

**MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH  
MICHIGAN WORK FIRST PARTICIPANT SURVEY (WINTER 2004)**

ID# \_\_\_\_\_ (1-4)

The Michigan Department of Labor and Economic Growth (DL&EG) is doing a follow-up survey with Work First Program participants after they exit the program. We would appreciate your cooperation in completing the survey. Please answer all of the questions as completely and honestly as you are able. Your answers are completely confidential. All surveys returned by January 19, 2005 will be entered into a drawing for one of thirty \$50 cash incentives. If you would like to complete the survey by telephone please call Betty with Moore & Associates, Inc. at 1-800-381-4221.

(5)

**Please circle the best answer to the following questions.**

Q1. Are you now working at a job or business (including self-employed)?

(6)

- 1 Yes, I have 1 job right now **(Go to question 4a)**
- 2 Yes, I have 2 jobs right now **(Go to question 4a)**
- 3 Yes, I have 3 jobs or more right now **(Go to question 4a)**
- 4 No, I'm not currently working **(Continue to question 2)**

**If you are working now, please skip questions 2 and 3; proceed directly to question 4a.**

Q2. If you are not working now, when was the last time you had a paying job? (Fill in the month/year)

(7-8)

\_\_\_\_\_/\_\_\_\_\_(date)  
month year

(9-10)

Q3. If you are not working now, for what reasons are you not working? **(Circle all that apply)**

(11-12)

- |   |                          |
|---|--------------------------|
| 1 I cannot find work  | 7 Hourly wage too low    |
| 2 I had problems with child care                              | 8 I am going to school   |
| 3 I had an illness in the family                              | 9 I was fired            |
| 4 I was laid off  | 10 I was sick or injured |
| 5 I moved away from the area                                  | 11 I had a new baby      |
| 6 I cannot find a job that offers enough hours for me to work | 12 My job was seasonal   |

(33-34)

**Please continue with the following questions.**

Q4a. What is your current or most recent job title?

(35-36)

\_\_\_\_\_

Q4b. Please describe your responsibilities in your current or most recent job.

(37-38)

\_\_\_\_\_

(39-40)

\_\_\_\_\_

(41-42)

\_\_\_\_\_

Q5. Does anyone else in your household have a paying job?

(43)

- |       |                |
|-------|----------------|
| 1 Yes | 3 I live alone |
| 2 No  | 9 I don't know |

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- Q6. Do you or does anyone else in your household receive public assistance, welfare payments, food stamps, vouchers, SSI, or emergency help from FIA or other government agencies? (44)
- 1 Yes 2 No **(Skip to question 7)**  
9 I don't know **(Skip to question 7)**
- Q6a. If yes, in the last month, how much did you or anyone else in your household receive in
1. Welfare payments? \$ \_\_\_\_\_ (45-48)  
2. Food stamps? \$ \_\_\_\_\_ (49-52)  
3. SSI? \$ \_\_\_\_\_ (53-56)
- Q7. Do you currently have children living at home with you? (57)
- 1 Yes 2 No **(Skip to question 8)**
- Q7a. If you have children living with you, do they go to: **(Circle all that apply)** (58-63)
- 1 Child care 4 Elementary school  
2 Pre-school 5 Middle school  
3 Head Start 6 High school
- Q7b. If you have children living with you, what type of health insurance do they have? **(Circle all that apply)** (64-67)
- 1 My children do not have any type of health insurance 3 Healthy Kids/Medicaid  
2 Through my or my spouse's employer 4 MIChild

**For the next questions, if you are not working now, answer for your last job.**

- Q8. How many hours a week do you usually work? **(If the number of hours you work varies from week to week, please choose a single number that best describes the average number of hours you most often work.)**
- \_\_\_\_\_ Hours/ week (68-69)
- Q9. How long have you worked for your current or most recent employer? **(Fill in the number of months or years.)**
- \_\_\_\_\_ Months \_\_\_\_\_ Years (70-71)  
(72-73)
- Q10. Did you work for other employers during the past year? (74)
- 1 Yes 2 No **(Skip to question 11)**
- Q10a. If you worked for another employer, what were your responsibilities? (75-76)
- \_\_\_\_\_  
(77-78)  
\_\_\_\_\_  
(79-80)
- Q11. Does your current or most recent employer provide you with training programs to upgrade your skills? (81)
- 1 Yes 2 No **(Skip to question 12)**  
9 I don't know **(Skip to instructions before question 12)**
- Q11a. If yes, are you currently participating in a training program through your employer? (82)
- 1 Yes 2 No

