

Appendix E
Data Collection Instruments Used in the Study

SURVEY OF FOOD STAMP PROGRAM PROCESSES

SUPERVISOR SURVEY

Prepared for:

Economic Research Service
U.S. Department of Agriculture
Washington, DC

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Washington, DC
Under Subcontract with Abt Associates

January 9, 2000

INTRODUCTION

Thank you for participating in this survey of Food Stamp Program processes.

My name is _____ and I am with Health Systems Research in Washington, D.C. We are conducting this survey with local offices in 40 States around the country to find out about how people learn about the Food Stamp Program, the different ways they become food stamp participants, and what happens once they begin to participate in the program. This survey is being conducted as part of a larger study on the Food Stamp Program for the U.S. Department of Agriculture. We obtained a list of supervisors from the director of your office and selected you to be interviewed because of the types of workers you supervise and because of your experience.

Your answers during this interview will be kept confidential. Your name and office will not be identified with any answers you give. Your answers to the questions will be grouped with other offices around the country and no information will be published on responses that could identify particular individuals or particular offices.

The Office of Management and Budget Control number for this information collection is 0536-0053.

INTERVIEWER PROVIDE A DIFFERENT LENGTH OF INTERVIEW ESTIMATE IF YOU EXPECT IT TO BE DIFFERENT BECAUSE OF THE NUMBER OF QUESTIONS YOU NEED TO ASK.

The interview should take approximately one hour. Do you have any questions before we begin?

A. SUPERVISOR EXPERIENCE AND WORKER RESPONSIBILITIES

INTERVIEWER: A1 AND A2 WILL NEED TO HAVE BEEN FILLED OUT BEFORE YOU BEGIN AN INTERVIEW. (EXCEPT WHERE NOTED, MORE THAN ONE CHOICE CAN BE CHECKED).

I would like to begin by confirming information we obtained from your office director.

A1. Our information indicates that you supervise workers who serve the following types of clients:
[READ CHECKED RESPONSES-- MORE THAN ONE CAN BE CHECKED]

- TANF food stamp cases Non-TANF food stamp cases
- Elderly food stamp cases Food stamp cases for disabled individuals
- Food stamp cases for Able-bodied Adults Without Dependents or ABAWDs
- Your workers serve all types of food stamp clients
- Workers who are the initial point of contact for TANF applicants regarding ___ lump sum payments or vouchers [and] ___ Applicant job search [IF ONLY THIS BOX IS CHECKED ASK A1a, IF THE ANSWER IS YES GO TO SECTION G]

A1a. Is this correct?

YES 01 [GO TO A2]

NO00

A1b. What kind of food stamp clients do the workers you supervise serve?

- TANF food stamp cases Non-TANF food stamp cases
- Elderly food stamp cases Food stamp cases for disabled individuals
- Food stamp cases for able-bodied Adults Without Dependents or ABAWDs
- Your workers serve all types of food stamp clients

A2. Our information also indicates that your workers are responsible for the following parts of the food stamp process. [READ CHECKED RESPONSES- RESPONSES SHOULD BE CHECKED FOR ONLY ONE OF THE FOUR OPTIONS BELOW]

- 1. _____ Application or eligibility and ongoing or recertification for all the types of food stamp cases I just listed;
- 2. _____ Only application and eligibility for all the types of food stamp cases I've just listed;
- 3. _____ Only ongoing or recertification for all the types of food stamp cases I've just listed; or
- 4. _____ Application and Eligibility for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents (ABAWDs) food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

(And) Ongoing or recertification for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents or ABAWDs food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

A2a. Is this correct?

YES 01

[IF RESPONSE TO A1a and A2a=YES, GO TO SUBSTANTIVE QUESTION INTRODUCTION BELOW A3; IF RESPONSE TO A1a=NO, GO TO A3]

NO 00

A2b. What part of the Food Stamp Program process are your workers responsible for and for which types of clients?

- 1. _____ Application or eligibility and ongoing or recertification for all the types of food stamp cases I just listed;
- 2. _____ Only application and eligibility for all the types of food stamp cases I've just listed;
- 3. _____ Only ongoing or recertification for all the types of food stamp cases I've just listed; or
- 4. _____ Application and Eligibility for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents (ABAWDs) food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

(And) Ongoing or recertification for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents or ABAWDs food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

- A3. INTERVIEWER: IF THE SUPERVISOR HAS RESPONSIBILITY FOR MORE TYPES OF CASES OR PARTS OF CASES THAN CHECKED IN A1 AND A2, PROCEED TO SUBSTANTIVE Q INTRODUCTION AND CONTINUE THE INTERVIEW. IF THE WORKER INDICATES THEY ARE NOT RESPONSIBLE FOR THE TYPES OF CASES CHECKED THEN YOU WILL NEED TO READ THE STATEMENT BELOW.

We appear to have recorded incorrect information regarding your responsibilities. I apologize, but I will need to obtain the correct information and determine whether you are the person who should have been selected for this interview. I will either call you back and reschedule or make sure that you are informed that we will need to select another supervisor. When would be a good time to call you back?

END SURVEY HERE FOR RESPONDENTS TO A3

SUBSTANTIVE Q INTRODUCTION. Now, I am going to ask you about a variety of policies and practices in your office. There are no right or wrong answers on this survey. We want to learn about how the Food Stamp Program and related programs operate at the local office you work in. We are also interested in this office's practices as they are usually carried out by your workers, not what happens under every circumstance.

If you do not know the answer to any question, please feel free to say so.

B. OFFICE HOURS

The next set of questions asks about your office hours and how services are provided to clients. For this section, I will need you to turn to the “Office Hours” section of the Supervisor Survey Response Aid that was sent to you in advance. Please tell me when you are ready to begin.

B1. Can you tell me the normal hours your office is open to clients during the week and whether that varies by day. Please be sure to tell me if the office is usually closed at any time on any day for lunch, staff meetings, or other reasons.

What hours is your office open to clients for any food stamp related services on Mondays?
(REPEAT QUESTION FOR EACH WEEK DAY)

WEEKDAY HOURS				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

B2. Is your office open during any weekend hours?

YES 01

NO 00 [GO TO B4]

B3. What are those hours? (FILL IN FOR BOTH DAYS AND WRITE “NOT OPEN” IF NOT OPEN ON ONE DAY)

WEEKEND HOURS	
SATURDAY	SUNDAY

B4. The next set of questions asks about the hours that specific food stamp services are available during the time your office is open. The services are listed in Part II of the “Office Hours” section of your form. Please inform me of the specific times these services are available. If they are available during all the hours your office is open to clients you may tell me that. However, if they are unavailable at any time during the week because of lunch hours, training sessions, paperwork activities, or other reasons please inform me of this. For example, your office may be open beginning at 7:30 a.m. for clients to wait on line, but not be able to accept application forms for filing or for interviews until later in the morning; or you may not hold interviews during the lunch hour

Okay, let’s begin. Of the weekday days and hours that your office is open to clients, when are each of the following services available or able to be conducted?:

INTERVIEWER: IF THE ANSWER IS “ALL OPEN HOURS”, PLEASE WRITE THIS CLEARLY ACROSS THE ROW THAT IT APPLIES TO. PLEASE WRITE “SERVICE NOT AVAILABLE” FOR ANY DAY THE SERVICE IS NOT OFFERED. WRITE “NA” IF A SERVICE IS NOT OFFERED AT ALL AT THE OFFICE WHERE THE SUPERVISOR WORKS.

SERVICE	MON	TUES	WED	THURS	FRI
a. Accepting food stamp application forms for filing (just signing and dating before an eligibility interview is conducted)?					
b. Initial food stamp eligibility interviews?					
c. Food stamp recertification appointments?					
d. Telephone inquiries regarding how to apply for food stamps?					

INTERVIEWER: IF THERE ARE NO WEEKEND HOURS LISTED IN THE OFFICE HOURS TABLE (B3) [GO TO B6]

B5. Of the weekend days and hours that your office is open to clients. When are each of the following services available?:

INTERVIEWER: IF THE ANSWER IS "ALL OPEN HOURS," PLEASE WRITE THIS CLEARLY ACROSS THE ROW THAT IT APPLIES TO. PLEASE WRITE "SERVICE NOT AVAILABLE" IF THE OFFICE IS OPEN BUT THE SERVICE IS NOT OFFERED. WRITE "NA" IF A SERVICE IS NOT OFFERED AT ALL AT THE OFFICE WHERE THE SUPERVISOR WORKS.

SERVICE	SAT	SUN
a. For accepting food stamp applications for filing (just signing and dating before an eligibility interview is conducted)?		
b. For initial food stamp eligibility interviews?		
c. For food stamp recertification appointments?		
d. For telephone inquiries regarding how to apply for food stamps?		

B6. Do you have a secure after hours drop-box that people can use to deposit their completed food stamp applications or other information necessary to complete a food stamp application or recertification?

YES 01
 NO 00
 DON'T KNOW 98

B7. Which of the following are requests or inquiries that can be made by telephone?

	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. Can a client schedule an eligibility interview for initial application?	01	00	98
b. Can a client ask questions about how to apply for food stamps?	01	00	98
c. Can a client ask questions about what information they will need to bring with them when they come in to apply for food stamps?	01	00	98
d. Can a client change a previously scheduled interview?	01	00	98

B8. Do your workers have individual voice mail boxes or answering machines in which clients can leave messages?

YES	01
NO	00
DON'T KNOW	98
OTHER [SPECIFY]	96

C. THE FOOD STAMP APPLICATION (FORMS AND AVAILABILITY)

I am now going to ask you some questions about food stamp applications.

C1. Can someone interested in applying for food stamps call to request that a food stamp application be mailed to them?

- YES 01
- NO 00 [GO TO C3]
- DON'T KNOW 98 [GO TO C3]

C2. Can anyone do this or just people who staff determine are unable to come to the office?

- ANYONE 01
- JUST PEOPLE UNABLE TO COME TO THE OFFICE 02
- DON'T KNOW 98

C3. Are food stamp applications available at other locations in your community in addition to food stamp offices?

- YES 01
- NO 00 [GO TO C5]
- DON'T KNOW 98 [GO TO C5]

C4. At which of the following types of locations are food stamp applications available?

	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. Food pantries?	01	00	98
b. Senior centers?	01	00	98
c. Community Action Agencies?	01	00	98
d. Schools ?	01	00	98
e. The public housing authority?	01	00	98
f. Hospitals?	01	00	98
g. Community health clinics?	01	00	98
h. Social security offices?	01	00	98
i. Agencies serving immigrants or refugees?	01	00	98
j. Agencies serving the homeless?	01	00	98
k. Job centers?	01	00	98
l. Unemployment offices?	01	00	98
m. Any other locations? [SPECIFY]	01	00	98

C5 Do you have large print food stamp forms available for individuals with limited vision?

YES	01
NO	02
DON'T KNOW	98

C6. At your office is the

Application form for food stamps provided to clients in the front waiting area, or	01
Do they have to wait to get the form later when they meet with an eligibility worker or other caseworker?	02
OTHER [SPECIFY]	96

DON'T KNOW	98
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D. SERVICES AND PROCEDURES FOR PARTICULAR GROUPS OF CLIENTS

I'm now going to ask you some questions about the procedures in your office regarding particular groups of clients. First, I have some questions about the children of clients.

D1. Are clients asked to leave their children at home or with a sitter when they come to your office for an appointment?

- YES 01
- NO 00
- DON'T KNOW 98

D2. Is there on-site child care available for clients utilizing the services at your office?

- YES 01
- NO 00
- DON'T KNOW 98

D3. Now I would like to ask you some questions about legal immigrants.
In a typical month do you normally have people come to your office seeking services who are immigrants?

- YES 01
- NO 00 [GO TO D10]
- DON'T KNOW 98

D4. Do your workers give clients written information describing food stamp eligibility rules for legal immigrants and their families?

- YES 01
- NO 00 [GO TO D6]
- OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO D6]

D5. Are these materials available in a language other than English?

YES 01

NO 00

DON'T KNOW 98

D6. Do your workers give clients written information assuring them that accepting food stamps cannot affect an immigrant's ability to become a citizen?

YES 01

NO 00 [GO TO D8]

OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO D8]

D7. Are these written materials available in a language other than English?

YES 01

NO 00

DON'T KNOW 98

D8. Are there any public information or outreach efforts in the community to inform legal immigrants that they or some of their family members may be eligible for food stamps?

YES 01

NO 00

DON'T KNOW 98

D9. Have you used any of the following special methods to ensure your workers understand the current eligibility rules in the Food Stamp Program for immigrants? Have you

	<u>YES</u>	<u>NO</u>	<u>DK</u>
Held special training sessions for caseworkers	01	00	98
Developed simplified written guides for workers	01	00	98
Anything else? [SPECIFY]	01	00	98

- D10. The next set of questions asks about individuals seeking services at your office who may speak a language other than English.
In a typical month, are there usually people who speak no or limited English who come in to your office to apply for food stamps?
- YES 01
- NO 00 [GO TO SECTION E]
- DON'T KNOW 98
- D11. Are there caseworkers in your office who can provide services in the language of your non-English speaking clientele?
- YES 01
- NO 02
- DON'T KNOW 98
- D12. Are translators available either in the office or by telephone when there are no staff who can speak the client's language?
- YES 01
- NO 02 [GO TO SECTION E]
- DON'T KNOW 98 [GO TO SECTION E]
- D13. How often are translators available in the office or by telephone?
- During all office hours, 01
- at least 3/4 of the time the office is open, 02
- less than 3/4, but at least 1/2 of the time the office is open, or 03
- less than half of the time the office is open? 04
- DON'T KNOW 98

E. FOOD STAMP OUTREACH/PUBLIC INFORMATION EFFORTS

The next set of questions are about food stamp outreach or public information efforts that may or may not be occurring in your community. For this section you will need to turn to the page of the Supervisor Survey Response Aid which is titled “Outreach.”

- E1. Is your agency conducting any type of outreach campaign designed to inform potentially eligible individuals about the Food Stamp Program?
- YES 01
- NO 00
- DON'T KNOW 98
- E2. Is any other agency or organization conducting an outreach campaign designed to inform potentially eligible individuals in your locality about the Food Stamp Program?
- YES 01
- NO 00
- DON'T KNOW 98
- INTERVIEWER: IF BOTH E1 AND E2 = 00 OR DK [GO TO E6]**

E3. To which populations are these campaigns targeted? You may want to review the groups listed in Part I of the outreach section of the Supervisor Survey Response Aid when answering this question. [CIRCLE ALL THAT APPLY]

WORKING FAMILIES	01
ELDERLY	02
RURAL	03
FORMER TANF RECIPIENTS	04
HOMELESS	05
IMMIGRANT/REFUGEE POPULATIONS	06
ABAWDS	07
DISABLED INDIVIDUALS	08
NO SPECIFIC GROUP IS TARGETED	09
OTHER [SPECIFY]	96
<hr/>	
DON'T KNOW	98

E4. I am now going to ask about the possible methods of communication used in outreach activities using the list in Part II of the outreach section of the supervisor survey response aid. Which of the following methods of communication are being used to provide the public with information on the Food Stamp Program?

	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. Articles in newspapers?	01	00	98
b. Public service announcements (PSAs) on radio or TV?	01	00	98
c. Flyers, posters or brochures?	01	00	98
d. Billboards or advertisements on buses, taxis, or trains?	01	00	98
e. Presentations to community groups?	01	00	98
f. Toll free telephone number or hotline?	01	00	98
g. Direct mailing?	01	00	98

		<u>YES</u>	<u>NO</u>	<u>DK</u>
h.	Telephone calls or home visits to clients who have left the program?	01	00	98
h.	The internet?	01	00	98
i.	Any others? [SPECIFY]	01	00	98

E5. Is some of this outreach being conducted in coordination with outreach for Medicaid or one of the new State Children's Health Insurance Programs (SCHIP) or [STATE'S NAME FOR SCHIP]?

YES	01
NO	00
DON'T KNOW	98

E6. What changes could be made to your office procedures and policies that would increase the number of eligible individuals who come in to initially apply for food stamps? [CIRCLE ALL THAT APPLY]
 PROBE: Anything else?

EARLIER WEEKDAY OPENING TIMES	01
LATER WEEKDAY CLOSING TIMES	02
ADD WEEKEND HOURS	03
MORE STAFF	04
MORE OFFICE LOCATIONS	05
OUTSTATION STAFF IN OTHER AGENCIES	06
MORE CONVENIENT OFFICE LOCATION	07
MORE/BETTER OUTREACH EFFORTS	08
BETTER RECEPTION AREA	09
BETTER COORDINATION WITH OTHER AGENCIES	10
OTHER [SPECIFY]	96

NONE	00
DON'T KNOW	98

F. THE APPLICATION PROCESS

The next questions address the application and eligibility process for food stamps.

F1. Prior to the food stamp eligibility interview is someone applying for both TANF and food stamps usually required to participate in any orientation sessions, job counseling sessions, job search workshops, meetings with workers, or any similar activities?

YES 01

NO 00 [GO TO F8]

DON'T KNOW 98 [GO TO F8]

F2. How many separate meetings or sessions are they required to attend?

_____ NUMBER OF MEETINGS OR SESSIONS

DON'T KNOW 98

F3. What are the purposes of the meetings or sessions? [CIRCLE ALL THAT APPLY]

EMPLOYMENT ASSESSMENT/REFERRALS 01

CHILD SUPPORT 02

PROGRAM ORIENTATION/DESCRIPTION OF PROGRAM REQUIREMENTS 03

DISCUSSION OF ALTERNATIVE RESOURCES AVAILABLE AS AN ALTERNATIVE TO TANF 04

DISCUSSION OF CASH OR VOUCHERS AVAILABLE AS AN ALTERNATIVE TO TANF 05

OVERVIEW OF APPLICANT JOB SEARCH REQUIREMENT 06

DESCRIPTION OF AVAILABLE SUPPORT SERVICES 07

EBT TRAINING 08

OTHER [SPECIFY] 96

DON'T KNOW 98

F3a. How many of these meetings or sessions are usually held in another building?
 _____ NUMBER OF MEETINGS OR SESSIONS
 DON'T KNOW 98

F4. Do individuals sign and date their food stamp application
 Before these sessions or meetings, 01
 During a session or meeting, or 02
 After completing the sessions or meetings 03
 OTHER [SPECIFY] 96

 DON'T KNOW 98

F5. Were any of these meetings or sessions required before 1996 or whenever your office
 implemented welfare reform if that was done before 1996?
 YES 01
 NO 00 [GO TO F8]
 DON'T KNOW 98 [GO TO F8]

F6. How many of these meetings or sessions were required prior to 1996 or welfare reform
 implementation?
 _____ NUMBER OF MEETINGS OR SESSIONS
 DON'T KNOW 98

F7. What were the purposes of the meetings or sessions required prior to 1996 or welfare reform implementation?
[CIRCLE ALL THAT APPLY]

EMPLOYMENT ASSESSMENT/REFERRALS 01

CHILD SUPPORT 02

PROGRAM ORIENTATION 03

DESCRIPTION OF PROGRAM REQUIREMENTS 04

DISCUSSION OF ALTERNATIVE RESOURCES AVAILABLE AS AN ALTERNATIVE TO TANF 05

DISCUSSION OF CASH OR VOUCHERS AS AN ALTERNATIVE TO TANF 06

OVERVIEW OF APPLICANT JOB SEARCH REQUIREMENT 07

DESCRIPTION OF AVAILABLE SUPPORT SERVICES 08

OTHER [SPECIFY] 96

DON'T KNOW 98

F8. Compared to before welfare reform, today does a person applying for TANF and food stamps usually have to make more visits now, less visits now, or the same number of office visits before all the required steps in the food stamp application process are completed?

MORE VISITS NOW 01

LESS VISITS NOW 02

THE SAME NUMBER OF VISITS 03

DON'T KNOW 98

F9. The next set of questions address the food stamp application and eligibility process for non-TANF clients. Prior to the food stamp eligibility interview is a non-TANF food stamp applicant usually required to participate in any orientation sessions, job counseling sessions, job search workshops, meetings with workers, or any similar activities?

YES 01

NO 00 [GO TO F16]

DON'T KNOW 98 [GO TO F16]

F10.	How many separate meetings or sessions are they required to attend?	
	_____ NUMBER OF MEETINGS OR SESSIONS	
	DON'T KNOW	98
F11.	What are the purposes of the meetings or sessions? [CIRCLE ALL THAT APPLY]	
	EMPLOYMENT ASSESSMENT/REFERRALS	01
	CHILD SUPPORT	02
	PROGRAM ORIENTATION/DESCRIPTION OF PROGRAM REQUIREMENTS	03
	OVERVIEW OF APPLICANT JOB SEARCH REQUIREMENT	04
	DESCRIPTION OF AVAILABLE SUPPORT SERVICES	05
	EBT TRAINING	06
	OTHER [SPECIFY]	96

	DON'T KNOW	98
F11a.	How many of these meetings or sessions are usually held in another building?	
	_____ NUMBER OF MEETINGS OR SESSIONS	
	DON'T KNOW	98
F12.	Do individuals sign and date their food stamp application	
	Before these sessions or meetings	01
	During a session or meeting, or	02
	After completing the sessions or meetings	03
	OTHER [SPECIFY]	96

	DON'T KNOW	98

F13.	Were any of these meetings or sessions required prior to 1996 or whenever your office implemented welfare reform if that was done before 1996?	
	YES	01
	NO	00 [GO TO F16]
	DON'T KNOW	98 [GO TO F16]
F14.	How many meetings or sessions were required prior to 1996 or welfare reform implementation?	
	_____ NUMBER OF MEETINGS OR SESSIONS	
	DON'T KNOW	98
F15.	What was the purpose of the meetings or sessions required prior to 1996 or welfare reform implementation?	
	EMPLOYMENT ASSESSMENT/REFERRALS	01
	CHILD SUPPORT	02
	PROGRAM ORIENTATION	03
	DESCRIPTION OF PROGRAM REQUIREMENTS	04
	OVERVIEW OF APPLICANT JOB SEARCH REQUIREMENT	05
	DESCRIPTION OF AVAILABLE SUPPORT SERVICES	06
	OTHER [SPECIFY]	96

	DON'T KNOW	98
F16.	Compared to before welfare reform, today does a non-TANF food stamp applicant usually have to make more, less or the same number of office visits before all the required steps in the food stamp application process are completed?	
	MORE VISITS	01
	LESS VISITS	02
	THE SAME NUMBER OF VISITS	03
	DON'T KNOW	98

G. TANF APPLICANTS

The next set of questions concerns individuals who may be eligible for or interested in applying for TANF and food stamp benefits.

G1. Does your office require that any individuals interested in applying for TANF explore alternative resources such as help from community agencies or other assistance programs before they are able to apply for TANF?

- YES 01
- NO 00 [GO TO G5]
- DON'T KNOW 98 [GO TO G5]

G2. When does your staff usually encourage TANF applicants to seek alternative resources rather than apply for cash assistance?

- Before a client signs and dates the food stamp application, 01
- During the interview in which a client signs and dates their food stamp application, or 02
- After a client has signed and dated the food stamp application? 03
- OTHER [SPECIFY] 96

DON'T KNOW 98

G3. When the workers encourage or require clients coming in for TANF to seek alternative resources, are they instructed to tell clients that they can apply for food stamps regardless of what other resources they are going to access?

- YES 01
- NO 00
- DON'T KNOW 98

G4.	Among all clients who come in interested in applying for TANF, what proportion are required to explore alternative resources before applying for the program? Would you say:	
	All,	05
	At least three-quarters, but not all,	04
	At least one-half but less than three-quarters,	03
	At least one-quarter but less than one-half, or	02
	Less than one-quarter	01
	DON'T KNOW	98
G5.	Is there a policy to offer lump sum cash payments or expense vouchers to all or some TANF applicants as an alternative to applying for TANF?	
	YES	01
	NO	00 [GO TO TEXT ABOVE G10]
	DON'T KNOW	98 [GO TO TEXT ABOVE G10]
G5a.	Are all or only some TANF applicants offered these cash payments or expense vouchers?	
	ALL	01
	SOME	02
	DON'T KNOW	98
G6.	Can clients be required to accept the payments or vouchers instead of becoming a TANF recipient or do they choose whether to accept the payment?	
	CLIENTS CAN BE REQUIRED TO ACCEPT THE PAYMENT	01
	CLIENTS CHOOSE	02
	DON'T KNOW	98

G7.	When does your staff usually inform TANF applicants about the lump sum payment or vouchers as an alternative to getting on the cash welfare program?	
	Before a client signs and dates the food stamp application,	01
	After a client has signed and dated the food stamp application, or	02
	During an interview in which a client signs and dates the food stamp application?	03
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
G8.	When the workers offer a lump sum payment or expense vouchers, are they instructed to tell the client that they can apply for food stamps even if they receive a cash payment or voucher?	
	YES	01
	NO	00
	DON'T KNOW	98
G9.	In a typical month, what proportion of clients who come in and are interested in applying for TANF <u>and</u> would likely be income eligible receive the lump sum cash payments or expense vouchers instead of becoming TANF recipients? Would you say	
	More than three-quarters,	04
	At least one-half but less than three-quarters,	03
	At least one-quarter but less than one-half,	02
	At least one but less than one-quarter, or	01
	None	00
	DON'T KNOW	98

IF OFFICE DOES NOT REQUIRE TANF APPLICANTS TO EXPLORE ALTERNATIVE RESOURCES AND DOES NOT OFFER A DIVERSION PAYMENT OR VOUCHER
 [IF G1 AND G5=NO] [GO TO G11]

G10. What changes could be made regarding how TANF applicants are told about [lump sum payments] [and] [about the requirement to explore alternative resources] that would result in more eligible clients receiving food stamp benefits?
 PROBE: Anything else?

RESPONDENT IDENTIFIES CHANGES [SPECIFY] 01

NONE 00

DON'T KNOW 98

G11. Does your office require any TANF applicants to conduct a job search or engage in job search activities such as job clubs or job search workshops before their TANF application can be approved?

YES 01

NO 00 [GO TO SECTION H]

DON'T KNOW 98 [GO TO SECTION H]

G12. In a typical month, what proportion of TANF applicants are required to conduct job search or engage in job search activities before their TANF application can be approved?

All, 05

At least three-quarters, but not all, 04

At least one-half but less than three-quarters, 03

At least one-quarter but less than one-half, or 02

Less than one-quarter 01

DON'T KNOW 98

G13.	When does your staff inform TANF applicants about this up-front job search requirement?	
	Before a client signs and dates the food stamp application,	01
	After a client has signed and dated the food stamp application, or	02
	During an interview in which a client signs and dates their food stamp application?	03
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
G14.	When the workers discuss the requirement with TANF applicants, are they instructed to inform them that they are not required to complete up-front job search to receive food stamps benefits?	
	YES	01
	NO	00
	SOME [SPECIFY]	02
<hr/>		
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
G15.	Are TANF applicants subject to up-front job search required	
	To make a minimum number of contacts with potential employers, or	01
	Complete a certain number of hours of job search activities over a specific time period, or	02 [GO TO G17]
	Both make a minimum number of contacts and complete a certain number of hours	03
	THERE ARE NO SPECIFIC REQUIREMENTS REGARDING CONTACTS OR NUMBER OF HOURS	04
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98 [GO TO G18]

G16. What is the minimum number of contacts TANF applicants must make with potential employers?

PROBE: In what period of time?

|_|_| CONTACTS IN |_|_|_| DAYS

|_|_| CONTACTS IN |_|_|_| WEEKS

OTHER [SPECIFY] 96

DON'T KNOW 98

IF G15 = 01 (MINIMUM OF HOURS IS NOT REQUIRED) [GO TO G18]

G17. What is the minimum number of hours they must participate in up-front job search activities?

PROBE: In what period of time?

|_|_| HOURS OF SEARCH ACTIVITIES PER WEEK

|_|_| HOURS OF SEARCH ACTIVITIES PER MONTH

OTHER [SPECIFY] 96

DON'T KNOW 98

G18. To complete their job search requirement for TANF, does a TANF applicant have to meet with an employment counselor or specialist at another location other than your office, such as a department of labor, a workforce development office or a contractor's office.

YES 01

NO 00

DON'T KNOW 98

G19. When TANF applicants fail to complete their required up-front job search requirement and are notified that they cannot receive TANF, are they formally notified by your office that they still may be eligible for food stamps?

YES	01
NO	00
OTHER [SPECIFY]	96
<hr/>	
DON'T KNOW	98

H. NON-TANF FOOD STAMP APPLICANT JOB SEARCH REQUIREMENTS

The next set of questions concerns application requirements for non-TANF clients.

H1. Are any non-TANF food stamp applicants required to conduct a job search or attend job search workshops before they can be eligible for food stamps?

- YES 01
- NO 00 [GO TO H8]
- DON'T KNOW 98 [GO TO H8]

H2. Which non-TANF food stamp applicants are required to engage in job search or attend workshops before their eligibility for food stamps is determined?

	<u>YES</u>	<u>NO</u>	<u>DK</u>
All mandatory work registrants	01	00	98
Able-bodied adults without dependents between ages 18 and 50 (ABAWDS)	01	00	98
Another group of mandatory work registrants [SPECIFY]	01	00	98

H3. What proportion of non-elderly and non-disabled non-TANF applicants are required to conduct job search or engage in job search activities before their food stamp application can be approved?

- All, 05
- At least three-quarters, but not all, 04
- At least one-half but less than three-quarters, 03
- At least one-quarter but less than one-half, or 02
- Less than one-quarter 01
- DON'T KNOW 98

H4. For non-TANF food stamp applicants required to conduct job search or attend workshops as a condition of food stamp eligibility are they required

To make a minimum number of contacts with potential employers, or 01

Complete a certain number of hours of job search activities over a specific time period, or 02 [GO TO H6]

Both make a certain number of contacts and complete a certain number of hours of job search activity 03

THERE ARE NO SPECIFIC REQUIREMENTS REGARDING CONTACTS OR NUMBER OF HOURS 04

OTHER [SPECIFY] 96

DON'T KNOW 98

H5. What is the requirement for the minimum number of contacts with potential employers?

PROBE: In what period of time?

|_|_| CONTACTS IN |_|_| DAYS 01

|_|_| CONTACTS IN |_|_| WEEKS 02

OTHER [SPECIFY] 96

DON'T KNOW 98

IF H4=01 (MINIMUM NUMBER OF HOURS IS NOT REQUIRED) [GO TO H7]

H6. What is the requirement for the minimum number of hours the non-TANF applicants must spend on job search activities?

PROBE: In what period of time?

|_|_| HOURS OF SEARCH IN |_|_| DAYS 01

|_|_| HOURS OF SEARCH IN |_|_| WEEKS 02

OTHER [SPECIFY] 96

DON'T KNOW 98

H7. To complete their job search requirement, does a non-TANF applicant have to meet with an employment counselor or specialist at another location other than your office, such as a department of labor, a workforce development office or a contractor's office.

YES 01
NO 00
DON'T KNOW 98

H8. Thinking about the overall process of applying for food stamps for all the types of cases your workers handle, what changes could be made to your office procedures and policies that would increase the number of eligible households who complete the food stamp application process?
PROBE: Anything else?

RESPONDENT PROVIDES AN ANSWER [SPECIFY] 01

NONE 00
DON'T KNOW 98

I. HOME VISITS FOR FRONT-END FRAUD INVESTIGATIONS

The next questions ask about fraud prevention activities.

11. Before determining eligibility for food stamps, does your office or a contractor ever conduct front-end fraud investigations using unscheduled home visits to the applicant’s residence?

- YES 01
- NO 00 [GO TO I4]
- DON’T KNOW 98 [GO TO I4]

12. Do any of the following factors make it more likely that a household will receive a home visit as part of a front-end fraud investigation. Is it more likely if...

- | | | <u>YES</u> | <u>NO</u> | <u>DK</u> |
|----|---|------------|-----------|---------------------------|
| a. | A household has earned income? | 01 | 00 | 98 |
| b. | There is currently no earned income, but there is a history of work? | 01 | 00 | 98 |
| c. | There are non-citizens in the household? | 01 | 00 | 98 |
| d. | Are there other factors make it more likely an investigation will be conducted? | 01 | 00 | 98 [NO OR DK
GO TO I3] |
| e. | What are the other factors? | | | |

DON’T KNOW 98

13. What is your best estimate for the proportion of front-end fraud investigations conducted among all food stamp applications submitted? Would you say these unscheduled home visits are conducted for:

- All, 05
- At least one-half, but not all, 04
- At least one-quarter but less than one-half of all applications, 03
- At least 5 percent, but less than one-quarter of all applications, or 02
- Less than 5 percent of all applications 01
- DON’T KNOW 98

I4.	Does your office fingerprint or finger image any food stamp applicants?	
	YES	01
	NO	00 [GO TO SECTION J]
	DON'T KNOW	98
I5.	For which group of clients do you fingerprint or finger image?	
	Only those also applying for TANF,	01
	All food stamp applicants, or	02
	Up to individual staff discretion	03
	OTHER GROUP [SPECIFY]	96
	<hr/>	
	DON'T KNOW	98

J. MEDICAL EXPENSE DEDUCTION FOR THE ELDERLY OR DISABLED

J1. Does your office usually provide assistance to elderly or disabled clients in documenting out-of-pocket medical expenses that they may be eligible to deduct?

