?

Monthly income:

## 3. If the client is currently employed, do they receive any health insurance coverage from their job?

- Yes
- No

## 4. If the client is currently employed, do they receive any other benefits (transportation, childcare, sick time, short- or long-term disability insurance, life insurance, etc) from their job?

- Yes
- No

## Income and Benefits

# Housing and Employment Navigator Client EXIT Survey

## 1. Does the client have any income? If so, how much do they receive each month from each source?

Employment	<input type="text"/>
Unemployment	<input type="text"/>
SSI	<input type="text"/>
SSDI	<input type="text"/>
Veteran's Disability	<input type="text"/>
Private Disability	<input type="text"/>
Workers Compensation	<input type="text"/>
TANF	<input type="text"/>
GA	<input type="text"/>
Social Security	<input type="text"/>
Veteran's Pension	<input type="text"/>
Pension or Retirement	<input type="text"/>
Child Support	<input type="text"/>
Alimony or spousal support	<input type="text"/>
Other	<input type="text"/>

## 2. Is the client receiving any state or federal benefits? If so, which ones? (select all that apply)

- Food stamps
- Medicaid
- Medicare
- SCHIP (State Children's Health Insurance Program)
- WIC
- Veterans Administration Medical Services
- TANF Child Care services
- TANF transportation services
- Other TANF-funded services
- Other (please specify)

## Savings

# Housing and Employment Navigator Client EXIT Survey

## 1. Does the client have a savings account?

- Yes
- No

## 2. If yes, is there a regular contribution to this savings account?

*Note: If the client answers no to the first question, leave this question blank.*

- Yes
- No