
Survey of Food Assistance Information Systems

State Food Stamp Directors

Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

Introduction

This is a survey of Food Stamp Program directors in 26 states. The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain client certification data for the Food Stamp Program. The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Child Nutrition Programs (school meals) and the Special Supplemental Nutrition program for Women, Infants, and Children (WIC).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

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Please return the completed survey in the envelope provided by the date indicated in the cover letter. If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address. You may also fax the completed survey.

Instructions

All of the questions on this survey are about the food stamp client eligibility database, and do not pertain to the benefit issuance system, which may or may not operate on the same system as the eligibility data.

We understand that data systems may be in a period of development. For all questions, you should report the current status of your system. At the end of the instrument, there is space to report on system changes planned for the future.

Please respond to all questions. The responses do not need to be typed. Please feel free to add explanatory notes in the margins, if needed. If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page. Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank.

Office of Management and Budget (OMB)

The Paperwork Reduction Act of 1995 requires that all persons who respond to this collection of information be informed that they are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(i)). The time required to complete this collection of information is estimated to average 45 minutes per response, including the time to review instructions and complete the information collection. Comments on the burden or content of this collection of information may be sent to the U.S. Department of Agriculture, Economic Research Service, Food Assistance and Nutrition Research Program, Attn: Parke Wilde, 1800 M Street, Room S2092, N.W. Washington, DC 20036.

Question Format

All questions require a single-response, unless **(CHECK ALL THAT APPLY)** appears above response categories. The survey contains three types of questions:

Type of Question	Sample Question
Questions with pre-specified response categories. → Answer question by placing an X in the box next to the correct response.	1. During what year did you receive this survey? ☐ 1. 2000 ☒ 2. 2001 ☐ 3. 2002
Questions requiring numeric open-end response. → Answer question by providing response in specified format.	2. During what calendar month did you receive this survey? MONTH (ENTER 1-12): 0 9
Questions requiring open-end response. → Answer question by writing response in space provided.	3. Provide respondent name. <u>Jane Doe</u>

A. Information System Architecture

These questions are about the hardware and software used to maintain the central client database for the Food Stamp Program (FSP) at the central state computer facility. These questions refer only to the food stamp client certification database, and do not pertain to the food stamp benefit issuance or EBT systems, which may or may not operate on the same system as the certification data.

A1. Does the central client database for the FSP reside on a mainframe, UNIX minicomputer, PC server, or some other computer hardware?

- ☐ 1. Mainframe
- ☐ 2. Unix minicomputer
- ☐ 3. PC server
- ☐ 4. Other, specify below:

A2. What type of software is used to maintain the client database?

(CHECK ALL THAT APPLY)

- ☐ 1. DB2
- ☐ 2. LEGACY SYSTEM
- ☐ 3. ORACLE
- ☐ 4. SAS
- ☐ 5. SYBASE
- ☐ 6. IMS DB/DC
- ☐ 7. Other, specify below:

A3. Is the file structure for the client database best described as a relational database, a flat file, a hierarchical file, or something else?

- ☐ 1. Relational database
- ☐ 2. Flat file
- ☐ 3. Hierarchical file
- ☐ 4. Other, specify below:

A4. Is your client database maintained by the state or by an outside contractor?

- ☐ 1. State
- ☐ 2. Contractor
- ☐ 3. Both
- ☐ 4. Other, specify: _____

A5. Is the state planning any significant **hardware** upgrades or replacements to the FSP client certification database or system during the next two years?

- ☐ 1. Yes
- ☐ 2. No

A6. Is the state planning any significant **software** upgrades or replacements to the FSP client certification database or system during the next two years?

- ☐ 1. Yes
- ☐ 2. No

B. Record Retention and Archival

B1. With your current computer system, do you ever take client records offline for archival? We are not concerned with regular archiving for backup purposes. We would like to know about archiving that takes data offline to free up online resources.

- ☐ 1. Yes, archive
☐ 2. No, never archive → **GO TO PAGE 3**

B2. What triggers the archival of client records? For example, is archival triggered by the number of months a client has been out of active status, the date that their participation started or ended, or something else?

- ☐ 1. Number of months inactive
☐ 2. Start date of participation
☐ 3. End date of participation
☐ 4. Other, specify below:

ANSWER FOLLOW-UP QUESTION INDICATED BY ARROW, THEN GO TO PAGE 3

B2a. How many months of inactive status triggers archival?

