



SECTION 8

APPENDICES

APPENDIX A

SSI Family Impact Study Telephone Interview Protocol

Family ID: _____

Interviewer Name: _____

Date: _____

Start Time: _____

End Time: _____

Thank you for agreeing to speak with me again about the changes in your child's SSI benefits. This will be the final telephone interview and with your permission, we hope to visit with you again in-person to conduct one final interview in the spring of 2000. We will be paying \$10 for this telephone interview and \$25 for the final in-person interview.

I will be taping the interview if that's okay with you, just to be sure that I accurately capture what you're telling me. Just as with the interviews we have done before, the information you provide will be kept in strict confidence and will be used for the purposes of this study only. The interview should take about 20 - 30 minutes.

- Q.1 Name/Code of Interviewee _____
- Q.2 Has anything changed with your employment situation since we last talked?
2a) Are/Were you working Full Time or Part Time (circle one)
2b) What type of work are/were you doing?
- Q.3 [If applicable] How about your spouse's (other income contributor) employment. Has anything changed?
- Q.4 [If applicable] Last time we talked about your education, you mentioned that you were... Where are you with that?
- Q.5 Have there been any changes in your child's education, such as his/her special education status? [Use timeline as a reminder of past information]
- Q.6 Has there been any change in [child's] diagnosis since we last talked? [If Yes] What?
- Q.7 Have there been any changes in who lives in your household since we last talked?
- Q.8 Last time we talked about your SSI benefits, you were....(insert latest information), what has happened with the benefits since then?
8a) What action (if any) have you taken regarding these benefits in the last three months?
8b) How or why did you decide to do that?
- Q.9 [If applicable] How have you been using the SSI money in the past three months?
- Q.10 Last time we talked, you told me how all this has impacted [child] and your family. Can you think of any other or new ways that it has affected [child] having to go through this process and/or having lost the benefits?
10a) Has there been any specific impact on other members of the family?
10b) Are there things you, [child], or your family do differently now?/ How did you decide to make those changes?
10c) What has been the financial impact?
10d) What has been the impact on Medicaid/health care coverage/what have you done about it?

- 10e) Has anything positive come out of the review process or change in benefits?
- 10f) Have you had any further or different experiences with the SSA?
- Q.11 Last time we talked, you told us that your family's source of income included: [read list from timeline]. Have these changed at all?
- 11a) You were receiving ___\$ from [list each source and dollar amount]. Has this changed at all?
- Q.12 We wanted to follow up on the health of your family members. You told us [read from timeline]. Have there been any changes since then?
- Q.13 We also want to confirm the health insurance coverage you and your family have. Last time you told us [insert from timeline]. Have there been any changes in your health insurance?
- 13a) [If child/parent has no insurance] If you/your child had to go to the doctor, how would you pay for it?
- Q.14 Does [child] receive any mental health services? If so what?
- 14a) Is he/she receiving any now? If so, what?
- Q.15 Are you or [child] receiving any other services or participating in any programs (i.e., counseling, clubs, activities, etc.)?
- 15b) Have any of the services you've been receiving or programs been helpful? [If Yes] In what way?
- Q.16 Are there any friends or family members that are there for you when you need them? [If Yes] Who are they and how do they help you?
- 16a) Has how they help you or how much they help you changed at all because of the changes in [child's] SSI benefits?
- Q.17 Is there anything else you would like to tell me about your experience with the SSI changes since the last time we talked?

Thank you again for participating in the study and for giving us your time today for this interview. You will be receiving a thank you letter and we will give you \$10 when we see you in the spring, plus \$25 for the last interview. Is it okay if I call you to schedule the final interview in a couple of months?

[Discuss final in-person interview (mention the month, confirm telephone number, address, etc.)]

Contact Information: Is this still the best number to reach you?: _____

Mailing address: _____

Other information: _____

In case this information changes, you can reach me at: _____

APPENDIX C

**SSI FAMILY IMPACT STUDY
FAMILY TIMELINE TEMPLATE - FAMILY# _____**

	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Living Situation							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Family Composition							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
PCG Employment Situation							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Employment of Household Members							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Sources of Income							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Use of SSI Money							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
PCG Date of Birth							
	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:

PCG Education	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Child Education	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Child Diagnosis/ Behavior	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
PCG Health	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Child Health	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Other Family Member Health	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
SSI Benefit Status	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Reaction to Initial Review	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Experience with SSA	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:

	Wave 1 Date:	Wave 2 Date:	Wave 3 Date:	Wave 4 Date:	Wave 5 Date:	Wave 6 Date:	Wave 7 Date:
Impact on Family							
Impact on Child							
Positive Impact							
Impact on Medicaid or Other Health Care Coverage							
Sources of Social (Other) Support							
Decision Making							
Co-occurring Events							

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