- YES 01
- NO 00 [GO TO J3]
- OTHER [SPECIFY] 96

DON'T KNOW 98

J2. What type of assistance does your office provide? [CIRCLE ALL THAT APPLY]

- SPECIAL WRITTEN INFORMATION PROVIDED AT THE OFFICE WHEN ELDERLY OR DISABLED PERSONS APPLY 01
- CASEWORKERS REQUIRED TO PROVIDE SPECIAL INSTRUCTIONS 02
- REFERRALS TO OUTSIDE AGENCIES THAT HELP ELDERLY AND DISABLED COMPILE NECESSARY DOCUMENTATION 03
- CASEWORKERS INSTRUCTED TO HELP THEM BY CONTACTING PROVIDERS AND/OR PHARMACIES TO GET INFORMATION ON MEDICAL EXPENSES 04
- OTHER [SPECIFY] 96

DON'T KNOW 98

J3. Have you used any of the following special methods to ensure your workers understand how to utilize the medical expense deduction? Have you:

	<u>YES</u>	<u>NO</u>	<u>DK</u>
Held any special training sessions for caseworkers within the last 3 years	01	00	98
Developed simplified written guides for workers	01	00	98
Anything else? [SPECIFY]	01	00	98

K. SANCTIONS FOR VIOLATING TANF RULES

The next set of questions is about food stamp benefit penalties that may be imposed on individuals participating in both the TANF and Food Stamp Programs. In these questions I will refer to these penalties as sanctions.

K1. Does your office ever impose sanctions on food stamp benefits for violations of TANF work rules?

- YES 01
- NO 00 [GO TO K4]
- DON'T KNOW 98 [GO TO K4]

K2. If a head of household violates a TANF work requirement what is the maximum food stamp sanction that your office imposes? By maximum we mean the penalty you impose after repeated violations. Do you:

- Reduce food stamp benefits by a certain percentage 01 [GO TO K3]
- Disqualify the noncompliant individual household member from receiving food stamps, or 02
- Disqualify the whole household from receiving food stamps? 03 [GO TO K2b]
- OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO K3]

K2a. How long is the head of household removed from the food stamp unit?

- FOR A SET PERIOD OF TIME 01 [GO TO K3]
- UNTIL SHE COMPLIES WITH THE TANF REQUIREMENT 02 [GO TO K3]
- UNTIL SHE COMPLIES WITH THE TANF REQUIREMENT OR FORMALLY WITHDRAWS FROM TANF 03 [GO TO K3]
- OTHER [SPECIFY] 96

[GO TO K3]

DON'T KNOW 98 [GO TO K3]

K2b. Is the whole household disqualified

For the first violation of a TANF work requirement, 01

For the second violation of a TANF work requirement, 02

For a third or subsequent violation, or 03

Under some other circumstance? [SPECIFY] 96

K3. Does your office ever impose a food stamp sanction (disqualification or reduction of benefits) for a violation of TANF work requirements if the household includes a child under age 6?

YES 01

NO 00

DON'T KNOW 98

K4. Does your office impose sanctions on food stamp benefits for violations of TANF requirements other than TANF work requirements?
 [NOTE TO INTERVIEWER IF THE RESPONDENT SAYS THE ONLY REASON THEY LOSE BENEFITS IS IF THEY DON'T COME IN FOR RECERTIFICATION OR REAPPLICATION THE ANSWER SHOULD BE CODED AS NO]

YES 01

NO 00 [GO TO K7]

DON'T KNOW 98 [GO TO K7]

- K5. For which TANF rules? [CIRCLE ALL THAT APPLY]
- FAILURE TO COOPERATE WITH CHILD SUPPORT 01
 - MINOR CHILD’S SCHOOL ATTENDANCE 02
 - TEEN PARENT’S SCHOOL ATTENDANCE 03
 - CHILD IMMUNIZATIONS 04
 - FAILURE TO ATTEND SCHOOL CONFERENCES 05
 - OTHER [SPECIFY] 96
-
- DON’T KNOW 98

- K6. What is the maximum penalty imposed on households that have their food stamp benefits sanctioned due to noncompliance by head of household with TANF rules other than work requirements? By maximum we mean the penalty you impose after repeated violations. Do you:
- Reduce food stamp benefits by a certain percentage 01 [GO TO K7]
 - Disqualify the noncompliant individual household member from receiving food stamps, or 02
 - Disqualify the whole household from receiving food stamps 03 [GO TO K6b]
 - OTHER [SPECIFY] 96 [GO TO K7]
-
- DON’T KNOW 98 [GO TO K7]

- K6a. How long is the individual removed from the food stamp unit?
- FOR A SET PERIOD OF TIME 01 [GO TO K7]
 - UNTIL SHE COMPLIES WITH THE TANF REQUIREMENT 02 [GO TO K7]
 - UNTIL SHE COMPLIES WITH THE TANF REQUIREMENT OR FORMALLY WITHDRAWS FROM TANF 03 [GO TO K7]
 - OTHER [SPECIFY] 96
-
- [GO TO K7]
 - DON’T KNOW 98 [GO TO K7]

K6b. Is the whole household disqualified

For the first occurrence of noncompliance, 01

For the second occurrence of noncompliance, 02

For a third or subsequent occurrence of noncompliance, or 03

Under some other circumstance? [SPECIFY] 96

K7. The next set of questions asks about TANF cases where the cash assistance case is discontinued for violating TANF rules, but there is no comparable food stamp sanction.

Does your office ever close the TANF case for households not complying with TANF work requirements or other rules, not including periodic certification requirements?

YES 01

NO 00 [GO TO SECTION L]

DON'T KNOW 98 [GO TO SECTION L]

K8. When a food stamp eligible household's TANF case is closed due to a sanction and it is during their food stamp certification period, which of following is office policy:

The household continues receiving food stamp benefits, adjusted if necessary, until their certification period ends, or 01

The household's certification period is shortened 02 [GO TO K10]

OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO K11]

K9. Does someone in the household

Have to come to the office to have their benefits recalculated or, 01

Can the benefit levels usually be adjusted with information
received by mail or over the phone, or 02

Is no contact with the household usually necessary to recalculate
the household's food stamp benefits 03

OTHER [SPECIFY] 96

DON'T KNOW 98

K10. Are there any special rules or procedures I have not covered that apply to the food stamp cases of
households that have their TANF case closed for failure to comply with TANF rules?
PROBE: Anything else?

YES [SPECIFY] 01

NO 00

DON'T KNOW 98

L. TANF LEAVERS

L1. The next set of questions asks what happens to food stamp cases when a household leaves TANF because an adult has gotten a job and your office is aware the client has become employed. If this household leaves TANF within its food stamp certification period which of the following usually occurs:

- Their food stamp case is kept open and you do not change the length of their food stamp certification period, 01
- Their food stamp case is kept open, and you shorten their certification period to the one used for non-TANF households with earned income 02 [GO TO L4]
- Their food stamp case is shortened to the end of the next month, or 03 [GO TO L4]
- Their food stamp case is automatically closed 04 [GO TO L4]
- OTHER [SPECIFY] 96

DON'T KNOW 98

L2. If no new information is in the case file on the household's changed income, does someone in the household usually

- Have to come to the office to have their benefits recalculated or, 01
- Can the benefit levels usually be adjusted with information received by mail or over the phone 02
- OTHER [SPECIFY] 96

DON'T KNOW 98

L3. If your office has information in the case file on the income being received as a result of the job

- Do they still have to come in, or 01 [GO TO L5]
- Can you usually use the available information to redetermine their benefits ... 02 [GO TO L5]
- DON'T KNOW 98 [GO TO L5]

L4. When these clients leave TANF, do you routinely notify them that they may still be eligible for food stamps and need to either recertify or reapply for food stamps?

YES 01
NO 00
DON'T KNOW 98

L5. The next set of questions is about your office policies for processing the food stamp case of a household who voluntarily leaves TANF not due to employment. If this household leaves TANF within its food stamp certification period which of the following usually occurs:

Their food stamp case is kept open and you do not change the length of their food stamp certification period, 01
Their food stamp certification period is shortened to the one for non-TANF households, 02
Their food stamp certification period is shortened to the end of the next month, or 03 [GO TO L7]
Their food stamp case is automatically closed, or 04 [GO TO L7]
OTHER [SPECIFY] 96

DON'T KNOW 98

L6. Does someone in the household usually

Have to come to the office to have their benefits recalculated, 01 [GO TO L8]
Can the benefit levels usually be adjusted with information received by mail or over the phone, or 02 [GO TO L8]
Is no contact with the household usually necessary to recalculate the household's food stamp benefits 03 [GO TO L8]
OTHER [SPECIFY] 96 [GO TO L8]

DON'T KNOW 98 [GO TO L8]

L7. When these clients leave TANF, do you routinely notify them that they may still be eligible for food stamps and need to either recertify or reapply for food stamps?

YES 01

NO 00

DON'T KNOW 98

L8. The next set of questions is about your office policies for processing the food stamp case of a household who leaves TANF because of a State TANF time limit. If this household leaves TANF within its food stamp certification period which of the following usually occurs:

They continue receiving food stamp benefits until the food stamp certification period ends, 01

Their food stamp certification period is shortened to the one for non-TANF households, 02 [GO TO L10]

Their food stamp certification period is shortened to the end of the next month, or 03 [GO TO L10]

Their food stamp case is closed 04 [GO TO L10]

OTHER [SPECIFY] 96

DON'T KNOW 98

L9. Does someone in the household

Have to come to the office to have their benefits recalculated, 01 [GO TO L11]

Can the benefit levels usually be adjusted with information received by mail or over the phone, or 02 [GO TO L11]

Is no contact with the household usually necessary to recalculate the household's food stamp benefits 03 [GO TO L11]

OTHER [SPECIFY] 96 [GO TO L11]

DON'T KNOW 98 [GO TO L11]

L10. When these clients leave TANF, do you routinely notify them that they may still be eligible for food stamps and need to either recertify or reapply for food stamps?

YES 01

NO 00

DON'T KNOW 98

L11. What changes could be made to your office's procedures that would increase the number of food stamp eligible individuals who continue to receive food stamps after leaving the TANF Program?
[CIRCLE ALL THAT APPLY]
PROBE: Anything else?

NEED TO CHANGE COMPUTER SYSTEM SO FOOD STAMP CASE DOES NOT
AUTOMATICALLY CLOSE WHEN CLIENT LEAVES TANF 01

FOLLOW-UP FOR TANF LEAVERS TO INFORM THEM ABOUT THE DIFFERENCES IN
ELIGIBILITY REQUIREMENTS BETWEEN TANF AND FOOD STAMPS 02

PROVIDE BETTER INFORMATION AT APPLICATION ABOUT THE DIFFERENCES
IN THE TWO PROGRAMS 03

ENCOURAGE CLIENTS TO FIND OUT IF THEY CAN STILL GET FOOD STAMPS
IF THEY GET A JOB OR DECIDE THEY DON'T WANT TANF ANYMORE 04

CHANGE COMPUTER SYSTEM SO THAT IT IS EASY TO MAINTAIN THE
HOUSEHOLD ON THE FOOD STAMP PROGRAM 05

OTHER CHANGES [SPECIFY] 96

NONE 00

DON'T KNOW 98

M. NON-TANF PARTICIPATION REQUIREMENTS

The next set of questions asks about food stamp employment & training requirements that apply to clients who utilize your office.

- M1. Is there a Food Stamp Employment and Training Program available for your clients?
- YES 01
- NO 00 [GO TO M7]
- DON'T KNOW 98 [GO TO M7]
- M2. Does this program serve
- Only able-bodied adults without dependents (ABAWDs) ages 18-50 01 [GO TO M5]
- Only non-ABAWDs, or 02
- Both ABAWDs and non-ABAWDs 03
- DON'T KNOW 98 [GO TO M5]
- M3. Are any non-ABAWDs required to participate in an E&T component as a condition of eligibility?
- YES 01
- NO 00 [GO TO M5]
- DON'T KNOW 98
- M4. Does the E&T requirement for non-ABAWDs involve activities other than job search or job search training?
- YES 01
- NO 02
- DON'T KNOW 98
- M5. Where are the staff located who are responsible for placing your food stamp E&T clients in a particular component? Are they in the same building as you or at another location?
- SAME BUILDING 01
- ANOTHER LOCATION 02
- DON'T KNOW 98
- M6. If the individual who is the head of a non-TANF household fails to comply with food stamp E&T requirements do you disqualify

	The individual, or	01	
	The whole household	02	
	DON'T KNOW	98	
M7.	Are non-TANF food stamp households <u>ever</u> sanctioned for failure to cooperate with the child support agency?		
	YES	01	
	NO	00	[GO TO SECTION N]
	DON'T KNOW	98	[GO TO SECTION N]
M8.	Which type of non-TANF parents are sanctioned for failure to cooperate with child support. Is it:		
	Custodial parents in food stamp households	01	
	Non-custodial parents in food stamp households, or	02	
	Both?	03	
	DON'T KNOW	98	

N2cc. How often are these participants required to submit periodic reports?

Monthly, or	01
Quarterly?	02
OTHER [SPECIFY]	96
<hr/>	
DON'T KNOW	98

	<u>YES</u>	<u>NO</u>	<u>DK</u>	
N2d. Any other households at caseworker's discretion? [SPECIFY]	01	00	98	[IF NO OR DK GO TO N3]

N2dd. How often are these participants required to submit periodic reports?

Monthly, or	01
Quarterly?	02
OTHER [SPECIFY]	96
<hr/>	
DON'T KNOW	98

N3. If a participant fails to submit a periodic report at the required deadline, is he or she

Sent a notice to submit report within set number of days,	01
given an extended deadline without notice, or	02
is the case automatically closed?	03
OTHER [SPECIFY]	96
<hr/>	
DON'T KNOW	98

N4.	If a participant sends in the periodic report by the required deadline, but it is incomplete, is he or she	
	Sent a notice to submit report within set number of days	01
	given an extended deadline without notice, or	02
	is the case automatically closed?	03
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
N5.	In a typical month, what percentage of your worker's clients who are required to submit periodic reports have their food stamp case closed because they fail to meet the reporting requirements?	
	At least three-quarters,	05
	At least one-half, but less than three-quarters,	04
	At least one-quarter, but less than one-half	03
	At least 5 percent, but less than one-quarter, or	02
	At least one, but less than 5 percent	01
	None	00
	DON'T KNOW	98

O. RECERTIFICATIONS

The next series of questions asks about the food stamp certification periods and processes at your office for different groups of clients.

O1. How long is the usual food stamp certification period for households with only elderly and disabled adult recipients?

_____ NUMBER OF MONTHS

DON'T KNOW 98

O2. For these households, are in-person interviews at the office (individual or group) required for every food stamp recertification?

YES 01 [GO TO O3]

NO 02

DON'T KNOW 98 [GO TO O3]

O2a. How often is an in-person recertification interview at the office required?

EVERY _____ MONTHS

O2b. When an in-person interview is not required, do these clients only have to mail in forms or do they mail in forms and then have a follow-up telephone interview?

MAIL IN FORMS ONLY 01

MAIL IN FORMS THEN A FOLLOW-UP TELEPHONE INTERVIEW 02

DON'T KNOW 98

O3. How long is the usual food stamp certification period for households that include an able-bodied adult without dependents, or ABAWD, subject to the time limit?

_____ NUMBER OF MONTHS

DON'T KNOW 98

O4. Are in-person interviews (individual or group) at the office required for every food stamp recertification for ABAWDs subject to the time limit?

YES 01 [GO TO O5]

NO 02

DON'T KNOW 98 [GO TO O5]

O4a.	How often is an in-person recertification interview at the office required?		
	EVERY _____ MONTHS		
	DON'T KNOW		98
O4b.	When an in-person interview is not required, do these clients only have to mail in forms or do they mail in forms and then have a follow-up telephone interview?		
	MAIL IN FORMS ONLY		01
	MAIL IN FORMS THEN A FOLLOW-UP TELEPHONE INTERVIEW		02
	DON'T KNOW		98
O5.	Now let's turn to non-TANF households with earned income. How long is the <u>usual</u> food stamp certification period for non-TANF households with earned income?		
	_____ NUMBER OF MONTHS		
	DON'T KNOW		98
O6.	Are <u>in-person</u> interviews (individual or group) at the office required for <u>every</u> food stamp recertification for non-TANF households with earned income?		
	YES	01	[GO TO O7]
	NO	02	
	DON'T KNOW	98	[GO TO O7]
O6a.	How often is an in-person recertification interview at the office required?		
	EVERY _____ MONTHS		
	DON'T KNOW		98
O6b.	When an in-person interview is not required, do these clients only have to mail in forms or do they mail in forms and then have a follow-up telephone interview?		
	MAIL IN FORMS ONLY		01
	MAIL IN FORMS THEN A FOLLOW-UP TELEPHONE INTERVIEW		02
	DON'T KNOW		98

- O7. How long is the usual food stamp certification period for TANF households without earned income?
- _____ NUMBER OF MONTHS
- DON'T KNOW 98
- O8. Are in-person interviews (individual or group) at the office required for every food stamp recertification for TANF households without earned income?
- YES 01 [GO TO O9]
- NO 02
- DON'T KNOW 98 [GO TO O9]
- O8a. How often is an in-person recertification interview at the office required?
- EVERY _____ MONTHS
- DON'T KNOW 98
- O8b. When an in-person interview is not required, do these clients only have to mail in forms or do they mail in forms and then have a follow-up telephone interview?
- MAIL IN FORMS ONLY 01
- MAIL IN FORMS THEN A FOLLOW-UP TELEPHONE INTERVIEW 02
- O9. How long is the usual food stamp certification period for households receiving TANF who do have earned income?
- _____ NUMBER OF MONTHS
- DON'T KNOW 98
- O10. Are in-person interviews (individual or group) at the office required for every food stamp recertification for TANF households with earned income?
- YES 01 [GO TO O11]
- NO 02
- DON'T KNOW 98 [GO TO O11]

O10a.	How often is an in-person recertification interview at the office required?	
	EVERY _____ MONTHS	
	DON'T KNOW	98
O10b.	When an in-person interview is not required, do these clients only have to mail in forms or do they mail in forms and then have a follow-up telephone interview?	
	MAIL IN FORMS ONLY	01
	MAIL IN FORMS THEN A FOLLOW-UP TELEPHONE INTERVIEW	02
	DON'T KNOW	98
O11.	When households are usually required to have an in-person recertification interview, do your staff routinely offer telephone interviews or home interviews to persons with hardships?	
	YES	01
	NO	00 [GO TO O12]]
	DON'T KNOW	98 [GO TO O12]
O11a.	For which groups are telephone interviews or in-home interviews routinely offered? [CIRCLE ALL THAT APPLY]	
	HOUSEHOLDS WITH ONLY ELDERLY INDIVIDUALS	01
	HOUSEHOLDS WITH ONLY DISABLED INDIVIDUALS	02
	TANF HOUSEHOLDS	03
	HOUSEHOLDS LACKING ACCESS TO TRANSPORTATION	04
	HOUSEHOLDS WITH EARNINGS OR OTHER WORK RELATED COMMITMENTS THAT POSE A BARRIER TO COMING INTO THE OFFICE	05
	OTHER [SPECIFY]	96
	<hr/>	
	DON'T KNOW	98

O12. How many days or weeks before a recertification period requiring an in-person interview is over are clients notified in writing that they must complete a recertification?

_____ NUMBER OF DAYS

_____ NUMBER OF WEEKS

DON'T KNOW 98

O13. For TANF clients, are TANF redeterminations and food stamp recertifications usually completed during the same interview?

YES 01

NO 00

DON'T KNOW 98

P. ACCESS PERCEPTION QUESTIONS

The next set of questions asks for your opinions on a variety of issues.

I am going to read a series of statements, please tell me whether you strongly agree, agree, disagree or strongly disagree with each one.

P1. Being on food stamps encourages dependency.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

P2. The size of the caseloads for my workers are very large, making it difficult for them to help people as much as they should.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

P3. People who leave the TANF rolls often leave the Food Stamp Program without us knowing whether they are still eligible for food stamps.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

P4.	People who leave TANF and are potentially eligible for food stamps should be actively encouraged to apply for food stamps.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
P5.	The food stamp eligibility rules for legal immigrants are difficult for my staff to implement.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
P6.	Immigrants should not get food stamps until they become citizens.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
P7.	The set-up of our computer generated notices sometimes results in people losing food stamp benefits they are eligible for.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98

P8.	Our office actively discourages clients from becoming TANF recipients.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	
	STRONGLY DISAGREE	04	
	DON'T KNOW	98	
P9.	It is hard for clients who work to do what needs to be done <u>to apply</u> for food stamps.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	
	STRONGLY DISAGREE	04	
	DON'T KNOW	98	
P10.	It is hard for working food stamp clients to do what is required <u>to stay</u> on the Food Stamp Program.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	
	STRONGLY DISAGREE	04	
	DON'T KNOW	98	
P11.	In the past few years it has become more difficult for eligible people to get on the Food Stamp Program.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	[GO TO P14]
	STRONGLY DISAGREE	04	[GO TO P14]
	DON'T KNOW	98	[GO TO P14]

P12. For which groups of people do you think it has become more difficult to get food stamps in recent years? [CIRCLE ALL THAT APPLY]

ALL GROUPS 01

THE WORKING POOR 02

FAMILIES WITH CHILDREN 03

THE ELDERLY 04

ADULTS WITHOUT CHILDREN 05

OTHER [SPECIFY] 96

DON'T KNOW 98

P13. What do you think are the most important reasons that it has become more difficult for people to get food stamps in recent years?

P14. Is there any policy or procedure that your office has implemented, that we have not already covered in our survey, to improve access to the Food Stamp Program for any specific groups or for the eligible population in general?

YES 01

NO 02 [GO TO SECTION Q]

DON'T KNOW 98

P15. Please briefly describe this policy and its purpose.

Q. RESPONDENT DEMOGRAPHICS

Finally I have a few questions about you. These questions will just be used to group your responses with people with similar characteristics.

- Q1. [RECORD WITHOUT ASKING] RESPONDENT IS
- FEMALE 01
- MALE 02
- Q2. How old are you? _____ YEARS
- Q3. What is the highest level of education you have completed?
- GED 01
- HIGH SCHOOL DIPLOMA 02
- SOME COLLEGE 03
- ASSOCIATE’S DEGREE 04
- BACHELOR’S DEGREE 05
- GRADUATE DEGREE 06
- VOCATIONAL SCHOOL 07
- Q4. What year did you begin working in this office as a caseworker or supervisor responsible for food stamp cases?
- Q5. Have you worked in another office as a caseworker or supervisor responsible for food stamp cases?
- YES 01
- NO 00 [GO TO CLOSING]
- Q6. What year did you first work as a caseworker or supervisor responsible for food stamp cases?

CLOSING

Thank you for participating in the survey. We appreciate that you took time out from your schedule to answer our questions.

TIME INTERVIEW COMPLETED:

|_|_|_|:|_|_|_|

AM...01
PM....02

SURVEY OF FOOD STAMP PROGRAM PROCESSES

CASEWORKER SURVEY

Prepared for:

Economic Research Service
U.S. Department of Agriculture
Washington, DC

Prepared by:

Health Systems Research, Inc.
Washington, DC
Under Subcontract with Abt Associates

January 9, 2000

INTRODUCTION

Thank you for taking time out of your busy schedule to participate in this survey of Food Stamp Program processes.

My name is _____ and I am with Health Systems Research in Washington, D.C. We are conducting this survey with local offices in 40 States around the country to find out about how people learn about the Food Stamp Program, the different ways they become food stamp participants, and what happens once they begin to participate in the program. The results of this survey will be included in a study for the U.S. Department of Agriculture, with Abt Associates as the lead research organization.

We received your name and general job description from a list provided by your office director. You were randomly selected from this list based on your responsibilities for particular types of food stamp cases. We are interested in how you do your job and what you think.

Your responses to this survey will be kept completely confidential. Your name and office will not be identified with any answers you give. Your answers to the questions will be grouped with other offices around the country and no information will be published on responses that could identify particular individuals or particular offices.

The Office of Management and Budget control number for this information collection is 0536-0053.

INTERVIEWER PROVIDE A DIFFERENT LENGTH OF INTERVIEW ESTIMATE IF YOU EXPECT IT TO BE DIFFERENT BECAUSE OF THE NUMBER OF QUESTIONS YOU NEED TO ASK.

This survey will take about 45 minutes to complete. Do you have any questions before we begin?

A. CASEWORKER RESPONSIBILITIES

INTERVIEWER: A1 AND A2 WILL NEED TO HAVE BEEN FILLED OUT BEFORE YOU BEGIN AN INTERVIEW. (EXCEPT WHERE NOTED, MORE THAN ONE CHOICE CAN BE CHECKED).

I would like to begin by confirming information we obtained from your office director.

A1. Our information indicates that you serve the following types of clients: [READ CHECKED RESPONSES]

- TANF food stamp cases
- Non-TANF food stamp cases
- Elderly food stamp cases
- Food stamp cases for disabled individuals
- Food stamp cases for Able-bodied Adults Without Dependents or ABAWDs
- You are responsible for all types of food stamp clients

A1a. Is this correct?

- YES 01 [GO TO A2]
- NO 00

A1b. What kind of food stamp clients do you serve?

- TANF food stamp cases
- Non-TANF food stamp cases
- Elderly food stamp cases
- Food stamp cases for disabled individuals
- Food stamp cases for able-bodied Adults Without Dependents or ABAWDs
- I serve all types of food stamp clients

A2. Our information also indicates that you are responsible for the following parts of the food stamp process. [READ CHECKED RESPONSES- RESPONSES SHOULD BE CHECKED FOR ONLY ONE OF THE FOUR OPTIONS BELOW]

- 1. _____ Application and eligibility, and ongoing and recertification for all the types of cases I just listed
- 2. _____ Only application and eligibility for the types of cases I've just listed
- 3. _____ Only ongoing and recertification for the types of cases I've just listed
- 4. _____ Application and eligibility for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Food stamp cases for able-bodied adults without dependents (ABAWDs), ___ Elderly food stamp cases, ___ Disabled food stamp cases

(And) Ongoing and recertification for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Food stamp cases for able-bodied adults without dependents (ABAWDs), ___ Elderly food stamp cases, ___ Disabled food stamp cases

A2a. Is this correct?

YES 01
 [IF RESPONSE TO A1a and A2a=YES, GO TO A4, IF A1a=NO, GO TO A3 AND FOLLOW INSTRUCTIONS]

NO 00

A2b. What part of the Food Stamp Program process are you responsible for and for which types of clients?

- 1. _____ Application or eligibility and ongoing or recertification for all the types of food stamp cases I just listed;
- 2. _____ Only application and eligibility for all the types of food stamp cases I've just listed;
- 3. _____ Only ongoing or recertification for all the types of food stamp cases I've just listed; or
- 4. _____ Application and Eligibility for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents (ABAWDs) food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

(And) Ongoing or recertification for ___ TANF food stamp cases, ___ Non-TANF food stamp cases, ___ Able-bodied Adults Without Dependents or ABAWDs food stamp cases, ___ Elderly food stamp cases, ___ Food stamp cases for disabled individuals

- A3. INTERVIEWER: IF THE INFORMATION ON RESPONSIBILITIES WAS RECORDED CORRECTLY OR IF THE CASEWORKER HAS RESPONSIBILITY FOR MORE TYPES OF CASES OR PARTS OF CASES THAN CHECKED IN A1 AND A2 PROCEED TO A4 AND CONTINUE THE INTERVIEW.
 IF THE WORKER INDICATES THEY ARE NOT RESPONSIBLE FOR THE TYPES OF CASES CHECKED THAN YOU WILL NEED TO READ THE STATEMENT BELOW.

We appear to have recorded incorrect information regarding your responsibilities. I apologize, but I will need to obtain the correct information and determine whether you are the person who should have been selected for this interview. I will either call you back and reschedule or make sure that you are informed that we will need to select another caseworker. When would be a good time to call you back?

END SURVEY HERE FOR RESPONDENTS TO A3

- A4. What other programs, in addition to food stamps, do you personally provide services for?
- | | |
|--------------------------------|----|
| NONE | 00 |
| TANF | 01 |
| MEDICAID | 02 |
| SCHIP | 03 |
| CHILD CARE | 04 |
| GENERAL ASSISTANCE | 05 |
| ASSISTANCE FOR REFUGEES | 06 |
| STATE MEDICAL ASSISTANCE | 07 |
| OTHER [SPECIFY] | 96 |

Now, I am going to ask you about a variety of policies and practices in your office. There are no right or wrong answers on this survey. We want to know how you do your job. When I ask the questions, I am trying to find out what you usually do, in most cases, not what you do with all clients.

If you do not know the answer to any question, please feel free to say so.

B. THE APPLICATION PROCESS

The next set of questions concerns the application process and eligibility determination.

B1. Is the form used for food stamp applications a combined application form for people who are applying for multiple programs?

- YES 01
- NO 00 [GO TO B3]
- DON'T KNOW 98 [GO TO B3]

B2. Which other programs use the same form? [CIRCLE ALL THAT APPLY]

- TANF 01
- MEDICAID 02
- SCHIP 03
- GENERAL ASSISTANCE 04
- CHILD CARE ASSISTANCE 05
- OTHER [SPECIFY] 96

DON'T KNOW 98

B3. Does an applicant for TANF and food stamps usually receive the food stamp application to sign and date before they see you for an eligibility interview or sign and date it during the interview with you?

- BEFORE THEY HAVE THE ELIGIBILITY INTERVIEW 01
- DURING THE ELIGIBILITY INTERVIEW 02
- OTHER [SPECIFY] 96

DON'T KNOW 98

- B4. On the first day that they come into your office to apply, do applicants for both food stamps and TANF usually complete all the required steps for food stamps and have the food stamp eligibility interview that day?
- YES 01 [GO TO B6]
- NO 00
- DON'T KNOW 98
- B5. How many visits does a person applying for TANF and food stamps usually make to the office before they complete all the steps in the food stamp eligibility process, not including any visits they make just to drop off verification paperwork?
- _____ NUMBER OF VISITS
- DON'T KNOW 98
- B6. Does a client coming in asking for food stamps and not TANF usually receive the food stamp application to sign and date before they see you for an eligibility interview or sign and date it during the interview with you?
- BEFORE THEY HAVE THE ELIGIBILITY INTERVIEW 01
- DURING THE ELIGIBILITY INTERVIEW 02
- OTHER [SPECIFY] 96
-
- DON'T KNOW 98
- B7. On the first day that they come into your office to apply, do applicants for food stamps, who are not also applying for TANF, usually complete all the required steps for food stamps and have the food stamp eligibility interview that day?
- YES 01 [GO TO B9]
- NO 00
- DON'T KNOW 98
- B8. How many visits does a non-TANF food stamp applicant usually make to the office before they complete all the steps in the food stamp eligibility process, not including any visits they make just to drop off verification paperwork?
- _____ NUMBER OF VISITS
- DON'T KNOW 98

B9. When a person has a food stamp eligibility interview (whether in person or otherwise), is this same interview also used for determining eligibility for other programs or for food stamps only?

USED FOR DETERMINING ELIG. FOR OTHER PROGRAMS . . . 01

USED FOR FOOD STAMP ELIGIBILITY DETERMINATION ONLY. 02 [GO TO SECTION C]

OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO SECTION C]

B10. Which other programs? [CIRCLE ALL THAT APPLY]

TANF 01

MEDICAID 02

SCHIP 03

GENERAL ASSISTANCE 04

OTHER [SPECIFY] 96

DON'T KNOW 98

C. IN-PERSON, TELEPHONE AND AT HOME INTERVIEWS

The next series of questions asks about the scheduling of eligibility interviews for food stamp applicants and about alternatives to in-person interviews.

C1. Do applicants usually:

Have appointments scheduled in advance for in person eligibility interviews, or	01
Do they need to come into the office and line up for an appointment	02 [GO TO C4]
OTHER [SPECIFY]	96

DON'T KNOW 98

C2. What do you usually do when an applicant has an appointment with you for an eligibility interview scheduled in advance and does not come in for that first appointment. Do you usually:

Automatically reschedule them for another interview appointment another day,	01
Notify them that they must schedule another interview,	02
Keep their case pending for a specific number of days to give them time to contact the office to reschedule an interview, or	03
Automatically deny the application?	04
OTHER [SPECIFY]	96

DON'T KNOW 98

C3. If someone comes in at least 30 minutes late for their food stamp appointment with you, do you usually

Rescheduled their appointment for that same day, or	01
Reschedule the appointment for another day	02
Automatically deny the application	03
DON'T KNOW	98

C4. Do you routinely offer telephone interviews or home interviews for persons with hardships?

