

# Enhancing Food Stamp Certification: Food Stamp Modernization Efforts

## State Food Stamp Agency Survey

11/13/07

**Name of person completing this form:**

**Title:**

**Agency:**

**State:**

**Telephone:**

**E-mail:**

**Fax:**

**Best days and times to reach you, in case of questions:**

This survey is being conducted as part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) study of the range of efforts states are undertaking to enhance food stamp certification and to modernize the Food Stamp Program (FSP). Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We appreciate your taking the time from your busy schedules to complete this survey.

FNS broadly defines "food stamp modernization" to encompass changes in four areas: 1) policy; 2) administrative functions; 3) application of technology; and 4) partnering arrangements with businesses and nonprofit organizations. State modernization efforts vary widely; examples include consolidation of local offices, acceptance of electronic and faxed applications, increased outreach activities, implementation of call centers, use of biometric identification, and implementation of Supplemental Security Income/Food Stamp Program Combined Application Programs (CAPs).

This survey contains the following sections: (A) Organizational Information; (B) State Context; (C) Organizational and Operational Changes; (D) Electronic Applications; (E) Technological Innovations; (F) Call Centers; (G) Outreach; (H) Supplemental Security Income/Food Stamp Program Combined Application Programs (CAPs); (I) Fingerprint Imaging and Other Biometric Identification; (J) Outcome Measures; and (K) Concluding Remarks. The web-based survey will automatically guide you through the appropriate sections based on your responses.

We are only interested in modernization efforts planned or implemented after January 1, 2000. Please feel free to discuss the contents of this survey with any staff or agencies who may have experience with your state's modernization activities.

If you have any questions about the contents or purpose of this survey please contact:

Carolyn O'Brien at (202) 261-5624 or [Cobrien@ui.urban.org](mailto:Cobrien@ui.urban.org) or

Robin Koralek at (202) 261-5736 or [Rkoralek@ui.urban.org](mailto:Rkoralek@ui.urban.org)

Thank you very much for taking the time to provide this feedback!

**Please return by February 11, 2008.**

According to the Paperwork Reduction Act of 1995, no persons are 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 0584-XXXX and expires on XX/XX/XXXX. The time required to complete this information collection is estimated to average 2.5 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Agriculture, Food and Nutrition Service, ORNA, Alexandria, VA 22302.

## Section A. Organizational Information

- A1. Name of State:
- A2. Name of State Food Stamp Program Director:
- A3. Number of years State Director has been in this position:
- A4. Which programs is your department, bureau, or agency responsible for? Check all that apply.
- a.  TANF
  - b.  Medicaid/medical assistance
  - c.  Child Support
  - d.  State payments to Supplemental Security Income (SSI) recipients
  - e.  State-funded food assistance for noncitizens
  - f.  General Assistance
  - g.  Job Service/Wagner-Peyser
  - h.  Child care
  - i.  Energy assistance
  - j.  WIC
  - k.  WIA
  - l.  Other (specify: \_\_\_\_\_)
  - m.  None of the above
- A5. How is your state's Food Stamp Program administered?
- a.  State-administered
  - b.  County-administered
- A6. Which entity is primarily responsible for making **decisions** about the following Food Stamp Program **policies**?
- a. Certification rules  
state\_\_\_ region\_\_\_ county\_\_\_ local office\_\_\_
  - b. Recertification rules  
state\_\_\_ region\_\_\_ county\_\_\_ local office\_\_\_
  - c. Reporting rules  
state\_\_\_ region\_\_\_ county\_\_\_ local office\_\_\_
  - d. Case maintenance/management  
state\_\_\_ region\_\_\_ county\_\_\_ local office\_\_\_
- A7. Characterize the **level of flexibility** that local offices have in determining **procedures** and **practices** for each of the following.
- a. Certification procedures  
none\_\_\_ very low\_\_\_ low\_\_\_ medium\_\_\_ high\_\_\_ very high\_\_\_
  - b. Recertification procedures  
none\_\_\_ very low\_\_\_ low\_\_\_ medium\_\_\_ high\_\_\_ very high\_\_\_
  - c. Reporting procedures  
none\_\_\_ very low\_\_\_ low\_\_\_ medium\_\_\_ high\_\_\_ very high\_\_\_
  - d. Case maintenance/management procedures  
none\_\_\_ very low\_\_\_ low\_\_\_ medium\_\_\_ high\_\_\_ very high\_\_\_

