Utah has subcontracts with agencies to implement and evaluate project.

UDOH has Memoranda of Understanding (MOUs) with agencies regarding recruitment and data to be provided by.

UDOH has Memoranda of Understanding (MOUs) with DWS regarding data to be provided by agency.
Utah SSDI 1 for 2 Study, Non-responder Survey

Recently you received a letter from the [Benefits Planning Assistance and Outreach Program] inviting you to learn more about a project that will allow some participants to earn more money with only a gradual reduction in their SSDI payments (for every $2 in earnings beyond $860 per month, your SSDI payment would decrease by $1). This project is called the SSDI ‘1 for 2’ project.

The purpose of this project is help inform the Social Security Administration on new policies that will make it easier for people receiving SSDI benefits to earn more money without losing the SSDI benefits. To provide this feedback to the Social Security Administration, we need to understand the many reasons why people who would be eligible for such a program would choose not to enroll. Our records indicate that you received this letter but did not return the form or call to receive more information about this SSDI project.

A. Can I ask you to take five minutes to answer a few questions about this now? [if yes, continue; if no, “Would there be another time that would work better for you?”]

1. Do you remember receiving this letter?
   Yes   No [if no, describe the letter and the brochure and ask again; if still no, skip to 5]

2. There are many reasons why a person is not interested or able to participate in a new program like the SSDI project. Again, it would help us to understand how you viewed this project. Could share with us why you chose not to respond? [try to categorize as listed below, but fill in ‘other’ and describe when needed]

   ____ Not eligible
      _____ Not currently receiving SSDI assistance and so wasn’t eligible
      _____ Have already exhausted 72 months of work period
      _____ Over 65 years old

   ____ Not interested
      _____ Because of disability or personal situation, not interested in working more hours

   ____ No employment options
      _____ Interested in increasing earnings, but doesn’t have any employment opportunities and so didn’t apply

   ____ Worried about benefits (Didn’t respond because worried about losing some benefits; if this response, ask ‘which benefits?’ check all of the below that apply)
      _____ SSDI
      _____ Medicare or Medicaid coverage (circle which one or both)
      _____ Foodstamps
3. I would like to ask a couple of follow-up questions. First, when you received this letter and the project brochure, how well did they help you understand that you were being invited to respond to learn more about this project. Would you say that the letter and the brochure describing the project were:

Very clear, somewhat clear, not very clear, or not at all clear

4. Related, when you received this letter and the project brochure, how well did they help you understand that in this project someone could earn more money and still receive SSDI benefits? Would you say that the letter and the brochure describing the project were:

Very clear, somewhat clear, not very clear, or not at all clear

4. Given your situation, what would have made you more interested in participating in this SSDI ‘1 for 2’ project?

5. Finally, if anything that we’ve talked about has changed your view of the project, I want to give you an opportunity to be contacted again about this project. Would you like to be contacted?

____ No, I would prefer not to be contacted again about this

____ Yes, please have someone call me to talk about what this program might mean for me; the best phone number is ___________________________ and the best time of day to reach me is __________________

____ Yes, please send me another brochure about this program (get current address)
Utah SSDI ‘1 For 2’ Project: Six-Month Survey

Please check one response:

1. Which group are you enrolled in?
   ___ Pilot Rules Group – Receive a Benefit Offset if they earn more than SGA. With the Offset, your SSDI cash benefit check is reduced by $1 for every $2 earned above Substantial Gainful Activity (SGA). SGA is $860 for 2006 or $1450 if Blind.
   ___ Current Rules Group – No SSDI benefit change
   ___ Unsure – I do not know which group I am in.

Current Employment

2. Are you working now?
   ___ A. No
   ___ B. Yes
   ___ If Yes, how many hours do you usually work each week? _______hours/week

You were enrolled in the SSDI ‘1 for 2’ Project on <DATE>. Please check one answer for each question.

3. Have you increased your earnings since you enrolled in the SSDI ‘1 for 2’ Project?
   ___ A. Yes
   ___ B. No

4. Have you applied for a new job since you enrolled in the ‘1 for 2’ Project?
   ___ A. No
   ___ B. Yes, I applied for and got a new job.
   ___ C. Yes, I applied for but did not get a new job.