MONTHS

GO TO PAGE 3

B2b. How is the participation start date used as a trigger for archiving records?

GO TO PAGE 3

B2c. How is the participation end date used as a trigger for archiving records?

GO TO PAGE 3

C. Enrollment History

- C1. The FSP usually reports caseload in terms of monthly enrollment or participation. If you had to recalculate past monthly caseload totals from individual case records, could you do this with online data?

☐ 1. Yes
☐ 2. No → **GO TO QUESTION C3**

- C2. How far back in time could you recalculate monthly caseload using **online data**? What would be the first month and year?

MONTHS: OR
DATE (MM/YYYY): /

- C3. How far back in time have you retained records of program participants **for active cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records?

MONTHS: OR
DATE (MM/YYYY): /

- C4. How far back in time have you retained records of program participants **for inactive cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records?

MONTHS: OR
DATE (MM/YYYY): /

- C5. In terms of the file structure for certification records, if you wanted to determine the participation of clients prior to their current certification period, is this information found on their current record, in a separate history file, or only available through special programming to link records from different time periods?

(CHECK ONE)

☐ 1. On current record
☐ 2. In history file
☐ 3. Need special programming

D. Integration with Other Programs

- D1. Is the food stamp client database integrated with any other public assistance client database, such as Medicaid, TANF,¹ Child Support Enforcement, Foster Care, or others? Integration with a program means that the program shares the same computer system with the FSP or that FSP has real-time access to the records of the other program.

☐ 1. Yes
☐ 2. No → **GO TO PAGE 4**

- D2. What other public assistance client databases is the FSP integrated with?

(CHECK ALL THAT APPLY)

☐ 1. Child Abuse System
☐ 2. Child Support Enforcement
☐ 3. Child Protective Services
☐ 4. Child Welfare
☐ 5. Children's Health Insurance (CHIP)
☐ 6. Commodity Supplemental Food Program (CSFP)
☐ 7. Employment Security Commission wage records
☐ 8. Foster Care
☐ 9. Head Start
☐ 10. JOBS
☐ 11. Low Income Home Energy Assistance (LIHEAP)
☐ 12. Medicaid eligibility
☐ 13. Medicare
☐ 14. Refugee assistance program
☐ 15. TANF¹
☐ 16. WIC
☐ 17. Other, specify below

¹ TANF may be known by another name in your state. Please see the cover letter.

E. State Master Index of Public Assistance Recipients

E1. To your knowledge, does any agency in your state maintain a master file or index of clients from multiple public assistance programs?

- ☐ 1. Yes
☐ 2. No → **GO TO PAGE 5**

E2. What is the name of the master file or index?

E3. What agency maintains the master file or client index?

E4. What programs are represented in this master file or client index?

(CHECK ALL THAT APPLY)

- ☐ 1. Child Abuse System
☐ 2. Child Support Enforcement
☐ 3. Child Protective Services
☐ 4. Child Welfare
☐ 5. Children's Health Insurance (CHIP)
☐ 6. Commodity Supplemental Food Program (CSFP)
☐ 7. Employment Security Commission wage records
☐ 8. Food Distribution Program on Indian Reservations (FDPIR)
☐ 9. Foster Care
☐ 10. Head Start
☐ 11. JOBS
☐ 12. Low Income Home Energy Assistance
☐ 13. Medicaid eligibility
☐ 14. Medicare
☐ 15. Refugee assistance program
☐ 16. TANF
☐ 17. WIC
☐ 18. Food stamps
☐ 19. Other, specify: _____

E5. Is the FSP represented in this client index?

- ☐ 1. Yes
☐ 2. No → **GO TO PAGE 5**

E6. When the FSP transfers data to this index database, what method of transfer is used?

(CHECK ALL THAT APPLY)

- ☐ 1. Electronic transfer over internet
☐ 2. Electronic transfer over dedicated network
☐ 3. Send tapes
☐ 4. Send CD-ROM
☐ 5. Other, specify below:

E7. How often are data transferred?

(CHECK ONE)

- ☐ 1. Daily
☐ 2. Weekly
☐ 3. Every two weeks
☐ 4. Monthly
☐ 5. Quarterly
☐ 6. Other, specify: _____

F. Primary Identifiers

F1. What is the primary identifier (ID) for households certified for food stamps?