- A8. How many local food stamp offices are there in your state where people can apply for food stamp benefits?  
 \_\_\_\_\_ offices
- A9. For which of the following programs are any Food Stamp Program caseworkers also responsible?
- a.  None (caseload is FSP-only)
  - b.  TANF
  - c.  Medicaid/medical assistance
  - d.  Child Support
  - e.  State payments to Supplemental Security Income (SSI) recipients
  - f.  State-funded food assistance for noncitizens
  - g.  General Assistance
  - h.  Job Service/Wagner-Peyser
  - i.  WIC
  - j.  WIA
  - k.  Child care
  - l.  Energy assistance
  - m.  Other (specify: \_\_\_\_\_)
  - n.  Varies by office (explain: \_\_\_\_\_)
- A10. Which of the programs below are integrated with your state's computer system for determining Food Stamp Program eligibility and benefits? Check all that apply.
- a.  TANF
  - b.  Medicaid/medical assistance
  - c.  Child Support
  - d.  State payments to Supplemental Security Income (SSI) recipients
  - e.  State-funded food assistance for noncitizens
  - f.  General Assistance
  - g.  Job Service/Wagner-Peyser
  - h.  WIC
  - i.  WIA
  - j.  Child care
  - k.  Energy assistance
  - l.  Other (specify: \_\_\_\_\_)
  - m.  None of the above

## Section B. State Context

B1. Characterize how strong a barrier the following issues are in your state.

Issues	Strong barrier	Somewhat strong barrier	Weak barrier	Not a barrier at all
a. Lack of knowledge or misinformation about eligibility rules				
b. Language barriers				
c. Distrust of food stamp office/government programs				
d. Long application				
e. Confusing application				
f. Amount of documentation or verification required				
g. Amount of time required for the application process				
h. Waiting times at local food stamp offices				
i. Perceived poor treatment at local offices				
j. Local food stamp office hours of operation				
k. Transportation to local food stamp offices				
l. Stigma				
m. Other (specify: _____)				

B2. What are the key issues that affect implementation of modernization activities? Check all that apply.

- a.  Economic growth
- b.  Economic downturn
- c.  State legislation
- d.  State programs
- e.  Increase in budget for Food Stamp Program administration
- f.  Decrease in budget for Food Stamp Program administration
- g.  Local labor market conditions
- h.  Union rules and civil service regulations
- i.  New governor
- j.  Change in state legislative body
- k.  New state food stamp administrator(s)
- l.  New local food stamp office administrator(s)
- m.  Staff turnover in local food stamp offices
- n.  Staff caseloads in local food stamp offices
- o.  Advocates
- p.  Other (specify: \_\_\_\_\_)

## Section C. Organizational and Operational Changes

We are interested in organizational and operational changes planned or implemented after January 1, 2000.

- C1. Which of the following major organizational changes have been made or will be made in your state food stamp agency?

Organizational Change	Status
Merging or consolidation of <b>state-level</b> agencies	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Closing or consolidation of <b>local</b> offices	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Transferring of functions or organizational units <b>from</b> the state food stamp agency <b>to</b> another governmental entity	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Transferring of functions or organizational units <b>to</b> the state food stamp agency <b>from</b> another governmental entity	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Transferring of functions <b>from</b> the state food stamp agency <b>to</b> community-based organizations	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Greater sharing of functions with community-based organizations	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Transferring of functions <b>from</b> the state food stamp agency <b>to</b> private-sector business	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know

Organizational Change	Status
Increasing job specialization of the local food stamp staff	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know

**If no changes were made or are planned, skip to C6**  
**If changes are in the planning stages only, skip to C6**  
**If all changes were implemented prior to 1/1/2000, Skip to C6**

