



SURVEY

Montana TANF Cash Participant Survey Questions

July 22, 2014

Introduction:

Montana's Department of Public Health and Human Services (DPHHS) wants to ensure that our state's Temporary Assistance for Needy Families (TANF) program is helping families be successful.

DPHHS is seeking input from current and former participants. DPHHS would like input on:

- What services work well; and
- Where there is room for improvement

Your feedback from this survey will provide valuable insight into Montana's TANF program. We would appreciate your completion of the survey by **Wednesday, August 20th**. If you have any questions about this survey, please contact Stephanie Wilkins at 406-444-0641 or swilkins@mt.gov.

Demographics:

1. I am:

- Male
 Female

2. I am:

- 20 or under
 21-30
 31-40
 Over 40

3. Which county do you live in?

4. Do you have children or are you pregnant?

- I have children
 I am pregnant

5. How many children do you have?

- 1
 2
 3



- 4
- 5
- 6+

6. What are their ages?

Employment Status:

7. Do you currently have a job?

- Yes
- No

8. If you don't have a job or don't work full time, what counts for your work activities?

9. If you work, how many hours per week do you currently work?

- 0-10
- 11-20
- 21-30
- 31-40
- Not applicable

Comments:

10. How much are you paid per hour at your current job?

- Less than \$6/hour
- \$6-7
- \$8-9
- \$10-11
- \$12-13
- \$14 or more
- Not applicable

Comments:

11. What makes it hard for you to get or keep a job?

Health Insurance Status:

12. Do you have health insurance?

- Yes

No

13. If so, what type?

- Medicaid
- Medicare
- Private insurance (like Blue Cross Blue Shield)
- Other

Comments:

14. Is your health insurance a benefit of your job?

- Yes
- No
- I do not have a job

Comments:

15. Do you have health or medical-related debt?

- Yes
- No

Comments:

16. Generally, how often do you or your children get sick?

- 0 – 1 day per month
- 2 – 4 days per month
- 5 – 10 days per month
- 11 plus days per month

Comments:

TANF Experience:

17. Are you:

- Current TANF recipient (within past 3 months)
- Prior TANF recipient (over 3 months ago)
- Other

18. How did you hear about TANF?

- From a friend
- Office of Public Assistance
- Internet

- Radio
- Newspaper
- HRDC
- Healthcare worker
- Child care worker
- Other

Comments:

19. Why did you join this program initially? Select all that apply.

- I lost my job
- I could not find work to support my family
- I separated from my spouse or partner who was supporting our family
- I was escaping an unsafe relationship
- I needed help getting an education or job training
- I needed help with budgeting and finances
- I wanted to increase my income and/or find a higher wage job
- Other, please explain

20. How long have you been receiving benefits

- 1 – 3 months
- 4 – 6 months
- 7 – 12 months
- 1 – 2 years
- 3 – 5 years
- I no longer receive benefits

Comments:

21. How satisfied are you with the program?

- Very satisfied
- Somewhat satisfied
- Not satisfied

Comments:

22. How has it been working with WoRC staff?

- Excellent
- Good
- Fair
- Poor

Comments:

23. How has it been working with OPA staff?

- Excellent
- Good
- Fair
- Poor

Comments:

24. Are you currently being sanctioned?

- No
- Yes – Level 1
- Yes – Level 2
- Yes – Level 3

25. Have you cycled off and back onto TANF benefits, meaning have you received TANF previously, left the program, and come back again?

- Yes
- No

Comments:

26. If you are no longer on TANF or have previously left and come back again, why did you leave the program? Select all that apply.

- I chose to stop participating
- I make too much money
- I ran out of time – my time clock expired
- Because of program requirements
- Family/personal issues
- I was sanctioned
- Other

27. If you left previously and came back, why did you come back? Select all that apply.

- I lost my job
- I could not find work to support my family
- I separated from my spouse or partner who was supporting our family
- I was escaping an unsafe relationship
- I needed help getting an education or job training
- I needed help with budgeting and finances
- I wanted to increase my income and/or find a higher wage job
- I lost Medicaid when I left TANF, and couldn't afford to remain off benefits because of health costs and/or concerns
- My child care costs increased when I left TANF, and couldn't afford to work and pay for care
- Other, please explain

Participant Success:

28. What does success mean to you?

29. Are you able to support yourself and your family?

Yes, very well

Somewhat

Not at all

Comments:

30. In what ways has TANF helped you in reaching your goals?

31. How has TANF helped you and your family become more secure?

Stable housing

Stable job

Stable transportation

Stable child care

I can pay my bills

It hasn't helped me become more secure

Comments:

32. How is TANF not helping you in reaching your goals?

33. What could TANF do to better help you and your family?

Barriers:

34. What do you do for transportation? Select all that apply.

I have a car

I get rides from friends, relatives, or neighbors

I use public transportation

Other

35. Do you have secure, stable, and safe housing?

Yes

No, please explain

36. Are you able to get the food you need for your family close by?

- Yes
- No

Comments:

37. What would help you and your family the most to be stable and/or to get out of poverty? Select all that apply.

- Parenting support (child care, classes, parent coaching, etc.)
- Budgeting (paying bills, saving money, stretching money to cover expenses, food support, etc.)
- Educational support (GED, specialized training, etc.)
- Addictive treatment services
- Mental health services
- Better housing
- Job support
- Health care (access to health care, insurance coverage, medicines, etc.)
- Transportation
- Other

38. If you, or anyone you know has been sanctioned on the TANF program, please give us an example of what caused the sanction.

39. What would have helped avoid getting sanctioned?

- Gas money
- A ride
- Child care
- Reschedule the appointment
- Other

Child Care

40. How many children are you the primary care giver for?

- 0
- 1
- 2
- 3
- 4
- 5

6+

41. Is child care critical to you in meeting your work goals?

Yes

No

Comments:

42. Are your child care needs met?

Yes

No

Comments:

43. Do you feel that your childcare is safe, reliable, and able to meet your needs for work?

Yes

No

I do not have child care and do not need it

44. Are you receiving any child care financial support?

Yes, through TANF child care

Yes, through a Best Beginnings scholarship

Yes, through another source

No

Other Work Support Benefits Coordination:

45. Many families receive support from various programs or groups in their communities.

Do you receive support from any of the following groups? Select all that apply.

SNAP (food stamps)

WIC

Grandparents Raising Grandchildren

Best Beginnings Scholarships

Section 8 housing

Healthy Montana Kids

Child Support

Local food banks

Home visiting

Parenting classes

Community health centers

Local churches or non-profits

Other

46. How do these programs work together to help support your family?

Wrap Up

47. What is the best thing about the TANF program? What is most important about the help it gives or gave you?

48. What is/was the hardest thing about TANF for you?

49. Overall, was or is it worth it to you and your family to be on TANF? Are you better off from receiving TANF?

Yes

No

Comments:

50. Imagine you had a magic wand that you can use to change Montana's TANF program. What would you do/what changes would you make to make the program better for you and your family?

Close Out/Thank You:

Thank you for taking the time to respond to this survey. Your answers will help us define the next steps for the TANF program as we embark upon strategic planning.

Please use the space below if you have any other additional comments you would like to share with the state regarding TANF services.



Participation Incentive

If you complete this survey, and you are currently a TANF Cash participant, the survey will count as 2 hours of Job Search or Job Readiness towards your weekly participation hours. Please enter your name and contact information (address, phone, email [if you have one]) in the box below. Please cut off this information and place it in the separate box provided so your responses will remain anonymous. Thanks!

Name

Address

Email (if you have one)