- ☐ 1. Social Security Number of household head
- ☐ 2. System-generated ID unique to FSP
- ☐ 3. System-generated ID shared with other programs
- ☐ 4. Other, specify: _____

F2. Does each household member have an individual client ID different from the household case number?

- ☐ 1. Yes
- ☐ 2. No → **GO TO QUESTION F5**

F3. What is the primary ID for individual household members certified for food stamps?

- ☐ 1. Social Security Number
- ☐ 2. System-generated ID unique to FSP
- ☐ 3. System-generated ID shared with other programs
- ☐ 4. Other, specify: _____

F4. Does the participant ID for the head of household follow the participant through multiple spells of participation, even if there is a break in participation?

- ☐ 1. Yes
- ☐ 2. No, only if spells are continuous
- ☐ 3. No, new ID assigned for each certification
- ☐ 4. Other, specify below:

F5. When applicants apply to the FSP, is the system searched for a current or past record for that client?

- ☐ 1. Yes
- ☐ 2. No → **GO TO PAGE 6**

F6. What information may be used to search for a current or past record for an applicant?

(CHECK ALL THAT APPLY)

- ☐ 1. Name
- ☐ 2. SSN
- ☐ 3. FSP ID number
- ☐ 4. Date of birth
- ☐ 5. Other, specify: _____

F7. How far back in time is the system searched?

- ☐ 1. All available data
- ☐ 2. Limited number months =
- ☐ 3. Limited number years =
- ☐ 4. Other, specify below:

F. Primary Identifiers (cont.)

Questions 8 and 9 contain a list of data items. For each item in the list, indicate whether your client certification database contains a data field for the item (in question 8) and whether the data item is a required field (question 9).

Separately indicate if the database contains a field for the item for the **head of household** and for **other household members**. Place an "X" in the box if your database contains the field, regardless of whether it is a required field.

F8. Place an X in the column if your database contains a field for the data item, regardless of whether you require that the data field be filled.

F9. For the same data fields, indicate if the information is REQUIRED to be filled for all participants.

<u>Identifier</u>	<u>Head of household</u>	<u>Other household members</u>	<u>Required Data Field</u>	<u>Head of household</u>	<u>Other household members</u>
First name	☐	☐	a. First name	☐	☐
a. Last name	☐	☐	b. Last name	☐	☐
b. Residential address	☐	☐	c. Residential address	☐	☐
c. Mailing address	☐	☐	d. Mailing address	☐	☐
d. Phone number	☐	☐	e. Phone number	☐	☐
e. County	☐	☐	f. County	☐	☐
f. Date of birth	☐	☐	g. Date of birth	☐	☐
g. Social Security Number	☐	☐	h. Social Security Number	☐	☐
h. Gender	☐	☐	i. Gender	☐	☐
i. Race/Ethnicity	☐	☐	j. Race/ethnicity	☐	☐
j. Primary language	☐	☐	k. Primary language	☐	☐
k. First date of participation	☐	☐	l. First date of participation	☐	☐
l. Start and end dates of each participation period	☐	☐	m. Start and end dates of each participation period	☐	☐
m. Indicators of each month of participation	☐	☐	n. Indicators of each month of participation	☐	☐

F10. When identifying information changes - for example due to a name change, change in address, or to correct data that was in error - are the old data overwritten or retained in a separate data field? Please indicate for each data field.

<u>Data Field</u>	<u>Overwrite</u>	<u>Retained</u>
a. Participant's name?	☐	☐
b. Address?	☐	☐
c. Phone number?	☐	☐
d. Date of birth?	☐	☐
e. Social Security Number?	☐	☐

G. Data Verification/Standardization

G1. Are Social Security numbers verified by your system for authenticity?

- ☐ 1. Yes
☐ 2. No → **GO TO QUESTION G3**

G2. What method is used to verify Social Security numbers?

(CHECK ALL THAT APPLY)

- ☐ 1. Computer look-up
☐ 2. On-line interface through SVES
☐ 3. Batch search of SSN database
☐ 4. Other, specify: _____

G3. Address information is sometimes standardized during data entry with data entry screens that permit entry of only valid or properly spelled information. Please check the types of address data that are standardized by your system during data entry.

