

# Housing and Employment Navigator Client FOLLOW-UP Survey

## Survey Instructions

Please complete this survey 3 months after a client stopped receiving 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, or was, this client enrolled?**

King Co - Appian Way

King Co - Croft Place

King Co - YWCA Young Parent's Program

King Co - Villa Esperanza

Pierce Co - Phoenix

Pierce Co - LASA

Pierce Co - YWCA

Pierce Co - Exodus

Other (please specify)

## Client Identification

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

# Housing and Employment Navigator Client FOLLOW-UP Survey

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

Date of birth:      MM      DD      YYYY  
                           /  /

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

Service end date:      MM      DD      YYYY  
                               /  /

## 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

**3. Is the client currently enrolled in a job training or job search program?**

- Yes
- No

# Housing and Employment Navigator Client FOLLOW-UP Survey

## 4. 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.

### 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 FOLLOW-UP 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 FOLLOW-UP 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