YES 01

NO 00 [GO TO C6]

DON'T KNOW 98

C5. For which groups are telephone interviews or in-home interviews routinely offered? [CIRCLE ALL THAT APPLY]
 PROBE: ANYONE ELSE?

HOUSEHOLDS WITH ONLY ELDERLY INDIVIDUALS 01

HOUSEHOLDS WITH ONLY DISABLED INDIVIDUALS 02

TANF HOUSEHOLDS 03

HOUSEHOLDS LACKING ACCESS TO TRANSPORTATION 04

HOUSEHOLDS WITH EARNINGS OR OTHER WORK RELATED
 COMMITMENTS THAT POSE A BARRIER TO COMING INTO THE OFFICE 05

OTHER [SPECIFY] 96

DON'T KNOW 98

C6. What changes could be made to your office procedures and policies that would increase the number of eligible individuals who come in to initially apply for food stamps? [CIRCLE ALL THAT APPLY]
 PROBE: Anything Else?

EARLIER WEEKDAY OPENING TIMES	01
LATER WEEKDAY CLOSING TIMES	02
ADD WEEKEND HOURS	03
MORE STAFF	04
MORE OFFICE LOCATIONS	05
OUTSTATION STAFF IN OTHER AGENCIES	06
MORE CONVENIENT OFFICE LOCATION	07
MORE/BETTER OUTREACH EFFORTS	08
BETTER RECEPTION AREA	09
BETTER COORDINATION WITH OTHER AGENCIES	10
OTHER [SPECIFY]	96

NONE	00
DON'T KNOW	98

D. TRANSPORTATION ISSUES

This next set of questions are about the availability of public transportation to your office and the distance that clients have to travel.

D1. What would you say is the furthest any of your clients have to travel from their homes to your office?

- Less than one mile, 01
- At least one, but less than five miles, 02
- At least five, but less than ten miles, 03
- At least ten, but less than twenty miles, or 04
- more than twenty miles 05
- DON'T KNOW 98

D2. Is there public transportation available within ½ mile of your office?

- YES 01
- NO 00 [GO TO D4]
- DON'T KNOW 98

D3. What would you estimate is the proportion of your clients who live in neighborhoods served by public transit routes that reach your office?

- All, 05
- At least three-fourths but not all, 04
- At least one-half but less than three-fourths, 03
- At least one-fourth but less than one-half, 02
- Less than one-fourth 01
- DON'T KNOW 98

D4. Does your agency offer transportation assistance to help individuals come to your office for applications or recertifications?

YES 01

NO 00 [GO TO SECTION E]

DON'T KNOW 98 [GO TO SECTION E]

D5. For which clients is transportation assistance offered? [CIRCLE ALL THAT APPLY]

THE ELDERLY 01

THE DISABLED 02

HOMELESS CLIENTS 03

CLIENTS IN RURAL OR OUTLYING AREAS 04

TANF PARTICIPANTS 05

ANYONE WHO REQUESTS IT 06

OTHER [SPECIFY] 96

DON'T KNOW 98

D6. What type of transportation assistance is available?

CASH, VOUCHERS, OR TOKENS FOR PUBLIC TRANSIT 01

FREE CAB RIDES 02

VAN SERVICE 03

OTHER [SPECIFY] 96

DON'T KNOW 98

E. SERVICES AND PROCEDURES FOR PARTICULAR GROUPS OF CLIENTS

Now I would like to ask you some questions about immigrant households who come in to apply for food stamps.

- E1. In a typical month do you normally see individuals seeking food stamp services who are immigrants?
 - YES 01
 - NO 00 [GO TO E6]
 - DON'T KNOW 98

- E2. Would you say that food stamp eligibility rules for immigrants are
 - Very difficult to apply, 01
 - Somewhat difficult to apply, or 02
 - Not at all difficult to apply 03
 - DON'T KNOW 98

- E3. Have you received any special training on how to conduct the food stamp eligibility determination for households where one or more of the applicants is not a U.S. citizen?
 - YES 01
 - NO 02
 - DON'T KNOW 98

- E4. Is it routine for you to tell adult immigrant clients who apply for food stamps and are not eligible that they may be able to receive food stamps for their children?
 - YES 01
 - NO 00
 - DON'T KNOW 98

E5.	If a legal immigrant appears ineligible because of when they entered the country do you	
	Tell them to complete an application, or	01
	Tell them not to bother applying	02
	OTHER [SPECIFY]	96

	DON'T KNOW	98
E6.	Now I want to ask you a few questions about Non-English speaking people who come to your office. In a typical month, do people who speak no or limited English come in to apply for food stamps?	
	YES	01
	NO	00 [GO TO SECTION F]
	DON'T KNOW	98
E7.	Are translators or bilingual caseworkers available in person or by telephone— to help such clients complete the application process?	
	YES	01
	NO	00
	DON'T KNOW	98

F. TANF APPLICANTS

The next set of questions concerns food stamp applicants who may also be eligible for or interested in applying for TANF benefits.

F1. Do you tell any individuals interested in applying for TANF that they must explore alternative resources such as help from community agencies or other assistance programs before they apply for TANF?

YES 01

NO 00 [GO TO F5]

OTHER [SPECIFY] 96

DON'T KNOW 98

F2. Among all clients you see who come in interested in applying for TANF what portion are required to explore alternative resources before applying for the program? Would you say:

All, 05

At least than three-quarters but less than all of them, 04

At least one-half but less than three-quarters, 03

At least one-quarter but less than one-half, or 02

Less than one-quarter 01

DON'T KNOW 98

F3. When you talk to them about exploring alternative resources before applying for TANF, do you usually encourage them to apply for food stamps that day, discourage them from applying for food stamps, or not mention food stamps at all?

ENCOURAGE FOOD STAMP APPLICATION THAT DAY 01

DISCOURAGE FOOD STAMP APPLICATION 02

NOT MENTION FOOD STAMPS AT ALL 03

OTHER [SPECIFY] 96

DON'T KNOW 98

F4. What proportion of your clients who came in interested in applying for TANF and did not apply for TANF at that time because they were required to explore alternative resources, completed the food stamp application process and had their food stamp eligibility determined? Would you say:

More than three-quarters 05

At least one-half but less than three-quarters, 04

At least one-quarter but less than one-half, 03

At least 5 percent, but less than one-quarter, or 02

Less than 5 percent 01

OTHER [SPECIFY] 96

DON'T KNOW 98

F5. Do you offer lump sum cash payments, expense vouchers, or other payments to certain clients in return for them agreeing not to become TANF recipients?

YES 01

NO 00 [IF APPLICANT MUST EXPLORE ALTERNATIVE RESOURCES
(F1 EQ 01) GO TO F9, ELSE GO TO F10]

DON'T KNOW 98 [IF APPLICANT MUST EXPLORE ALTERNATIVE RESOURCES
(F1 EQ 01) GO TO F9, ELSE GO TO F10]

F6. When you tell them about the rules for these available payments, do you usually encourage them to apply for food stamps, discourage them from applying for food stamps, or not mention food stamps at all?

ENCOURAGE FOOD STAMP APPLICATION 01

DISCOURAGE FOOD STAMP APPLICATION 02

NOT MENTION FOOD STAMPS AT ALL 03

OTHER [SPECIFY] 96

DON'T KNOW 98

F7. In a typical month, what proportion of your clients who are interested in applying and would likely be income eligible for TANF, receive these payments instead of becoming TANF recipients?

More than three-quarters, 04

At least one-half but less than three-quarters 03

At least one-quarter but less than one-half 02

At least one client, but less than one-quarter 01

None 00 [GO TO F9]

F8. Among your clients who accept this payment, what proportion would you estimate complete the food stamp application process and have their food stamp eligibility determined?

More than three-quarters, 05

At least one-half but less than three-quarters, 04

At least one-quarter, but less than one-half, 03

At least 5 percent but less than one-quarter, or 02

Less than 5 percent 01

DON'T KNOW 98

F9. What changes could be made regarding how TANF applicants are told about [lump sum payments] [and] [about the requirement to explore alternative resources] that would result in more eligible clients receiving food stamp benefits?
 PROBE: Anything Else?

RESPONDENTS SUGGESTS CHANGES [SPECIFY] 01

NONE 00

DON'T KNOW 98

F10. Now I would like to ask you about job search requirements for TANF applicants. Do you require any TANF applicants to conduct a job search before their TANF application is approved?

YES 01

NO 00 [GO TO SECTION G]

OTHER [SPECIFY] 96

DON'T KNOW 98 [GO TO SECTION G]

F11. When you explain the job search requirement to them, do you encourage them to complete their food stamp application, discourage them from applying for food stamps, or not mention food stamps at all?

ENCOURAGE THEM TO COMPLETE THEIR FOOD STAMP APPLICATION 01

DISCOURAGE FOOD STAMP APPLICATION 02

NOT MENTION FOOD STAMPS AT ALL 03

OTHER [SPECIFY] 96

DON'T KNOW 98

F12. In a typical month, what proportion of TANF applicants are required to conduct job search before their TANF application can be approved?

All 05

At least three-quarters, but not all 04

At least one-half, but less than three-quarters 03

At least one-quarter, but less than one-half 02

Less than one-quarter 01

DON'T KNOW 98

F13.	For your clients who are required to conduct a job search do you routinely verify their job contacts by getting in touch with the employers they say they contacted?	
	YES	01
	NO	00
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
F14.	What proportion of those who you require to conduct an applicant job search for TANF would you estimate <u>complete</u> the food stamp application process and have their food stamp eligibility determined?	
	More than three-quarters,	05
	At least one-half but less than three-quarters	04
	At least one-quarter but less than one-half	03
	At least 5 percent, but less than one-quarter, or	02
	Less than 5 percent	01
	DON'T KNOW	98

G. NON-TANF FOOD STAMP JOB SEARCH REQUIREMENTS

The next set of questions is about requirements for non-TANF food stamp clients.

- G1. Do you and your office require any non-TANF food stamp applicants to conduct a job search or attend job search classes or workshops before their eligibility for food stamps can be determined?
- YES 01
- NO 00 [GO TO G4]
- DON'T KNOW 98 [GO TO G4]
- G2. For clients required to conduct job search, do you usually verify their job contacts by getting in touch with the employers they say they contacted?
- YES 01
- NO 00
- OTHER [SPECIFY] 96
-
- DON'T KNOW 98
- G3. Among your cases required to conduct job search activities before being approved for food stamps what proportion would you say come back, complete the food stamp application process and have their food stamp eligibility determined?
- More than three-quarters, 04
- At least one-half but less than three-quarters, 03
- At least one-quarter but less than one-half, 02
- At least one but less than one-quarter, or 01
- None 00
- DON'T KNOW 98

G4. Thinking about the overall process of applying for food stamps, for all the types of cases you handle, what changes could be made to your office procedures and policies that would increase the number of eligible households who complete the food stamp application process?
PROBE: Anything Else?

RESPONDENT PROVIDED AN ANSWER [SPECIFY] 01

NONE 00

DON'T KNOW 98

H. VERIFICATION REQUIREMENTS

H1. The next set of questions concerns verification requirements for information provided during the food stamp application process for your food stamp applicants who are also applying for TANF.

In order to verify household income, do you usually require food stamp applicants to have a special form completed by their employer or past employer?

- YES 01
- NO 00
- DON'T KNOW 98

H2. As a routine practice, do you usually directly contact a food stamp applicant's employer to verify earned income?

- YES 01
- NO 00
- DON'T KNOW 98

H3. In order to verify household circumstances, such as an address or the number of people in the household, do you usually require food stamp applicants to have a special form completed by a third party ?

- YES 01
- NO 02
- DON'T KNOW 98

H4. As a routine practice, do you usually directly contact a third party to verify an applicant's household circumstances?

- YES 01
- NO 02
- DON'T KNOW 98

H5. To verify shelter costs, do you usually require food stamp applicants to have a special form completed by their landlord and/or another third party?

- YES 01
- NO 02
- DON'T KNOW 98

H6.	As a routine practice, do you usually <u>directly contact</u> a food stamp applicant’s landlord or another third party to verify their shelter costs?	
	YES	01
	NO	00
	DON’T KNOW	98
H7.	Do your non-TANF food stamp applicants have the same verification requirements as those just described for TANF food stamp applicants or are they different?	
	THE SAME	01 [GO TO H14]
	DIFFERENT	02
H8.	The next set of questions concerns verification requirements for information provided during the food stamp application process for your non-TANF food stamp applicants. In order to verify household income, do you usually require food stamp applicants <u>to have a special form completed by their employer or past employer?</u>	
	YES	01
	NO	00
	DON’T KNOW	98
H9.	As a routine practice, do you usually <u>directly contact</u> a food stamp applicant’s employer to verify earned income?	
	YES	01
	NO	00
	DON’T KNOW	98
H10.	In order to verify household circumstances, such as an address or the number of people in the household, do you usually require food stamp applicants <u>to have a special form completed by a third party</u> ?	
	YES	01
	NO	02
	DON’T KNOW	98

H11.	As a routine practice, do you usually <u>directly contact</u> a third party to verify an applicant's household circumstances?		
	YES	01	
	NO	02	
	DON'T KNOW	98	
H12.	To verify shelter costs, do you usually require food stamp applicants <u>to have a special form completed</u> by their landlord and/or another third party?		
	YES	01	
	NO	02	
	DON'T KNOW	98	
H13.	As a routine practice, do you usually <u>directly contact</u> a food stamp applicant's landlord or another third party to verify their shelter costs?		
	YES	01	
	NO	00	
	DON'T KNOW	98	
H14.	Are there items in addition to those required for food stamps that a TANF applicant has to verify through third-party contacts before <u>TANF eligibility</u> can be determined?		
	YES	01	
	NO	00	[GO TO H16]
	DON'T KNOW	98	[GO TO H16]
H15.	What items are these? [CIRCLE ALL THAT APPLY]		
	COMPLIANCE WITH CHILD SUPPORT	01	
	CHILD IMMUNIZATIONS	02	
	CHILD'S SCHOOL ATTENDANCE	03	
	OWN SCHOOL ATTENDANCE IF A TEEN PARENT	04	
	OTHER [SPECIFY]	96	
	DON'T KNOW	98	

H16.	Do you routinely provide applicants with written instructions about the verification documentation they need?	
	YES	01
	NO	02
	DON'T KNOW	98
H17.	If one of your applicants has provided some of the needed documentation for determining food stamp eligibility but is still missing some items by the end of the 30 day processing period are they:	
	Notified that items are missing before their application is denied, or	01
	Is their application denied without notice	02
	DON'T KNOW	98

H18. What changes could be made to your office’s requirements and practices for verification requirements for the Food Stamp Program that would result in more eligible food stamp clients completing the application process? [CIRCLE ALL THAT APPLY]
 PROBE: Anything Else?

VERIFY FEWER ITEMS	01
PROVIDE MORE ASSISTANCE TO CLIENTS IN OBTAINING VERIFICATION	02
PROVIDE CLEARER INFORMATION ON WHAT IS REQUIRED OF CLIENTS	03
PROVIDE ACCESS TO A COPIER	04
ACCEPT A WIDER RANGE OF DOCUMENTS OR MATERIAL FOR VERIFICATION PURPOSES	05
OTHER [SPECIFY]	96

NONE	00
DON’T KNOW	98

I. MEDICAL EXPENSE DEDUCTION FOR THE ELDERLY OR DISABLED

11. Do you provide elderly clients with written information or detailed verbal instructions describing what they need to do to claim the medical expense deduction for food stamps?

- YES 01
- NO 00
- DON'T KNOW 98

12. Do you routinely provide any special additional assistance to elderly or disabled clients to help them compile the documentation needed to claim a medical expense deduction they may be eligible for?

- YES 01
- NO 00 [GO TO I3]
- DON'T KNOW 98 [GO TO I3]

12a. What type of assistance do you provide? [CIRCLE ALL THAT APPLY]

- REFERRALS TO OUTSIDE AGENCIES THAT HELP ELDERLY AND
DISABLED COMPILE NECESSARY DOCUMENTATION 01
- REVIEW MEDICAL RECEIPTS 02
- CALL MEDICAL PROVIDERS/PHARMACISTS DIRECTLY TO GET
INFORMATION ON EXPENSES 03
- OTHER [SPECIFY] 96

- DON'T KNOW 98

13. Among all elderly or disabled applicants you see in a typical month, what percentage would you estimate claim the excess medical expense deduction?

More than 90 percent,	04
At least 50 percent but less than 90 percent,	03
At least 10 percent but less than 50 percent,	02
Less than 10 percent, but at least some, or	01
None	00
DON'T KNOW	98

J. SANCTIONS FOR VIOLATING TANF RULES

The next set of questions asks about cases where there might be food stamp penalties or “sanctions” for individuals participating in both the TANF and Food Stamp Programs.

J1. Do you ever impose any sanctions on food stamp benefits for violations of TANF work requirements? Here we do not mean freezing the food stamp benefit level, but rather additional cuts or disqualifications applied to the food stamp benefits.

YES 01

NO 00

DON'T KNOW 98

J2. Do you ever impose sanctions on food stamp benefits for violations of TANF requirements other than TANF work requirements? [NOTE TO INTERVIEWER IF THE RESPONDENT SAYS THE ONLY REASON THEY LOSE FOOD STAMPS BENEFITS IS IF THEY DON'T COME IN FOR RECERTIFICATION OR REAPPLICATION THE ANSWER SHOULD BE CODED AS NO]

YES 01

NO 00 [IF J1 EQ YES (01) GO TO J4 ELSE GO TO J5]

DON'T KNOW 98 [IF J1 EQ YES (01) GO TO J4 ELSE GO TO J5]

J3. For which TANF rules?

FAILURE TO COOPERATE WITH CHILD SUPPORT 01

MINOR CHILD'S SCHOOL ATTENDANCE 02

TEEN PARENT'S SCHOOL ATTENDANCE 03

CHILD IMMUNIZATIONS 04

FAILURE TO ATTEND SCHOOL CONFERENCES 05

OTHER [SPECIFY] 96

DON'T KNOW 98

J4. In a typical month, what proportion of your TANF clients have their food stamps sanctioned for violations of TANF work or other behavioral rules, excluding periodic recertification requirements?

Less than 10 percent, but at least one client 01

At least 10 percent, but less than 50 percent 02

At least 50 percent, but less than 90 percent 03

More than 90 percent 04

DON'T KNOW 98

J5. The next set of questions asks about TANF cases where the cash assistance case is closed for violating TANF rules.
Have you ever closed a TANF case for not complying with TANF work requirements or other rules, not including periodic recertification requirements.

YES 01

NO 00 [GO TO SECTION K]

DON'T KNOW 98

J6. When a food stamp eligible household's TANF case is closed because of a sanction during their food stamp certification period. Do you usually:

Continue the household on food stamps until their certification period ends, 01

Shorten the household's food stamp certification period to the one used for non-TANF households, 02

Shorten the households's food stamp certification period to the end of next month, or do you 03 [GO TO J9]

Close the food stamp case 04 [GO TO J8]

OTHER [SPECIFY] 96

DON'T KNOW 98

- J7. Does someone in the household usually
- Have to come to the office to have their benefits recalculated, or 01 [GO TO J9]
 - Can the benefit levels be adjusted with information received by mail or over the phone 02 [GO TO J9]
 - DON'T KNOW 98 [GO TO J9]
- J8. When a client's food stamp case is closed due to a TANF sanction, do you usually notify them that they may still be eligible for food stamps?
- YES 01
 - NO 00
 - DON'T KNOW 98
- J9. Among the households you serve whose case is closed due to a sanction, what proportion would you estimate continue to receive food stamp benefits?
- More than three-quarters, 04
 - At least one-half but less than three-quarters, 03
 - At least one-quarter but less than one-half, or 02
 - Less than one-quarter 01
 - DON'T KNOW 98
- J10. Are there any special procedures, that I have not already mentioned, that you apply to the food stamp cases of households that have their TANF case closed for failure to comply with TANF rules?
- YES [SPECIFY] 01
 - _____
 - _____
 - _____
 - _____
 - NO 00
 - DON'T KNOW 98

K. TANF LEAVERS

The next set of questions asks what happens to food stamp cases when a household leaves TANF because an adult has gotten a job and your office is aware the client has become employed.

K1. If this household leaves TANF within its food stamp certification period, do you usually:

- Keep the food stamp case open and not change the length of the certification period, 01
- Shorten the household’s certification period to the one used for non-TANF households with earned income, 02
- Shorten the certification period to the end of next month, or 03 [GO TO K4]
- Close the food stamp case 04 [GO TO K4]
- OTHER [SPECIFY] 96

DON’T KNOW 98

K2. If no new information is in the case file on the household’s changed income, does someone in the household usually

- Have to come to the office to have their benefits recalculated or, 01
- Can the benefit levels usually be adjusted with information received by mail or over the phone 02
- OTHER [SPECIFY] 96

DON’T KNOW 98

K3. If your office has information in the case file on the income being received as a result of the job

- Do they still have to come in, or 01 [GO TO K5]
- Can you usually use the available information to redetermine their benefits . . . 02 [GO TO K5]
- DON’T KNOW 98 [GO TO K5]

K4. When these clients leave TANF, do you routinely notify them that they may still be eligible for food stamps and need to either recertify or reapply for food stamps?

YES 01

NO 00

DON'T KNOW 98

K5. What proportion of your clients who have left TANF because they have found employment would you estimate continue to receive food stamps?

More than three-quarters, 04

At least one-half but less than three-quarters, 03

At least one-quarter but less than one-half, 02

At least one but less than one-quarter, 01

None 00

DON'T KNOW 98

The next set of questions is about how you process the food stamp case of a household who voluntarily leaves TANF not due to employment.

K6. Which of the following actions do you usually take when a household voluntarily leaves TANF? Do you...

Keep the food stamp case open and not change the length of the food stamp certification period 01

Keep the food stamp case open and shorten the certification period to the one used for non-TANF households 02

Keep the food stamp case open and shorten the certification period to the end of the next month, or 03 [GO TO K8]

Close the food stamp case 04 [GO TO K8]

OTHER [SPECIFY] 96

DON'T KNOW 98

K7.	Does someone in the household usually		
	Have to come to the office to have their benefits recalculated,	01	[GO TO K9]
	Can you adjust the benefits with information received by mail or over the phone, or	02	[GO TO K9]
	Is no contact with the household usually necessary to recalculate the household's food stamp benefits	03	[GO TO K9]
	DON'T KNOW	98	[GO TO K9]
K8.	When these clients leave TANF, do you routinely notify them that they may still be eligible for food stamps and need to either recertify or reapply for food stamps?		
	YES	01	
	NO	00	[GO TO K9]
	OTHER [SPECIFY]	96	
<hr/>			
	DON'T KNOW	98	[GO TO K9]
K9.	What proportion of your clients who have left TANF voluntarily would you estimate continue to receive food stamps?		
	More than three-quarters,	04	
	At least one-half but less than three-quarters,	03	
	At least one-quarter but less than one-half,	02	
	At least one but less than one-quarter, or	01	
	None	00	
	DON'T KNOW	98	

K10. The next set of questions is about how you process the food stamp case of a household whose cash assistance case is closed because of a State TANF time limit. When a case is closed because of a TANF time limit do you

Continue the household as eligible for food stamps, until the food stamp certification period ends,	01
Shorten its food stamp certification period to the one for non-TANF households,	02
Shorten its food stamp certification period to the end of the next month, or ...	03 [GO TO K12]
Close the food stamp case	04 [GO TO K12]
WORKER HAS NEVER CLOSED A CASE BECAUSE OF THE TIME LIMIT	00 [GO TO K14]
OTHER [SPECIFY]	96

DON'T KNOW

K11. Does someone in the household

Have to come to the office to have their benefits recalculated,	01 [GO TO K13]
Can you adjust the benefits with information received by mail or over the phone, or	02 [GO TO K13]
Is no contact with the household usually necessary to recalculate the household's food stamp benefits	03 [GO TO K13]
DON'T KNOW	98

K12. When these clients leave TANF, do you usually notify them that they may still be eligible for food stamps if they reapply?

YES	01
NO	00
DON'T KNOW	98

K13. What proportion of your clients who have hit the TANF time limit would you estimate continued to receive food stamps after their TANF case was closed because of the time limit?

- More than three-quarters, 04
- At least one-half but less than three-quarters, 03
- At least one-quarter but less than one-half, 02
- At least one but less than one-quarter, or 01
- None 00
- DON'T KNOW 98

K14. What changes could be made to your office's procedures that would increase the number of food stamp eligible individuals who continue to receive food stamps after leaving the TANF Program, either due to a job, voluntarily or after hitting the time limit? [CIRCLE ALL THAT APPLY]
 PROBE: Anything Else?

- NEED TO CHANGE COMPUTER SYSTEM SO FOOD STAMP CASE DOES NOT AUTOMATICALLY CLOSE WHEN CLIENT LEAVES TANF 01
- FOLLOW-UP FOR TANF LEAVERS TO INFORM THEM ABOUT THE DIFFERENCES IN ELIGIBILITY REQUIREMENTS BETWEEN TANF AND FOOD STAMPS 02
- PROVIDE BETTER INFORMATION AT APPLICATION ABOUT THE DIFFERENCES IN THE TWO PROGRAMS 03
- ENCOURAGE CLIENTS TO FIND OUT IF THEY CAN STILL GET FOOD STAMPS IF THEY GET A JOB OR DECIDE THEY DON'T WANT TANF ANYMORE 04
- OTHER CHANGES [SPECIFY] 96

- NONE 00
- DON'T KNOW 98

L. NON-TANF PARTICIPATION REQUIREMENTS

The next set of questions is about sanctions for non-TANF food stamp households.

L1. Do you sanction the food stamp benefits of non-TANF single-parent food stamp households for failure to cooperate with the child support agency?

- YES 01
- NO 00 [GO TO L3]
- DON'T KNOW 98 [GO TO L3]

L2. Of your non-TANF households who have this requirement to cooperate with child support as a condition of their food stamp eligibility, for what proportion have you imposed a food stamp sanction for failing to cooperate with child support?

- More than three-quarters, 04
- At least one-half but less than three-quarters, 03
- At least one-quarter but less than one-half, 02
- At least one but less than one-quarter, or 01
- None 00
- DON'T KNOW 98

L3. The next question asks about food stamp employment & training requirements that apply to clients who utilize your office. Is there a Food Stamp Employment and Training Program available for clients who utilize your office?

- YES 01
- NO 00 [GO TO SECTION M]
- DON'T KNOW 98 [GO TO SECTION M]

L4. In a typical month what proportion of your non-TANF clients who are required to participate in the Food Stamp E&T Program have their food stamp benefits sanctioned due to noncompliance with the food stamp E&T requirements?

More than three-quarters,	01
At least one-half but less than three-quarters,	02
At least one-quarter but less than one-half,	03
At least one but less than one-quarter, or	04
None	00
OTHER	96
<hr/>	
DON'T KNOW	98

M. ABAWDs

The next set of questions asks about able-bodied adults without dependents who may be subject to a food stamp time limit.

- M1. Do you usually follow-up with ABAWDs who have lost food stamp benefits due to the time limit to inform them of how to regain food stamp eligibility?
- YES 01
- NO 00 [GO TO M3]
- DON'T KNOW 98 [GO TO M3]
- M2. How do you follow-up with these ABAWDs? [CIRCLE ALL THATAPPLY]
- A WRITTEN NOTICE IS SENT THEM 01
- TELEPHONE CONTACT 02
- OTHER [SPECIFY] 96
-
- DON'T KNOW 98
- M3. Thinking of those ABAWDs you have had in your caseload who have left the program due to the time limit, what proportion would you estimate have come back and regained eligibility through employment or participation in a qualifying E&T activity?
- More than three-quarters, 04
- At least one-half but less than three-quarters, 03
- At least one-quarter but less than one-half, 02
- At least one but less than one-quarter, or 01
- None 00
- DON'T KNOW 98

N. RECERTIFICATIONS

The next few questions are about the length of the certification period and the recertification process for food stamps.

N1. Do you have any discretion in the length of the food stamp certification period or is the length of the certification period set by office policy for each type of food stamp client you serve?

HAVE DISCRETION 01

SET BY OFFICE POLICY 02 [GO TO N3]

DON'T KNOW 98

N2. For what types of clients do you set a shorter certification period than the standard at your office?

CLIENTS WITH FLUCTUATING INCOME 01

CLIENTS I ASSUME TO BE ERROR PRONE 02

OTHER CRITERIA [SPECIFY] 96

DON'T KNOW 98

N3. Are clients

Assigned a time and date for recertification, 01

Can they schedule an appointment, or 02

Are they assigned a time and date but can reschedule 03

OTHER [SPECIFY] 96

DON'T KNOW 98

N4.	If one of your clients misses their recertification appointment do you	
	Automatically schedule a 2 nd appointment,	01
	Notify them that they must reschedule,	02
	Notify them that their food stamp benefits are being discontinued and they will have to reapply if they want to get food stamps again, or	03
	Close the case when the certification period ends without any additional notice to the client	04
	OTHER [SPECIFY]	96
<hr/>		
	DON'T KNOW	98
N5.	If a client comes in at least 30 minutes late for their recertification appointment do you <u>usually</u>	
	Reschedule their appointment for that same day, or	01
	Have them come back to have their appointment another day	00
	DON'T KNOW	98
N6.	If your client does not respond to a recertification notice do you normally contact them by telephone to inform them of their need to recertify?	
	YES	01
	NO	00
	DON'T KNOW	98
N7.	When households are usually required to have an in-person recertification interview, do you routinely offer telephone interviews or home interviews to persons with hardships?	
	YES	01
	NO	00 [GO TO N9]
	DON'T KNOW	98 [GO TO N9]

N8. For which groups do you routinely offer telephone interviews or in-home interviews? [CIRCLE ALL THAT APPLY]

HOUSEHOLDS WITH ONLY ELDERLY INDIVIDUALS	01
HOUSEHOLDS WITH ONLY DISABLED INDIVIDUALS	02
TANF HOUSEHOLDS	03
HOUSEHOLDS LACKING ACCESS TO TRANSPORTATION	04
HOUSEHOLDS WITH EARNINGS OR OTHER WORK RELATED COMMITMENTS THAT POSE A BARRIER TO COMING INTO THE OFFICE	05
OTHER [SPECIFY]	96

DON'T KNOW

N9. What changes could be made to your office's recertification procedures that would decrease the number of food stamp eligible individuals who drop out of the Food Stamp Program because they do not complete recertification? [CIRCLE ALL THAT APPLY]

LENGTHEN CERTIFICATION PERIODS	01
REQUIRE CLIENTS TO COME INTO THE OFFICE FOR RECERTIFICATION LESS OFTEN	02
OTHER [SPECIFY]	96

DON'T KNOW

NONE

O. ACCESS PERCEPTION QUESTIONS

The next set of questions asks for your opinions on a variety of issues.

I am going to read a series of statements, please tell me whether you strongly agree, agree, disagree or strongly disagree with each one.

O1. Being on food stamps encourages dependency.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

O2. The size of my caseload makes it difficult for me to help people as much as I would like to.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

O3. People who stop receiving TANF often also leave the Food Stamp Program without us knowing whether they are still eligible for food stamps.

STRONGLY AGREE	01
AGREE	02
DISAGREE	03
STRONGLY DISAGREE	04
DON'T KNOW	98

O4.	People who leave TANF and are potentially eligible for food stamps should be actively encouraged to apply for food stamps.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
O5.	Immigrants should not get food stamps until they become citizens.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
O6.	The set-up of our computer generated notices sometimes results in people losing food stamp benefits they are eligible for.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98
O7.	Our office actively discourages clients from becoming TANF recipients.	
	STRONGLY AGREE	01
	AGREE	02
	DISAGREE	03
	STRONGLY DISAGREE	04
	DON'T KNOW	98

O8.	It is hard for clients who work to do what needs to be done to apply for food stamps.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	
	STRONGLY DISAGREE	04	
	DON'T KNOW	98	
O9.	It is hard for eligible working clients to do what is required to stay on the Food Stamp Program once they are participating.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	
	STRONGLY DISAGREE	04	
	DON'T KNOW	98	
O10.	In the past few years it has become more difficult for eligible people to get on the Food Stamp Program.		
	STRONGLY AGREE	01	
	AGREE	02	
	DISAGREE	03	[GO TO O13]
	STRONGLY DISAGREE	04	[GO TO O13]
	DON'T KNOW	98	[GO TO O13]

O11. For which groups of people do you think it has become more difficult to get food stamps in recent years? [CIRCLE ALL THAT APPLY]

- ALL GROUPS 01
- THE WORKING POOR 02
- FAMILIES WITH CHILDREN 03
- THE ELDERLY 04
- SINGLE ADULTS WITHOUT CHILDREN 05
- OTHER [SPECIFY] _____ 96

DON'T KNOW 98

O12. What do you think are the most important reasons that it has become more difficult for people to get food stamps in recent years?

