



# DEI Youth Information - Minnesota

WSA \_\_\_\_\_

WF1 ID # \_\_\_\_\_

Local Staff Name: \_\_\_\_\_

In our efforts to improve our training and job placement services, we are asking customers to answer a few additional questions related to employment. This is part of an evaluation of the U.S. Department of Labor's Disability Employment Initiative. **All data provided on this form is voluntary. You will not be denied services if you choose not to provide the information requested on this form.** The information you provide will be kept private, and will not be disclosed to anyone but the researchers conducting this investigation, except as otherwise required by law.

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Do you have a disability?  YES  NO

*If 'YES', which of the following most accurately describes your disability?*

- Physical (Mobility)  Sensory (Vision, Hearing)  Cognitive (Learning)
- Mental Health  Other / Not listed here

2. Are you currently receiving benefits based on a Social Security Disability?  YES  NO  DON'T KNOW

3. Have you ever received Social Security Disability?  YES  NO  DON'T KNOW

4. Are you currently a "Ticket to Work" holder?  YES  NO  DON'T KNOW

5. When did you begin employment at your most recent job? *If you have never worked before, please enter "99/99/9999" and SKIP questions 6 - 9.* (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. If ever employed, what was your most recent job title?  
\_\_\_\_\_

7. If ever employed, what was your most recent hourly wage? \$ \_\_\_\_\_ /hour

8. If ever employed, how many hours a week did you work in your most recent job? \_\_\_\_\_ hours/week

9. Did your most recent employer offer you: (Please check all that apply)

- Health Insurance  Working from home  Sick Leave  Customized Employment  Other
- Vacation  Job Sharing  Flexible Hours  On the Job Accommodations  None

10. Which of the following things do you think will make it hard for you to get a job? (Please Check all that apply):

- Limited education or training  Limited work history/experience
- No child care  Substance use  Limited transportation
- Language barrier  Ex-Offender  Housing/homeless  Disability

11. About how often do you contact your family or close friends? (Check ONE only)

- Daily  Weekly  Monthly  Less Than Monthly

12. What is your current living situation? (Check ONE only)

- By Myself  w/Family  Foster Home  Friend  Group Home  Shelter  Other

**Local contact– mail a copy of this form to the State DEI Team within 5 days of the end of the calendar quarter in which it was completed.**

*If you have any questions about the study, or this form, please contact:  
Robert Bartolotta at Social Dynamics, LLC, toll-free: 1-855-990-1105.*

Social Dynamics, LLC is under contract to the U.S. Department of Labor, Office of Disability Employment Policy (ODEP) to conduct an evaluation of the Disability Employment Initiative. The purpose of the DEI is to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to their employment. The DEI Evaluation began in October 2010. Its expected completion date is September 2015. **All data provided on this form is voluntary**, should take approximately 5 minutes to complete, and will be used to prepare a report on the DEI that describes what your state is doing to help you get a job. The information you provide will be kept strictly confidential. No individual identifying information will be revealed. OMB control number 1235-0006 OMB expiration date 01/31/2006.