

# SURVEY

July 2014

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## Introduction:

Montana's Department of Public Health and Human Services (DPHHS) wants to ensure that our programs are helping families be successful.

DPHHS is seeking input from current and former participants in programs funded by the Temporary Assistance for Needy Families program such as employment training, financial literacy and adult basic education. DPHHS would like input on:

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

Your feedback from this survey will provide valuable insight into Montana's financial literacy, adult basic education and employment training programs. 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](mailto: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. Are you or your current partner pregnant?

- Yes  
 No

5. How many children do you have?

- 0
- 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 work, how many hours per week do you currently work?

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

Comments:

9. 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:

Health Insurance Status:

10. Do you have health insurance?

- Yes  
 No

11. If so, what type?

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

Comments:

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

- Yes  
 No  
 I do not have a job

Comments:

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

- Yes  
 No

Comments:

14. 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:

## Program Experience:

The following questions are about the program that you received this survey from.

15. What is the focus of the program?

- Help with budgeting
- Help with work or on the job training
- Help getting my GED or some other kind of education such as flagger training, certified nurse assistant, cosmetology school or some other course for job training
- Help getting a two or four year college degree
- Other

16. Are you:

- Currently in the program (within past 3 months)
- A prior program participant (over 3 months ago)
- Other

17. Why did you join this program initially? Check 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

18. How did you hear about the program?

- From a friend
- Office of Public Assistance
- Internet
- Radio
- Newspaper
- HRDC
- Credit counselor or bank
- Child care worker
- School
- Other

19. How long have you been in/were you in the program?

- 1 – 3 months
- 4 – 6 months
- 7 – 12 months
- 1 – 2 years
- 3 – 5 years

Comments:

20. How satisfied are you with the program?

- Very satisfied
- Somewhat satisfied
- Not satisfied

Comments:

### Participant Success:

21. From your participation in the program, what does success mean to you?

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

- Yes, very well
- Somewhat
- Not at all

Comments:

23. In what ways has the program helped you in reaching your goals?

24. How has the program helped you and your family become more secure? (check all that apply)

- Stable housing
- Stable job
- Stable transportation
- Stable child care
- I can pay my bills
- I paid off debt
- I have increased my income
- I have received education or training that will help me get a job
- The program has helped me save money for education, transportation etc.
- It hasn't helped me become more secure

Comments:

25. How has the program not helped you in reaching your goals?

26. What could the program do to better help you and your family?

Barriers:

27. 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

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

- Yes
- No-please explain

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

- Yes
- No

Comments:

30. 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

## Child Care

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

32. Is child care critical for you to be able to work?

- Yes
- No

Comments:

33. Are your child care needs met?

- Yes
- No
- I do not need childcare

Comments:

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

- Yes
- No
- I do not need childcare

35. Are you receiving any child care financial support?

- Yes, through TANF child care
- Yes, through a Best Beginnings scholarship
- Yes, through another source
- No
- I do not need childcare

### Other Work Support Benefits Coordination:

36. 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 or Medicaid
- Child Support
- Local food banks
- Home visiting
- Parenting classes
- Community health centers
- Local churches or non-profits
- Other

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

### Wrap Up

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

39. What is/was the hardest thing about the program for you?

40. Overall, was or is it worth it to you and your family to be in this program? Are you better off from being in this program?

- Yes
- No

Comments:

41. Imagine you had a magic wand that you can use to change something about this 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 these TANF-affiliated programs. We appreciate your feedback.

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

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By completing this survey, you are eligible to receive a \$10 gift card. If you wish to receive a gift card, please enter your name and contact information 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)