5. Have you tried to increase the number of hours you work each week since you enrolled in the ‘1 for 2’ project?
   ___ A. No
   ___ B. Yes

   If Yes, are you working more hours each week?
   ___ A. No
   ___ B. Yes

6. Have you stopped working at a job since you enrolled in the ‘1 for 2’ project?
   ___ A. No
   ___ B. Yes, I quit a job since signing up for the Project.
   ___ C. Yes, I was laid off or fired from a job since signing up for the Project.
**Current Health Insurance Coverage**

7. Do you have Medicaid coverage?  
   1) ____Yes  (2) ___ No  (3) ___Unsure  

8. Do you have Medicare coverage?  
   1) ____Yes  (2) ___ No  (3) ___Unsure  

9. Are you enrolled in a health insurance plan through your employer?  
   1) ____Yes  (2) ___ No  (3) ___Unsure  

10. Are you enrolled in health insurance coverage through a spouse or family member?  
    1) ____Yes  (2) ___ No  (3) ___Unsure  

**Comments on the Project**

11. How useful were the group meetings or orientations in helping you decide to sign up for the SSDI ‘1 for 2’ Project? Please circle one.  

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<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not Attend</td>
<td>Not at All Useful</td>
<td>Not Useful</td>
<td>Neutral</td>
<td>Useful</td>
<td>Very Useful</td>
</tr>
</tbody>
</table>

12. How useful was the in-person enrollment meeting in helping you decide to sign up for the SSDI ‘1 for 2’ Project? Please circle one.  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All Useful</td>
<td>Not Useful</td>
<td>Neutral</td>
<td>Useful</td>
<td>Very Useful</td>
</tr>
</tbody>
</table>

13. Please add any comments about being in the SSDI ‘1 for 2’ Project.  

________________________________________________________________________  
________________________________________________________________________

**Pilot Rules group only:** The Pilot Rules group receives a Benefit Offset. With the Offset, your SSDI cash benefit check is reduced by $1 for every $2 earned above Substantial Gainful Activity (SGA). SGA is $860 for 2006 or $1450 if Blind.

14. Circle one number below to indicate your agreement with the following statement:  

**Now that I can get a benefit offset, I intend to earn more than $860 per month.**  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

15. The Project would like to call a few people to ask their views on the SSDI ‘1 for 2’ Project. If you are called, we will send you a small grocery gift card to reimburse you for your time. If you do not want to be called it will not negatively impact you or your benefits in any way.  

May we call you?  
   ____ A. Yes. The best phone number for reaching me is:________________________  
   ____ B. No.
Overview of SSDI–Current SSDI Rules

**Trial Work Period (TWP)**
Nine Trial Work months where you can earn as much as you can and still get your check.

**Extended Period of Eligibility (EPE)**
Lasts for 3 years / 36 months

**When will you get your check?**
- **Over SGA = No check that month**
- **Under SGA = Check received**

Will have extended Medicare coverage for at least 93 months after the end of the TWP.

**SGA 2006 = $860.00/mo (gross)**
OR if Self-employed, meets one of SSA's three tests of whether beneficiary is performing Substantial Gainful Activity (SGA). If blind, SGA is $1450.00/mo.

Can start using IRWE and Subsidy

**After getting back on through EXR:**
When will you get your check?
- **Over SGA = No check that month**
- **Under SGA = Check**

After 24 times/months (not necessarily in a row) of not performing SGA you get a New TWP.

24 months under SGA = New Trial Work Period

*Medical termination can occur anytime a continuing medical review is conducted, whether you work or not.*
Current SSDI rules related to work earnings under the SSDI program:

- You have nine months of work attempts. These are called Trial Work Period (or TWP) months. Your nine TWP months do not need to be in a row. During these months you may earn any amount of money and still receive your full cash benefit check.
  - A Trial Work Period month is used if your earnings are over $620 in one month.
  - If you are self-employed any month you work more than 80 hours, you will use a TWP month.