- C2. Were the operational changes prompted by action from any of the following groups? Check all that apply.
- a.  Governor
  - b.  State legislature
  - c.  State-level agency administrator(s)
  - d.  County or local-level agency administrator(s)
  - e.  Advocates
  - f.  USDA
  - g.  Other (specify: \_\_\_\_\_)
  - h.  None of the above
- C3. Overall, were positions eliminated as a result of these organizational/administrative changes
- a.  Yes
    - i. \_\_\_\_\_ state level jobs (number of FTEs)
    - ii. \_\_\_\_\_ local level jobs (number of FTEs)
    - iii. \_\_\_\_\_ jobs contracted to private vendors (number of FTEs)
  - b.  No
  - c.  Don't know
  - d.  Not applicable
- C4. Overall, were positions created as a result of these organizational/administrative changes?
- a.  Yes
    - i. \_\_\_\_\_ state level jobs (number of FTEs)
    - ii. \_\_\_\_\_ local level jobs (number of FTEs)
    - iii. \_\_\_\_\_ jobs contracted to private vendors (number of FTEs)
  - b.  No
  - c.  Don't know
  - d.  Not applicable
- C5. Why did your state choose to implement each of these organizational changes? Check all that apply.

*Note: electronic survey will prepopulate based on responses to question C1.*

Organizational Change	Reasons for implementation														
	Decrease staff workload	Simplify process for workers	Improve program access	Increase overall program participation	Increase participation of working families	Increase participation of elderly and/or disabled	Increase participation of immigrants	Improve application processing time for client	Reduce fraud	Reduce error rates	Align with other public benefits programs	Reduce administrative costs	Other (specify: _____)	Not Applicable	Don't know
Merging or consolidation of state-level agencies															
Closing or consolidation of local offices															
Transferring of functions or organizational units <b>from</b> the state food stamp agency <b>to</b> another governmental entity															
Transferring of functions or organizational units <b>to</b> the state food stamp agency <b>from</b> another governmental entity															
Transferring of functions <b>from</b> the state food stamp agency <b>to</b> community-based organization															
Greater sharing of functions with community-based organizations															
Transferring of functions <b>from</b> the state food stamp agency <b>to</b> private-sector business															
Increasing job specialization of local food stamp staff															
Other (specify: _____)															

**Customer Access**

C6. Has your state planned or implemented any of the following activities specifically designed to improve access to the Food Stamp Program, streamline delivery of services, or provide improved customer service?

Activities	Status	Geographic Location	Further Expansion Planned
Create a combined application for various social service programs (specify programs__)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Accept applications by mail	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Accept applications by fax	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Accept recertifications by mail	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Accept recertifications by fax	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Provide flexible office hours	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Provide out-stationed FSP workers	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know



Activities	Status	Geographic Location	Further Expansion Planned
Track and follow-up with applicants	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

**If no activities were planned or implemented to increase customer access, skip to C12**  
**If all activities to increase customer access were implemented prior to 1/1/2000, skip to C12**

[Note: the electronic survey will prepopulate based on the responses to C1.]

C7. Why did your state plan or implement the following customer access activities?

Activities	Reasons for implementation															
	Decrease staff workload	Simplify process for workers	Simplify process for clients	Improve program access	Increase overall program participation	Increase participation of working families	Increase participation of elderly and/or disabled	Increase participation of immigrants	Improve application processing time for client	Reduce fraud	Reduce error rates	Align with other public benefits programs	Reduce administrative costs	Other (specify: _____)	Not Applicable	Don't know
Create a combined application for various social service programs																
Accept applications by mail																
Accept applications by fax																
Accept recertifications by mail																
Accept recertifications by fax																
Provide flexible office hours																
Provide out stationed FSP workers																

Activities	Reasons for implementation															
	Decrease staff workload	Simplify process for workers	Simplify process for clients	Improve program access	Increase overall program participation	Increase participation of working families	Increase participation of elderly and/or disabled	Increase participation of immigrants	Improve application processing time for client	Reduce fraud	Reduce error rates	Align with other public benefits programs	Reduce administrative costs	Other (specify: _____)	Not Applicable	Don't know
Track and follow-up with applicants																
Other (specify: _____)																

*[If still in planning stage]*

C8. How is your state planning to measure the effects of these activities? (skip to C13)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*[If completed or in progress]*

C9. How is your state measuring the effects of these activities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C10. Overall, in your opinion how have these activities to improve customer access affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrants				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