(CHECK ALL THAT APPLY)

- ☐ 1. Street address
☐ 2. City
☐ 3. County
☐ 4. ZIP code
☐ 5. None

G4. Does your system validate phone numbers during data entry to confirm that area codes are valid and/or to confirm the validity of local exchanges within area codes?

- ☐ 1. Yes, both area code and local exchange are validated
☐ 2. Only area code validated
☐ 3. Only local exchange validated
☐ 4. Neither validated

H. Participation in Other Programs

H1. Does the food stamp client database contain data fields to indicate whether FSP households participate in each of the following public assistance programs?

<u>Public Assistance Program</u>	<u>Yes</u>	<u>No</u>
a. Child and Adult Care Food Program (CACFP)	☐	☐
b. Commodity Supplemental Food Program (CSFP)	☐	☐
c. Child Abuse System	☐	☐
d. Child Support Enforcement	☐	☐
e. Child Protective Services	☐	☐
f. Child Welfare	☐	☐
g. Food Distribution Program on Indian Reservations (FDPIR)	☐	☐
h. Foster Care	☐	☐
i. Head Start	☐	☐
j. JOBS	☐	☐
l. Low Income Energy Assistance (LIHEAP)	☐	☐
m. Medicaid	☐	☐
n. Medicare	☐	☐
o. National School Lunch Program (NSLP)	☐	☐
p. Refugee Assistance Program	☐	☐
q. State Children's Health Insurance (CHIP)	☐	☐
r. TANF ¹	☐	☐
s. WIC	☐	☐
t. Other, specify below:	☐	☐

¹ TANF may be known by another name in your state. Please see the cover letter.

I. Local Office Connections

- I1. Do local offices send certification information to the central facility via a wide-area network, internet connection, periodic file submission, or some other method?

(CHECK ALL THAT APPLY)

- ☐ 1. Wide-area network → **GO TO PAGE 9**
☐ 2. Internet connection
☐ 3. File submissions
☐ 4. Other, specify: _____

**IF WIDE-AREA NETWORK IS THE ONLY RESPONSE,
THEN GO TO PAGE 9**

- I2. What percent of offices send records to the state via file submission?

_____%

- I3. For local offices sending records to the state via file submission, **approximately** what percent of offices upload data nightly, what percent upload less frequently than nightly, but at least once per week, and what percent upload data less often than once per week?

Nightly: _____%

Weekly: _____%

Less than weekly: _____%

J. Direct Certification for the National School Lunch Program (NSLP)

The next questions are about data sharing arrangements between the state food stamp agency and school districts for purposes of direct certification for the National School Lunch Program.

- J1. To establish direct certification for NSLP, different school districts may ask for different types of assistance from the FSP. Indicate all methods of assistance provided by FSP to school districts for purposes of direct certification.

<u>Method</u>	<u>Yes</u>	<u>No</u>
a. FSP sends letters to food stamp participants	☐	☐
b. FSP sends data files to school districts for computer matching	☐	☐
c. FSP sends data files to State Dept. of Ed. for computer matching	☐	☐
d. FSP receives data files from school districts and matches student records to FSP records	☐	☐
e. FSP receives data files from State Dept. of Ed. and matches student records to FSP records	☐	☐

IF NO TO a, b, c, d, AND e THEN GO TO PAGE 11.

- J2. When FSP data were used for direct certification last year, what calendar month of FSP data was used for each direct certification method?

[If different months of FSP data were sent to different school districts, indicate the month most often used. Enter month as 01-12, or enter NA if not applicable.]

<u>Method</u>	<u>Month</u>
a. FSP sends letters to food stamp participants	☐ ☐ ☐
b. FSP sends data files to school districts for computer matching	☐ ☐ ☐
c. FSP sends data files to State Dept. of Ed. for computer matching	☐ ☐ ☐
d. FSP receives data files from school districts and matches student records to FSP records	☐ ☐ ☐
e. FSP receives data files from State Dept. of Ed. and matches student records to FSP records	☐ ☐ ☐

If FSP sends data to school districts or Dept. of Education (question J1b=Yes or J1c=Yes) then answer next questions; otherwise go to page 10.

- J3. When sending food stamp data to school districts or the Department of Education for direct certification matching, does the food stamp file contain only currently active food stamp participants or some other universe of food stamp participants?