- After completion of your TWP, you have a 3 year Extended Period of Eligibility (EPE).
  - During these three years, if your earnings are:
    - Over Substantial Gainful Activity (SGA) = You will not get a benefit check for that month
    - Under SGA = You will get a benefit check for that month

- If you are earning over SGA at the end of the 3 year EPE, your cash benefits will be terminated.
  - If your cash benefits are terminated, you can get back on cash benefits if you lose your job through expedited Reinstatement of Benefits (EXR) or by applying for a new case.

- If you are earning under SGA at the end of the 3 year EPE, your cash benefits will continue. The first time you earn over SGA after your EPE, your cash benefits will be terminated.

- Extended Medicare benefits will continue for at least 93 months after your Trial Work Period.

Additional Work Incentives are available. Meeting with a Benefit Specialist can help you understand:
- How employment will impact your benefits; and
- Which work incentive programs can assist you.
Overview of SSDI–New Pilot Rules

**Trial Work Period (TWP)**
Nine Trial Work months where you can earn as much as you can and still get your check.

**Extended Period of Eligibility (EPE)**
Lasts for 6 years / 72 months

- **When will you get your check?**
  - **Over SGA** = Check decreased
  - **Under SGA** = No change in check

**Extended Medicare coverage** for at least 93 months after the end of the TWP.

**SGA 2006** = $860.00/mo (gross)
OR if Self-employed, meets one of SSA’s three tests of whether beneficiary is performing Substantial Gainful Activity (SGA). If blind, SGA is $1450.00/mo.

Can start using IRWE and Subsidy

**After getting back on through EXR:**
- **When will you get your check?**
  - **Over SGA** = No check that month
  - **Under SGA** = Check

After 24 times/months (not necessarily in a row) of not performing SGA you get a New TWP.

**24 months under SGA** = New Trial Work Period

**Expedited Reinstatement of Benefits (EXR)**
(Eligible if within 60 months of termination due to work, but not if disability has changed or ceased)

**Re-Apply**
(Brand new case, waiting period, establish disability again, but start with new TWP)

**Check continues for as long as you stay under SGA**

*Medical termination can occur anytime a continuing medical review is conducted, whether you work or not.*
New Pilot Group rules related to work earnings under the SSDI program:

- You have nine months of work attempts. These are called Trial Work Periods (or TWP). Your nine TWP months do not need to be in a row. During these months you may earn any amount of money and still receive your full cash benefit check.
  - A Trial Work Period month is used if your earnings are over $620 in one month.
  - If you are self-employed any month you work more than 80 hours, you will use a TWP month.

- You are eligible for a Benefit Offset. This means that your SSDI cash benefit will be reduced by $1 (offset) for every $2 you earn over Substantial Gainful Activity (SGA). SGA is $860 for 2006 or if you are blind it is $1450.

- The Benefit Offset will continue up to 6 years (or 72 months) after completion of your 9-month Trial Work Period. This is your Extended Period of Eligibility (EPE).

- Social Security will not conduct medical reviews while you are enrolled in the Pilot Rules group during your EPE.

- If you have dependents who are receiving Social Security Dependent benefits, these benefits will not be reduced while you receive the Benefit Offset.

- If you are earning over SGA at the end of the 6 year EPE, your cash benefits will be terminated.
  - If your cash benefits are terminated, you can get back on cash benefits if you lose your job through expedited Reinstatement of Benefits (EXR) or by applying for a new case.

- If you are earning under SGA at the end of the 6 year EPE, your cash benefits will continue. The first time you earn over SGA after your EPE, your cash benefits will be terminated.

- Extended Medicare benefits will continue for at least 93 months after your Trial Work Period.

REMEMBER
- Let us know if your address and/or phone number change.
- Always report changes of your earnings to the Project.