DON'T KNOW 98

O13. Is there any policy or procedure that your office has implemented, that we have not already covered in our survey, to improve access to the Food Stamp Program for any specific groups or for the eligible population in general?

- YES 01
- NO 02 [GO TO SECTION P]
- DON'T KNOW 98 [GO TO SECTION P]

O14. Please briefly describe this policy and its purpose.

DON'T KNOW 98

P. RESPONDENT DEMOGRAPHICS

Finally I have a few questions about you. These questions will just be used to group your responses with people with similar characteristics.

- P1. [RECORD WITHOUT ASKING] RESPONDENT IS
 - FEMALE 01
 - MALE 02
- P2. How old are you? _____ YEARS
- P3. What is the highest level of education you have completed?
 - GED 01
 - HIGH SCHOOL DIPLOMA 02
 - SOME COLLEGE 03
 - ASSOCIATE’S DEGREE 04
 - BACHELOR’S DEGREE 05
 - GRADUATE DEGREE 06
 - VOCATIONAL SCHOOL 07
- P4. What year did you begin working in this office as a caseworker responsible for food stamp cases?
- P5. Was this your first job in an office that handles food stamp cases?
 - YES 01 [GO TO CLOSING]
 - NO 00
- P6. What year did you first work as a casework responsible for food stamp cases?
 - DON’T KNOW 98

CLOSING

Thank you for participating in the survey. We appreciate that you took time out from your schedule to answer our questions.

TIME INTERVIEW COMPLETED:

_ _ : _ _	AM...01
	PM....02

Food Stamp Office Observation Record

A. Office Location and Accessibility

A1. Are there street signs on all the intersections surrounding the building?

- Yes, on all intersections
- Yes, on some intersections
- No, not on any intersections

A2a. Does the building have a sign outside indicating the name of the office?

- Yes
- No

A2b. Is the street number on the outside of the building?

- Yes
- No

A3. What type of neighborhood is the building located in?

- Business district or mainly business/retail
- Combination business/residential (some business, some residential)
- Mainly residential
- Not sure

A4. Is there a parking lot for applicants who drive to the office?

- Yes
- No

A5. Is the parking free?

- Yes
- No

A6. Is handicapped parking available?

- Yes
- No

A7. Is the building accessible for wheelchairs (ramp, elevators, etc.)?

- Yes
- No

A8. Additional notable comments about the building location and accessibility:

B. Reception Area for Food Stamp Applicants

B1. Is there **one** reception area in the building where applicants for **all** programs go?

- Yes (Go to B1a)
- No (Go to B2)

B1a. Are there signs at the entrance to the building directing applicants to the reception area?

- Yes (Go to B5)
- No (Go to B5)

B2. Which programs share a reception area?

Put a "1" in all boxes for programs that share the first reception area. Put a "2" in all boxes for programs that share a second reception area, etc.

- Food stamps
- TANF (insert name of state program)
- Medicaid
- SCHIP (insert name of state program)
- General Assistance (insert name of state program)
- SSI
- Child support enforcement
- Other (Specify:) _____
- Other (Specify:) _____
- Other (Specify:) _____

B3. Are the different reception areas in the same building?

- Yes
- No (Go to B4)

B3a. Are they on the same floor?

- Yes
- No

B4. Are there signs at the entrance to the building directing applicants to the different reception areas?

- Yes
- No (Go to B5)

B4a. Do the signs indicate which area different types of applicants should go to?

- Yes
- No

B5. Is general information about the Food Stamp Program available in the reception area (posters, pamphlets, videotapes, etc.)? (Check yes or no in matrix below)

B5a. Are these items available in other languages?

Material(s)	Available In Reception Area?	Available in Other Languages?
Posters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pamphlets/brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Videotapes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B6. Is there information (posters, pamphlets, etc.) in the food stamp office reception area or in other parts of the building which indicates that households that do not receive TANF may still qualify for food stamps? (Check yes or no in matrix below)

B6a. Are these materials (posters, pamphlets, etc.) displayed/available in languages other than English?

Material(s)	In Reception Area?	Other Parts of Building?	In languages other than English?
Posters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pamphlets/brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B7. Is there information (posters, pamphlets, etc.) in the food stamp office reception area describing the food stamp eligibility rules for legal immigrants? *(Check yes or no in the matrix below.)*

B7a. Are these materials available in languages other than English?

B7b. Is there information describing the food stamp eligibility rules for children of immigrants whose parents are not eligible for food stamps?

B7c. Are these materials available in languages other than English?

Material(s)	Legal Immigrants		Children of Ineligible Immigrants			
	B7. In Reception Area?	B7a. In languages other than English?	B7b. In Reception Area?		B7c. In languages other than English?	
Posters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pamphlets/brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other <i>(Specify:)</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B8. Are there toys or materials for children to play with?

- Yes
- Yes, but not enough or not in good condition
- Yes, but only books/magazines (no toys)
- No

B9. Is there a space for children to play?

- Yes, dedicated play area within the reception area
- Yes, but floor space only
- Space for children to play is quite limited

B10. Are restrooms handicapped accessible?

- Yes
- No

B11. Do restrooms have a diaper changing area?

- Yes
- No

C. Reception Area Waiting Times

Complete for three separate observation periods in each reception area.

Observation Period #1:

Date: _____ / _____ /20_____ Time: ____:____ am / pm to ____:____ am / pm

C1. How many Food Stamp office workers manage the reception area responsibilities?

- There is only one worker and a relief worker to cover breaks.
- There are generally _____ (number of workers) managing the reception area.
- There is one main worker and an assistant for busy periods
- Other (Specify): _____

C2. Is there a waiting line at the food stamp reception area?

- Yes, always
- Yes, at certain times: _____
- No lines (Skip to C4)

C3. About how long does a person wait to speak to a receptionist? *Time ten people and calculate average.*

_____ (Minutes)

C4. Are there a sufficient number of seats in the reception area?

- Yes, seats always available
- No, there are always some people standing
- It varies. People standing at:

_____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm

Observation Period #2:

Date: _____ / _____ /20_____ Time: ____:____ am / pm to ____:____ am / pm

C1. How many Food Stamp office workers manage the reception area responsibilities?

- There is only one worker and a relief worker to cover breaks.
- There are generally _____ (number of workers) managing the reception area.
- There is one main worker and an assistant for busy periods
- Other (Specify): _____

C2. Is there a waiting line at the food stamp reception area?)

- Yes, always
- Yes, at certain times: _____
- No lines (Skip to C4)

C3. About how long does a person wait to speak to a receptionist? *Time ten people and calculate average.*

_____ (Minutes)

C4. Are there a sufficient number of seats in the reception area?

- Yes, seats always available
- No, there are always some people standing
- It varies. People standing at:

_____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm

Observation Period #3:

Date: _____ / _____ /20_____ Time: ____:____ am / pm to ____:____ am / pm

C1. How many Food Stamp office workers manage the reception area responsibilities?

- There is only one worker and a relief worker to cover breaks.
- There are generally _____ (number of workers) managing the reception area.
- There is one main worker and an assistant for busy periods
- Other (Specify): _____

C2. Is there a waiting line at the food stamp reception area?

- Yes, always
- Yes, at certain times: _____
- No lines (*Skip to C4*)

C3. About how long does a person wait to speak to a receptionist? *Time ten people and calculate average.*

_____ (Minutes)

C4. Are there a sufficient number of seats in the reception area?

- Yes, seats always available
- No, there are always some people standing
- It varies. People standing at:

_____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm
 _____ : _____ am / pm to _____ : _____ am / pm

D. Reception Area Activities

D1. Are applications for food stamps and TANF (*insert name of state program*) available in the reception area?

	Combined Food Stamp and TANF application	Food Stamp-only Application	TANF-only Application
Yes, passed out by receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, applicants may pick up from counter/walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, not available in reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Specify:</i> _____ _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Are the people completing applications provided with a writing surface (clipboard, table, etc.)?

- Yes
- No

D3. Are pens available for people completing their application?

- Yes
- No

Study of Program Access and Declining Food Stamp Participation

Case Record Review Form

Abt ID:	Site ID:												
Food Stamp Case Number:	Date of Record Abstraction:												
Case Sampled as:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Applicant Approved</td> <td style="text-align: right; padding: 2px 5px;">1</td> </tr> <tr> <td style="padding: 2px 5px;">Applicant Denied</td> <td style="text-align: right; padding: 2px 5px;">2</td> </tr> <tr> <td style="padding: 2px 5px;">Recertification Approved</td> <td style="text-align: right; padding: 2px 5px;">3</td> </tr> <tr> <td style="padding: 2px 5px;">Closed Case</td> <td style="text-align: right; padding: 2px 5px;">4</td> </tr> <tr> <td style="padding: 2px 5px;">TANF Diverted</td> <td style="text-align: right; padding: 2px 5px;">5</td> </tr> <tr> <td style="padding: 2px 5px;">Status Unknown</td> <td style="text-align: right; padding: 2px 5px;">6</td> </tr> </table>	Applicant Approved	1	Applicant Denied	2	Recertification Approved	3	Closed Case	4	TANF Diverted	5	Status Unknown	6
Applicant Approved	1												
Applicant Denied	2												
Recertification Approved	3												
Closed Case	4												
TANF Diverted	5												
Status Unknown	6												

SECTION A: SCREENING INFORMATION

A1. Is the case number the same as the applicant's Social Security number?

Yes (SKIP TO A2) 1
No 2

A1a. Social Security number: _____ - _____ - _____

A2. Head of household's name:

Last	First	Middle Initial
------	-------	----------------

A3. Is the case under the jurisdiction of this office?

Yes 1
No (REJECT CASE) 2

A4a. Is there an initial certification in the case file for June 2000?

Yes, approved application 1
Yes, denied application 2
No 3
Don't know 8

A4b. Did client's certification period end in June 2000?

- Yes, approved recertification 1
- Yes, denied recertification, did not complete recertification process .. 2
- Yes, denied for eligibility-related reason 3
- Yes, voluntarily withdrew 4
- Yes, other denial (SPECIFY: _____) 5
- No 6
- Don't know 8

A4c. Is there a case closure in June 2000 in the middle of a certification period (i.e., certification period did not end in June)?

- Yes 1
- No 2
- Don't know 8

A5. Case type:

- Initial certification, approved 1
- Initial certification, denied 2
- Recertification, approved 3
- Recertification, denied, did not complete process 4
- Recertification, other denial 5
- Closed case 6
- Other (REJECT CASE) 7

SECTION B: CONTACT INFORMATION

(RECORD ONLY FOR INITIAL CERTIFICATIONS AND RECERTIFICATIONS DENIED FOR NOT COMPLETING PROCESS: A5 = 1, 2, OR 4)

B1. Address:

Street

City State Zip

B1a. Mailing address (if different):

Street

City State Zip

B2. Telephone numbers:

Home: () -
(Area Code)

Work: () -
(Area Code)

B3. Is there an authorized representative?

Yes 1
No (SKIP TO 4) 2

B3a. Name of authorized representative: _____

B3b. Address of authorized representative:

Street

City State Zip

B3c. Telephone numbers of authorized representative:

Home: (_____) _____ - _____
(Area Code)

Work: (_____) _____ - _____
(Area Code)

B4. Other contact person?

Yes 1
No (GO TO SECTION C) 2

B4a. Name of other contact person: _____

B4b. Address of other contact person:

Street

City State Zip

B4c. Telephone numbers of other contact person:

Home: (_____) _____ - _____
(Area Code)

Work: (_____) _____ - _____
(Area Code)

SECTION C: HEAD OF HOUSEHOLD CHARACTERISTICS

ITEMS C1-C4:

INITIAL CERTIFICATIONS: INFORMATION FROM JUNE 2000 FSP APPLICATION.
RECERTIFICATIONS AND CLOSED CASES: INFORMATION FROM INITIAL OR RECERTIFICATION APPLICATION FILED PRIOR TO JUNE 2000 (I.E., APPLICATION FOR CERTIFICATION THAT ENDED OR CLOSED IN JUNE 2000.)

C1. Sex:

Male 1
Female 2
Don't know 8

C2a. Is Head Hispanic or Latino?

Yes 1
No 2
Don't know 8

C2b. Race (CODE ALL THAT APPLY)

White 1
Black or African-American 2
Asian 3
American Indian or Alaska Native 4
Native Hawaiian or Pacific Islander 5
Don't know 8

C3. Marital status:

Never married 1
Married 2
Separated 3
Divorced 4
Widowed 5
Don't know 8

C4. Employment status:

Employed (SKIP TO C5) 1
Not employed 2
Don't know (SKIP TO C5) 8

C4a. Reason not employed:

- Unemployed 1
- Not in labor force 2
- Don't know 8

C5. Has case been on food stamps before current application (INITIAL CERTIFICATIONS) or current, uninterrupted spell (RECERTIFICATIONS AND CLOSED CASES)?

- Yes 1
- No (SKIP TO C6) 2
- Don't know (SKIP TO C6) 8

C5a. End date of most recent spell (INITIAL CERTIFICATIONS) or most recent prior spell (RECERTIFICATIONS AND CLOSED CASES)?

____/____/____
Month Day Year

C6. Receiving TANF benefits at time of food stamp application (INITIAL CERTIFICATIONS) or some time during the certification period ending or closed June 2000 (RECERTIFICATIONS AND CLOSED CASES)?

- Yes (SKIP TO C6b) 1
- No 2
- Don't know 8

C6a. Previous receipt of TANF or AFDC?

- Yes (SKIP TO C6c) 1
- No (SKIP TO C7) 2
- Don't know (SKIP TO C7) 8

C6b. Number of children living in household who were not counted in the TANF grant as of June 2000:

- ____
All children included in TANF grant 0
- Don't know 8
- Not applicable, local agency does not
have family size cap policy 9

C6c. End date of (current/most recent) TANF/AFDC spell:

____/____/____
Month Day Year

C6d. TANF case ID (current/most recent spell): _____

C7. Receiving Medicaid benefits at time of food stamp application (INITIAL CERTIFICATIONS) or some time during the certification period ending or closed June 2000 (RECERTIFICATIONS AND CLOSED CASES)?

Yes	1
No	2
Don't know	8

C7a. Previous receipt of Medicaid benefits?

Yes	1
No	2
Don't know	8

ITEMS C8 AND C9:

RECERTIFICATIONS: INFORMATION FROM JUNE RECERTIFICATION APPLICATION.

INITIAL CERTIFICATIONS AND CLOSED CASES: SKIP TO SECTION D.

C8. Marital status:

Never married	1
Married	2
Separated	3
Divorced	4
Widowed	5
No June recertification application	7
Don't know	8

C9. Employment status:

Employed (SKIP TO SECTION D)	1
Not employed	2
No June recertification application	7
Don't know (SKIP TO SECTION D)	8

C9a. Reason not employed:

Unemployed	1
Not in labor force	2
Don't know	8

SECTION D: DWELLING UNIT COMPOSITION

ITEMS D1-d7:
 INITIAL CERTIFICATIONS: INFORMATION FROM JUNE 2000 FSP APPLICATION.
 RECERTIFICATIONS AND CLOSED CASES: INFORMATION FROM INITIAL OR RECERTIFICATION APPLICATION FILED PRIOR TO JUNE 2000 (I.E., APPLICATION FOR CERTIFICATION THAT ENDED OR CLOSED IN JUNE 2000.)

Dwelling Unit Members	D1b. Included in Food Stamp household?		D1c. Date of Birth			D1d. Disabled?		D1e. U.S. Citizen?		D1f. Dif. ABAWD?	
	D1a. Relationship to head: spouse, child, grandchild, parent, other relative, non-relative	Yes	No	Month	Day	Year	Yes	No	Yes	No	Yes
HEAD OF HOUSEHOLD	1	2				1	2	1	2	1	2
A.	1	2				1	2	1	2	1	2
B.	1	2				1	2	1	2	1	2
C.	1	2				1	2	1	2	1	2
D.	1	2				1	2	1	2	1	2
E.	1	2				1	2	1	2	1	2
F.	1	2				1	2	1	2	1	2

D2a. Number in dwelling unit: _____ D2b. Number included in food stamp household: _____

D3. IF SOME HOUSEHOLD MEMBERS NOT INCLUDED IN FOOD STAMP HOUSEHOLD (D1b = NO): Why is member not included?

D3a. Member Number	D3b. Reason Code	D3c. Date Member Removed			D3d. If sanctioned: End Date		
		Month	Day	Year	Month	Day	Year

Reason Code:

1 = Food Stamp sanction only
 2 = TANF and Food Stamp sanction
 3 = Alien status
 4 = Prepares food separately
 7 = Other (SPECIFY:) **[D3e]**

D4. Type of household:

Single parent with child(ren)	1
Grandparent with grandchild(ren)	2
Married couple/parents with child(ren)	3
Grandparents with grandchild(ren)	4
Married couple without children	5
Single person, no children	6
Multiple adults, with child(ren)	7
Multiple adults, without children	8
Child-only household	9
Other (SPECIFY: _____)	10

D5. Anyone in food stamp household a destitute migrant or seasonal farmworker?

Yes	1
No	2
Don't know	8

D6. Homeless household?

Yes	1
No	2
Don't know	8

D7. Language spoken by household head:

English	1
Spanish	2
Chinese	3
Portugese	4
French	5
Arabic	6
Italian	7
Vietnamese	8
Laotian	9
Cambodian	10
Hmong	11
Other (SPECIFY: _____)	12

ITEMS D8-D11:
 INITIAL CERTIFICATIONS AND CLOSED CASES: SKIP TO SECTION E.
 RECERTIFICATIONS: INFORMATION FROM JUNE RECERTIFICATION APPLICATION.

D8. Status of June recertifications and dwelling unit composition:
 No June recertification application (SKIP TO SECTION E) 1
 June recertification application, all dwelling unit composition same as D1 to D7 (SKIP TO SECTION E) 2
 June recertification application, some dwelling unit composition changed from prior application 3

D9a. Relationship to head: spouse, child, grandchild, parent, other relative, non-relative	D9b. Included in Food Stamp household?		D9c. Date of Birth			D9d. Disabled?		D9e. U.S. Citizen?		D9f. ABAWD?	
	Yes	No	Month	Day	Year	Yes	No	Yes	No	Yes	No
HEAD OF HOUSEHOLD	1	2				1	2	1	2	1	2
A.	1	2				1	2	1	2	1	2
B.	1	2				1	2	1	2	1	2
C.	1	2				1	2	1	2	1	2
D.	1	2				1	2	1	2	1	2
E.	1	2				1	2	1	2	1	2
F.	1	2				1	2	1	2	1	2

D10a. Number in dwelling unit: _____ D10b. Number included in food stamp household: _____

D11. IF SOME HOUSEHOLD MEMBERS NOT INCLUDED IN FOOD STAMP HOUSEHOLD (D9b = NO): Why is member not included?

D11a. Member Number	D11b. Reason Code	D11c. Date Member Removed			D11d. If sanctioned: End Date			Reason Code:
		Month	Day	Year	Month	Day	Year	
								1 = Food Stamp sanction only 2 = TANF and Food Stamp sanction 3 = Alien status 4 = Prepares food separately 7 = Other (SPECIFY:) [D3e]

D12. Type of household:

Single parent with child(ren)	1
Grandparent with grandchild(ren)	2
Married couple/parents with child(ren)	3
Grandparents with grandchild(ren)	4
Married couple without children	5
Single person, no children	6
Multiple adults, with child(ren)	7
Multiple adults, without children	8
Child-only household	9
Other (SPECIFY: _____)	10

D13. Anyone in food stamp household a destitute migrant or seasonal farmworker?

Yes	1
No	2
Don't know	8

D14. Homeless household?

Yes	1
No	2
Don't know	8

SECTION E: COUNTABLE INCOME, ASSETS, AND EXPENSES FOR HOUSEHOLD

ITEMS E1-E5:

INITIAL CERTIFICATIONS: INFORMATION FROM JUNE 2000 FSP APPLICATION.

RECERTIFICATIONS AND CLOSED CASES: INFORMATION FROM INITIAL OR RECERTIFICATION APPLICATION FILED PRIOR TO JUNE 2000 (I.E., APPLICATION FOR CERTIFICATION THAT ENDED OR CLOSED IN JUNE 2000.)

E1. Monthly Income [IF NONE, ENTER 0.]	
E1a. Earnings	\$
E1b. TANF	
E1c. General Assistance	
E1d. Social Security	
E1e. SSI	
E1f. Unemployment Compensation	
E1g. Other (SPECIFY)	
E1h. Other (SPECIFY)	
E1i. Other (SPECIFY)	
E1j. Other (SPECIFY)	
E1k. TOTAL MONTHLY GROSS INCOME:	\$
E2. Assets	
E2a. Cash	\$
E2b. Bank accounts (checking and savings)	
E2c. Other liquid resources	
E2d. Vehicle (countable portion)	
E2e. Other non-liquid resources	
E2f. TOTAL ASSETS	\$

E3. Shelter expenses:

E3a. Rent/mortgage (including shelter insurance): \$ _____

E3b. Are any or all utility expense amounts for this case standard allowances?

- Yes 1
- No (SKIP TO E3e) 2
- Don't know (SKIP TO E3e) 8

E3c. Is there one standard allowance that includes all utility components?

- Yes 1
- No (SKIP TO E3e) 2
- Don't know (SKIP TO E3e) 8

E3d. Total utilities: standard allowance: \$_____ (SKIP TO E4)

Item	Amount	Standard Allowance?		
		Yes	No	DK
E3e. Telephone	\$	1	2	8
E3f. Gas/fuel	\$	1	2	8
E3g. Electric	\$	1	2	8
E3h. Water/sewer	\$	1	2	8
E3i. Other (garbage and trash, installation fee, etc.)	\$	1	2	8
E3j: Total utilities — actual	\$			
E3k. Total utilities — Standard allowance:	\$			
E3l. Total monthly expenses	\$			
E3m. Shelter expense deduction	\$			

E4. Other expenses and deductions:

Type of Expense	E4a. Total Expenses	E4b. Deduction
Medical expenses	\$	\$
Child care expenses	\$	\$
Child support payments	\$	\$
Earned income	\$	\$

E5. Total monthly net income: \$_____

ITEMS E6-E11:

INITIAL CERTIFICATIONS AND CLOSED CASES: SKIP TO SECTION F.

RECERTIFICATIONS: INFORMATION FROM JUNE RECERTIFICATION APPLICATION.

E6. Status June recertification application:

- No June recertification application (SKIP TO SECTION F) 1
- June recertification application on file 2

E7. Monthly Income	
E7a. Earnings	\$
E7b. TANF	
E7c. General Assistance	
E7d. Social Security	
E7e. SSI	
E7f. Unemployment Compensation	
E7g. Other (SPECIFY)	
E7h. Other (SPECIFY)	
E7i. Other (SPECIFY)	
E7j. Other (SPECIFY)	
E7k. TOTAL MONTHLY GROSS INCOME:	\$
E8. Assets	
E8a. Cash	\$
E8b. Bank accounts (checking and savings)	
E8c. Other liquid resources	
E8d. Vehicle (countable portion)	
E8e. Other non-liquid resources	
E8f. TOTAL ASSETS	\$

E9. Shelter expenses:

E9a. Rent/mortgage (including shelter insurance): \$ _____

E9b. Are any or all utility expense amounts for this case standard allowances?

- Yes 1
- No (SKIP TO E9e) 2
- Don't know (SKIP TO E9e) 8

E9c. Is there one standard allowance that includes all utility components?

Yes 1
 No (SKIP TO E9e) 2
 Don't know (SKIP TO E9e) 8

E9d. Total utilities: standard allowance: \$_____ (SKIP TO E10)

Item	Amount	Standard Allowance?		
		Ye s	No	DK
E9e. Telephone	\$	1	2	8
E9f. Gas/fuel	\$	1	2	8
E9g. Electric	\$	1	2	8
E9h. Water/sewer	\$	1	2	8
E9i. Other (garbage and trash, installation fee, etc.)	\$	1	2	8
E9j: Total utilities — actual	\$			
E9k. Total utilities — Standard allowance:	\$			
E9l. Total monthly expenses	\$			
E9m. Shelter expense deduction	\$			

E10. Other expenses and deductions:

Type of Expense	E4a. Total Expenses	E4b. Deduction
Medical expenses	\$	\$
Child care expenses	\$	\$
Child support payments	\$	\$
Earned income	\$	\$

E11. Total monthly net income: \$_____

SECTION F: FOOD STAMP APPLICATION PROCESS FOR INITIAL CERTIFICATION CASES

F1. Application date:

____/____/____
 Month Day Year

F2. Certification interview date:

____/____/____
 Month Day Year

No certification interview (SKIP TO F10) . . . 1

F3. Expedited service status (after certification interview):

Expedited services 1
 Regular (SKIP TO F5) 2
 Don't know 8

F4. Expedited services criteria:

	Yes	No	DK
F4a. Monthly income/assets below guidelines	1	2	8
F4b. Destitute migrant/seasonal worker	1	2	8

Verification Items	Supplied at Interview ^a			Required after Interview ^b			Date Supplied	
	Yes	No	DK	Yes	No	DK	Month/Day/Year	DK
F5. Personal								
F5a. Identity	1	2	8	1	2	8	___/___/___	8
F5b. Household composition	1	2	8	1	2	8	___/___/___	8
F5c. Residence	1	2	8	1	2	8	___/___/___	8
F5d. Alien status	1	2	8	1	2	8	___/___/___	8
F5e. SSN card/number	1	2	8	1	2	8	___/___/___	8
F6. Financial								
F6a. Income (earned)	1	2	8	1	2	8	___/___/___	8
F6b. Income (unearned)	1	2	8	1	2	8	___/___/___	8
F6c. Vehicle	1	2	8	1	2	8	___/___/___	8
F6d. Bank statement	1	2	8	1	2	8	___/___/___	8
F6e. Other resources/assets	1	2	8	1	2	8	___/___/___	8
F7. Expenses								
F7a. Rent/mortgage	1	2	8	1	2	8	___/___/___	8
F7b. Shelter insurance/taxes	1	2	8	1	2	8	___/___/___	8
F7c. Gas/fuel	1	2	8	1	2	8	___/___/___	8
F7d. Electric	1	2	8	1	2	8	___/___/___	8
F7e. Water/sewage	1	2	8	1	2	8	___/___/___	8
F7f. Telephone	1	2	8	1	2	8	___/___/___	8
F7g. Dependent care	1	2	8	1	2	8	___/___/___	8
F7h. Medical	1	2	8	1	2	8	___/___/___	8
F7i. Child support	1	2	8	1	2	8	___/___/___	8
F8. Other Requirements								
F8a. Job termination	1	2	8	1	2	8	___/___/___	8
F8b. Citizenship statement	1	2	8	1	2	8	___/___/___	8
F8c. Work registration	1	2	8	1	2	8	___/___/___	8
F9. Other								
F9a. Specify: _____	1	2	8	1	2	8	___/___/___	8
F9b. Specify: _____	1	2	8	1	2	8	___/___/___	8

^a If more than one piece of documentation needed to verify an item, record "yes" only if all supplied.

^b If more than one piece of documentation needed to verify an item, record date last documentation supplied.

F10. Date of case disposition:

____/____/____
Month Day Year

F11. Disposition of case:

Approved (SKIP TO F12) 1
Denied 2

F11a. Reason for denial:

Circumstantially ineligible 1
Did not complete all application procedures (SKIP TO F11c) 2
Voluntary withdrawal (SKIP TO SECTION G) 3
Other (SPECIFY: _____) (SKIP TO SECTION G) 4
Don't know (SKIP TO SECTION G) 8

F11b. Reason for ineligibility:

Excess gross income 1
Excess net income 2
Excess assets 3
Immigrant status 4
Not available 8

SKIP TO SECTION G.

F11c. Application procedures not completed:

No certification interview 1
Incomplete verification 2
Did not complete some other part of application process (SPECIFY:
_____) 3
Not available 8

SKIP TO SECTION G.

F12. Initial certification period:

From: ____/____/____
Month Day Year

To: ____/____/____
Month Day Year

F13. Monthly allotment amount: \$_____.

F14. Were initial month's benefits issued with postponed verification?

Yes 1
 No 2
 Don't know 8

F15. Was any out-of-state verification required?

Yes 1
 No 2
 Don't know 8

F16. Verification complete?

Yes (ASK F16a) 1
 No 2
 Don't know 8

F16a. Date verification completed:

____/____/____
 Month Day Year

F17. Case received second month's benefits?

Yes (includes cases that received combined first and second month's payments) 1
 No, verification not complete 2
 No, had one month certification period and did not reapply 3
 No, verification complete and determined ineligible; should not have
 received first month's benefits 4
 No, verification complete and determined ineligible in second month due to
 changes in circumstances since first month 5

F18. Method of benefit delivery (after initial issuance):

EBT 1
 Coupons mailed 2
 Coupons picked up (with or without ATP card) 3
 Don't know 8

SECTION G: APPLICATIONS FOR OTHER ASSISTANCE FOR INITIAL CERTIFICATION OR RECERTIFICATION CASES

QUESTIONS G1-G7: ASK ONLY FOR CASES NOT RECEIVING TANF AT APPLICATION/RECERTIFICATION: QC6 = NO):

G1. Did case receive a TANF lump sum payment?

- Yes 1
- No (SKIP TO G2) 2
- Don't know (SKIP TO G2) 8

G1a. Amount of lump sum payment: \$ _____

G1b. Date payment made:

_____/_____/_____
 Month Day Year

G1c. How long was household precluded from applying for or receiving additional TANF benefits?

____ MONTHS or ____ YEARS

DON' T KNOW 88

G2. Was household required to do job search before applying for TANF or before receiving TANF benefits or as a condition of receiving a lump sum payment??

- Yes 1
- No (SKIP TO G4) 2
- Don't know (SKIP TO G4) 8

G2a. Date requirement put in place:

_____/_____/_____
 Month Day Year

G2b. Job search requirements:

Requirement	Required?			Number of times required	Completed?		
	Yes	No	DK		Yes	No	DK
a. Visit employment office	1	2	8	_____	1	2	8
b. Make phone calls to potential employers	1	2	8	_____	1	2	8
c. Attend job interviews	1	2	8	_____	1	2	8
d. Attend job readiness classes	1	2	8	_____	1	2	8
e. Accept placement in public sector job (workfare)	1	2	8		1	2	8
f. Other (SPECIFY: _____)	1	2	8	_____	1	2	8

G3. Date all requirements completed:

____ / ____ / ____
 Month Day Year
 NEVER COMPLETED []

G4. Case referred to other sources of assistance?

Yes 1
 No (SKIP TO G5) 2
 Don't know (SKIP TO G5) 8

G4a. Type of assistance referred to:

G4a. Type of Assistance	G4b. Source of assistance			
	Community Organization	Religious Organization	Government or Other Public Source	Other Private Non-profit Organization
Food	1	2	3	4
Shelter	1	2	3	4
Money	1	2	3	4
Child care or help paying ` for child care	1	2	3	4
Transportation or help paying for transportation	1	2	3	4
Helping paying utilities, like electricity, gas, or water	1	2	3	4
Help paying phone bill or enabling to use a phone	1	2	3	4
Help paying rent	1	2	3	4
Legal aid or help paying for legal aid	1	2	3	4
Any other kind of help (SPECIFY: _____)	1	2	3	4

G4c. Household precluded from applying for TANF?

- Yes (SKIP TO G4e) 1
- Yes, in certain situations 2
- No (SKIP TO G5) 3
- Don't know (SKIP TO G5) 8

G4d. In what situations?

G4e. How long was household precluded from applying for TANF?

- ___ MONTHS OR ___ YEARS
- DON'T KNOW 88

G5. Applied for TANF in June 2000?

- Yes 1
- No (SKIP TO G8) 2

G5a. Application date:

___ / ___ / ___
Month Day Year

G5b. TANF case number: _____

G5c. Application disposition date:

___ / ___ / ___
Month Day Year

G6a. Disposition of TANF application:

- Approved (SKIP TO G7) 1
- Denied 2

G6b. Reason for denial

- Over income 1
- Other circumstances 2
- Did not provide all documents 3
- Did not complete all other application requirements . . 4

GO TO G8.

G7. TANF monthly benefit: \$ _____

G7a. TANF benefit period:

From / /
 Month Day Year

To / /
 Month Day Year

QUESTIONS G8-G10: ASK ONLY FOR CASES NOT RECEIVING MEDICAID AT TIME OF APPLICATION/RECERTIFICATION: C7 = NO):

G8. Applied for Medicaid in June 2000?