C11. Overall, what is your assessment of the activities implemented to improve access?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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C12. If your state has **not** implemented activities to improve customer access, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Increased fraud					
c. Increased error rates					
d. Increased administrative costs					
e. Complicated process for workers					
f. Complicated process for clients					
g. Reduced customer service					
h. Reduced overall participation in program					
i. Reduced participation of working families					
j. Reduced participation of the elderly					
k. Reduced participation of the disabled					
l. Reduced participation of immigrants					
m. Reduced participation of other population groups (specify: _____)					
n. Reduced application process timeliness					
o. Incompatible with other changes your state chose to implement					
p. Make it harder to align food stamps with other public benefit programs					
q. Would be ineffective					
r. Other (specify: _____)					

C13. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with organizational and operational change. Include lessons learned from earlier or discontinued efforts.

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C14. Does your state use partners for any of the following activities? Check all that apply.

Activities	Nonprofits			Other Government Programs						Other Partners		
	Community-based organizations	Faith-based organizations		National organizations	WIC	WIA	Medicaid/Medical assistance	Child Support	TANF	Energy Assistance	Private Contractors or Vendors	Other (specify: _____)
Outreach												
Application assistance												
Track and follow-up with applicants												
Provide alternative location to apply for FSP												
Other (specify: _____)												

**If no partners are used, skip to C19**

C15. How were these partners recruited and chosen? Check all that apply.

- a.  Prior experience on previous collaborations
- b.  Reputation in community
- c.  Competitive bidding process
- d.  Unsolicited proposal
- e.  Other (specify: \_\_\_\_\_)

C16. Were partner organization staff (including volunteers) trained to perform these functions?

- a.  Yes
  - i. By whom
    - 1.  FSP agency staff
    - 2.  Partner organization staff
    - 3.  Other (specify: \_\_\_\_\_)
- b.  No

C17. What types of agreements does your state have with these partners? Check all that apply.

- a.  Contracts
- b.  Grants
- c.  Memoranda of Understanding (MOUs)
- d.  Memoranda of Agreement (MOAs)
- e.  Oral agreements
- f.  Other (specify: \_\_\_\_\_)
- g.  None

C18. Do the partner organizations receive funding under these agreements?

- a.  Yes, describe: \_\_\_\_\_
- b.  No

**Contracting with Outside Entities**

*Note: questions only asked if respondent indicated above that they are transferring functions to outside organizations.*

C19. What types of Food Stamp Program intake, eligibility, verification, case management, or office management functions is your state contracting, in part or wholly, to outside entities? Check all that apply.

- a.  Outreach and education about FSP
- b.  Prescreening activities
- c.  Application assistance
- d.  Application/document filing (e.g., mail, fax, telephone, internet)
- e.  Tracking and follow-up of applications
- f.  Interpretation/translation
- g.  Out-stationed workers
- h.  Operating call centers
- i.  Providing document imaging services
- j.  Technological support
- k.  Systems design
- l.  Case management
- m.  Other (specify: \_\_\_\_\_)
- n.  No functions are contracted to outside entities (skip to C22)
- o.  All functions were contracted out prior to 1/1/2000 (skip to C22)

C20. What is the status of the contracting for the following functions?

*Note: electronic survey will prepopulate based on responses to question C5.*

Functions	Implemented	Planned but not implemented	Implemented as a pilot	Not planned or implemented	Don't know	Not applicable	Implemented prior to 1/1/2000
a. Outreach and education about FSP							
b. Prescreening activities							
c. Application assistance							
d. Application/document filing (e.g., mail, fax,							
e. Tracking and follow-up of applications							
f. Interpretation/translation							
g. Out-stationed workers							
h. Operating call centers							
i. Providing document imaging services							
j. Technological support							
k. Systems design							
l. Case management							
m. Other (specify: _____)							

C21. How much of a role did the following reasons play in your state's decision to use a contractor?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Decrease workload for government staff					
b. Improve customer satisfaction					
c. Improve program access					
d. Improve application processing time for client					
e. Reduce expenses					
f. Contractor has more appropriate/up-to-date skills than in-house staff					
g. Contractor has familiarity/better rapport with population to be served					
h. Contractor works at more convenient locations					
i. Contractor has the necessary (or better, or more modern) equipment/technology					
j. Decrease fraud					
k. Decrease error rates					
l. Other (specify: _____)					