REMEMBER all changes to income during 2006 must be reported to the SSDI '1 for 2' Project Team in one of these ways:
  - Phone 801-887-9527;   Toll Free 887-246-9675;   FAX 801-877-9389
  - By mail:  1595 West 500 South, Salt Lake City, UT 84104
SSDI ‘1 for 2’ Project
Consumer Telephone Interview

Date _____________________
Name of Interviewer____________

______________________________  ____________ ____
Name         Project ID number

Intro Good morning/afternoon. My name is ___________, and I’m trying to reach <NAME> (If/when reached) I am calling from _______________. I am contacting you today because during the past year you have been participating in Utah’s SSDI ‘1 for 2’ Project. You enrolled in this project on <DATE OF ENROLLMENT> when you met with <NAME> and signed the enrollment forms. In order to help us understand the project better, we are interested in learning about your experiences while you have been enrolled in the ‘1 for 2’ Project. Our survey will take approximately 20 to 30 minutes. To thank you for your time, we will send you a $20 gift certificate at Smith’s Marketplace or another grocery store near you. May we begin now? As with your previous surveys for this project, all of your responses will remain confidential. If there are questions that you would prefer not to answer, you may tell us that. Do you have any questions for me before we begin?

(If they can not do survey when you call: find out date, time and the phone number of when it would be better to call back; if participant needs someone else to answer questions, or some other accommodation, make arrangements to call again)

A. Work-Related Services & Activities:

First, we would like to know about services or supports you may have received during the past year.

A1. Did you receive any benefits planning assistance in the past year?

YES (go to A2)
NO (go to A6)
DON’T KNOW (go to A6)
A2. Please tell me how much you agree or disagree with the following statement: “After meeting with the Benefits Specialist, I was more willing to go to work OR increase my earnings.” Do you

STRONGLY AGREE
AGREE
FEEL NEUTRAL
DISAGREE, or
STRONGLY DISAGREE

A3. Did this benefits planning assistance leave you with any unanswered questions regarding the impact of earnings (or work earnings) on your benefits?

YES (go to A4)  NO (go to A6)

A4. What unanswered questions did or do you have?

(OPEN) Prompt for additional information, “Did you have any other unanswered questions?”

A5. Would you like me to have a Benefits Specialist contact you about your questions?

YES
NO

A6. Have you had contact with a VR counselor since enrolling in this project? Again, you enrolled on <DATE OF ENROLLMENT> when you met with <NAME> and signed the forms.

YES Please describe (OPEN) - Prompt for additional info
NO
DON’T KNOW

A7. Since enrolling in this project, have you received any work-related mental health services that were helpful to you in getting or keeping a job?

YES Please describe (OPEN) - Prompt for additional info
NO
DON’T KNOW
A8. Have you attended a school or a training program since enrolling?

YES Please describe (OPEN) - *Prompt for additional info*
NO
DON’T KNOW

A9. Have you contacted any agency or received any assistance in searching for a job? Remember, we are just interested in contact you might have made during the past year (since enrolling in the project).

YES Please describe (OPEN) - *Prompt for additional info*
NO
DON’T KNOW

A10. Has there been anyone who was particularly helpful to you during the past year for getting a job or earning more money?

YES *(go to A11)*
NO *(go to A13)*

A11. How was this person helpful?

(OPEN) - *Prompt for additional info*

A12. What agency was this person at, or else how did you know this person?

(OPEN)

A13. During the past year are there any other services or programs that you’ve participated in to get ready to work or to work more?

YES Please describe (OPEN) (after first response, prompt with, “Is there anything else?”)
NO
DON’T KNOW

A14. Have you worked at all since you enrolled in the project? For this project, we consider work to be any activity for which you received monetary payment.

YES *(go to A15 but later ask A17, A18, & A19)*
NO *(Check for any temporary jobs; If still NO skip A17, A18, A19, and all of Section B)*
A15. Have you applied for a new job during the past year?

   YES (go to A16)
   NO (if A14 is YES, go to A17; otherwise, go to A20)
   DON’T KNOW

A16. What was the outcome of your job application?

   (OPEN) *If more than one, prompt for all outcomes.*

If A14 is YES, go to A17, if NO, go to A20.

A17. During the past year, did you tell your employer (any of your employers) that you could work more hours or earn more pay?

   YES (go to A18)
   NO (go to A19)

A18. What was the outcome of this effort to work or earn more?