Yes 1
No (SKIP TO SECTION H) 2

G8a. Application date:

 / /
Month Day Year

G9. Disposition of Medicaid application:

Approved 1
Denied 2

G9a. Reason for denial:

Over income 1
Other circumstances 2
Did not complete all application process 3

SECTION H: FOOD STAMP RECERTIFICATION PROCESS FOR RECERTIFICATION CASES

H1. Date notice sent regarding recertification:

____/____/____
Month Day Year

H2. Recertification application date:

____/____/____
Month Day Year

No recertification application 1

H3. Recertification interview date:

____/____/____
Month Day Year

Interview not required 1
Interview required but did not occur 2

Verification Items	Supplied at Interview ^a			Required after Interview ^b			Date Supplied	
	Yes	No	DK	Yes	No	DK	Month/Day/Year	DK
H4. Personal								
H4a. Household composition	1	2	8	1	2	8	___/___/___	8
H4b. Residence	1	2	8	1	2	8	___/___/___	8
H4c. Alien status	1	2	8	1	2	8	___/___/___	8
H4d. SSN card/number	1	2	8	1	2	8	___/___/___	8
H5. Financial								
H5a. Income (earned)	1	2	8	1	2	8	___/___/___	8
H5b. Income (unearned)	1	2	8	1	2	8	___/___/___	8
H5c. Vehicle	1	2	8	1	2	8	___/___/___	8
H5d. Bank statement	1	2	8	1	2	8	___/___/___	8
H5e. Other resources/assets	1	2	8	1	2	8	___/___/___	8
H6. Expenses								
H6a. Rent/mortgage	1	2	8	1	2	8	___/___/___	8
H6b. Shelter insurance/taxes								
H6c. Gas/fuel	1	2	8	1	2	8	___/___/___	8
H6d. Electric	1	2	8	1	2	8	___/___/___	8
H6e. Water/sewage	1	2	8	1	2	8	___/___/___	8
H6f. Telephone	1	2	8	1	2	8	___/___/___	8
H6g. Dependent care	1	2	8	1	2	8	___/___/___	8
H6h. Medical	1	2	8	1	2	8	___/___/___	8
H6i. Child support	1	2	8	1	2	8	___/___/___	8
H7. Other Requirements								
H7a. Job termination	1	2	8	1	2	8	___/___/___	8
H7b. Citizenship statement	1	2	8	1	2	8	___/___/___	8
H7c. Work registration	1	2	8	1	2	8	___/___/___	8
H8. Other								
H8a. Specify: _____	1	2	8	1	2	8	___/___/___	8
H8b. Specify: _____	1	2	8	1	2	8	___/___/___	8

^a If more than one piece of documentation needed to verify an item, record "yes" only if all supplied.

^b If more than one piece of documentation needed to verify an item, record date last documentation supplied.

H9. Date of case disposition:

____ / ____ / ____
Month Day Year

H10. Disposition of case:

Approved (SKIP TO H11) 1
Denied 2
DON'T KNOW (SKIP TO SECTION I) 8

H10a. Reason for denial:

Circumstantially ineligible 1
Did not complete all recertification procedures (SKIP TO H10c) 2
Sanctioned (SKIP TO H10d) 3
Voluntary withdrawal (SKIP TO SECTION I) 4
Other (SPECIFY: _____) (SKIP TO SECTION I) 5
Don't know (SKIP TO SECTION I) 8

H10b. Reason for ineligibility:

Excess gross income 1
Excess net income 2
Excess assets 3
Immigrant status 4
Not available 8

SKIP TO SECTION I.

H10c. Recertification procedures not completed:

No recertification application 1
No recertification interview 2
Incomplete verification 3
Did not complete some other part of recertification process 4
Not available 8

SKIP TO SECTION I.

H10d. Sanctioned:

Food stamps only 1
TANF and food stamps 2
Not available 8

SKIP TO SECTION I.

H11. Certification period:

From: / /
Month Day Year

To: / /
Month Day Year

H12. Monthly allotment amount: \$

SECTION I: FOOD STAMP PARTICIPATION REQUIREMENTS FOR RECERTIFICATION AND CLOSED CASES

11. Start date for certification period (ending June 2000/that closed June 2000):

____/____/____
 Month Day Year

12. Monthly benefit amount at start of certification period (ending June 2000/that closed June 2000):

\$ _____

13. Method of benefit delivery in (June 2000/most recent month received benefits):

- EBT 1
- Coupons mailed 2
- Coupons picked up (with or without ATP card) 3
- Don't know 8

14. Food stamp participation reporting requirements status in (June 2000/most recent month received benefits):

Item	I4a. Required?			I4b. Frequency		If change in status	Other	DK	I4c. Fulfilled requirement for most recent month received benefits?		
	Yes	No	DK	Monthly	Quarterly				Yes	No	DK
Income reporting	1	2	8	1	2	3	4	8	1	2	8
Employment Verification	1	2	8	1	2	3	4	8	1	2	8
Other, specify: _____	1	2	8	1	2	3	4	8	1	2	8

15. IF DID NOT FULFILL SOME REPORTING REQUIREMENTS IN I4: Is the food stamp case...

- Closed (SKIP TO I9) 1
- Sanctioned 2
- No change (SKIP TO I10) 3
- Other (SPECIFY: _____) (SKIP TO I10) 7
- Don't know (SKIP TO I10) 8

15b. Date of most recent sanction:

____/____/____
 Month Day Year

I6. Household members sanctioned:

- Entire food stamp household 1
- Head of household only 2
- Other adult members 3
- Other (SPECIFY: _____) 7
- Don't know 8

I7. Amount of sanction:

- Entire food stamp benefit 1
- Other amount (SPECIFY: _____) 2

I8. End date of sanction:

____/____/____
Month Day Year

- End date not specified 1

I9. Recoupment requirements?

- Yes 1
- No (SKIP TO I10) 2
- Don't know (SKIP TO I10) 8

I9a. Recoupment amount: \$ _____

I10. Employment and training requirement: Status in (June 2000/most recent month received benefits):

- Registrant (SKIP TO I13) 1
- Exempt 2
- Don't know (SKIP TO I13) 8

I11. Reason for exemption:

- Employed 1
- Disability 2
- Pregnancy 3
- Age (<16 or >59) 4
- Care of child/spouse 5
- Complying with work registration requirements
in another program 6
- Less than 30 days in FSP 7
- Other (SPECIFY: _____) 8
- Don't know 98

I12. End date of exemption:

____ / ____ / ____
Month Day Year

EXEMPTION HAS NO END DATE []

SKIP TO SECTION J

I13. Employment and training activities in which engaged:

- Job search 1
- Job search training 2
- Workfare 3
- Work experience 4
- Education 5
- Training 6
- Other (SPECIFY: _____) 7

I14. Complied with food stamp employment and training requirements for most recent month received benefits?

- Yes (SKIP TO SECTION J) 1
- No 2
- Don't know 8

I15. Food stamp case is:

- Closed (SKIP TO SECTION J) 1
- Sanctioned 2
- Don't know 8

I15a. Date sanctioned for noncompliance with food stamp employment and training requirements:

____ / ____ / ____
Month Day Year

I16. Household members sanctioned:

- Entire food stamp household 1
- Head of household only 2
- Other adult members 3
- Other (SPECIFY: _____) 7
- Don't know 8

Amount of sanction:

- Entire food stamp benefit 1
- Other amount (SPECIFY: \$_____) 2

I18. End date of sanction:

____/____/____
Month Day Year

End date not specified 1

I19. Recoupment requirements?

Yes 1
No (SKIP TO SECTION J) 2
Don't know (SKIP TO SECTION J) 3

I19a. Recoupment amount: \$_____

SECTION J: TANF PARTICIPATION REQUIREMENTS FOR RECERTIFICATION OR CLOSED CASES

ASK SECTION J ONLY FOR CASES THAT RECEIVED TANF SOMETIME DURING CERTIFICATION PERIOD ENDING IN/CLOSED JUNE 2000 (Q.C6 = YES)

J1. TANF monthly benefit amount during food stamp certification period (ending/closed) June 2000:

\$ _____

J2. Reached TANF time limit during food stamp certification period (ending/closed) June 2000?

Yes 1
 No (SKIP TO J3) 2
 Don't know (SKIP TO J3) 8

J2a. Date reached TANF time limit:

_____/_____/_____
 Month Day Year

J3. TANF participation requirements:

Requirement	J3a. Required?			J3b. Complied?			J3c. Sanctioned?			J3d. Date Sanctioned			
	Y	N	DK	Y	N	DK	Y	N	DK	Month	Day	Year	DK
Job search	1	2	8	1	2	8	1	2	8	___	___	_____	8
Work/training	1	2	8	1	2	8	1	2	8	___	___	_____	8
Child immunizations	1	2	8	1	2	8	1	2	8	___	___	_____	8
Child school attendance	1	2	8	1	2	8	1	2	8	___	___	_____	8
Child support enforcement	1	2	8	1	2	8	1	2	8	___	___	_____	8
Personal responsibility statement	1	2	8	1	2	8	1	2	8	___	___	_____	8
Finger imaging	1	2	8	1	2	8	1	2	8	___	___	_____	8
Other (SPECIFY: _____)	1	2	8	1	2	8	1	2	8	___	___	_____	8
Other (SPECIFY: _____)	1	2	8	1	2	8	1	2	8	___	___	_____	8

J4. IF SANCTIONED FOR ANY REQUIREMENTS IN J3:

J4a. Household members sanctioned:

- Entire TANF household 1
- TANF household head only 2
- Other (SPECIFY: _____) 7
- Don't know 8

J4c. Amount of sanction:

- Entire TANF monthly benefit 1
- [J4d] Other amount (SPECIFY: \$ _____) 2

J4e. End date of sanction:

____/____/____
Month Day Year

- End date not specified 1

J4f. Recoupment or repayment requirements?

- Yes 1
- No (SKIP TO J5) 2
- Don't know (SKIP TO J5) 8

J4g. Recoupment or repayment amount: \$ _____

J5. IF SANCTIONED FOR ANY REQUIREMENTS IN J3: Food stamp sanction imposed?

- Yes 1
- No (GO TO END) 2
- Don't know (GO TO END) 8

J5a. Date of food stamp sanction:

____/____/____
Month Day Year

J5b. Food stamp household members sanctioned:

- Entire food stamp household 1
- Head of food stamp household only 2
- Other adult members 3
- [J5c] Other (SPECIFY: _____) 7
- Don't know 8

J5d. Amount of sanction:

Entire food stamp benefit 1
Other amount (SPECIFY: \$ _____) 2

J5f. End date of food stamp sanction:

____/____/____
Month Day Year

End date not specified 1

J5g. Recoupment requirements?

Yes 1
No (GO TO END) 2
Don't know (GO TO END) 8

J5h. Recoupment amount: \$ _____

SECTION K: REASONS FOR CASE CLOSURE FOR CLOSED CASES

K1. Date case closed:

____/____/____
 Month Day Year

K2. Reason case closed:

- Ineligible (over income or assets) 1
- Noncompliance with income reporting 2
- Noncompliance with food stamp employment and training requirements 3
- Noncompliance with TANF employment and training requirements 4
- Did not appear for food stamp redetermination after TANF time limit 5
- Intentional program violation 6
- Voluntary termination 7
- Household moved 8
- Other (SPECIFY: _____) 9
- Don't know 88

K3. Notices sent prior to closure?

- Yes 1
- No 2
- Don't know 8

K4. Date(s) notice(s) sent:

K4a. ____/____/____
 Month Day Year

K4b. ____/____/____
 Month Day Year

K4c. ____/____/____
 Month Day Year

**A Study of Program Access and Declining Food Stamp Participation
Applicant Survey**

Introduction:

Hello, my name is _____. May I speak with RESPONDENT?

I'm calling from Abt Associates in Amherst, Massachusetts. We were hired by the United States Department of Agriculture in Washington, DC to conduct a study of the Food Stamp Program and the experiences of people who apply for food stamps. We got your name from the food stamp office where you went to apply for assistance in June.

The officials at the USDA are interested in knowing what happens when people apply for food stamps and what their experiences are as they go through the application process, as well as their circumstances for needing assistance. They are particularly interested in why some people contact the office, or submit an application, but then decide not to complete the application process.

I would like to talk with you about your experiences with the food stamp office you went to for assistance. Your answers will be kept confidential and your name will not be identified with any answers you give. Also, your interview with me cannot affect your status with any agency now or in the future.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ____ - _____. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A. Household Composition/Characteristics

My first few questions are about the characteristics of your household. Your answers to these questions will tell me which questions I need to ask. Remember, all the information you tell me is for research purposes only and will remain confidential. Please tell me about your household situation in June, when you visited the food stamp office.

A1. How many people live in your household? By household I mean yourself and the people who live with you and share food with you. PROBE: Include any persons who live with you more than half of the time.

_____ PEOPLE IN HOUSEHOLD (IF ONE-PERSON
HOUSEHOLD, SKIP TO A3)
REFUSED 97
DON'T KNOW 98

A2. How many household members are. . . (MAKE SURE TOTAL MATCHES A1)

Under 5 years old? _____
Five to 17 years old? _____
18-59 years of age? _____
60 years of age or older? _____
TOTAL _____

A3. Is English the primary language spoken in your household?

YES (SKIP TO Q. A5) 1
NO 2

A4. What language do you and your family most often speak at home?

SPANISH 1
CHINESE 2
PORTUGUESE 3
FRENCH 4
ARABIC 5
ITALIAN 6
VIETNAMESE 7
LAOTIAN 8
CAMBODIAN 9
HMONG 10
OTHER (SPECIFY) _____ 11

A5. What is your date of birth?

_____/_____/_____
MONTH DAY YEAR

B. Circumstances and events potentially triggering an application

B1. Thinking back to June, when you or inquired about food stamps or other assistance at the welfare office or began the application process for food stamps, what happened in your life that made you decide to ask about the Food Stamp Program or other assistance? I'm going to read a list of some things that might have happened in your life around that time. For each one, please tell me whether this happened to you.

B1a. A household member, or some other person, who had been contributing income or paying bills died.

YES 1
NO 2

B1b. A household member who had been contributing income or paying bills moved out of the household or is no longer part of your household.

YES (ASK B1b1) 1
NO 2

B1b1. Was this due to a marital breakup?

YES 1
NO 2

B1c. The number of household members increased.

YES (ASK B1c1) 1
NO (GO TO B1d) 2

B1c1. Was it a:

New baby (GO TO B1d) 1
Not a new baby, but another child, or (GO TO B1d) 2
Adult (ASK B1c2) 3

B1c2. Does the new adult member contribute income or help pay bills?

YES 1
NO 2

B1d. You or another household member started earning less.

YES (ASK B1d1) 1
NO (GO TO B1e) 2

B1d1. Was it because: (CIRCLE ALL THAT APPLY)

Someone stopped working? 1
Someone is working fewer hours? 2
Someone's pay rate was reduced? 3

B1e. Your household lost some other type of income, such as TANF (INSERT NAME OF STATE PROGRAM), unemployment compensation, SSI, or child support.

YES (ASK B1e1) 1
NO (GO TO B1f) 2

B1e1. Was it: (CIRCLE ALL THAT APPLY)

TANF (INSERT NAME OF STATE PROGRAM) 1
Unemployment compensation 2
SSI 3
Child support 4
OTHER (SPECIFY) _____ 5

B1f. You or another household member had recently become sick or disabled.

YES (ASK B1f1-2) 1
NO (GO TO B1g) 2

B1f1. Was it:

You, or 1
Another household member 2

B1f2. (Were you/Was this person) working at the time (you/he/she) became ill or disabled?

YES 1
NO 2

B1g. You moved.

YES (ASK B1g1-2) 1
NO (GO TO B1h) 2

B1g1. Did you move from another state or county?

YES 1
NO 2

B1g2. Did everyone in your household move or just some of you?

EVERYONE (GO TO B1h) 1
SOME (ASK B1g3) 2

B1g3. Had the people who stayed behind been contributing income or paying bills?

YES 1
NO 2

B1h. Your rent, mortgage, or utilities payments went up.

YES 1
 NO 2

B1i. Financial help from a relative or friend stopped coming in.

YES 1
 NO/NOT APPLICABLE 2

B1j. You were released from an institution, such as jail, a hospital, or a treatment center.

YES (ASK B1j1) 1
 NO (GO TO B1k) 2

B1j1. Which one?

Jail 1
 Hospital 2
 Treatment center 3
 OTHER (SPECIFY) _____ 4

B1k. It was getting harder and harder to make ends meet.

YES 1
 NO 2

B1l. You just found out about the Food Stamp Program

YES 1
 NO 2

B1m. Were there any other reasons? (PROGRAMMER: THERE MUST BE AT LEAST ONE)

YES (SPECIFY:) _____ 1
 NO 2

B2. IF MORE THAN ONE "YES" IN QUESTION B1, ASK B2. OTHERWISE SKIP TO B3.
 Of all the reasons you mentioned, (READ FROM B1 IF NECESSARY), what was the most important reason that you applied or inquired about food stamps or other assistance?

RECORD LETTER FROM B1: _____

B3. How long had you been affected by (this event/these events) or situation(s) before you checked about getting food stamps or other assistance?

- # _____ days
- OR
- # _____ weeks
- OR
- # _____ months
- OR
- # _____ years

B4. When you contacted the welfare office in June, did you know which specific programs you were interested in?

- YES 1
- NO (SKIP TO B5) 2
- SOME IDEA 3
- REFUSED (SKIP TO B5) 7
- DON'T KNOW (SKIP TO B5) 8

B4a. Which programs were you interested in?

PROGRAM:	YES	NO	RF	DK
Food Stamps	1	2	7	8
TANF (INSERT STATE NAME)	1	2	7	8
Medicaid	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8
SSI	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8
OTHER (SPECIFY: _____)	1	2	7	8

B5. In June, did you apply for [PROGRAM name from grid]? (IF YES, ASK B5a.)

B5a. Were you approved for [PROGRAM name from grid] when you applied in June?

PROGRAM	B5. APPLIED?				B5a. APPROVED?			
	YES	NO	RF	DK	YES	NO	RF	DK
Food Stamps	1	2	7	8	1	2	7	8
TANF (INSERT NAME OF STATE PROGRAM)	1	2	7	8	1	2	7	8
Medicaid	1	2	7	8	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8	1	2	7	8

PROGRAM	B5. APPLIED?				B5a. APPROVED?			
	YES	NO	RF	DK	YES	NO	RF	DK
SSI	1	2	7	8	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8	1	2	7	8
OTHER (SPECIFY) _____	1	2	7	8	1	2	7	8

B6. After hearing about your situation, did the caseworker or other office worker arrange for you to be provided with a single “lump sum” payment because it was determined that your needs were short-term?

YES 1
NO 2

B7. Did the worker suggest that you pursue community agencies for assistance instead of applying for assistance at the welfare office?

YES 1
NO 2

B8. Did the worker assign you job search activities, to be conducted before you could receive benefits?

YES 1
NO 2

IF B6 OR B7 OR B8 = “YES” THEN ASK B9. OTHERWISE SKIP TO B10.

B9. Did the caseworker ...

Suggest you apply for food stamps 1
Tell you that you weren't eligible for food stamps 2
Suggest you not apply for food stamp at this time 3
Not mention the food stamp program 4

INTERVIEWER: SEE THE GRID IN B5. IF RESPONDENT WAS APPROVED FOR **FOOD STAMPS** (“YES” TO B5a), SKIP TO SECTION C. OTHERWISE, CONTINUE.

B10. Did you pick up or did they mail you a food stamp application?

YES (SKIP TO B12) 1
NO 2

B11. What was the main reason you were not provided with a food stamp application? Was it because... (READ LIST. CIRCLE ONE.)

- You did not want to apply (SKIP TO B15) 1
- You did not ask for an application (SKIP TO B15) 2
- No one suggested that you complete one, so you didn't think you'd
be eligible (SKIP TO B15) 3
- You could not wait for an application (SKIP TO B15) 4
- The caseworker said you probably wouldn't be eligible (SKIP TO B15) 5
- DON'T KNOW 8
- B12. Did you file an application, that is, did you sign and return an application to the office either in person or through the mail?
- YES 1
- NO (SKIP TO B15) 2
- B13. Did you have a full food stamp interview where the caseworker asked for the details of your situation or circumstances?
- YES 1
- NO (SKIP TO B15) 2
- B14. Did you provide all the documents or proof of your statements the caseworker requested?
- YES (SKIP TO B16) 1
- NO 2
- B15. Did you decide at this point not to apply or not to complete the food stamps application process?
- YES (SKIP TO B17) 1
- NO 2
- B16. Did you get a letter from the food stamp office saying you were not eligible because you have too much income or resources?
- YES (GO TO SECTION C) 1
- NO (GO TO B17) 2
- B17. Please tell us the main reason why you did not get food stamps or did not complete the application process for food stamps? RECORD VERBATIM
- _____
- _____
- _____
- B18. I'm going to read a list of some *general* issues other people have given for not completing the application process for food stamps. As I read the list, please indicate whether any of these were general issues you had with the application process.

	YES	NO
a. Situation changed - no longer needed food stamps	1	2
b. Thought you weren't eligible	1	2
c. Difficulty with application form	1	2
d. Inconvenience or cost associated with applying	1	2
e. Confusion about what to do	1	2
f. Too much hassle or not worth the effort	1	2
g. The process took too long	1	2
h. Difficulty providing required documentation	1	2
i. Concerns about privacy	1	2
j. Too many rules to comply with	1	2
k. Citizenship issues	1	2
l. Embarrassment	1	2
m. A personal situation prevented you from completing the application	1	2

FOR ANY GENERAL ISSUE R INDICATED AS Y (YES), READ THE FOLLOWING:

B19. For each general issue you indicated as having with the food stamp application process, I am now going to read some *more specific* reasons other people have provided for deciding not to complete the application process for food stamps. Please listen to each statement, and tell me whether:

B19a. This **happened**. IF YES, ASK B19b.

B19b. If it happened, was it a **reason** you decided not to apply or not to complete the application for food stamps?

STATEMENT	B19a. HAPPENED?				B19b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
IF ANSWERED YES TO B18a, CONFIRM QUESTION 1:								
1. Your situation changed and you no longer needed food stamps.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18b, READ QUESTIONS 2-6:								
2. Staff at the food stamp office told you or at least made you think you would not be eligible.	1	2	7	8	1	2	7	8
3. Once you heard the eligibility requirements, you knew or thought you would not be eligible.	1	2	7	8	1	2	7	8
3a. Was this because... (CIRCLE ALL THAT APPLY)								
You work and earn too much money to be eligible for food stamps 1								
You get other government benefits and are not eligible for food stamps 2								
You have too much in savings or assets to be eligible for food stamps 3								
Your car is worth too much to be eligible for food stamps 4								
4. You didn't think you'd be eligible since you received a lump sum payment.	1	2	7	8	1	2	7	8
5. You didn't think you'd be eligible since you did not complete the job search or assessment activities.	1	2	7	8	1	2	7	8
6. You didn't think you were eligible because you were referred to other sources of assistance.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18c, READ QUESTIONS 7-8:								
7. The application form was too difficult for you to complete.	1	2	7	8	1	2	7	8
8. The application form was not in your native language so was hard to understand	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18d, READ QUESTIONS 9-12:								

STATEMENT	B19a. HAPPENED?				B19b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
9. You had no way or it was too hard to get to the food stamp office.	1	2	7	8	1	2	7	8
10. It cost too much to go to the food stamp office.	1	2	7	8	1	2	7	8
11. You would have to take time off work to apply and receritfy so you could get there during the hours the office is open.	1	2	7	8	1	2	7	8
12. You would have to pay for child or elder care while you go to apply.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18e, READ QUESTIONS 13-14:								
13. You never heard from the food stamp office to tell you what to do.	1	2	7	8	1	2	7	8
14. You were confused about what you were supposed to do to apply.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18f, READ QUESTIONS 15-16:								
15. Since you weren't eligible for cash assistance, the food stamp benefit alone wouldn't be worth the effort and cost of applying.	1	2	7	8	1	2	7	8
16. The amount of benefits you would have received was a very small amount.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18g, READ QUESTIONS 17-18:								
17. You found out it would take a long time before you could receive any food stamps.	1	2	7	8	1	2	7	8
18. You had to wait too long when you visited the food stamp office	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18h READ QUESTIONS 19-22:								
19. They asked you to provide a number of documents and you were not able to provide all of them.	1	2	7	8	1	2	7	8
20. They asked you to provide a number of documents and you were not willing to provide all of them.	1	2	7	8	1	2	7	8
21. They asked you to give them a social security number for everyone in your household and you were not able to do that	1	2	7	8	1	2	7	8

STATEMENT	B19a. HAPPENED?				B19b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
22. They asked you to give them a social security number for everyone in your household and you were not willing to do that.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18i READ QUESTIONS 23-27:								
23. The application form asked too many personal questions.	1	2	7	8	1	2	7	8
24. You did not want to be fingerprinted..	1	2	7	8	1	2	7	8
25. You did not want the welfare office to contact your employer	1	2	7	8	1	2	7	8
26. You did not want the welfare office to contact your landlord	1	2	7	8	1	2	7	8
27. You did not want a caseworker to visit your home	1	2	7	8	1	2	7	8
READ Q.28 ONLY IF CHILDREN IN HOUSEHOLD (ANY HOUSEHOLD MEMBERS UNDER AGE 18 FROM A2)	1	2	7	8	1	2	7	8
28. You did not want the welfare office to contact your child(ren)'s schools.								
IF ANSWERED YES TO B18j READ QUESTIONS 29-35:								
29. You did not want to complete a form reporting on your circumstances every month and mail it to the office.	1	2	7	8	1	2	7	8
30. You would have to recertify too frequently.	1	2	7	8	1	2	7	8
31. IF R IS ELDERLY (A5: YEAR LESS THAN OR EQUAL TO 1940), SKIP TO ITEM 32. You would be required to work or at least actively search for a job to be eligible and have to search to remain eligible.	1	2	7	8	1	2	7	8
32. You did not want to sign a form saying you could be fined or arrested if any of the information on the form was not correct.	1	2	7	8	1	2	7	8
33. You did not want to sign a personal responsibility contract.	1	2	7	8	1	2	7	8

STATEMENT	B19a. HAPPENED?				B19b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
READ Q.34-35 ONLY IF CHILDREN IN HOUSEHOLD (ANY HOUSEHOLD MEMBERS UNDER AGE 18 FROM A2)	1	2	7	8	1	2	7	8
34. You did not want to do child support enforcement.	1	2	7	8	1	2	7	8
35. You did not want to have your children immunized.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18k READ QUESTIONS 36-37:								
36. You didn't think you'd be eligible because of your alien status.	1	2	7	8	1	2	7	8
37. You were afraid it would have a negative impact on your citizenship application.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18l READ QUESTIONS 38-39:								
38. You did not want to be seen going into the food stamp office.	1	2	7	8	1	2	7	8
39. You did not want to be seen using food stamps at the grocery store.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO B18m CONFIRM QUESTION 40:								
40. A family emergency occurred that prevented you from completing the application process.	1	2	7	8	1	2	7	8

C. Knowledge of FSP and Expected Benefits/Requirements

Now I'd like to ask you some questions about your previous experiences with food stamps, cash assistance, or other benefit programs *before* you inquired about assistance in June.

C1. Before June, had you or anyone in your household ever received (BENEFIT) before?

IF YES TO C1, ASK C1a AND C1b:

C1a. How long ago did you last receive (BENEFIT)?

C1b. How much do or did you receive each month from (BENEFIT)?

IF NO TO C1 ASK C1c.

C1c. Did you or anyone in your household ever apply for (BENEFIT) before?

BENEFIT	C1. RECEIVED?				C1a. LAST RECEIPT	C1b. AMOUNT RECEIVED	C1c. APPLIED?			
	YES	NO	RF	DK			YES	NO	RF	DK
Food stamps	1	2	7	8	Still receiving 1 Within the last year .. 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK 8	1	2	7	8
Welfare or cash assistance	1	2	7	8	Still receiving 1 Within the last year .. 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK 8	1	2	7	8
Medical Assistance	1	2	7	8	Still receiving 1 Within the last year .. 2 1-4 years ago 3 More than 4 years ago 4 DK 8		1	2	7	8
WIC	1	2	7	8	Still receiving 1 Within the last year .. 2 1-4 years ago 3 More than 4 years ago 4 DK 8		1	2	7	8

IF C1 OR C1c = "YES" FOR FOOD STAMPS, SKIP TO C3.

C2. Before June, had you heard of food stamps or the Food Stamp Program?

- YES 1
- NO (SKIP TO C5) 2
- REFUSED (SKIP TO C5) 7
- DON'T KNOW (SKIP TO C5) 8

C3. As far as you know, did your family ever receive food stamp benefits when you were a child?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

C4. As far as you know, were any of your relatives, friends, neighbors, or co-workers receiving food stamp benefits in June when you went to inquire about assistance?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

C5. In June, when you were first thinking about applying for assistance, did you know where you had to go to apply for food stamps or other assistance?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

C6. In June, before you went to apply for food stamp benefits, had you seen or heard about the Food Stamp Program in any of the following places? Had you...

	YES	NO
Read any articles about the Program in the newspaper?	1	2
Heard any announcements or advertisements on the radio or TV?	1	2
Seen any posters, flyers, or brochures?	1	2
Seen any billboards or advertisements on buses, taxis, or trains?	1	2
Heard any presentations by community groups?	1	2
Received any mail or telephone calls about food stamps?	1	2
Any thing else (SPECIFY: _____)?	1	2

C7. In June, before you contacted the food stamp or welfare office, did you think that you would be eligible for food stamp benefits?

- YES 1
- NO (SKIP TO C8) 2
- WASN'T SURE 3
- REFUSED (SKIP TO C8) 7
- DON'T KNOW (SKIP TO C8) 8

C7a. How much per month did you think you would be eligible to receive in benefits?
 PROBE: Your best guess is fine.

- \$10 or less 1
- Between \$11 and \$25 2
- Between \$26 and \$50 3
- Between \$51 and \$100 4

Between \$101 and \$150	5
Between \$151 and \$200	6
Between \$201 and \$300	7
Over \$300	8
DON'T KNOW	98

C8. In June, before you went to apply for assistance, how much did you know about what you would have to do in order to get food stamp benefits? Would you say you ...

Were well informed about the process	1
Had some idea about the process	2
Did not have any idea what was involved	3
REFUSED	7
DON'T KNOW	8

C9. Was there anything about the food stamp application process that *almost* prevented you from applying?

YES	1
NO (SKIP TO SECTION D)	2
REFUSED (SKIP TO SECTION D)	7
DON'T KNOW (SKIP TO SECTION D)	8

C9a. What was it that almost prevented you from applying? CIRCLE ALL THAT APPLY

Filling out the application form	1
Providing all required documents	2
The time it would take to complete the application process ...	3
Work or job search requirements	4
OTHER (SPECIFY: _____)	6
REFUSED	7
DON'T KNOW	8

D. Time/Cost of Application

My next several questions are about how much time and how much cost was associated with your visits to the food stamp office to find out about or apply for food stamps. When I refer to the food stamp office, I mean the office you visited to apply for food stamp benefits.

D1. Starting in June, when you first went to apply for or to see about assistance, how many trips did you make to the Food Stamps office *in all* to apply for food stamps?

_____ trips
REFUSED 7
DON'T KNOW 8

IF ZERO TRIPS, SKIP TO SECTION E.

D2. Did you make any additional trips to this office in order to apply for TANF (INSERT NAME OF STATE PROGRAM) or Medicaid benefits?

YES 1
NO (SKIP TO D3) 2
REFUSED (SKIP TO D3) 7
DON'T KNOW (SKIP TO D3) 8

D2a. How many additional trips did you make to apply for TANF (INSERT NAME OF STATE PROGRAM) or Medicaid?

_____ trips
REFUSED 7
DON'T KNOW 8

D3. How many trips did *you think* you'd have to make to the food stamp office before you received food stamps or were denied benefits?

_____ trips
REFUSED 7
DON'T KNOW 8

D4. How did you **usually** get to the food stamp office? (READ ITEM IF NECESSARY.)

- Drive your own car 1
- Take a bus or other public transportation (SKIP TO D5) 2
- Take a taxicab 3
- Have someone drive you 4
- Borrow a car 5
- Walk 6
- OTHER (SPECIFY) _____ 7

D4a. Is public transportation available to the food stamp office?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

D5. Approximately how many miles is it from your house to the food stamp office? IF LESS THAN 1/2 MILE, ENTER 0. IF 1/2 TO 1, ENTER 1.

- _____ MILES
- REFUSED 7
- DON'T KNOW 8

D6. IF D4 IS PUBLIC TRANSPORTATION OR TAXICAB, ASK: What was the cost of a one-way trip to the food stamp office?

- \$ _____
- REFUSED 7
- DON'T KNOW 8

D7. IF D4 IS HAVING SOMEONE DRIVE YOU, BORROW A CAR, DRIVE OWN CAR, ASK: What was the average cost of a one-way trip, including tolls, parking while at the food stamp office, and money you may have paid a driver?

- \$ _____
- None/Nothing 1
- N/A 2
- REFUSED 7
- DON'T KNOW 8

D8. How much time on average did it take for you to *get to* the food stamp office, for a one-way trip?