☐ 1. Currently active
☐ 2. Other, specify: _____

- J4. Indicate all data fields from FSP records included on files sent to school districts or the Department of Education for direct certification matching.

(CHECK ALL THAT APPLY)

- ☐ 1. Student first name
☐ 2. Student last name
☐ 3. Student date of birth
☐ 4. Student SSN
☐ 5. Student gender
☐ 6. Student race/ethnicity
☐ 7. County of residence
☐ 8. Street address
☐ 9. City
☐ 10. Zip
☐ 11. Phone number
☐ 12. Parent/guardian name
☐ 13. Parent/guardian SSN
☐ 14. Case number
☐ 15. Other, specify: _____

If FSP receives data from school districts or Dept. of Education (question J1d=Yes or J1e=Yes) then answer next questions; otherwise go to page 11.

- J5. When the food stamp agency receives data from school districts or the Dept. of Education, and matches student records to FSP records, are student records matched to currently active food stamp participants or some other universe of food stamp participants?

☐ 1. Currently active
☐ 2. Other, specify: _____

- J6. In performing the match, does your agency use probabilistic matching techniques?

☐ 1. Yes
☐ 2. No

- J7. Indicate all identifiers used to establish a match between student records and food stamp records.

(CHECK ALL THAT APPLY)

☐ 1. Student first name
☐ 2. Student last name
☐ 3. Student date of birth
☐ 4. Student SSN
☐ 5. Student gender
☐ 6. Student race/ethnicity
☐ 7. County of residence
☐ 8. Street address
☐ 9. City
☐ 10. Zip
☐ 11. Phone number
☐ 12. Parent/guardian name
☐ 13. Parent/guardian SSN
☐ 14. Other, specify: _____

- J8. Does the matching criteria require that certain identifiers match exactly in order to establish a match?

☐ 1. Yes
☐ 2. No → **GO TO PAGE 11**

- J9. Which identifiers are required to match exactly?

(CHECK ALL THAT APPLY)

☐ 1. Student first name
☐ 2. Student last name
☐ 3. Student date of birth
☐ 4. Student SSN
☐ 5. Student gender
☐ 6. Student race/ethnicity
☐ 7. County of residence
☐ 8. Street address
☐ 9. City
☐ 10. Zip
☐ 11. Phone number
☐ 12. Parent/guardian name
☐ 13. Parent/guardian SSN
☐ 14. Other, specify: _____

K. Research Uses of Administrative Data

K1. Are you aware of whether the state, or any other public or private agencies, have used FSP administrative data from your state for the following research purposes?

<u>Research Purpose</u>	<u>Yes</u>	<u>No</u>
a. To examine the duration of participation.	☐	☐
b. To examine rates of re - certification or re-enrollment.	☐	☐
c. To examine rates of enrollment by FSP participants in other public assistance programs using linked administrative data?	☐	☐
d. To examine employment patterns of FSP clients after they leave the food stamp program?	☐	☐

IF NO TO a, b, c, AND d IN K1, THEN GO TO K3.

K2. What types of organizations have used FSP administrative data your state for the research purposes indicated above?

(CHECK ALL THAT APPLY)

- ☐ 1. Responding agency
- ☐ 2. Other state agency
- ☐ 3. University
- ☐ 4. Research organization
- ☐ 5. Other, specify below:

K3. Does your agency maintain relationships, such as research partnerships, with universities or other organizations who conduct research using the FSP program's administrative data?

- ☐ 1. Yes
- ☐ 2. No → **GO TO PAGE 12**

K4. What type of organization is that?

(CHECK ALL THAT APPLY)

- ☐ 1. Other state agency
- ☐ 2. University
- ☐ 3. Research organization
- ☐ 4. Other

K5. What are the names of those organizations?

L. Confidentiality and Release of Records

L1. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of client participation. Are there any special procedural requirements that must be met when government agencies request copies of administrative data from your department?

☐ 1. Yes, specify below

☐ 2. No → **GO TO QUESTION L2**

Specification of requirements:

L2. Did the State Food Stamp Director answer these questions or designate someone else to answer?

☐ 1. Answering himself/herself → Please provide email address for follow-up purposes:

Email: _____

☐ 2. Someone else → Please provide respondent's name and contact information for follow-up purposes.

Respondent: _____

Phone number: _____

Email address: _____

This completes our survey. Thank you very much for your cooperation!