   ____________________________________________
   ____________________________________________
   ____________________________________________

A19. In the past year, have you turned down a raise or an increase in hours because it might affect your Social Security disability benefits? (SSDI)

   Yes
   No
   Don’t know

A20. In the past year, have you turned down a job offer because it might affect your Social Security disability benefits (SSDI)?

   YES
   NO
   DON’T KNOW
A21. Are you currently limiting your earnings for any other reason?

   YES (go to A22)
   NO (if A14 is YES, go to B1, if NO, go to C1)

   A22. Why are you limiting your earnings? *(If responses are related to issues other than SGA policy, prompt with “Are there concerns you have about increasing your earnings?”)*

   (OPEN)

   If A14 is YES, go to B1, if NO, go to C1.

**B. Employment History:** Now, we are interested in your employment since you enrolled in the SSDI ‘1 for 2’ Project. Once again, you enrolled on <DATE OF ENROLLMENT> when you met with <NAME> and signed the enrollment forms.

   I’m going to be asking about all of the jobs that you’ve had in the past year and about any changes in those jobs. If you’re not sure what I’m asking, please let me know.

   B1. Are you currently employed?

      YES
      NO [if NO, ask about most recent job]

   B2. How many jobs have you had since you enrolled in the ‘1 for 2’ Project?

      (NUMBER OF JOBS; Prompt for any self-employment or temporary jobs; Code if self-employed)

   B3. We would like to learn more about the job(s) you have had since enrolling in the ‘1 for 2’ Project. *(IF NUMBER OF JOBS > 1, Please begin with your current or most recent job.)*

      What is the name of the company that you currently work [or most recently worked] for? *(If interviewee reports having more than one current job, ask which one they think of as their “main” job and begin with that one); if not clear otherwise, ask if the interviewee is self-employed?)*Self-employed: Do/Did you have a name for your company?

      (NAME OF EMPLOYER)
B4. What kind of work do you [did you] do in your job for this employer? 
(don’t read the following but ask follow-up questions as needed to categorize as 
below) Self-employed: What kind of work do you [did you] do in this job?

   EXECUTIVE/ADMINISTRATIVE/MANAGERIAL (e.g., 
   executives, small business owners)
   PROFESSIONAL (e.g., teachers, nurses, programmers, doctors, 
   engineers)
   SECRETARIAL/CLERICAL (e.g., administrative assistants, 
   bookkeepers, tellers)
   TECHNICAL/PARAPROFESSIONAL (such as teachers’ aides, 
   nurses’ aides)
   SKILLED CRAFT (such as mechanics, assemblers, carpenters, 
   electricians)
   SERVICE/MAINTENANCE (such as child care, cafeteria or 
   restaurant workers, janitors, drivers)
   OTHER Please describe (OPEN)

B5 As best as you can remember, about when did you start working for this 
employer? (Be sure to capture true start dates for jobs that began before 
enrollment) Self-employed: As best as you can remember, about when did you 
bEGIN to be self-employed?

   (START DATE; if can’t remember date, prompt to get first the year 
of job start and then the season, such as “spring 2003”)

B6. Don’t ask if <NO> to B2. Are you still working for this employer? Self- 
employed: Are you still self-employed?

   YES (go to B9)
   NO (go to B7)

B7. Approximately when did you stop working for <NAME OF 
EMPLOYER>? Self-employed: Approximately when did you stop being self- 
employed?

   (END DATE)

B8. Why did you stop?

   (OPEN)
B9. During the past month (or the last month that you worked) how many hours did you work in a typical week?

(HOURS WORKED)

B10. Has (Did) the number of hours that you typically work(ed) each week for <EMPLOYER> changed (change; don’t count termination recorded for B8 & B9) during the past year? Self-employed: For people who are self-employed, work effort can change a great deal from week-to-week. When you think about your average work effort, would you say that the number of hours that you typically work(ed) each week has changed (changed) during the past year?