C22. If certain functions are **not** contracted out, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Complicated process for clients					
b. Complicated process for workers					
c. Reduced customer satisfaction					
d. Reduced overall participation in the program					
e. Reduced participation of working families					
f. Reduced participation of the elderly					
g. Reduced participation of the disabled					
h. Reduced participation of immigrants					
i. Reduced participation of other population groups (specify: _____)					
j. Reduced application process timeliness					
k. Increased staff workload					
l. Increased fraud					
m. Increased error rates					

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
n. Increased administrative costs					
o. Difficult to program into existing computer system					
p. Incompatibility with other changes the state chose to implement					
q. Harder to align food stamps with other public benefit programs					
r. Exceeds agency's authority					
s. Conflicts with union rules and civil service regulations					
t. Other (specify: _____)					

C23. Overall, in your opinion how have these administrative or organizational changes affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrant households				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

C24. Overall, what is your assessment of the FSP administrative/organizational changes implemented in your state?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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C25. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with organizational and operational change. Include lessons learned from earlier or discontinued efforts.

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## Section D. Electronic Applications

*We are interested in electronic applications planned or implemented after January 1, 2000.*

- D1. Has your state implemented electronic applications for the Food Stamp Program?  
 a.  Implemented  
 b.  Planned but not implemented (skip to D9)  
 c.  Not planned or implemented (skip to D13)  
 d.  Implemented prior to 1/1/2000 (skip to Section E)  
 e.  Don't know (skip to H1)
- D2. What date was the electronic application implemented?  
 \_\_\_\_\_ (month/year)
- D3. Is the electronic application available online to the public (anyone with an Internet connection can access the site)?  
 a.  Yes  
 b.  No (specify who has access: \_\_\_\_\_)
- D4. Are electronic applications available statewide, or only in selected areas of your state?  
 a.  Statewide  
 b.  Selected areas of your state  
     i. Is this a pilot test or demonstration?  
         Yes                                    No  
     ii. Is further expansion already planned?  
         Yes                                    No
- D5. Which of the following functions of electronic applications have been implemented? Choose all that apply.

Function	Status
a. May complete an online application, but a paper copy must be printed and submitted to FSP office manually	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
b. May complete an online application that may be submitted electronically to the FSP office, but an original signature is required	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
c. May complete an online application that may be submitted electronically with an "e-signature"	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know



Function	Status
d. May apply online for multiple assistance programs (not only food stamps) within the same website but must fill out multiple applications  List other programs: _____	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
e. May apply online for multiple assistance programs (not only food stamps) with one application  List other programs: _____	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
f. May check status of application online	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know
g. Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know

D6. On average, how long does it take a client to complete an online application?  
 \_\_\_\_\_ (number of minutes)  
 Don't know

D7. During the month of November 2007, what proportion of applications were submitted:

a.  electronically to the FSP office, but an original signature was required?  
 \_\_\_\_\_ percent  
 Don't know

b.  electronically with an "e-signature?"  
 \_\_\_\_\_ percent  
 Don't know

D8. How much of a role did the following reasons play in your state's decision to implement electronic applications?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Decrease workload for government staff					
b. Simplify process for workers					
c. Improve customer service					
d. Improve program access					
e. Increase overall program participation					
f. Increase participation of working families					
g. Increase participation of the disabled					
h. Increase participation of the elderly					
i. Increase participation of immigrants					
j. Increase participation of other population groups (specify: _____)					
k. Improve application processing time					
l. Align with other public benefits programs					
m. Reduce administrative costs					
n. Decrease fraud					
o. Decrease error rates					
p. Other (specify: _____)					

*[If still in planning stage]*

D9. How is your state planning to measure the effects of electronic applications? (skip to D14)

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*[If completed or in progress ]*

D10. How is your state measuring the effects of electronic applications?

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D11. In your opinion, how have electronic applications affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrants				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

D12. Overall, what is your assessment of the implemented electronic applications?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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D13. If your state has **not** implemented an electronic application, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Complicated process for workers					
c. Complicated process for clients					
d. Reduced customer service					
e. Reduced overall participation in the program					
f. Reduced participation of working families					
g. Reduced participation of the elderly					
h. Reduced participation of immigrants					
i. Reduced participation of the disabled					
j. Reduced participation of other population groups (specify: _____)					
k. Reduced application process timeliness					
l. Incompatible with other changes your state chose to implement					
m. Difficult to program into existing computer system					

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
n. Harder to align food stamps with other public benefits programs					
o. Increased fraud					
p. Increased error rates					
q. Increased administrative costs					
r. Other (specify: _____)					

D14. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with electronic applications. Include lessons learned from earlier or discontinued efforts.

