

OCF Demographics Survey 2015-17

This survey includes questions about your demographic characteristics, economic stability and what brought you to the program. Your name will not be on the questionnaire and your responses will remain private. Please answer the questions to the best of your ability. Your answers will help identify the services you need.

* 1. Today's date:

What is today's date? MM DD YYYY
 / /

* 2. Participant ID

* 3. Agency

* 4. What county are you from?

Services Needed

* 5. What do you need help with? MARK ALL THAT APPLY

- Learning to communicate better with the mother of my children
- Expecting my first child - need help preparing
- Continuing my education - to be able to get a better job
- Learning how to be a better parent
- Drug or alcohol abuse/addiction
- Child Support (ex: modification, arrears, multiple orders)
- Getting access to my children (Parenting Time Order)
- Establishing paternity
- Driver's License Reinstatement
- Domestic Violence
- Legal advice, information or referral
- Felony Conviction
- Other (please specify)

Section A: DEMOGRAPHICS

* 6. What is your age?

- | | |
|--|---|
| <input type="radio"/> under 18 years old | <input type="radio"/> 35-44 |
| <input type="radio"/> 18-20 | <input type="radio"/> 45-54 |
| <input type="radio"/> 21-24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65 years or older |

* 7. Which of the following best described your race? MARK ONE OR MORE

- American Indian or Alaskan Native
- Asian
- Black/African American (Non Hispanic)
- White/Caucasian
- Other (please specify)

* 8. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Section B: FINANCIAL WELL-BEING

* 9. In the past month, have you or anyone in your household received the following types of assistance:
 MARK ALL THAT APPLY

	Yes	No	I don't know
a. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Supplemental Nutrition Assistance Program (SNAP)/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Housing choice voucher (sometimes called Section 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cash assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 10. What is your current living situation? MARK ONLY ONE

- Own home
- Rent
- Live rent-free (a relative or someone else rents/owns the home)
- Live in shelter, halfway house or treatment center
- Live on streets, car, abandoned building or other place not meant for sleeping

Other (please specify)

Education

* 11. Are you currently in school or college?

- Yes
- No

12. If you are in school what is your current grade? MARK ONLY ONE

- Less than 9th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College
- None of the above
- Other (please specify)

* 13. What is the highest degree, diploma or certification you have earned? MARK ONLY ONE

- No degree or diploma earned
- High School General Education Development or GED
- High School Diploma
- Vocational/technical certification
- Some college but no degree completion
- Associate's degree
- Bachelor's degree
- Master's/Advanced degree

Employment

* 14. What is your current employment status? MARK ALL THAT APPLY

- Full-time employment (usually 35 hours or more a week)
- Part-time employment (usually 1-34 hours a week)
- More than one part-time job
- Employed but number of hours changes from week to week
- Temporary, occasional, seasonal employment or odd jobs for pay
- Not currently employed

* 15. Are you . . .

	Yes	No
Actively looking for work?	<input type="radio"/>	<input type="radio"/>
Retired?	<input type="radio"/>	<input type="radio"/>
Disabled?	<input type="radio"/>	<input type="radio"/>
In school or college full or part time?	<input type="radio"/>	<input type="radio"/>

* 16. In the past 30 days, how much money did you make? Do NOT include earnings from other people who live with you. Your best estimate is fine.

- Less than \$500
- \$500-\$1,000
- \$1,001-\$2,000
- \$2,001-\$3,000
- \$3,001-\$4,000
- \$4,001-\$5,000
- More than \$5,000

* 17. Do you have health insurance (either through your job, your partner's job, your parent's job, Medicaid or a health exchange)?

- Yes
- No
- I don't know

* 18. Do you have other benefits through your job such as paid vacation, paid sick leave or life insurance?

- Yes
- No
- I don't know
- I am not working

If you answered yes, please specify what benefits you receive through your job

19. If you are working, when did you start working in the job you have now? (Indicate your responses using numbers, e.g. 01 for January)

MONTH

YEAR

20. Please list your two most recent employers

1.

2.

Section C: FAMILY STATUS

* 21. What is your marital status?

- Married Separated Widowed
 Engaged Divorced Never Married

* 22. What is your current partner status? MARK ONLY ONE

- No current partner
 I am romantically involved with someone on a steady basis
 I am involved in an on-again off-again relationship

* 23. How much time do you live with your partner? MARK ONLY ONE

- All of the time
 Most of the time
 Some of the time
 None of the time
 No current partner

* 24. Are you a father figure to any of your partner's children?

- Yes
 No
 My partner has no children

Children

* 25. How many children do you have? (Include all children that you have fathered)

If you have more than 12 children , please specify how many:

* 26. How many, if any, of these children do you live with all or most of the time?

If you have more than 12 children, please specify how many:

* 27. How many of these are your biological or legally adopted children?

If you have more than 12 children, please specify how many:

* 28. What is your foster care status? MARK ONLY ONE

- I have never been in foster care
- I recently (in the past 6 months) transitioned out of foster care
- I am preparing to transition out of foster care
- I am in foster care, with not current transition plans in place
- I was in foster care many years ago

* 29. Are any women currently pregnant with your child?

- Yes
- No
- I don't know

Section D: ABOUT THE PROGRAM

* 30. How or where did you hear about this fatherhood program? MARK ALL THAT APPLY

- Word of mouth (friends, family, acquaintance)
- Newspaper ad or flyer
- Radio ad
- Social media such as Facebook, Twitter
- Government agency such as Office of child Support, parole/probation, other agency
- Community organization such as school, hospital, doctor's office, place of worship, Head Start
- Program staff or event
- School staff such as teacher or counselor

Other (please specify)

* 31. Why did you enroll in this program? Choose the main reason. MARK ONLY ONE

- To learn how to be a better parent
- To learn how to improve my personal relationships
- To find a job or a better job
- My friends were coming
- My spouse/co-partner asked me to come
- My parole/probation officer told me to enroll in a program like this
- A court ordered me to enroll in a program like this

Other (please specify)

THANK YOU FOR COMPLETING THIS SURVEY!