YES (go to B11)
NO (go to B13)

B11. Please tell me more about how your hours of work per week have changed (if they mention more than one change, ask them to begin with the first change in the past year); prompt as necessary to fill in table:

<table>
<thead>
<tr>
<th>Increased</th>
<th>When did this change occur?</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours before change</td>
<td>HOURS</td>
</tr>
<tr>
<td></td>
<td>Hours after change</td>
<td>HOURS</td>
</tr>
<tr>
<td></td>
<td>Reason for change</td>
<td>OPEN</td>
</tr>
<tr>
<td></td>
<td>Temporary or more permanent</td>
<td>TEMP or PERM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decreased</th>
<th>When did this change occur?</th>
<th>DATE</th>
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</thead>
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<td></td>
<td>Hours before change</td>
<td>HOURS</td>
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<td>Hours after change</td>
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<td></td>
<td>Reason for change</td>
<td>OPEN</td>
</tr>
<tr>
<td></td>
<td>Temporary or more permanent</td>
<td>TEMP or PERM</td>
</tr>
</tbody>
</table>

Vary

| Nature of variation: By week, by month, or by season | SEASONAL, MONTHLY, OR JUST VARIES WEEK TO WEEK |
| Reason for changes | OPEN |
| Fewest hours scheduled for a week | HOURS |
| Most hours scheduled for a week | HOURS |
B12. Did your hours of work per week for this job change at some other time during the past year?

YES (go to B11)
NO (go to B13)

B13. How much do (did) you earn now at this job before taxes are taken out?

(EARNINGS/TIME PERIOD)

B14. If given earnings for some time period other than per month, ask “From what you told me, your average earnings for this job (for variable hours say,) in a typical month (for changed schedules say,) now are (most recently were) about $XXXXX before taxes. Does that sound about right?”

YES
NO (Clarify)

B15. Have your earnings from this job increased or decreased because your wages changed – not because of a change in the number of hours you worked? Self-employed: Have your self-employment earnings increased or decreased because you changed your rate of pay – not because of a change in the number of hours you worked?

YES (go to B16)
NO (go to B19)

B16. Approximately when did the change in your wages occur?

(DATE OF CHANGE) (If after <DATE OF ENROLLMENT>, go to B18, else go to B20)

B17. Why did your wages change?

(OPEN)

B18. What were your pre-tax earnings for this job before your wages changed?

(EARNINGS/TIME PERIOD)
B19. *(If \( \text{NUMBER OF JOBS} > 1 \), and additional jobs remain),* Now I would like to learn about another one of the jobs you held since enrolling in the ‘1 for 2’ Project.

Could you please tell me the name of another company you have worked for since enrolling in the ‘1 for 2’ Project on <DATE OF ENROLLMENT>?

**(NAME OF NEXT EMPLOYER) (go to B4)**

*Repeat section for all current jobs up to 3 primary jobs, then go to C1.*

C. Work Plans:

OK, now we are going to ask about your plans for work.

C1. A year from now, how many hours a week do you plan to be working?

**(HOURS PER WEEK)**

C2. Please listen to the following statement and tell me whether you agree or disagree with it.

Compared with a year ago, I am more willing to increase my earnings, even if that would decrease my SSDI cash benefits. *(If needed prompt with, “this is the Substantial Gainful Activity level” or “the limit is currently $860 (or $1450 for beneficiaries with visual impairments)”.) Do you

- STRONGLY AGREE
- AGREE
- FEEL NEUTRAL
- DISAGREE, or
- STRONGLY DISAGREE
D. Health: Now we would like to understand how your health has been over the past 4 weeks. These are the same questions about health that you were asked at the intake for this project.

D1. Overall, how would you rate your health during the past 4 weeks? Would you say it’s been (read the following and check):

EXCELLENT
VERY GOOD
GOOD
FAIR
POOR
VERY POOR

D2. During the past 4 weeks, how much did physical health problems limit your usual physical activities? (read the following and check). Would you say...