- _____ total hours
- OR
- _____ total minutes
- REFUSED 7
- DON'T KNOW 8

D9. Counting *all* the visits you made to the food stamp office to apply for or see about food stamps or other assistance, how much time did you spend at the office, including waiting, filling out paperwork, meeting with program staff, etc.?

_____ total hours
OR
_____ total minutes

D10. How many total trips did you or a family member make to other offices such as utility companies or employers to collect the required documentation for the food stamp application?

_____ trips
REFUSED 7
DON'T KNOW 8

D11. Did you have to miss any work in order to apply for food stamps?

YES 1
NO (GO TO D12) 2
REFUSED (GO TO D12) 7
DON'T KNOW (GO TO D12) 8

D11a. How much in wages did you lose applying for food stamp benefits?

\$ _____
NO LOST WAGES 1
REFUSED 7
DON'T KNOW 8

D12. Did you need to pay for child care or elder care at any time when you went to apply for food stamps or when you went to collect documentation for the application?

YES 1
NO (GO TO D13) 2
REFUSED (GO TO D13) 7
DON'T KNOW (GO TO D13) 8

D12a. How much money in total did you pay for child or elder care?

\$ _____
REFUSED 7
DON'T KNOW 8

D13. IF R APPLIED FOR TANF OR MEDICAID (SEE B5), ASK D13. OTHERWISE SKIP TO SECTION E.

Did you have to go to a different office to apply for TANF (INSERT NAME OF STATE PROGRAM) or Medicaid benefits?

YES 1
NO (GO TO SECTION E) 2

D13a. How many trips did you make *in all* to apply for TANF (INSERT NAME OF STATE PROGRAM) or Medicaid benefits?

<u> </u>	# OF TRIPS	
REFUSED	7
DON'T KNOW	8

E. Convenience of Hours and Location/Other Factors in the Participation Decision

My next set of questions are about your experiences at the Food Stamp or TANF (INSERT NAME OF STATE PROGRAM) offices when you first went to find out about or apply for food stamps in June.

E1. How convenient is the office location for you? Do you consider the location ...

- Very convenient (SKIP TO E3) 1
- Somewhat convenient (SKIP TO E3) 2
- Somewhat inconvenient 3
- Very inconvenient 4
- REFUSED 7
- DON'T KNOW 8

E2. What, if anything, is wrong with the location of the office? (CIRCLE ALL THAT APPLY)

- It is too far from home 1
- It is in a congested area with lots of traffic 2
- It was difficult to find the building 3
- It is difficult to find parking 4
- It is in an unsafe neighborhood 5
- It is not easily accessible by public transportation 6
- It costs too much to get there 8
- The building is depressing 8
- OTHER (SPECIFY) _____ 96
- REFUSED 97
- DON'T KNOW 98

E3. How convenient for you were the hours the office was open? Would you say they were ...

- Very convenient (SKIP TO E5) 1
- Somewhat convenient (SKIP TO E5) 2
- Somewhat inconvenient 3
- Very inconvenient 4
- REFUSED 7
- DON'T KNOW 8

E4. What was the problem with the office hours at the Food Stamp Office? (CIRCLE ALL THAT APPLY)

- It is open only during normal business hours 1
- You would have to take time off from work to get there 2
- It is difficult to schedule meetings with a caseworker at convenient times 3
- It is not open evenings or weekends 4
- There are few workers available at lunchtime when I could get there 5
- Other problems (SPECIFY) _____ 6
- REFUSED 7
- DON'T KNOW 8

- E5. Do you have a disability that makes it hard for you to visit the Food Stamp Office?
- YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8
- E6. In June when you first visited the food stamp office, was there a receptionist or someone like that available to greet you and help you know what to do next?
- YES 1
 NO (SKIP TO E8) 2
 REFUSED (SKIP TO E8) 7
 DON'T KNOW (SKIP TO E8) 8
- E7. How satisfied were you with the services provided by this person? Would you say ...
- Very satisfied 1
 Somewhat satisfied 2
 Somewhat dissatisfied 3
 Very dissatisfied 4
 REFUSED 7
 DON'T KNOW 8
- E8. Did you speak with a caseworker on that visit?
- YES 1
 NO (GO TO E9) 2
 REFUSED (GO TO E9) 7
 DON'T KNOW (GO TO E9) 8
- E8a. How long did you wait to speak with a welfare caseworker or food stamp caseworker about your case?
- # _____ minutes
- E9. Were you informed about the requirements for applying and participating in the Food Stamp Program?
- YES 1
 NO (SKIP TO E10) 2
 REFUSED (SKIP TO E10) 7
 DON'T KNOW (SKIP TO E10) 8

E9A. How were you informed? (CIRCLE ALL THAT APPLY. READ LIST IF NECESSARY.)

- CASEWORKER TOLD YOU ABOUT THEM 1
- CASEWORKER OR OTHER OFFICE STAFF GAVE YOU WRITTEN MATERIALS LIKE PAMPHLETS OR BROCHURES 2
- PICKED UP WRITTEN MATERIALS YOURSELF 3
- RECEIVED MATERIALS IN THE MAIL AFTER YOUR VISIT 4
- ATTENDED A GROUP MEETING WHERE BENEFITS AND GUIDELINES WERE EXPLAINED 5
- WATCHED A VIDEO ON BENEFITS AND GUIDELINES 6
- REFUSED 7
- DON'T KNOW 8

E10. Were you informed about the requirements for the TANF (INSERT NAME OF STATE PROGRAM)?

- YES 1
- NO (SKIP TO E11) 2
- REFUSED (SKIP TO E11) 7
- DON'T KNOW (SKIP TO E11) 8

E10a. How were you informed? (CIRCLE ALL THAT APPLY. READ LIST IF NECESSARY.)

- CASEWORKER TOLD YOU ABOUT THEM 1
- CASEWORKER OR OTHER OFFICE STAFF GAVE YOU WRITTEN MATERIALS LIKE PAMPHLETS OR BROCHURES 2
- PICKED UP WRITTEN MATERIALS YOURSELF 3
- RECEIVED MATERIALS IN THE MAIL AFTER YOUR VISIT 4
- ATTENDED A GROUP MEETING WHERE BENEFITS AND GUIDELINES WERE EXPLAINED 5
- WATCHED A VIDEO ON BENEFITS AND GUIDELINES 6
- REFUSED 7
- DON'T KNOW 8

E11. In June, did you receive any assistance... (READ TASK)? IF YES, ASK E11a.

E11a. Who provided the assistance?

TASK	E11. RECEIVED ASSISTANCE?				E11a. ASSISTANCE PROVIDED BY:		
	YES	NO	RF	DK	FOOD STAMP STAFF	VOLUNTEERS	STAFF AT ANOTHER ORGANIZATION
Completing the application form	1	2	7	8	1	2	3
Obtaining necessary documents	1	2	7	8	1	2	3

IF ANSWERED NO TO A3 ASK QUESTIONS E12-E15. OTHERWISE, SKIP TO E16.

E12. Do you feel comfortable speaking and reading English

- YES (SKIP TO E16) 1
- NO 2

E13. When you went to the Food Stamp office, did you take someone with you to translate?

- YES 1
- NO 2

E14. Was there someone in the office who spoke (LANGUAGE IN A4)

- YES 1
- NO 2

E15. Were you given any written materials about food stamps in (LANGUAGE IN A4)?

- YES 1
- NO 2
- DON'T KNOW 8

E16. After meeting with the food stamp worker, did you feel that you really understood what you'd need to do to get food stamps, were you somewhat unsure, or had you no idea at all of what was required of you?

- Really understood 1
- Somewhat unsure 2
- No idea at all 3

E17. In general, do you feel that the Food Stamp Program requirements are reasonable or unreasonable?

REASONABLE	1
UNREASONABLE	2
REFUSED	7
DON'T KNOW	8

E18. Overall, how successful was your visit to the office? Did you...

Accomplish everything you expected to during that visit, or did you (GO TO E19)	1
Accomplish some, but not all that you expected to accomplish	2
Or did you not accomplish anything	3
REFUSED (GO TO E19)	7
DON'T KNOW (GO TO E19)	8

E18a. Can you tell me what you were not able to do during this visit? (CODE ALL THAT APPLY)

FIND OUT IF ELIGIBLE	1
FIND OUT AMOUNT OF BENEFIT	2
GET LIST OF ALL REQUIREMENTS	3
COMPLETE AN APPLICATION	4
OTHER (SPECIFY) _____	5
REFUSED	7
DON'T KNOW	8

E19. Did you feel embarrassed having to apply for food stamps or other assistance?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

IF R APPROVED FOR FOOD STAMPS ("YES" TO B5a) OR R RECEIVED FOOD STAMPS IN PAST ("YES" TO C1), THEN ASK E20. OTHERWISE, SKIP TO E26.

E20. My next questions are about how people feel about using food stamps. Have you ever done anything to hide that you got food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E21. Have you ever avoided telling people you got food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E22. Did you ever go out of your way to shop at a store where no one knows you?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E23. Have you ever been treated disrespectfully when using food stamp in a store?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E24. Were you ever treated disrespectfully when you told people that you received food stamps?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E25. Have you ever given your food stamps to someone else because you were embarrassed to use them?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

SKIP TO E30.

E26. The next questions are about how you might feel if you received food stamp benefits. Please answer yes or no. "If I got food stamps, I might go out of my way so people would not find out."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E27. "I might not shop in certain stores because I don't want people there to know I use food stamps."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E28. "People in stores would treat me disrespectfully when I use food stamps."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E29. "People would treat me disrespectfully if they found out that I got food stamps."

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E30. Now, please tell me your opinions about the caseworker assigned to you at the food stamp office. As I read each statement, please tell me if you agree or disagree. FOR EACH ANSWER TO E30, ASK E30a.

E30a. Do you strongly (agree/disagree) or somewhat (agree/disagree)?

	E30. AGREE/DISAGREE				E30a. STRONGLY/SOMEWHAT			
	YES	NO	RF	DK	STRONGLY	SOMEWHAT	RF	DK
a. The kinds of services I received were suitable because of my needs	1	2	7	8	1	2	7	8
b. I agreed with my caseworker's decisions.	1	2	7	8	1	2	7	8
c. Overall, my caseworker kept me well informed.	1	2	7	8	1	2	7	8
d. I felt that my caseworker was doing his or her part to help solve my problems.	1	2	7	8	1	2	7	8
e. My caseworker was knowledgeable about food stamp benefits and procedures.	1	2	7	8	1	2	7	8
f. My caseworker treats clients respectfully.	1	2	7	8	1	2	7	8

E31. Compared to other public offices with which you have contact, how would you rate the treatment you received at the food stamp office? Would you say you were treated better, the same, or worse than you were treated at other places such as the Division of Motor Vehicles, voter registration, WIC, the post office, or the unemployment office?

- BETTER 1
- THE SAME 2
- WORSE 3
- REFUSED 7
- DON'T KNOW 8

E32. Overall, how satisfied are you with the food stamp application process? Are you...

- Satisfied 1
- Somewhat satisfied 2

Somewhat dissatisfied	3
Dissatisfied	4
REFUSED	7
DON'T KNOW	8

F. Housing/Community

My next questions are about your housing situation as it was in June when you went to the food stamp office to ask about food stamps or other assistance.

F1. What best describes your living arrangement in June when you inquired about assistance at the food stamp office?... Did you:

- Own or were you buying your own home (SKIP TO F4) 1
- Rent your home or apartment 2
- Live with family or friends and **not** pay rent 3
- Live with family or friends and pay **part** of the rent 4
- Live in a group shelter (SKIP TO F6) 5
- Live in a homeless shelter or shelter for domestic violence (SKIP TO F6) 6
- Live on the street, or (SKIP TO F6) 7
- Live in some other arrangement? (SPECIFY) _____ 8

F2. Did you live in public housing?

- YES (SKIP TO INSTRUCTION BEFORE F4) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F3. Did you pay less rent because the government paid for part of it through a Section 8 housing subsidy?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

IF R APPROVED FOR FOOD STAMP BENEFITS (“YES” TO B5a), SKIP TO F7. OTHERWISE, CONTINUE.

F4. For the month of June, what did your household spend on housing? (Please include rent or mortgage, and if applicable, home insurance, property taxes and water usage).

PROMPT: Your best estimate is fine.

- \$ _____ .00
- REFUSED 97
- DON'T KNOW 98

F5. Did that amount (in June) include any utilities, such as gas, heat or air conditioning, electricity, and water?

- YES (GO TO F7) 1
- SOME, BUT NOT ALL (ASK F5A) 2
- NO (ASK F5A) 3
- REFUSED (GO TO F7) 7
- DON'T KNOW (GO TO F7) 8

F5a. How much did your household pay for utilities in June? Please include all utilities such as gas, heat or air conditioning, electricity, and water that are not included in your housing costs. (PROMPT: Your best estimate is fine.)

\$ _____ Total utilities (GO TO F7)
 REFUSED (GO TO F7) 7
 DON'T KNOW (GO TO F7) 8

F6. In June, how long had you been living in a group home, a shelter or on the street?

_____ days
 _____ weeks
 _____ months
 _____ years
 REFUSED 97
 DON'T KNOW 98

F6a. Are you still living in a group home, a shelter, or on the street?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

F7. In the past 12 months, since (CURRENT MONTH, 1999), have you (or your children) received any of the following types of help from community organizations, neighborhood centers or religious organizations, other than friends or family?

	YES	NO	REF	DK
Shelter from an emergency shelter	1	2	7	8
Clothing or clothing vouchers	1	2	7	8
Money	1	2	7	8
Child care or help paying for child care	1	2	7	8
Transportation or help paying for transportation	1	2	7	8
Free medical services	1	2	7	8
Help paying your utilities, like electricity, gas or water	1	2	7	8
Help paying your phone bill or enabling you to use a telephone	1	2	7	8
Help paying for your rent	1	2	7	8
Legal aid or help paying for legal aid	1	2	7	8
Any other kind of help? (SPECIFY) _____	1	2	7	8

F8. In the past 12 months, since (CURRENT MONTH, 1999), did you (or any other adults in your household) ever get emergency food from a ...

	YES	NO	RF	DK
Church	1	2	7	8
Food pantry	1	2	7	8
Food bank	1	2	7	8

IF “YES” TO ANY IN F8, ASK F9. OTHERWISE SKIP TO F10.

F9. How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON'T KNOW 8

F10. In the past 12 months, since (CURRENT MONTH, 1999), did you (or other members of your household) ever eat any meals at a soup kitchen?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

G. Employment Status

Many working families still qualify for food stamp benefits. My next several questions ask about your job status in June when you applied for or inquired about food stamps or other assistance. Again, I would like to remind you that your answers will remain strictly confidential.

G1. In June, when you contacted the welfare office for assistance, were you earning money from a job? Include any self-employment.

- YES 1
- NO (SKIP TO G5) 2

G2. As of June, how long had you been working for this employer or organization or had been self-employed?

- # _____ months (if less than one year)
- OR
- # _____ years
- REFUSED 7
- DON'T KNOW 8

G3. Back in June, how many hours did you usually work per week on this job?

- _____ HOURS
- REFUSED 97
- DON'T KNOW 98

IF R APPROVED FOR FOOD STAMP BENEFITS (“YES” TO B5a), SKIP TO G5.

G4. Thinking back to June, about how much money did you earn per hour, week or month from your job(s) before taxes and any other deductions?

- \$ _____ per hour
- OR
- \$ _____ per week
- OR
- \$ _____ per month

IF ONE PERSON IN HOUSEHOLD, SKIP TO SECTION H.

G5. Thinking back to June, did anyone else in your household work at a job for pay, not including schoolchildren aged 17 or under?

- YES 1
- NO (SKIP TO SECTION H) 2
- REFUSED (SKIP TO SECTION H) 7
- DON'T KNOW (SKIP TO SECTION H) 8

G6. IF YES: How many people in your household, besides yourself, worked at a job for pay in June?

_____ NUMBER OF PEOPLE WHO WORKED
 REFUSED 97
 DON'T KNOW 98

G7a. ASK G7a FOLLOWED BY G7b FOR EACH OTHER WORKING HOUSEHOLD MEMBER:
 Back in June, how many hours per week did each person usually work?

PERSON 1	PERSON 2	PERSON 3	PERSON 4
_____ HOURS	_____ HOURS	_____ HOURS	_____ HOURS
REFUSED 97	REFUSED 97	REFUSED 97	REFUSED 97
DON'T KNOW . 98	DON'T KNOW . 98	DON'T KNOW . 98	DON'T KNOW . 98

IF R APPROVED FOR FOOD STAMP BENEFITS (“YES” TO B5a), SKIP TO SECTION H.

G7b. In June, about how much money did this person earn per hour, week or month from their job(s) before taxes and any other deductions? PROBE: Your best estimate is fine.

PERSON 1	PERSON 2	PERSON 3	PERSON 4
\$ _____ PER HOUR	\$ _____ PER HOUR	\$ _____ PER HOUR	\$ _____ PER HOUR
\$ _____ PER WEEK	\$ _____ PER WEEK	\$ _____ PER WEEK	\$ _____ PER WEEK
\$ _____ PER MONTH	\$ _____ PER MONTH	\$ _____ PER MONTH	\$ _____ PER MONTH
REFUSED 97	REFUSED 97	REFUSED 97	REFUSED 97
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98

H. Income/Sources of Income

IF R APPROVED FOR FS BENEFITS (SEE B5a), SKIP TO H8.

Now I'm going to ask you some questions about your household income during the month of June when you applied or inquired about food stamps or other assistance. I want to assure you that none of the answers you give me will be discussed with anyone.

Thinking back to June, did you or anyone else in your household, including children, receive (INCOME SOURCE)? FOR EACH INCOME SOURCE RECEIVED, ASK a.

- a. How much money did you and other household members receive in June from (INCOME SOURCE)?

INCOME SOURCE	RECEIVED IN JUNE?				a. AMOUNT RECEIVED IN JUNE
	YES	NO	RF	DK	
H1. Cash from a cash assistance program like TANF (INSERT NAME OF STATE PROGRAM) or General Assistance (INSERT NAME OF STATE PROGRAM)?	1	2	7	8	\$ _____
H2. Income from child support either directly from your child's other parent or through a government agency?	1	2	7	8	\$ _____
H3. Disability income through Supplemental Security Income—that is, SSI social security, aid for the disabled, or from some other source?	1	2	7	8	\$ _____
H4. Regular income from friends or relatives outside the household?	1	2	7	8	\$ _____
H5. Social Security checks from the government or Veteran's benefits?	1	2	7	8	\$ _____
H6. Any other retirement or pension, public or private?	1	2	7	8	\$ _____
H7. Money from any other source? This might include unemployment insurance, worker's compensation, alimony, foster child payments, rent from tenant or boarder, and so on.	1	2	7	8	\$ _____

H8. In June, did you or anyone in your household receive WIC, Women, Infants and Children Program, benefits such as food packages or vouchers for purchasing food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

H9. SEE A2. IF CHILD/REN OF AGES 5-17 IN HOUSEHOLD, ASK: In June (OR MAY IF SCHOOL YEAR ENDED IN MAY), did any school-aged child in your household receive free or reduced-price breakfasts or lunches at school?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

I. Assets

IF R APPROVED FOR FS BENEFITS (SEE B5A), SKIP TO SECTION J.

My next several questions ask about your household assets at the time you first went to the food stamp office to ask about assistance in June. Please remember that these questions are for research purposes only and will not be shared with anyone. Your responses to these questions will not affect your eligibility for benefits now or in the future.

11. In June, did you (or did anyone in your household) own a motor vehicle such as a car, truck, van or motorcycle? Please include any vehicles that you may be making payments on.

- YES 1
- NO (SKIP TO I4) 2
- REFUSED (SKIP TO I4) 3
- DON'T KNOW (SKIP TO I4) 4

11a. If yes, how many vehicles?

___ VEHICLES

12. What is the year, make, and model of each vehicle?

	MAKE	MODEL	YEAR
VEHICLE 1	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98
VEHICLE 2	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98
VEHICLE 3	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98

IF MAKE OR MODEL UNKNOWN, ASK I3a. IF YEAR UNKNOWN, ASK I3b. OTHERWISE SKIP TO I4.

PROGRAMMER: ASK I3a AND I3b AFTER MAKE AND MODEL AND YEAR FOR A VEHICLE BEFORE GOING TO NEXT VEHICLE.

13a. What is the approximate value of this vehicle?

Vehicle 1 \$ _____

Vehicle 2 \$ _____

Vehicle 3 \$ _____

I3b. (Is the vehicle/Are any of the vehicles) less than five years old?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

I4. In June, did you have a checking account?

YES 1
 NO (GO TO I6) 2
 REFUSED (GO TO I6) 7
 DON'T KNOW (GO TO I6) 8

I5. As of June, how much money on average do you estimate was in your checking account?
 BALANCE MAY BE NEGATIVE.

\$ _____
 REFUSED 7
 DON'T KNOW 8

I6. In June, did you have a savings account?

YES 1
 NO (GO TO I8) 2
 REFUSED (GO TO I8) 7
 DON'T KNOW (GO TO I8) 8

I7. As of June, how much money did you have in savings accounts?

\$ _____
 REFUSED 7
 DON'T KNOW 8

I8. In June, did you have any other bank accounts or financial investments?

YES 1
 NO (GO TO SECTION J) 2
 REFUSED (GO TO SECTION J) 7
 DON'T KNOW (GO TO SECTION J) 8

I9. As of June, what was the approximate value **in total** of these other bank account and financial investments? Please include amounts in individual retirement accounts (IRAs), stocks, mutual funds, certificates of deposit (CDs), money market accounts, 401k accounts and elsewhere.

\$ _____
 REFUSED 7
 DON'T KNOW 8

J. Food Security

My next set of questions are about the food eaten in your household. Over the past several years, USDA has been developing a set of questions to tell us about the food needs of adults and children.

J1. Which of these statements best describes the food eaten in your household in the last 12 months:

- (I/We) have enough to eat and the kinds of food (I/we) want 1
- (I/We) have enough to eat but not always the kinds of food (I/we) want 2
- Sometimes (I/we) don't have enough to eat, or 3
- Often (I/we) don't have enough to eat 4
- REFUSED 7
- DON'T KNOW 8

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/your household) in the last 12 months.

J2. The first statement is, "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J4. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

IF CHILDREN UNDER 18 IN THE HOUSEHOLD (SEE A2), ASK QUESTIONS J5 -J7. IF NO CHILDREN SKIP TO J8 :

J5. (I/we) relied on only a few kinds of low-cost food to feed (my/our) child(ren) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J6. “(I/We) couldn’t feed (my/our) child(ren) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J7. My/Our child was/The children were not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

IF J2, J3 AND J4 EQUAL “NEVER” (3), AND J5 AND J6 EQUAL “NEVER” (3) OR BLANK, THEN SKIP TO SECTION K. OTHERWISE CONTINUE.

J8. In the last 12 months, did you (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- YES (ASK J8a) 1
- NO (SKIP TO J9) 2
- REFUSED (SKIP TO J9) 7
- DON'T KNOW (SKIP TO J9) 8

J8a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON'T KNOW 8

J9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J10. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J11. In the last 12 months, did you lose weight because you didn't have enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J12. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- YES (ASK J12a) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J12a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON'T KNOW 8

IF CHILDREN UNDER 18 IN HOUSEHOLD (SEE A2), ASK J13-16, OTHERWISE SKIP TO SECTION K.

The next questions are about the children living in the household who are under 18 years old. You may find some of the following questions sensitive. I want to remind you that all of the information you give will remain confidential and in answering these questions you will help the food stamp program better understand the needs of families and children it seeks to serve.

J13. In the last 12 months did you ever cut the size of (your child's/any of your children's) meals because there wasn't enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J14. In the last 12 months did (your child/any of your children) ever skip a meal because there wasn't enough money for food?

- YES 1
- NO (GO TO J15) 2
- REFUSED (GO TO J15) 7
- DON'T KNOW (GO TO J15) 8

J14a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON'T KNOW 8

J15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K. Demographics

My last few questions are about the characteristics of your household. Remember, all information will remain confidential. Please tell me about your household situation in June, when you visited the food stamp office.

K1. In June, were you ...

Married and living with your (husband/wife) (GO TO K3)	1
Separated or living apart from your (husband/wife)?	2
Divorced,	3
Widowed, or	4
Never married?	5
REFUSED	7
DON'T KNOW	8

K2. **IF NOT LIVING WITH SPOUSE:** Were you living with a partner in June?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

K3. **CODE GENDER WITHOUT ASKING. IF UNCLEAR, ASK:** Are you male or female?

MALE	1
FEMALE	2

K4. What was the last grade or year of school you completed?

SOME ELEMENTARY SCHOOL (GRADES 1-8)	1
COMPLETED ELEMENTARY SCHOOL	2
SOME HIGH SCHOOL	3
COMPLETED HIGH SCHOOL OR RECEIVED GED	4
TECHNICAL OR VOCATIONAL SCHOOL	5
SOME COLLEGE	6
ASSOCIATE'S DEGREE	7
BACHELOR'S DEGREE	8
ADVANCED DEGREE	9
NO FORMAL SCHOOLING	0
OTHER (SPECIFY: _____)	96
REFUSED	97
DON'T KNOW	98

K5. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

Hispanic or Latino	1
Not Hispanic or Latino	2

K6. Which of the following do you consider yourself to be? You may choose more than one. (READ LIST AND CODE ALL RESPONSES)

- White 1
- Black or African American 2
- Asian 3
- American Indian or Alaska Native 4
- Native Hawaiian or Pacific Islander 5
- REFUSED 7
- DON'T KNOW 8

K7. Were you born in the United States?

- YES (SKIP TO K8) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K7a. Are you a United States citizen?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K8. SEE A2. IF THERE ARE CHILDREN UNDER 18 IN HOUSEHOLD, ASK: Were *all* the children in your household born in the United States?

- YES (SKIP TO K9) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K8a. Are the children in your household ... (READ LIST)

- All US citizens 1
- Are some, but not all US citizens, or are 2
- None of the children in the household US citizens 3
- REFUSED 7
- DON'T KNOW 8

K9. Is anyone in your household disabled? By disabled, I mean unable to work or limited in the amount of work a person is able to do because of a mental or physical condition.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

These are all the questions I had for you. Thank you for your participation in this survey.

A Study of Program Access and Declining Food Stamp Participation Incomplete Recertification Household Survey

Introduction:

Hello, my name is _____. May I speak with RESPONDENT?

I'm calling from Abt Associates in Amherst, Massachusetts. We were hired by the United States Department of Agriculture in Washington, DC to conduct a study of the Food Stamp Program and the experiences of people who participate in the Program. We got your name from the food stamp office where you received benefits last June.

The officials at the USDA are interested in knowing why some people who are participating in the Program do not complete the required recertification process. They are particularly interested in people's experiences with the Food Stamp Program and the reasons they no longer receive benefits, as well as changes in their circumstances.

I would like to talk with you about your experiences with the food stamp office where you received assistance. Your answers will be kept confidential and your name will not be identified with any answers you give. Also, your interview with me cannot affect your status with any agency now or in the future.

Help Screen:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0053. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A. Household Composition/Characteristics

My first few questions are about the characteristics of your household. Your answers to these questions will tell me which questions I need to ask. Remember, all the information you tell me is for research purposes only and will remain confidential. Please tell me about your household situation in June, when you received food stamp benefits.

- A1. How many people live in your household? By household I mean yourself and the people who live with you and share food with you. PROBE: Include any persons who live with you more than half of the time.

_____ PEOPLE IN HOUSEHOLD (IF ONE-PERSON
HOUSEHOLD, SKIP TO A3)
REFUSED 97
DON'T KNOW 98

A2. How many household members are. . . (MAKE SURE TOTAL MATCHES A1)

Under 5 years old? _____
Five to 17 years old? _____
18-59 years of age? _____
60 years of age or older? _____
TOTAL _____

A3. Is English the primary language spoken in your household?

YES (SKIP TO Q. A5) 1
NO 2

A4. What language do you and your family most often speak at home?

SPANISH 1
CHINESE 2
PORTUGUESE 3
FRENCH 4
ARABIC 5
ITALIAN 6
VIETNAMESE 7
LAOTIAN 8
CAMBODIAN 9
HMONG 10
OTHER (SPECIFY) _____ 11

A5. What is your date of birth?

_____/_____/_____
MONTH DAY YEAR

L. Reasons for not completing the recertification process

According to the food stamp office where you received benefits in June 2000, your certification period ended in June and you needed to reapply or recertify to continue receiving food stamp benefits. My next set of questions concern your experiences with the recertification process.

L1. Did you get a letter from the food stamp office saying you had to recertify or reapply for food stamps some time in June?

- YES (SKIP TO L4) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L2. Were you aware that you needed to reapply in order to continue receiving food stamp benefits?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L3. Thinking back to June, had you moved since your last contact with the food stamp office or since you last received coupons or an ATP card in the mail?

- YES 1
- NO (SKIP TO L4) 2
- REFUSED (SKIP TO L4) 7
- DON'T KNOW (SKIP TO L4) 8

L3a. In what month and year did you move?

_____/_____
MONTH YEAR

L4. Did you complete a recertification application and return it to the office either in person or through the mail?

- YES 1
- NO (SKIP TO L7) 2
- REFUSED 7
- DON'T KNOW 8

L5. Did you have an interview where the caseworker updated the details of your current situation or circumstances?

- YES 1
- NO (SKIP TO L7) 2
- REFUSED 7
- DON'T KNOW 8

L6. Did you provide all the documents or proof of your statements the caseworker requested?

YES (SKIP TO L8)	1
NO	2
REFUSED	7
DON'T KNOW	8

L7. Did you decide at this point not to complete the reapplication process for food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

L8. Please tell us the main reason why you did not get complete the recertification process for food stamps. RECORD VERBATIM

L9. I'm going to read a list of some *general* reasons other people have given for not completing the recertification or reapplication process for food stamps. As I read the list, please indicate whether any of these were reasons that affected you.

	YES	NO
a. Situation changed - no longer needed or wanted food stamps	1	2
b. Thought you weren't eligible	1	2
c. Confusion about what to do	1	2
d. Recertification process would take too much time, or be too difficult, or be too costly.	1	2
e. Too many rules to comply with or too difficult to participate	1	2
f. Embarrassment about participating in the Food Stamp Program	1	2

FOR ANY GENERAL ISSUE R INDICATED AS Y (YES), READ THE FOLLOWING:

L10. For each general issue you indicated as having with the food stamp recertification or reapplication process, I am now going to read some *more specific* reasons other people have provided for deciding not to complete the process. Please listen to each statement, and tell me whether:

L10a. This **happened**. IF YES, ASK L10b.

L10b. If it happened, was it a **reason** you decided not to complete the recertification reapplication for food stamps?

