TIFA 2013 SURVEY : The Financial Impact of Incarceration on Families

When someone is incarcerated most families experience financial losses as a result of the incarceration. However, the loss is greatest for those families who try to maintain the offender as a family member. In recent years there has been improvement in the efforts of the Texas Department of Criminal Justice and the Texas Legislature to help families stay connected but it has come at a cost. TIFA would like to know what that financial burden is for families and if there is a way to lower that financial burden. In 2013, TIFA would like to pursue requests to lower fees and profits and make it easier to have offenders moved closer to families for visitation.

Please fill out the below survey by circling the appropriate answers and estimating the money you spend as a result of your family member or friend being incarcerated. Feel free to scribble in the margins and on the back of the pages but please place your answers in the blanks provided. The information in this survey will be kept confidential. Please return your completed survey as soon as possible by mail or email to:

TIFA
P.O. Box 300220
Austin, TX 78703-0004
Phone: (512) 371-0900
Or scan and email to: tifa@tifa.org

Please return all surveys by Feb 28, 2013 and please one survey per household address.

1. What is the TDCJ # of your friend or loved one? ____________

2. Is your incarcerated friend or loved one
   a. Male
   b. Female

3. Does your friend or loved one have any children? Y or N
   If yes, how many are under 18 years of age? ________

4. What is your relationship to the offender? You are a........
   a. Spouse
   b. Mother
   c. Father
   d. Brother
   e. Sister
   f. Child
   g. Aunt
   h. Uncle
   i. Grandparent
   j. Cousin
   k. Friend
   l. Other

5. In what year were YOU born? ________

6. What is your race/ethnicity?
   a. White – not Hispanic/Latino
   b. White – Hispanic/Latino
   c. Black or African American
   d. American Indian or Alaska Native
   e. Asian
   f. Native Hawaiian or Other Pacific Islander
   g. Other
7. What is your employment status? Are you currently........  
   a. Employed for wages  
   b. Self-employed  
   c. Out of work and looking for work  
   d. Out of work but not currently looking for work  
   e. A homemaker  
   f. A student  
   g. Retired  
   h. Unable to work  

8. What is your total yearly household income?  
   a. Less than $10,000  
   b. $10,000 to $19,999  
   c. $20,000 to $29,999  
   d. $30,000 to $39,999  
   e. $40,000 to $49,999  
   f. $50,000 to $59,999  
   g. $60,000 to $69,999  
   h. $70,000 to $79,999  
   i. $80,000 to $89,999  
   j. $90,000 to $99,999  
   k. $100,000 or more  

9. Was the offender a contributor to the yearly household income before incarceration?  
   a. No  
   b. If yes, what was his/her yearly contribution to the household income?  
      i. Less than $10,000  
      ii. $10,000 to $19,999  
      iii. $20,000 to $29,999  
      iv. $30,000 to $39,999  
      v. $40,000 to $49,999  
      vi. $50,000 to $59,999  
      vii. $60,000 to $69,999  
      viii. $70,000 to $79,999  
      ix. $80,000 to $89,999  
      x. $90,000 to $99,999  
      xi. $100,000 or more  

10. How long has your loved one been in TDCJ (not including county jail)?______________  

11. How many live in your household including children? ________________  

12. Are you now caring for child(ren) of the offender that are not your children (ex. Are you a grandparent, aunt, uncle taking care of an offender’s child)? Y or N  

   If yes, can you estimate the additional monthly expense of providing for the child(ren) for clothes, school supplies, medical, food, child care, other?______________  

13. Do you contribute financially to the support of a child whose parent is incarcerated but does not live with you? Y or N  

   If yes, please estimate the cost per month. ________________  

14. Have you had to take on a second job because of the money that is spent for commissary, phones, visitation, child care, etc? Y or N  

15. During a year, how many times do you visit? ________________  

16. Approximately, how far do you have to drive to visit (round trip)? _______  

17. How much would you estimate a single visit costs including gas, overnight stay (if necessary) and quarters for vending machines (not counting meals)? ________________
18. Are there factors that prevent you from visiting? You can’t visit more often or you can’t visit at all because of.....
   a. health reasons
   b. transportation issues
   c. work on weekends
   d. distance (long distance travel)
   e. money
   f. childcare issues
   g. other ____________________
   h. does not apply, you can visit when possible

19. How much would you estimate you deposit into your loved one’s trust fund account per month? __________

20. How much would you estimate that you spend on magazines, books, newspapers, & writing supplies you send to your offender in a year? ________________

21. How often (best estimate) do you receive a phone call from your loved one in prison?
   a. Every day
   b. Twice a week
   c. Once a week
   d. Every other week
   e. Once a month
   f. Never – do not use the phone to visit
   g. Other ______________________

22. How much would you estimate you spend on monthly phone calls? __________

23. How much would you estimate you spend on monthly emails to the offender through jpay? __________

24. Have you had to help pay the $100 medical co-pay?
   a. Yes, for health (not dental) issues
   b. Yes, for dental issues
   c. No, offender has not had health issues
   d. No, offender has chronic health issues

25. If you are purchasing care packages through the new ecommdirect program on Texas.gov, how much do you plan to spend per quarter? __________
    per year? __________

26. Are you paying tuition for college classes? Y or N
   If so, how much per year? __________

27. Have you hired a parole attorney? Y or N
   If yes, how much have you spent for a parole attorney? __________

28. Are there other bills or fees that you are paying because of the incarceration?
   a. What is the bill? __________
   b. How much are you paying per month? __________

29. Are you a TIFA member? Y or N

30. Would you like to receive the results of this survey? Y or N
    What is your email address or mailing address?
    ____________________________________________