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**If you are not currently working please skip to question 14.**

- Q12. If you are working now, does your employer offer you tuition reimbursement for taking courses at community college or other schools that will improve your skills in your job? (83)  
1 Yes 2 No **(Skip to question 13)**  
9 I don't know **(Skip to question 13)**
- Q12a. If yes, are you currently taking any classes to improve your job skills that your employer is paying for? (84)  
1 Yes 2 No
- Q13. If you are currently working now, does your employer offer health care insurance? (85)  
1 Yes 2 No **(Skip to question 14)**  
9 I don't know **(Skip to question 14)**
- Q13a. If your employer offers health insurance, does your employer pay all, part or none of the monthly cost of the premiums? (86)  
1 My employer pays for ALL for the monthly costs  
2 My employer pays for PART for the monthly costs  
3 My employer DOES NOT pay for any of the monthly costs  
9 I don't know
- Q14. What types of training programs have you had since leaving Work First? **(Circle all that apply)** (87-91)  
1 On-the-job training 4 Computer training  
2 Off-site training 5 Help with reading or math  
3 Tuition reimbursement 7 None
- Q15. Do you have health insurance coverage? **(If yes, circle all that apply)**  
1 Yes, I have health insurance through my employer (92)  
2 Yes, I have health insurance through another program (state or county) (93)  
3 Yes, I have health insurance through my spouse's employer (94)  
4 No, I have no health insurance at all  
9 I don't know
- Q16. What is your regular hourly pay? If you are not currently working, fill in your last hourly wage. **If you have more than 1 job, fill in your highest wage.** (95-99)  
\$ \_\_\_\_\_ an hour
- Q17. During the past 12 months, was there ever a time when you were not able to pay the mortgage, rent or utility bills? (100)  
1 Yes 2 No **(Skip to instructions before question 18)**  
9 I don't remember **(Skip to instructions before question 18)**
- Q17a. In the past 12 months, how many times were you unable to pay one of these? (101-102)  
\_\_\_\_\_ times

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**Now we would like to ask you if you feel you and your family are better off, worse off or about the same in the following categories than when you were receiving cash assistance from the state.**

Q18. (Please circle one for each category)	A lot better off	A little better off	The same	A little worse off	A lot worse off	
a. Your household income. Do you feel you are...	5	4	3	2	1	(103)
b. Your housing condition. Do you feel you are...	5	4	3	2	1	(104)
c. Your food and nutrition. Do you feel you are...	5	4	3	2	1	(105)
d. Health care for your child or children, if your children live with you. Do you feel you are...	5	4	3	2	1	(106)
e. Access to health insurance coverage. Do you feel you are...	5	4	3	2	1	(107)

Q19. Did being in Work First help you with any of the following? **(Circle all that apply)** (108-111)

1 Improving job skills	3 Getting a higher paying job
2 Finding a job	4 Keeping a job

Q20. Would you say that being in Work First helped your family with any of the following things? **(Circle all that apply)** (112-117)

1 Money management and budgeting	4 Getting better housing
2 Paying your bills on time	5 Getting better health care
3 Getting health insurance	6 Getting better dental care

Q21. Do you have anything else you would like to say about Work First? (118-119)

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(120-121)

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(122-123)

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If you want to be entered into a drawing for one of thirty  
\$50 cash incentives, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please return the survey in the enclosed business reply envelope to  
Moore & Associates, Inc.  
21701 W. Eleven Mile Rd. Suite 9  
Southfield, MI 48076**

**Thank you again for your help!**