STATEMENT	L10a. HAPPENED?				L10b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
IF ANSWERED YES TO L9, READ QUESTIONS 1-2:								
1. Your TANF [INSERT NAME OF STATE PROGRAM] benefit was decreased or discontinued and it was no longer worth participating in the Food Stamp Program.	1	2	7	8	1	2	7	8
2. Your situation improved and you no longer needed food stamps.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L9b, READ QUESTIONS 3-11:								
3. You thought you were no longer eligible because you (or someone else in your household) now earns too much money from a job.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L10a, ASK 3a:								
3a. Did you household's earnings increase because (CIRCLE ALL THAT APPLY): You (or someone in your household) got a new job 1 The hours you (or someone in your household) worked increased 2 Your hourly pay (or the pay of someone in your household) increased 3								
4. You thought you weren't eligible because the number of adults in your household increased and the new member(s) (is/are) contributing income.	1	2	7	8	1	2	7	8
5. You thought you weren't eligible because your household's income increased for some other reason. (SPECIFY REASON: _____ _____)	1	2	7	8	1	2	7	8
6. You thought you weren't eligible because the number of members in your household decreased.	1	2	7	8	1	2	7	8

STATEMENT	L10a. HAPPENED?				L10b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
7. You thought you weren't eligible because you no longer receive TANF [INSERT NAME OF STATE PROGRAM] benefits.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L10a, ASK L7a:								
7a. You no longer receive TANF [INSERT NAME OF STATE PROGRAM] benefits because you... Reached the time limit 1 Were sanctioned 2 Some other reason (SPECIFY: _____) 3								
8. You thought you weren't eligible because you started to receive TANF [INSERT NAME OF STATE PROGRAM] benefits.	1	2	7	8	1	2	7	8
9. You didn't think you'd be eligible since you received a lump sum payment.	1	2	7	8	1	2	7	8
10. You didn't think you'd be eligible since you did not complete the job search or assessment activities.	1	2	7	8	1	2	7	8
11. You didn't think you were eligible because you were referred to other sources of assistance.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L9c, READ QUESTIONS 12-13:								
12. You never heard from the food stamp office to tell you to recertify or reapply.	1	2	7	8	1	2	7	8
13. You were confused about what you were supposed to do to recertify or reapply.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L9d, READ QUESTIONS 14-21:								
14. You had no way or it was too hard to get to the food stamp office.	1	2	7	8	1	2	7	8
15. It cost too much to go to the food stamp office.	1	2	7	8	1	2	7	8
16. You would have to take time off work to recertify so you could get there during the hours the office is open.	1	2	7	8	1	2	7	8
17. You would have to pay for child or elder care while you go to the office.	1	2	7	8	1	2	7	8

STATEMENT	L10a. HAPPENED?				L10b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
18. They asked you to provide a number of documents and you were not able to provide all of them.	1	2	7	8	1	2	7	8
19. It required too much time to complete the recertification or reapplication process.	1	2	7	8	1	2	7	8
20. You would have to answer too many personal questions.	1	2	7	8	1	2	7	8
21. You were not treated well by food stamp office staff.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L9e, READ QUESTIONS 22-30:								
22. You had to recertify too frequently.	1	2	7	8	1	2	7	8
23. You did not want to complete a form reporting on your circumstances every month and mail it to the office.	1	2	7	8	1	2	7	8
24. IF R IS ELDERLY (A5: YEAR LESS THAN OR EQUAL TO 1940), SKIP TO ITEM 25. The job search or work requirements were too difficult to comply with.	1	2	7	8	1	2	7	8
READ Q.25 ONLY IF CHILDREN IN HOUSEHOLD (ANY HOUSEHOLD MEMBERS UNDER AGE 18 FROM A2)	1	2	7	8	1	2	7	8
25. You did not want the welfare office to contact your child(ren)'s schools.	1	2	7	8	1	2	7	8
26. You did not want to do child support enforcement.	1	2	7	8	1	2	7	8
27. You did not want to have your children immunized.	1	2	7	8	1	2	7	8
28. It was too difficult to pick up your food stamp benefits.	1	2	7	8	1	2	7	8
29. It was too difficult to find a store that accepted food stamp benefits.	1	2	7	8	1	2	7	8
30. You did not like to shop at the stores that accepted food stamp benefits.	1	2	7	8	1	2	7	8
IF ANSWERED YES TO L9f READ QUESTIONS 31-33:								
31. You did not want to be seen going into the food stamp office.	1	2	7	8	1	2	7	8

STATEMENT	L10a. HAPPENED?				L10b. REASON?			
	YES	NO	RF	DK	YES	NO	RF	DK
32. You did not want to be seen using food stamps at the grocery store.	1	2	7	8	1	2	7	8
33. You do not like to rely on government assistance.	1	2	7	8	1	2	7	8

E. Convenience of Hours and Location, Stigma, and Satisfaction

My next set of questions are about the convenience of the Food Stamp office where you received benefits in June.

E1. How convenient is the office location for you? Do you consider the location ...

- Very convenient (SKIP TO E3) 1
- Somewhat convenient (SKIP TO E3) 2
- Somewhat inconvenient 3
- Very inconvenient 4
- REFUSED 7
- DON'T KNOW 8

E2. What, if anything, is wrong with the location of the office? (CIRCLE ALL THAT APPLY)

- It is too far from home 1
- It is in a congested area with lots of traffic 2
- It was difficult to find the building 3
- It is difficult to find parking 4
- It is in an unsafe neighborhood 5
- It is not easily accessible by public transportation 6
- It costs too much to get there 8
- The building is depressing 8
- OTHER (SPECIFY) _____ 96
- REFUSED 97
- DON'T KNOW 98

E3. How convenient for you were the hours the office was open? Would you say they were ...

- Very convenient (SKIP TO E20) 1
- Somewhat convenient (SKIP TO E20) 2
- Somewhat inconvenient 3
- Very inconvenient 4
- REFUSED 7
- DON'T KNOW 8

E4. What was the problem with the office hours at the Food Stamp Office? (CIRCLE ALL THAT APPLY)

- It is open only during normal business hours 1
- You would have to take time off from work to get there 2
- It is difficult to schedule meetings with a caseworker at convenient times 3
- It is not open evenings or weekends 4
- There are few workers available at lunchtime when I could get there 5
- Other problems (SPECIFY) _____ 6
- REFUSED 7
- DON'T KNOW 8

E20. My next questions are about how people feel about using food stamps. Have you ever done anything to hide that you got food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E21. Have you ever avoided telling people you got food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E22. Did you ever go out of your way to shop at a store where no one knows you?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E23. Have you ever been treated disrespectfully when using food stamp in a store?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E24. Were you ever treated disrespectfully when you told people that you received food stamps?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E25. Have you ever given your food stamps to someone else because you were embarrassed to use them?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E30. Now, please tell me your opinions about the caseworker assigned to you at the food stamp office. As I read each statement, please tell me if you agree or disagree. FOR EACH ANSWER TO E30, ASK E30a.

E30a. Do you strongly (agree/disagree) or somewhat (agree/disagree)?

	E30. AGREE/DISAGREE				E30a. STRONGLY/SOMEWHAT			
	AGREE	DIS- AGREE	RF	DK	STRONGLY	SOMEWHAT	RF	DK
a. The kinds of services I received were suitable because of my needs	1	2	7	8	1	2	7	8
b. I agreed with my caseworker's decisions.	1	2	7	8	1	2	7	8
c. Overall, my caseworker kept me well informed.	1	2	7	8	1	2	7	8
d. I felt that my caseworker was doing his or her part to help solve my problems.	1	2	7	8	1	2	7	8
e. My caseworker was knowledgeable about food stamp benefits and procedures.	1	2	7	8	1	2	7	8
f. My caseworker treats clients respectfully.	1	2	7	8	1	2	7	8

E31. Compared to other public offices with which you have contact, how would you rate the treatment you received at the food stamp office? Would you say you were treated better, the same, or worse than you were treated at other places such as the Division of Motor Vehicles, voter registration, WIC, the post office, or the unemployment office?

- BETTER 1
- THE SAME 2
- WORSE 3
- REFUSED 7
- DON'T KNOW 8

E32. Overall, how satisfied are you with the Food Stamp Program? Are you...

- Satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Dissatisfied 4
- REFUSED 7
- DON'T KNOW 8

F. Housing/Community

My next questions are about your housing situation as it was in June when you received food stamp benefits.

F1. What best describes your living arrangement in June? Did you:

- Own or were you buying your own home (SKIP TO F4) 1
- Rent your home or apartment 2
- Live with family or friends and *not* pay rent 3
- Live with family or friends and pay *part* of the rent 4
- Live in a group shelter (SKIP TO F6) 5
- Live in a homeless shelter or shelter for domestic violence (SKIP TO F6) 6
- Live on the street, or (SKIP TO F6) 7
- Live in some other arrangement? (SPECIFY) _____ 8

F2. Did you live in public housing?

- YES (SKIP TO F4) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F3. Did you pay less rent because the government paid for part of it through a Section 8 housing subsidy?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

F4. For the month of June, what did your household spend on housing? (Please include rent or mortgage, and if applicable, home insurance, property taxes and water usage).
PROMPT: Your best estimate is fine.

- \$ _____ .00
- REFUSED 97
- DON'T KNOW 98

F5. Did that amount (in June) include any utilities, such as gas, heat or air conditioning, electricity, and water?

- YES (GO TO F6b) 1
- SOME, BUT NOT ALL (ASK F5A) 2
- NO (ASK F5A) 3
- REFUSED (GO TO F6b) 7
- DON'T KNOW (GO TO F6b) 8

F5a. How much did your household pay for utilities in June? Please include all utilities such as gas, heat or air conditioning, electricity, and water that are not included in your housing costs. (PROMPT: Your best estimate is fine.)

\$ _____ Total utilities (GO TO F6b)
 REFUSED (GO TO F6b) 7
 DON'T KNOW (GO TO F6b) 8

F6. In June, how long had you been living in a group home, a shelter or on the street?

_____ days
 _____ weeks
 _____ months
 _____ years
 REFUSED 97
 DON'T KNOW 98

F6a. Are you still living in a group home, a shelter, or on the street?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

F6b. Had anything about your living arrangements changed during the time between your most recent food stamp application or recertification and June 2000?

YES 1
 NO (SKIP TO F7) 2
 REFUSED (SKIP TO F7) 7
 DON'T KNOW (SKIP TO F7) 8

F6c. What best describes your living arrangement at the time of your food stamp application or recertification prior to June 2000?... Did you:

Own or were you buying your own home (SKIP TO F7) 1
 Rent your home or apartment 2
 Live with family or friends and *not* pay rent 3
 Live with family or friends and pay *part* of the rent 4
 Live in a group shelter (SKIP TO F7) 5
 Live in a homeless shelter or shelter for domestic violence (SKIP TO F7) 6
 Live on the street, or (SKIP TO F7) 7
 Live in some other arrangement? (SPECIFY) _____ 8

F6d. Did you live in public housing?

YES (SKIP TO F7) 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

F6e. Did you pay less rent because the government paid for part of it through a Section 8 housing subsidy?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

F7. In the past 12 months, since (CURRENT MONTH, 2000), have you (or your children) received any of the following types of help from community organizations, neighborhood centers or religious organizations, other than friends or family?

	YES	NO	REF	DK
Shelter from an emergency shelter	1	2	7	8
Clothing or clothing vouchers	1	2	7	8
Money	1	2	7	8
Child care or help paying for child care	1	2	7	8
Transportation or help paying for transportation	1	2	7	8
Free medical services	1	2	7	8
Help paying your utilities, like electricity, gas or water	1	2	7	8
Help paying your phone bill or enabling you to use a telephone	1	2	7	8
Help paying for your rent	1	2	7	8
Legal aid or help paying for legal aid	1	2	7	8
Any other kind of help? (SPECIFY) _____	1	2	7	8

F8. In the past 12 months, since (CURRENT MONTH, 2000), did you (or any other adults in your household) ever get emergency food from a ...

	YES	NO	RF	DK
Church	1	2	7	8
Food pantry	1	2	7	8
Food bank	1	2	7	8

IF "YES" TO ANY IN F8, ASK F9. OTHERWISE SKIP TO F10.

F9. How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month	1
Some months but not every month	2
Only 1 or 2 months	3
REFUSED	7
DON'T KNOW	8

F10. In the past 12 months, since (CURRENT MONTH, 2000), did you (or other members of your household) ever eat any meals at a soup kitchen?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

G. Employment Status

My next several questions ask about your job status in June when you received food stamp benefits. Again, I would like to remind you that your answers will remain strictly confidential.

G1. In June, were you earning money from a job? Include any self-employment.

- YES 1
- NO (SKIP TO G5) 2

G2. As of June, how long had you been working for this employer or organization or had been self-employed?

- # _____ months (if less than one year)
- OR
- # _____ years
- REFUSED 7
- DON'T KNOW 8

G3. Back in June, how many hours did you usually work per week on this job?

- _____ HOURS
- REFUSED 97
- DON'T KNOW 98

G4. Thinking back to June, about how much money did you earn per hour, week or month from your job(s) before taxes and any other deductions?

- \$ _____ per hour
- OR
- \$ _____ per week
- OR
- \$ _____ per month

IF ONE PERSON IN HOUSEHOLD, SKIP TO SECTION H.

G5. Thinking back to June, did anyone else in your household work at a job for pay, not including schoolchildren aged 17 or under?

- YES 1
- NO (SKIP TO SECTION H) 2
- REFUSED (SKIP TO SECTION H) 7
- DON'T KNOW (SKIP TO SECTION H) 8

G6. IF YES: How many people in your household, besides yourself, worked at a job for pay in June?

_____ NUMBER OF PEOPLE WHO WORKED
 REFUSED 97
 DON'T KNOW 98

G7a. ASK G7a FOLLOWED BY G7b FOR EACH OTHER WORKING HOUSEHOLD MEMBER:
 Back in June, how many hours per week did each person usually work?

PERSON 1	PERSON 2	PERSON 3	PERSON 4
_____ HOURS	_____ HOURS	_____ HOURS	_____ HOURS
REFUSED 97	REFUSED 97	REFUSED 97	REFUSED 97
DON'T KNOW . 98	DON'T KNOW . 98	DON'T KNOW . 98	DON'T KNOW . 98

G7b. In June, about how much money did this person earn per hour, week or month from their job(s) before taxes and any other deductions? PROBE: Your best estimate is fine.

PERSON 1	PERSON 2	PERSON 3	PERSON 4
\$ _____ PER HOUR	\$ _____ PER HOUR	\$ _____ PER HOUR	\$ _____ PER HOUR
\$ _____ PER WEEK	\$ _____ PER WEEK	\$ _____ PER WEEK	\$ _____ PER WEEK
\$ _____ PER MONTH	\$ _____ PER MONTH	\$ _____ PER MONTH	\$ _____ PER MONTH
REFUSED 97	REFUSED 97	REFUSED 97	REFUSED 97
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98

H. Income/Sources of Income

Now I'm going to ask you some questions about your household income during the month of June when you received food stamp benefits. I want to assure you that none of the answers you give me will be discussed with anyone.

Thinking back to June, did you or anyone else in your household, including children, receive (INCOME SOURCE)? FOR EACH INCOME SOURCE RECEIVED, ASK a.

- a. How much money did you and other household members receive in June from (INCOME SOURCE)?

INCOME SOURCE	RECEIVED IN JUNE?				a. AMOUNT RECEIVED IN JUNE
	YES	NO	RF	DK	
H1. Cash from a cash assistance program like TANF (INSERT NAME OF STATE PROGRAM) or General Assistance (INSERT NAME OF STATE PROGRAM)?	1	2	7	8	\$ _____
H2. Income from child support either directly from your child's other parent or through a government agency?	1	2	7	8	\$ _____
H3. Disability income through Supplemental Security Income—that is, SSI social security, aid for the disabled, or from some other source?	1	2	7	8	\$ _____
H4. Regular income from friends or relatives outside the household?	1	2	7	8	\$ _____
H5. Social Security checks from the government or Veteran's benefits?	1	2	7	8	\$ _____
H6. Any other retirement or pension, public or private?	1	2	7	8	\$ _____
H7. Money from any other source? This might include unemployment insurance, worker's compensation, alimony, foster child payments, rent from tenant or boarder, and so on.	1	2	7	8	\$ _____

H8. In June, did you or anyone in your household receive WIC, Women, Infants and Children Program, benefits such as food packages or vouchers for purchasing food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

H9. SEE A2. IF CHILD/REN OF AGES 5-17 IN HOUSEHOLD, ASK: In June (OR MAY IF SCHOOL YEAR ENDED IN MAY), did any school-aged child in your household receive free or reduced-price breakfasts or lunches at school?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

I. Assets

My next several questions ask about your household assets in June 2000, when you received food stamp benefits. Please remember that these questions are for research purposes only and will not be shared with anyone. Your responses to these questions will not affect your eligibility for benefits in the future.

I1. In June, did you (or did anyone in your household) own a motor vehicle such as a car, truck, van or motorcycle? Please include any vehicles that you were making payments on.

- YES 1
- NO (SKIP TO I4) 2
- REFUSED (SKIP TO I4) 3
- DON'T KNOW (SKIP TO I4) 4

I1a. If yes, how many vehicles?

____ VEHICLES

I2. What is the year, make, and model of each vehicle?

	MAKE	MODEL	YEAR
VEHICLE 1	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98
VEHICLE 2	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98
VEHICLE 3	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98	REFUSED 97 DON'T KNOW ... 98

IF MAKE OR MODEL UNKNOWN, ASK I3a. IF YEAR UNKNOWN, ASK I3b. OTHERWISE SKIP TO I4.

PROGRAMMER: ASK I3a AND I3b AFTER MAKE AND MODEL AND YEAR FOR A VEHICLE BEFORE GOING TO NEXT VEHICLE.

I3a. What is the approximate value of this vehicle?

Vehicle 1 \$ _____

Vehicle 2 \$ _____

Vehicle 3 \$ _____

I3b. (Is the vehicle/Are any of the vehicles) less than five years old?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

I4. In June, did you have a checking account?

YES 1
 NO (GO TO I6) 2
 REFUSED (GO TO I6) 7
 DON'T KNOW (GO TO I6) 8

I5. As of June, how much money on average do you estimate was in your checking account?
 BALANCE MAY BE NEGATIVE.

\$ _____
 REFUSED 7
 DON'T KNOW 8

I6. In June, did you have a savings account?

YES 1
 NO (GO TO I8) 2
 REFUSED (GO TO I8) 7
 DON'T KNOW (GO TO I8) 8

I7. As of June, how much money did you have in savings accounts?

\$ _____
 REFUSED 7
 DON'T KNOW 8

I8. In June, did you have any other bank accounts or financial investments?

YES 1
 NO (GO TO SECTION J) 2
 REFUSED (GO TO SECTION J) 7
 DON'T KNOW (GO TO SECTION J) 8

I9. As of June, what was the approximate value **in total** of these other bank account and financial investments? Please include amounts in individual retirement accounts (IRAs), stocks, mutual funds, certificates of deposit (CDs), money market accounts, 401k accounts and elsewhere.

\$ _____
 REFUSED 7
 DON'T KNOW 8

J. Food Security

My next set of questions are about the food eaten in your household. Over the past several years, USDA has been developing a set of questions to tell us about the food needs of adults and children.

J1. Which of these statements best describes the food eaten in your household in the last 12 months:

- (I/We) have enough to eat and the kinds of food (I/we) want 1
- (I/We) have enough to eat but not always the kinds of food (I/we) want 2
- Sometimes (I/we) don't have enough to eat, or 3
- Often (I/we) don't have enough to eat 4
- REFUSED 7
- DON'T KNOW 8

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/your household) in the last 12 months.

J2. The first statement is, "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

J4. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

IF CHILDREN UNDER 18 IN THE HOUSEHOLD (SEE A2), ASK QUESTIONS J5 -J7. IF NO CHILDREN SKIP TO J8 :

J5. (I/we) relied on only a few kinds of low-cost food to feed (my/our) child(ren) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON’T KNOW 8

J6. “(I/We) couldn’t feed (my/our) child(ren) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON’T KNOW 8

J7. My/Our child was/The children were not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON’T KNOW 8

IF J2, J3 AND J4 EQUAL “NEVER” (3), AND J5 AND J6 EQUAL “NEVER” (3) OR BLANK, THEN SKIP TO SECTION K. OTHERWISE CONTINUE.

J8. In the last 12 months, did you (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- YES (ASK J8a) 1
- NO (SKIP TO J9) 2
- REFUSED (SKIP TO J9) 7
- DON’T KNOW (SKIP TO J9) 8

J8a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON’T KNOW 8

J9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

J10. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

J11. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

J12. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES (ASK J12a) 1
NO 2
REFUSED 7
DON'T KNOW 8

J12a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month 1
Some months but not every month 2
Only 1 or 2 months 3
REFUSED 7
DON'T KNOW 8

IF CHILDREN UNDER 18 IN HOUSEHOLD (SEE A2), ASK J13-16, OTHERWISE SKIP TO SECTION K.

The next questions are about the children living in the household who are under 18 years old. You may find some of the following questions sensitive. I want to remind you that all of the information you give will remain confidential and in answering these questions you will help the food stamp program better understand the needs of families and children it seeks to serve.

J13. In the last 12 months did you ever cut the size of (your child's/any of your children's) meals because there wasn't enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J14. In the last 12 months did (your child/any of your children) ever skip a meal because there wasn't enough money for food?

- YES 1
- NO (GO TO J15) 2
- REFUSED (GO TO J15) 7
- DON'T KNOW (GO TO J15) 8

J14a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month 1
- Some months but not every month 2
- Only 1 or 2 months 3
- REFUSED 7
- DON'T KNOW 8

J15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

J16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K. Demographics

My last few questions are about the characteristics of your household. Remember, all information will remain confidential. Please tell me about your household situation in June, when you received food stamps.

K1. In June, were you ...

Married and living with your (husband/wife) (GO TO K3)	1
Separated or living apart from your (husband/wife)?	2
Divorced,	3
Widowed, or	4
Never married?	5
REFUSED	7
DON'T KNOW	8

K2. **IF NOT LIVING WITH SPOUSE:** Were you living with a partner in June?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

K3. **CODE GENDER WITHOUT ASKING. IF UNCLEAR, ASK:** Are you male or female?

MALE	1
FEMALE	2

K4. What was the last grade or year of school you completed?

SOME ELEMENTARY SCHOOL (GRADES 1-8)	1
COMPLETED ELEMENTARY SCHOOL	2
SOME HIGH SCHOOL	3
COMPLETED HIGH SCHOOL OR RECEIVED GED	4
TECHNICAL OR VOCATIONAL SCHOOL	5
SOME COLLEGE	6
ASSOCIATE'S DEGREE	7
BACHELOR'S DEGREE	8
ADVANCED DEGREE	9
NO FORMAL SCHOOLING	0
OTHER (SPECIFY: _____)	96
REFUSED	97
DON'T KNOW	98

K5. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

- Hispanic or Latino 1
- Not Hispanic or Latino 2

K6. Which of the following do you consider yourself to be? You may choose more than one. (READ LIST AND CODE ALL RESPONSES)

- White 1
- Black or African American 2
- Asian 3
- American Indian or Alaska Native 4
- Native Hawaiian or Pacific Islander 5
- REFUSED 7
- DON'T KNOW 8

K7. Were you born in the United States?

- YES (SKIP TO K8) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K7a. Are you a United States citizen?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K8. SEE A2. IF THERE ARE CHILDREN UNDER 18 IN HOUSEHOLD, ASK: Were **all** the children in your household born in the United States?

- YES (SKIP TO K9) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K8a. Are the children in your household ... (READ LIST)

- All US citizens 1
- Are some, but not all US citizens, or are 2
- None of the children in the household US citizens 3
- REFUSED 7
- DON'T KNOW 8

K9. Is anyone in your household disabled? By disabled, I mean unable to work or limited in the amount of work a person is able to do because of a mental or physical condition.

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

These are all the questions I had for you. Thank you for your participation in this survey.

**A Study of Program Access and Declining Food Stamp Participation
Eligible Non-Participant Survey (RDD)**

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I. SCREENING INTERVIEW

Introduction

Hello, my name is _____ and I am calling from Abt Associates in Amherst, Massachusetts on behalf of the United States Department of Agriculture. We are conducting a nationwide study about people’s knowledge of the Food Stamp Program, and we are interested in talking with you even if you do not receive food stamps. May I please speak with a member of this household who is at least 18 years old?

The purpose of the study is to learn about people’s knowledge of the Food Stamp Program and any experiences they may have had with it. Also, why some people do not participate, even though they might be eligible for food stamp benefits. Your telephone number was randomly selected by a computer program so that I might ask you a few questions to determine if you qualify for our study. My questions should only take a couple of minutes of your time right now. Depending on your situation, I might ask you to complete a longer interview.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0053. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

S1. Did you or anyone in your household receive food stamps or food stamp benefits last month?

- YES (END INTERVIEW)..... 1
- NO2
- REFUSED (END INTERVIEW)..... 7
- DON’T KNOW (END INTERVIEW) 8

S2. Did you or anyone in your household file a signed food stamp application last month?

- YES (END INTERVIEW)..... 1
- NO2
- REFUSED (END INTERVIEW)..... 7
- DON’T KNOW (END INTERVIEW) 8

S3. Last month, did everyone in your household receive TANF (INSERT NAME OF STATE PROGRAM), SSI, or General Assistance (INSERT NAME OF STATE PROGRAM) benefits or had you been approved to receive benefits?

- YES 1
- NO2
- REFUSED 7
- DON’T KNOW 8

S4. How many people live in your household? By household I mean yourself and the people who live with you and share food with you. PROBE: Include any persons who live with you more than half of the time, even if they are not related to you.

_____ NUMBER OF PEOPLE IN HOUSEHOLD

LIVE ALONE..... 1
 REFUSED (TERMINATE) 7
 DON'T KNOW (TERMINATE) 8

S5. Do you live in a group home, such as a dormitory or nursing home?

YES (END INTERVIEW)..... 1
 NO 2
 REFUSED (TERMINATE) 7
 DON'T KNOW (TERMINATE)..... 8

S6. Are you (or anyone else in your household) 60 years of age or older?

YES 1
 NO 2
 REFUSED (TERMINATE) 7
 DON'T KNOW (TERMINATE)..... 8

S7. Last month, was your total household income before taxes more or less than \$X,XXX per month? (CATI: FILL IN \$ AMOUNT HERE BASED ON # OF HOUSEHOLD MEMBERS FROM S4). PROBE: Income from all sources. Your best estimate is fine.

MORE THAN \$X,XXX PER MONTH (END INTERVIEW) 1
 LESS THAN OR EQUAL TO \$X,XXX PER MONTH..... 2
 REFUSED (END INTERVIEW) 7
 DON'T KNOW (END INTERVIEW) 8

<u>People in Household</u>	<u>Income</u>
1	\$ 905.00
2	1,219.00
3	1,533.00
4	1,848.00
5	2,162.00
6	2,476.00
7	2,790.00
8	3,104.00
Each additional person:	+ \$ 315.00

S8. Do you (or anyone in your household) own a motor vehicle such as a car, truck, van or motorcycle? Please include any vehicles that you may be making payments on.

YES 1
 NO (SKIP TO S10) 2
 REFUSED (SKIP TO S10) 7
 DON'T KNOW (SKIP TO S10)..... 8

S8a. If yes, how many vehicles? _____ VEHICLES

S9. What is the year, make, and model of each vehicle?

Please tell me for each vehicle whether the vehicle is used primarily for either business or to transport a disabled person.

	YEAR	MAKE	MODEL	BUSINESS OR DISABLED TRANSPORT
VEHICLE 1	_____ REFUSED.....97 DON'T KNOW98	_____ REFUSED97 DON'T KNOW98	_____ REFUSED97 DON'T KNOW98	YES 1 NO 2 REFUSED 7 DON'T KNOW 8
VEHICLE 2	_____ REFUSED.....97 DON'T KNOW98	_____ REFUSED97 DON'T KNOW98	_____ REFUSED97 DON'T KNOW98	YES 1 NO 2 REFUSED 7 DON'T KNOW 8
VEHICLE 3	_____ REFUSED 97 DON'T KNOW ... 98	_____ REFUSED..... 97 DON'T KNOW .. 98	_____ REFUSED 97 DON'T KNOW... 98	YES 1 NO..... 2 REFUSED..... 7 DON'T KNOW... 8

IF MAKE OR MODEL UNKNOWN, ASK S9a. IF YEAR UNKNOWN, ASK S9b. OTHERWISE SKIP TO S10.

ASK S9a FOR A VEHICLE BEFORE GOING ON TO THE NEXT VEHICLE.

S9a. What is the approximate value of each vehicle owned?

Vehicle 1 \$_____

Vehicle 2 \$_____

Vehicle 3 \$_____

ASK S9b FOR A VEHICLE BEFORE GOING ON TO THE NEXT VEHICLE.

S9b. (Is the vehicle/Are any of the vehicles) less than five years old? PROBE: That would be model year 1995 or earlier.

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

IF NO HOUSEHOLD MEMBERS ARE AGED, 60+ (SEE S6) READ S10. IF HOUSEHOLD INCLUDES ONE OR MORE MEMBERS AGED 60+ READ S11 INSTEAD.

S10. Last month, did your household assets exceed \$2000? This would include any cash on hand and money in checking and savings accounts, savings certificates, stocks and bonds, individual retirement accounts (IRAs) and Keogh accounts.

YES (END INTERVIEW)..... 1
 NO 2
 REFUSED (TERMINATE) 7
 DON'T KNOW (TERMINATE)..... 8

S11. Last month, did your household assets exceed \$3000? This would include any cash on hand and money in checking and savings accounts, savings certificates, stocks and bonds, individual retirement accounts (IRAs) and Keogh accounts.

YES (END INTERVIEW)..... 1
 NO 2
 REFUSED (TERMINATE) 7
 DON'T KNOW (TERMINATE)..... 8

END INTERVIEW FOR THOSE NOT ELIGIBLE: (IF ELIGIBLE, CONTINUE WITH S12).

That is all the questions I have for you. On behalf of the United States Department of Agriculture, I want to thank you for participating in this interview.

CONTINUE IF RESPONDENT IS ELIGIBLE:

S12. If someone from your household were to apply for food stamp benefits, who would be the most likely person to go to the office and complete the application? PROBE: would it be you or someone else? NOTE: IF RESPONDENT SAYS MIGHT EQUALLY BE HIM/HER OR SOMEONE ELSE, CODE AS RESPONDENT.

RESPONDENT 1
 SOMEONE ELSE (SKIP TO S14)..... 2
 REFUSED 7

S13. I would like to continue with the second portion of this interview. Your participation in the second portion of the interview is very important. It will help the Food Stamp Program officials understand how to better serve eligible families. Anything you tell us will be used for research purposes only and will be kept completely confidential. Your participation will not affect any benefits you are receiving now or at any time in the future. None of the information you provide will be given to the local food stamp office. The interview will take approximately 30 minutes.

CONTINUE (SKIP TO SECTION II)..... 1
 SCHEDULE CALLBACK 2
 REFUSED (TERMINATE) 7

S14. Can I speak to that person?

YES - ANSWERS PHONE (GO TO S15)..... 1
 NOT AVAILABLE..... 2
 REFUSED (TERMINATE) 7
 DON'T KNOW (SCHEDULE CALLBACK) 8

S14a. I would like to complete the interview with this person. When is a good time to call back and who should I ask for? (SCHEDULE CALLBACK)

S15. Hello, my name is _____ and I am calling from Abt Associates in Amherst, Massachusetts on behalf of the United States Department of Agriculture. We are conducting a nationwide study about Food Stamp Program participation. The purpose of the study is to learn about people's knowledge of the Food Stamp Program and any experiences they may have had with it. Also, why some eligible people do not participate. Your participation in the study is very important, even though you do not get food stamps.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ____-____. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

II. INTERVIEW FOR ELIGIBLE NON-PARTICIPANTS

A. Knowledge of Food Stamp Program and Reasons for Nonparticipation

First, I'd like to ask you some questions about your experiences with food stamps, cash assistance, or other benefit programs.

A1. Have you or anyone in your household ever received (BENEFIT)?

IF YES TO A1, ASK A1a AND A1b:

A1a. How long ago did you last receive (BENEFIT)?

A1b. How much did you receive each month from (BENEFIT)?

IF NO TO A1, ASK A1c.

A1c. Have you or anyone in your household ever applied for (BENEFIT)?

BENEFIT	A1. RECEIVED?				A1a. LAST RECEIPT	A1b. AMOUNT RECEIVED	A1c. APPLIED?			
	YE S	NO	RF	DK			YE S	NO	RF	DK
Food stamps	1	2	7	8	Still receiving..... 1 Within the last year..... 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK8	1	2	7	8
Welfare or cash assistance	1	2	7	8	Still receiving..... 1 Within the last year..... 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK8	1	2	7	8
Medical Assistance	1	2	7	8	Still receiving..... 1 Within the last year..... 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK8	1	2	7	8
WIC	1	2	7	8	Still receiving..... 1 Within the last year..... 2 1-4 years ago 3 More than 4 years ago 4 DK 8	\$ _____ DK8	1	2	7	8

A1d. IF APPLIED FOR FOOD STAMPS AND WAS NOT APPROVED: When was the last time you applied for food stamps?

_____ (SKIP TO A3)
YEAR
REFUSED 7
DON'T KNOW 8

A1e. Was it more than 4 years ago?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

IF A1 = YES OR A1c = YES FOR FOOD STAMPS, SKIP TO A3.

A2. Had you heard of food stamps or the Food Stamp Program before today's interview?

YES 1
NO (SKIP TO SECTION B) 2
REFUSED (SKIP TO A5)..... 7
DON'T KNOW (SKIP TO A5) 8

A3. As far as you know, did your family ever receive food stamp benefits when you were a child?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

A4. As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

A5. Do you know where you would have to go to apply for food stamps or other assistance?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

A6. Did you or someone else in your household contact the local welfare office to inquire about food stamps or welfare benefits within the last six months, that is, any time since (MONTH)?

- YES (SKIP TO A6a) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

A6y. Did you or someone else in your household contact the local welfare office in the last twelve months, that is, any time since (MONTH)?

- YES 1
- NO (SKIP TO A7)..... 2
- REFUSED (SKIP TO A7)..... 7
- DON'T KNOW (SKIP TO A7)..... 8

A6a. Did you apply for food stamp benefits at the time you contacted the welfare office?

- YES 1
- NO (DEFINED AS NEAR APPLICANT) 2
- REFUSED 7
- DON'T KNOW 8

A7. Do you think you may be eligible to receive food stamp benefits?

- YES (SKIP TO A9) 1
- NO 2
- REFUSED (SKIP TO A9)..... 7
- DON'T KNOW 8

A8. Why do you think you (may not be eligible/are unsure if you are eligible) for food stamps? Is it because?