NOT AT ALL
VERY LITTLE
SOMEWHAT
QUITE A LOT
COULD NOT DO PHYSICAL ACTIVITIES

D3. How much bodily pain have you had in the past 4 weeks? (read the following and check). Would you rate it as …

NONE
VERY MILD
MILD
MODERATE
SEVERE
VERY SEVERE

D4. During the past 4 weeks, how much did mental health problems keep you from doing your usual work, school or other daily activities? Would you say that you’ve been affected …

NOT AT ALL
VERY LITTLE
SOMEWHAT
QUITE A LOT
COULD NOT DO DAILY ACTIVITIES
D5. **Compared to one year ago**, how would you rate your health in general? (read the following and check). Would you say your health is …

**MUCH BETTER THAN ONE YEAR AGO**  
**SOMewhat BETTER THAN ONE YEAR AGO**  
**ABOUT THE SAME AS ONE YEAR AGO**  
**SOMewhat WORSE THAN ONE YEAR AGO**  
**MUCH WORSE THAN ONE YEAR AGO**

D6. What health insurance coverage do you have now? *(Accept OPEN response, prompt for all others.)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have Medicaid coverage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have Medicare coverage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you enrolled in a health insurance plan through your employer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you enrolled in a health insurance plan through a spouse or family member?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you covered by any other health insurance plan? If yes, please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If responds ‘not sure’ to Medicaid and Medicare, ask: Do you have either Medicaid or Medicare, but aren’t sure which one?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If responds ‘no’ to all of these questions, ask: So you are NOT currently covered by any health insurance. Is this Correct?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO or not sure: Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D7. [If answers Yes to any of the health care coverage questions,] Has there been a time during the past year when you haven’t had any health insurance coverage?

**YES**

**NO**
E. INCOME & DEMOGRAPHICS: Now I have a few questions about you.

E1. In the ‘1 for 2’ Project, are you in the

CURRENT RULES GROUP
or the PILOT RULES GROUP?

If not sure, prompt with:
The CURRENT RULES GROUP operates under the usual SSA rules for SSDI,
The PILOT RULES GROUP can receive an SSDI benefit offset when they become eligible

UNSURE (after prompting)

E2. Are you currently

MARRIED, INCLUDING CIVIL UNIONS
WIDOWED
SINGLE – NEVER MARRIED
DIVORCED
SEPARATED

E3. How many people live in your household?

(NUMBER IN HOUSEHOLD)

E4. We are interested in the total amount of money that comes into your household during a typical month. Please think about work earnings, cash benefits, and other types of income such as child support. Include the earnings of all of the people you considered when you told me the number of people in your household (e.g., your partner, children, and anyone else living with you).

<table>
<thead>
<tr>
<th>Household size</th>
<th>Monthly FPL</th>
<th>250% monthly FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>817</td>
<td>2042</td>
</tr>
<tr>
<td>2</td>
<td>1100</td>
<td>2750</td>
</tr>
<tr>
<td>3</td>
<td>1383</td>
<td>3458</td>
</tr>
<tr>
<td>4</td>
<td>1667</td>
<td>4167</td>
</tr>
<tr>
<td>5</td>
<td>1950</td>
<td>4875</td>
</tr>
<tr>
<td>6</td>
<td>2233</td>
<td>5583</td>
</tr>
<tr>
<td>7</td>
<td>2517</td>
<td>6292</td>
</tr>
</tbody>
</table>
Would you say your total monthly household income, before taxes, is more than $<100% FPL FOR HOUSEHOLD SIZE>?

YES (go to E5)
NO (go to F1)
REFUSE (go to F1)

E5. Is it more than $<250% FPL FOR HOUSEHOLD SIZE>?

YES
NO

F. SSDI 1 for 2 Project

Finally, we want to ask a couple of questions about the ‘1 for 2’ project.

F1. How effective do you feel the ‘1 for 2’ project has been in encouraging you to increase your earnings? Do you feel it’s been (read the following and check)

   VERY EFFECTIVE
   SOMEWHAT EFFECTIVE
   NOT PARTICULARLY EFFECTIVE
   NOT AT ALL EFFECTIVE

F2. What about the project has been <RESPONSE FROM F1>

   (OPEN)

F3. Is there anything more that the project or any other agencies could do to help you to increase your earnings?

   (OPEN) - Prompt for additional info, Is there anything else?

Those are all the questions I have. Thank you for your time. As I mentioned, we’d like to send you a $20 gift certificate for Smith’s Marketplace. What is the best address to send that to you?

   (Open)