	YES	NO	REF	DK
a. You have a job and think you are not eligible.	1	2	7	8
b. You earn too much money to be eligible.	1	2	7	8
c. You get other government benefits and are not eligible.	1	2	7	8
d. You have too much in savings to be eligible.	1	2	7	8
e. Your car is worth too much to be eligible.	1	2	7	8
f. You received a lump sum payment and think you are not eligible.	1	2	7	8
g. You reached the time limit on cash assistance.	1	2	7	8
h. You think you are not eligible because of your citizenship status.	1	2	7	8
i. A worker at the food stamp office told you that you were probably not eligible.	1	2	7	8

	YES	NO	REF	DK
j. Someone else told you that you were not eligible.	1	2	7	8
k. You applied previously and were told you were not eligible.	1	2	7	8
l. Is there some other reason? (SPECIFY: _____)	1	2	7	8

IF "YES" TO ITEM i OR j, ASK A8a.

A8a. You said a worker or someone else told you that you were not eligible for food stamp. Was this within the...

- Last month 1
- Last six months 2
- Last year 3
- More than one year ago..... 4
- REFUSED 7
- DON'T KNOW 8

A9. If you found out you were eligible for food stamp benefits, would you apply?

- YES (SKIP TO SECTION B) 1
- NO (SKIP TO A10)..... 2
- REFUSED (SKIP TO A10)..... 7
- DON'T KNOW (SKIP TO A10)..... 8

A10. If you were to apply for food stamps, how much per month do you think you are eligible to receive in benefits? PROBE: Your best guess is fine.

- \$10 or less 1
- Between \$11 and \$25 2
- Between \$26 and \$50 3
- Between \$51 and \$100 4
- Between \$101 and \$150 5
- Between \$151 and \$200 6
- Between \$201 and \$300 7
- Over \$300 8
- DON'T KNOW 98

A11. Why (haven't you applied/wouldn't you apply) for food stamp benefits? I am going to read you a list of reasons people have provided for deciding not to apply for food stamps. Please listen to each statement and tell me whether it is a reason you (decided not to/would not) apply for food stamp benefits.

	YES	NO	RF	DK
a. You do not know how to apply.	1	2	7	8
b. The benefits are too small.	1	2	7	8
c. You are not eligible for cash assistance so it is not worth the effort.	1	2	7	8
d. You can get by on your own without food stamp benefits.	1	2	7	8
e. You do not like to rely on government assistance.	1	2	7	8
f. You do not want to be seen shopping with food stamps.	1	2	7	8
g. You do not want people to know you need financial assistance.	1	2	7	8
h. You do not want to go to the welfare office.	1	2	7	8
i. You would have to answer questions that are too personal.	1	2	7	8

	YES	NO	RF	DK
j. The application process requires too much paperwork.	1	2	7	8
k. It would require too much time away from work.	1	2	7	8
l. It would require too much time away from home and child care or elder care responsibilities.	1	2	7	8
m. It is too difficult to get to the food stamp office.	1	2	7	8
n. You had a previous bad experience with the Food Stamp Program	1	2	7	8
o. You had a previous bad experience with another government program	1	2	7	8
p. The work requirements are too difficult.	1	2	7	8
q. The requirements to participate in the program are too difficult.	1	2	7	8

A12. ASK ONLY IF R IS NEAR APPLICANT (A6a = 2):

	YES	NO	RF	DK
a. Your situation changed and you no longer needed food stamps.	1	2	7	8
b. A family emergency occurred which prevented you from completing the application process.	1	2	7	8
c. The application form was too difficult for you to complete.	1	2	7	8
d. You never heard from the food stamp office to tell you what to do.	1	2	7	8
e. You found out it would take a long time before you could receive any food stamps.	1	2	7	8
f. You had to wait too long when you visited the food stamp office	1	2	7	8
g. The other adults in your household would not cooperate with the application process.	1	2	7	8
h. You did not want the welfare office to contact your landlord or employer.	1	2	7	8

A13. Do you think there is a limit on the amount of time eligible households can receive food stamp benefits?

YES 1
NO (SKIP TO A14)..... 2
REFUSED (SKIP TO A14)..... 7
DON'T KNOW (SKIP TO A14)..... 8

A13a. How many years do you think eligible households can receive food stamp benefits?

_____ YEARS

AS LONG AS THEY NEED THEM 96
 REFUSED 97
 DON'T KNOW 98

A14. What about TANF (INSERT NAME OF STATE PROGRAM) or welfare benefits? Do you think there is a limit on the amount of time eligible households can receive benefits?

YES 1
 NO (SKIP TO A15)..... 2
 REFUSED (SKIP TO A15)..... 7
 DON'T KNOW (SKIP TO A15)..... 8

A14a. How many years do you think eligible households can receive benefits?

_____ YEARS

AS LONG AS THEY NEED THEM 96
 REFUSED 97
 DON'T KNOW 98

A15. Have you seen or heard about the Food Stamp Program in any of the following places? Have you...

	YES	NO	REF	DK
Read any articles about the Program in the newspaper?.....	1	2	7	8
Hear any announcements or advertisements on the radio or TV?..	1	2	7	8
Seen any posters, flyers, or brochures?.....	1	2	7	8
Seen any billboards or advertisements on buses, taxis, or trains?.	1	2	7	8
Heard any presentations by community groups?.....	1	2	7	8
Received any mail or telephone calls about food stamps?.....	1	2	7	8
Any thing else (SPECIFY: _____)?.....	1	2	7	8

A16. How much do you know about what you would have to do in order to get food stamp benefits? Would you say you ...

Are well informed about the process..... 1
 Have some idea about the process 2
 Do not have any idea what is involved..... 3
 REFUSED 7
 DON'T KNOW 8

B. Household Composition/Characteristics

My next several questions are about the characteristics of your household. Your answers to these questions will tell me which questions I need to ask. Remember, all the information you tell me is for research purposes only and will remain confidential. Please tell me about your household situation.

B1. How many household members are. . . (MAKE SURE TOTAL MATCHES S4)

Under five years old? _____
Five to 17 years old?..... _____
18-59 years of age? _____
60 years of age or older?..... _____
TOTAL _____

B2. Is English the primary language spoken in your household?

YES (SKIP TO Q. B4) 1
NO 2

B3. What language do you and your family most often speak at home?

SPANISH..... 1
CHINESE..... 2
PORTUGUESE 3
FRENCH 4
ARABIC..... 5
ITALIAN..... 6
VIETNAMESE..... 7
LAOTIAN 8
CAMBODIAN 9
HMONG..... 10
OTHER (SPECIFY) 11

B4. What is your date of birth?

_____/_____/_____
MONTH DAY YEAR

DON'T KNOW 8

NO SECTION C.

D. Time/Cost of Application

My next several questions are about how much time it would take you and how much it would cost you to go to the food stamp office to find out about or apply for food stamps.

IF DON'T KNOW WHERE FOOD STAMP OFFICE IS LOCATED (A5 = NO), THEN SKIP TO D5.

D1. Approximately how many miles is it from your house to the food stamp office?

_____ MILES
 REFUSED 7
 DON'T KNOW 8

D1a. Approximately how much time would it take you to get to the food stamp office?

_____ TOTAL HOURS
 OR
 _____ TOTAL MINUTES
 REFUSED 97
 DON'T KNOW 98

D2. If you were going to the food stamp office, how would you get there? (READ ITEM IF NECESSARY)

Drive your own car 1
 Take a bus or other public transportation (SKIP TO D3)..... 2
 Take a taxicab..... 3
 Have someone drive you..... 4
 Borrow a car..... 5
 Walk 6
 OTHER (SPECIFY) _____ 7

D2a. Is public transportation available to the food stamp office?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

D3. How convenient is the office location for you? Do you consider the location ...

Very convenient (SKIP TO D5) 1
 Somewhat convenient (SKIP TO D5)..... 2
 Somewhat inconvenient..... 3
 Very inconvenient..... 4
 REFUSED 7
 DON'T KNOW 8

D4. What, if anything, is wrong with the location of the office? (CIRCLE ALL THAT APPLY)

- It is too far from home..... 1
- It is in a congested area with lots of traffic 2
- It is difficult to find parking 3
- It is in an unsafe neighborhood..... 4
- It is not easily accessible by public transportation..... 5
- It costs too much to get there..... 6
- The building is depressing..... 7
- OTHER (SPECIFY) _____..... 96
- REFUSED 97
- DON'T KNOW 98

D5. How many trips do you **think** you'd have to make to the food stamp office before you received food stamps or other assistance or were denied benefits?

- _____ NUMBER OF TRIPS
- REFUSED 7
- DON'T KNOW 8

D6. Counting **all** the visits you think you would have to make to the food stamp office to apply for or see about food stamps or other assistance, how much time do you think you would have to spend? Count time traveling there and back as well as time spent waiting, filling out paperwork, meeting with program staff, etc.

- _____ total hours
- OR
- _____ total minutes
- REFUSED 7
- DON'T KNOW 8

D7. Would you have to miss any work to apply for food stamps or other assistance?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

D8. Would you need child care or elder care when you went to apply for food stamps or other assistance?

- YES 1
- NO (GO TO SECTION E) 2
- REFUSED (GO TO SECTION E) 7
- DON'T KNOW (GO TO SECTION E)..... 8

D8a. How easy would it be for you to arrange for child care or elder care?

Very easy	1
Somewhat easy	2
Somewhat difficult	3
Very difficult.....	4
REFUSED	7
DON'T KNOW	8

D8b. Would you need to pay for the care?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

E Stigma

IF R HAS RECEIVED FOOD STAMPS (A1 = YES), ASK QUESTIONS E1 THROUGH E6. OTHERWISE ASK QUESTIONS E7 THROUGH E10.

E1. My next questions are about how people feel about using food stamps. Have you ever done anything to hide that you got food stamps?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E2. Have you ever avoided telling people you got food stamps?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E3. Did you ever go out of your way to shop at a store where no one knew you?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E4. Have you ever been treated disrespectfully when using food stamps in a store?

- YES 1
- NO (SKIP TO E5)..... 2
- REFUSED 7
- DON'T KNOW 8

E5. Were you ever treated disrespectfully when you told people that you received food stamps?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

E6. Have you ever given your food stamps to someone else because you were embarrassed to use them?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

SKIP TO SECTION F.

E7. The next questions are about how you might feel if you received food stamp benefits. Please answer “yes” or “no”. If I got food stamps, I might go out of my way so people would not find out.”

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E8. "I might not shop in certain stores because I don't want people there to know I use food stamps."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E9. "People in stores would treat me disrespectfully when I use food stamps."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

E10. "People would treat me disrespectfully if they found out that I got food stamps."

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

F. Prior Experience and Satisfaction with Food Stamp Office

IF R IS NEAR APPLICANT, A6 = 1 AND A6a = 2: My next set of questions are about your experiences at the Food Stamp or welfare office the last time you contacted the office to inquire about benefits. GO TO F1.

IF R RECEIVED FOOD STAMPS WITHIN THE LAST FOUR YEARS (A1 = YES AND A1a = 2 OR 3), OR R APPLIED FOR FOOD STAMPS WITHIN THE LAST 4 YEARS, A1d = 1996 OR AFTER, OR A1e = 2: My next set of questions are about your experiences at the Food Stamp or welfare office the last time you contacted the food stamp office. (SKIP TO F13.)

IF R NEVER APPLIED FOR FOOD STAMPS (A1c = NO) OR APPLIED MORE THAN 4 YEARS AGO (A1d LT 9/96 OR A1e = A, 7, OR 8), SKIP TO SECTION G.

F1. When you last contacted the food stamp or welfare office, did you know which specific programs you were interested in?

- YES 1
- NO (SKIP TO F2)..... 2
- SOME IDEA..... 3
- REFUSED (SKIP TO F2)..... 7
- DON'T KNOW (SKIP TO F2)..... 8

F1a. Which programs were you interested in?

PROGRAM:	YES	NO	RF	DK
Food Stamps	1	2	7	8
TANF (INSERT STATE NAME)	1	2	7	8
Medicaid	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8
SSI	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8
OTHER (SPECIFY: _____)	1	2	7	8

F2. When you last contacted the food stamp or welfare office, did you apply for (PROGRAM NAME FROM GRID)? (IF YES, ASK F2a.)

F2a. Were you approved for (PROGRAM NAME FROM GRID) when you last applied?

PROGRAM	F2. APPLIED?				F2a. APPROVED?			
	YES	NO	RF	DK	YES	NO	RF	DK
TANF (INSERT NAME OF STATE PROGRAM)	1	2	7	8	1	2	7	8
Medicaid	1	2	7	8	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8	1	2	7	8
SSI	1	2	7	8	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8	1	2	7	8
OTHER (SPECIFY) _____	1	2	7	8	1	2	7	8

F3. Did you pick up or did they mail you a food stamp application?

YES (SKIP TO F5)..... 1
NO 2

F4. What was the main reason you were not provided with a food stamp application? Was it because... (READ LIST. CIRCLE ONE.)

You did not want to apply..... 1
You did not ask for an application..... 2
No one suggested that you complete one, so you didn't think you'd be eligible 3
You could not wait for an appointment..... 4
The caseworker said you probably wouldn't be eligible..... 5
DON'T KNOW 8

F5. How convenient for you were the hours the office was open? Would you say they were ...

Very convenient (SKIP TO F7)..... 1
Somewhat convenient (SKIP TO F7)..... 2
Somewhat inconvenient..... 3
Very inconvenient..... 4
REFUSED (SKIP TO F7)..... 7
DON'T KNOW (SKIP TO F7) 8

F6. What was the problem with the office hours at the Food Stamp Office? (CIRCLE ALL THAT APPLY)

- It is open only during normal business hours 1
- You would have to take time off from work to get there..... 2
- It is difficult to schedule meetings with a caseworker at convenient times 3
- It is not open evenings or weekends 4
- There are few workers available at lunchtime when I could get there..... 5
- Other problems (SPECIFY) _____..... 6
- REFUSED 7
- DON'T KNOW 8

F7. When you last contacted the food stamp office, how satisfied were you with the services provided by the receptionist or telephone operator in letting you know about what to do next? Would you say...

- Very satisfied 1
- Somewhat satisfied..... 2
- Somewhat dissatisfied..... 3
- Very dissatisfied 4
- REFUSED 7
- DON'T KNOW 8

F8. Did you speak with a caseworker?

- YES 1
- NO (GO TO F9) 2
- REFUSED (GO TO F9) 7
- DON'T KNOW (GO TO F9)..... 8

F8a. How long did you wait to speak with a welfare caseworker or food stamp caseworker about your case?

_____ minutes

F9. Were you informed about the requirements for applying and participating in the Food Stamp Program?

- YES 1
- NO (SKIP TO F10) 2
- REFUSED (SKIP TO F10) 7
- DON'T KNOW (SKIP TO F10) 8

F9a. How were you informed? (CIRCLE ALL THAT APPLY. READ LIST IF NECESSARY.)

- CASEWORKER TOLD ME ABOUT THEM 1
- CASEWORKER OR OTHER OFFICE STAFF GAVE YOU WRITTEN MATERIALS LIKE PAMPHLETS OR BROCHURES 2
- PICKED UP WRITTEN MATERIALS YOURSELF..... 3
- RECEIVED MATERIALS IN THE MAIL AFTER YOUR VISIT..... 4
- ATTENDED A GROUP MEETING WHERE BENEFITS AND GUIDELINES WERE EXPLAINED..... 5
- WATCHED A VIDEO ON BENEFITS AND GUIDELINES 6
- TOLD TO COME IN TO OFFICE..... 7
- REFUSED 97
- DON'T KNOW 98

F10. After meeting or talking with the worker, did you feel that you really understood what you'd need to do to get food stamps, were you somewhat unsure, or had you no idea at all of what was required of you?

- Really understood 1
- Somewhat unsure..... 2
- No idea at all 3

F11. In general, do you feel that the Food Stamp Program requirements are reasonable or unreasonable?

- REASONABLE..... 1
- UNREASONABLE..... 2
- REFUSED 7
- DON'T KNOW 8

F12. Overall, how successful was your contact with the office? Did you...

- Accomplish everything you expected to during that visit or telephone call, or did you (GO TO F13)..... 1
- Accomplish some, but not all things that you expected to accomplish? 2
- Or did you not accomplish anything..... 3
- REFUSED (GO TO F13)..... 7
- DON'T KNOW (GO TO F13)..... 8

F12a. Can you tell me what you were not able to do during this contact? (CODE ALL THAT APPLY)

- FIND OUT IF ELIGIBLE..... 1
- FIND OUT AMOUNT OF BENEFIT..... 2
- GET LIST OF ALL REQUIREMENTS 3
- COMPLETE AN APPLICATION 4
- OTHER (SPECIFY) _____ 5
- REFUSED 7
- DON'T KNOW 8

F13. Now, please tell me your opinions about the caseworker assigned to you at the food stamp office. As I read each statement, please tell me if you agree or disagree. FOR EACH ANSWER TO F13, ASK F13a.

F13a. Do you strongly (agree/disagree) or somewhat (agree/disagree)?

	F13. AGREE/DISAGREE				F13a. STRONGLY/SOMEWHAT			
	YES	NO	RF	DK	STRONGLY	SOMEWHAT	RF	DK
a. The kinds of services I received were suitable because of my needs	1	2	7	8	1	2	7	8
b. I agreed with my caseworker's decisions.	1	2	7	8	1	2	7	8
c. Overall, my caseworker kept me well informed.	1	2	7	8	1	2	7	8
d. I felt that my caseworker was doing his or her part to help solve my problems.	1	2	7	8	1	2	7	8
e. My caseworker was knowledgeable about food stamp benefits and procedures.	1	2	7	8	1	2	7	8
f. My caseworker treats clients respectfully.	1	2	7	8	1	2	7	8

F14. Compared to other public offices with which you have had contact, how would you rate the treatment you received at the food stamp office? Would you say you were treated better, the same, or worse than you were treated at other places such as the Division of Motor Vehicles, voter registration, WIC, the post office, or the unemployment office?

- BETTER..... 1
- THE SAME..... 2
- WORSE 3
- REFUSED 7
- DON'T KNOW 8

G. Housing/Community

My next questions are about your housing situation.

- G1. What best describes your living arrangement? Do you:
- Own or are you buying your own home (SKIP TO G4)..... 1
 - Rent your home or apartment..... 2
 - Live with family or friends and *not* pay rent 3
 - Live with family or friends and pay *part* of the rent 4
 - Live in a homeless shelter or shelter for domestic violence (SKIP TO G6) 5
 - Live on the street, or (SKIP TO G6)..... 6
 - Live in some other arrangement? (SPECIFY) _____ 7

- G2. Do you live in public housing?
- YES (SKIP TO G4) 1
 - NO 2
 - REFUSED 7
 - DON'T KNOW 8

- G3. Do you pay less rent because the government pays for part of it through a Section 8 housing subsidy?
- YES 1
 - NO 2
 - REFUSED 7
 - DON'T KNOW 8

- G4. Last month, what did your household spend on housing? (Please include rent or mortgage, and if applicable, home insurance, property taxes and water usage).
 PROMPT: Your best estimate is fine.
- \$ _____ .00
 - REFUSED 97
 - DON'T KNOW 98

- G5. Did that amount include any utilities, such as gas, heat or air conditioning, electricity, and water?
- YES (GO TO G7)..... 1
 - SOME, BUT NOT ALL (ASK G5A) 2
 - NO (ASK G5A) 3
 - REFUSED (GO TO G7)..... 7
 - DON'T KNOW (GO TO G7) 8

- G5a. How much did your household pay for utilities last month? Please include all utilities such as gas, heat or air conditioning, electricity, and water that are not included in your housing costs. (PROMPT: Your best estimate is fine.)
- \$ _____ Total utilities (GO TO G7)
 - REFUSED (GO TO G7)..... 7
 - DON'T KNOW (GO TO G7) 8

G6. What length of time have you been living in a shelter or on the street?

_____ days
 _____ weeks
 _____ months
 _____ years
 REFUSED 97
 DON'T KNOW 98

G7. In the past 12 months, since (CURRENT MONTH, 1999), have you (or your children) received any of the following types of help from community organizations, neighborhood centers or religious organizations, other than friends or family?

	YES	NO	RF	DK
Shelter from an emergency shelter	1	2	7	8
Clothing or clothing vouchers	1	2	7	8
Money	1	2	7	8
Child care or help paying for child care	1	2	7	8
Transportation or help paying for transportation	1	2	7	8
Free medical services	1	2	7	8
Help paying your utilities, like electricity, gas or water	1	2	7	8
Help paying your phone bill or enabling you to use a telephone	1	2	7	8
Help paying for your rent	1	2	7	8
Legal aid or help paying for legal aid	1	2	7	8
Any other kind of help? (SPECIFY) _____	1	2	7	8

G8. In the past 12 months, since (CURRENT MONTH, 1999), did you or any other adults in your household ever get emergency food from a...

	YES	NO	RF	DK
Church	1	2	7	8
Food pantry	1	2	7	8
Food bank	1	2	7	8

IF "YES" TO ANY IN G8, ASK G9. OTHERWISE SKIP TO G10.

G9. How often did this happen — almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month..... 1
- Some months but not every month 2
- Only 1 or 2 months..... 3
- REFUSED 7
- DON'T KNOW 8

G10. In the past 12 months, since (CURRENT MONTH, 1999), did you or other members of your household ever eat any meals at a soup kitchen?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

H. Employment Status

Many working families still qualify for food stamp benefits. My next several questions are about your job status last month. Again, I would like to remind you that your answers will remain strictly confidential.

H1. Last month, were you earning money from a job? Include any self-employment.

YES 1
NO (SKIP TO H5)..... 2

H2. Last month, how many hours did you usually work per week? Include all jobs.

_____ HOURS
REFUSED 97
DON'T KNOW 98

H3. OMITTED

H4. How much money did you earn per hour, week or month from your job(s) before taxes and any other deductions?

\$ _____ per hour
OR
\$ _____ per week
OR
\$ _____ per month

IF ONE PERSON IN HOUSEHOLD, SKIP TO SECTION I.

H5. Last month, did anyone else in your household work at a job for pay, not including schoolchildren aged 17 or under?

YES 1
NO (SKIP TO SECTION I)..... 2
REFUSED (SKIP TO SECTION I)..... 7
DON'T KNOW (SKIP TO SECTION I)..... 8

H6. IF YES: How many people in your household, besides yourself, worked at a job for pay last month?

_____ NUMBER OF PEOPLE WHO WORKED
REFUSED (SKIP TO SECTION I)..... 97
DON'T KNOW (SKIP TO SECTION I)..... 98

ASK H7a FOLLOWED BY H7b FOR EACH OTHER WORKING HOUSEHOLD MEMBER.

H7a. Last month, how many hours per week did each person usually work?

H7b. Last month, about how much money did this person earn per hour, week or month from their job(s) before taxes and any other deductions?

PERSON 1	PERSON 2	PERSON 3	PERSON 4
_____ HOURS REFUSED.....97 DON'T KNOW98	_____ HOURS REFUSED 97 DON'T KNOW..... 98	_____ HOURS REFUSED 97 DON'T KNOW 98	_____ HOURS REFUSED.....97 DON'T KNOW98
\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98

I. Income/Sources of Income

Now I'm going to ask you some questions about your household income last month. I want to assure you that none of the answers you give me will be discussed with anyone.

Last month, did you or anyone else in your household, including children, receive (INCOME SOURCE)? FOR EACH INCOME SOURCE RECEIVED, ASK a.

a. How much money did you and other household members receive last month from (INCOME SOURCE)?

INCOME SOURCE	RECEIVED?				a. AMOUNT RECEIVED
	YES	NO	RF	DK	
I1. Cash from a cash assistance program like TANF (INSERT NAME OF STATE PROGRAM) or General Assistance (INSERT NAME OF STATE PROGRAM)?	1	2	7	8	\$ _____
I2. Income from child support either directly from your child's other parent or through a government agency?	1	2	7	8	\$ _____
I3. Disability income through Supplemental Security Income--that is, SSI--or from some other source?	1	2	7	8	\$ _____
I4. Regular income from friends or relatives outside the household?	1	2	7	8	\$ _____
I5. Social Security checks from the government or Veteran's benefits?	1	2	7	8	\$ _____
I6. Any other retirement or pension, public or private?	1	2	7	8	\$ _____
I7. Money from any other source? This might include unemployment insurance, worker's compensation, alimony, foster child payments, rent from tenant or boarder and so on.	1	2	7	8	\$ _____

I8. Last month, did you or anyone in your household receive WIC, Women, Infants and Children Program, benefits such as food packages or vouchers for purchasing food?

- YES 1
- NO 2
- REFUSED 3
- DON'T KNOW 4

I9. SEE B1. IF CHILD/REN OF AGES 5-17 IN HOUSEHOLD, ASK: Last month, did any school-aged child in your household receive free or reduced-price breakfasts or lunches at school?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

J. Assets

My next several questions ask about your household assets. Please remember that these questions are for research purposes only and will not be shared with anyone. Your responses to these questions will not affect your eligibility for benefits now or in the future.

J1. Do you have a checking account?

- YES 1
- NO (GO TO J3)..... 2
- REFUSED (GO TO J3)..... 7
- DON'T KNOW (GO TO J3) 8

J2. How much money, on average, do you estimate is in your checking account?

- \$ _____
- REFUSED 7
- DON'T KNOW 8

J3. Do you have a savings account?

- YES 1
- NO (GO TO J5)..... 2
- REFUSED (GO TO J5)..... 7
- DON'T KNOW (GO TO J5) 8

J4. How much money do you have in savings accounts?

- \$ _____
- REFUSED 7
- DON'T KNOW 8

J5. Do you have any other bank accounts or financial investments?

- YES 1
- NO (GO TO SECTION K) 2
- REFUSED (GO TO SECTION K) 7
- DON'T KNOW (GO TO SECTION K)..... 8

J6. What is the approximate value **in total** of these other bank account and financial investments? Please include amounts in individual retirement accounts (IRAs), stocks, mutual funds, certificates of deposit (CDs), money market accounts, 401k accounts and elsewhere.

- \$ _____
- REFUSED 7
- DON'T KNOW 8

K. Food Security

My next set of questions are about the food eaten in your household. Over the past several years, USDA has been developing a set of questions to tell us about the food needs of adults and children. You may find some of these questions sensitive.

K1. Which of these statements best describes the food eaten in your household in the last 12 months:

- (I/We) have enough to eat and the kinds of food (I/we) want 1
- (I/We) have enough to eat but not always the kinds of food (I/we) want 2
- Sometimes (I/we) don't have enough to eat, or..... 3
- Often (I/we) don't have enough to eat 4
- REFUSED 7
- DON'T KNOW 8

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for (you/your household) in the last 12 months.

K2. The first statement is, "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

K3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

K4. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

IF CHILDREN UNDER 18 IN THE HOUSEHOLD (SEE B1), ASK QUESTIONS K5 -K7. IF NO CHILDREN SKIP TO K8 :

K5. (I/we) relied on only a few kinds of low-cost food to feed (my/our) child(ren) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

K6. “(I/We) couldn’t feed (my/our) child(ren) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

IF K2, K3 AND K4 EQUAL “NEVER” (3), AND K5 AND K6 EQUAL “NEVER” (3) OR BLANK, THEN SKIP TO SECTION L. OTHERWISE CONTINUE.

K7. My/Our child was/The children were not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true..... 1
- Sometimes true 2
- Never true 3
- REFUSED 7
- DON'T KNOW 8

K8. In the last 12 months, did you (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- YES (ASK K8a)..... 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K8a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month..... 1
- Some months but not every month 2
- Only 1 or 2 months..... 3
- REFUSED 7
- DON'T KNOW 8

K9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K10. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K11. In the last 12 months, did you lose weight because you didn't have enough money for food?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

IF NO TO K7, K8, K9, K10, AND K11, SKIP TO SECTION L.

K12. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- YES (ASK K12a) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

K12a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month..... 1
- Some months but not every month 2
- Only 1 or 2 months..... 3
- REFUSED 7
- DON'T KNOW 8

IF CHILDREN UNDER 18 IN HOUSEHOLD (SEE B1), ASK K13-16, OTHERWISE SKIP TO SECTION L.

The next questions are about the children living in the household who are under 18 years old. You may find some of the following questions sensitive. I want to remind you that all of the information you give will remain confidential and in answering these questions you will help the food stamp program better understand the needs of families and children it seeks to serve.

K13. In the last 12 months, since (NAME OF CURRENT MONTH) last year, did you ever cut the size of (your child's/any of your children's) meals because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

K14. In the last 12 months did (your child/any of your children) ever skip a meal because there wasn't enough money for food?

YES 1
NO (GO TO K15) 2
REFUSED (GO TO K15) 7
DON'T KNOW (GO TO K15)..... 8

K14a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month..... 1
Some months but not every month 2
Only 1 or 2 months 3
REFUSED 7
DON'T KNOW 8

K15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

K16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

L. Demographics

My last few questions are about the characteristics of your household. Remember, all information will remain confidential. Please tell me about your household situation.

L1. Are you...

- Married and living with your (husband/wife) (GO TO L3)..... 1
- Separated or living apart from your (husband/wife)?..... 2
- Divorced, 3
- Widowed, or..... 4
- Never married?..... 5
- REFUSED 7
- DON'T KNOW 8

L2. **IF NOT LIVING WITH SPOUSE:** Are you living with a partner?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L3. CODE GENDER WITHOUT ASKING. **IF UNCLEAR, ASK:** Are you male or female?

- MALE 1
- FEMALE 2

L4. What was the last grade or year of school you completed?

- SOME ELEMENTARY SCHOOL (GRADES 1-8) 1
- COMPLETED ELEMENTARY SCHOOL..... 2
- SOME HIGH SCHOOL 3
- COMPLETED HIGH SCHOOL OR RECEIVED GED..... 4
- TECHNICAL OR VOCATIONAL SCHOOL 5
- SOME COLLEGE..... 6
- ASSOCIATE'S DEGREE..... 7
- BACHELOR'S DEGREE..... 8
- ADVANCED DEGREE..... 9
- NO FORMAL SCHOOLING..... 0
- OTHER (SPECIFY: _____)..... 96
- REFUSED 97
- DON'T KNOW 98

L5. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

- Hispanic or Latino..... 1
- Not Hispanic or Latino 2

L6. Which of the following do you consider yourself to be? You may choose more than one. (READ LIST AND CODE ALL RESPONSES)

- White 1
- Black or African American..... 2
- Asian..... 3
- American Indian or Alaska Native..... 4
- Native Hawaiian or Pacific Islander..... 5
- REFUSED 7
- DON'T KNOW 8

L7. Were you born in the United States?

- YES (SKIP TO L8)..... 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L7a. Are you a United States citizen?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L8. SEE B1. IF THERE ARE CHILDREN UNDER 18 IN HOUSEHOLD, ASK: Were **all** the children in your household born in the United States?

- YES (SKIP TO L9)..... 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L8a. Are the children in your household ... (READ LIST)

- All US citizens 1
- Are some, but not all US citizens, or are 2
- None of the children in the household US citizens..... 3
- REFUSED 7
- DON'T KNOW 8

L9. Is anyone in your household disabled? By disabled, I mean unable to work or limited in the amount or type of work because of a mental or physical condition.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L10. The next questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to [FILL VAR: AREA CODE/TELEPHONE NUMBER FROM SAMPLE TELEPHONE NUMBER]? Don't count any cell phone or pager numbers.

- YES 1
- NO (GO TO L13)..... 2
- REFUSED (GO TO L13)..... 7
- DON'T KNOW (GO TO L13)..... 8

L11. Is this second number for home use only, for business use only, or for both home and business use?

- HOME ONLY 1
- BUSINESS ONLY (GO TO L13) 2
- BOTH HOME AND BUSINESS 3
- REFUSED (GO TO L13)..... 7
- DON'T KNOW (GO TO L13)..... 8

L11a. Is this second number used only for computer or fax communication?

- YES 1
- NO 2
- REFUSED (GO TO L13)..... 7
- DON'T KNOW (GO TO L13)..... 8

L12. Do you have a third home phone number in addition to the two you have already told me about?

- YES 1
- NO (GO TO L13)..... 2
- REFUSED (GO TO L13)..... 7
- DON'T KNOW (GO TO L13)..... 8

L12a. Is this third number for home use only, for business use only, or for both home and business use?

- HOME ONLY 1
- BUSINESS ONLY (GO TO L13) 2
- BOTH HOME AND BUSINESS 3
- REFUSED (GO TO L13)..... 7
- DON'T KNOW (GO TO L13)..... 8

L12b. Is this third number used only for computer or fax communication?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

L13. During the past 12 months, has your household been without telephone service for 1 week or more?

- YES 1
- NO (GOT TO CLOSE) 2
- REFUSED (GO TO CLOSE) 7
- DON'T KNOW (GO TO CLOSE) 8

L13a. For how long was your household without telephone service in the past 12 months?

_____ NUMBER
(IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER)

ENTER PERIOD: _____

- DAY(S)..... 1
- WEEK(S) 2
- MONTH(S) 3
- REFUSED 7

These are all the questions I have for you. Thank you for your participation in this survey.