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## Section E. Technological Innovations

We are interested in technological innovations planned or implemented after January 1, 2000.

- E1. Has your state planned or implemented any of the following technologies to make changes in the certification/recertification process? If so, what is the status of the policy implementation? Check all that apply.

Technological Innovation	Status	Geographic Location
<b>Computer system upgrades/modifications:</b>		
Integrate the FSP MIS with other programs' systems	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Create online policy manuals	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Make modifications to enable workers to telecommute	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Create electronic case files	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<b>Document management:</b>		
Implement document imaging/paperless systems	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<b>Information sharing:</b>		

Technological Innovation	Status	Geographic Location
Implement data brokering/sharing with other benefits systems	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<i>Application access and submission:</i>		
Establish kiosks for prescreening or application tools in local offices and/or in the community	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Process applications at call center	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Allow clients to check account history or benefit status online	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<i>Reporting changes:</i>		
Accept faxed changes	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Accept changes at call center	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned

Technological Innovation	Status	Geographic Location
Accept changes by Automated Speech Recognition Systems (ASR) or Automated Response Units (ARU)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Accept changes through online tool	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<i>Recertification:</i>		
Recertify clients at call centers	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Recertify by telephone using automated speech recognition system (ASR) or Automated Response Units (ARU)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
<i>Expanded EBT uses:</i>		
Establish wireless point of service systems	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned
Develop online grocery ordering	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned

Technological Innovation	Status	Geographic Location
Accept EBT at Farmer's Markets	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Selected areas of your state <input type="checkbox"/> Further expansion is planned

**If technological innovations are in the planning stages only, skip to E7**  
**If no technological innovations were implemented or planned, skip to E14**  
**If all technological innovations were implemented prior to 1/1/2000, skip to Section F**

E2. During the month of November 2007, what proportion of clients used each of these technologies? [will be prepopulated based on response to initial technology question]

\_\_\_\_\_ percent  
 Don't know

E3. Why did your state begin using this technology?

*Note: table in electronic survey will prepopulate based on previous responses..*

Technological Innovation	Reasons for implementation															
	Decrease staff workload	Simplify process for workers	Simplify process for clients	Improve program access	Increase overall program participation	Increase participation of working families	Increase participation of elderly and/or disabled	Increase participation of immigrants	Improve application processing time for client	Reduce fraud	Reduce error rates	Align with other public benefits programs	Reduce administrative costs	Other (specify: _____)	Not applicable	Don't know
Integrate the FSP MIS with other program systems																
Create online policy manuals																
Make modifications to enable workers to telecommute																
Create an automated case management system																
Implement document imaging/paperless systems																
Implement data brokering/sharing with other benefits systems																



Technological Innovation	Reasons for implementation															
	Decrease staff workload	Simplify process for workers	Simplify process for clients	Improve program access	Increase overall program participation	Increase participation of working families	Increase participation of elderly and/or disabled	Increase participation of immigrants	Improve application processing time for client	Reduce fraud	Reduce error rates	Align with other public benefits programs	Reduce administrative costs	Other (specify: _____)	Not applicable	Don't know
Establish kiosks for prescreening or application tools in local offices and/or in the community																
Process applications at call center																
Allow clients to check account history or benefit status online																
Accept faxed changes																
Accept changes at call center																
Accept changes by Automated Speech Recognition Systems (ASR) or Automated Response Units (ARU)																
Accept changes through online tool																
Recertify clients at call centers																
Recertify clients by telephone using automated speech recognition system (ASR) or Automated Response Units (ARU)																
Establish wireless point of service systems																
Develop online grocery ordering																
Accept EBT at Farmer's Markets																
Other (specify: _____)																

- E4. Were contractors used to implement any of these technology changes?
- a.  Yes
- b.  No

- E5. If contractors were used, what functions were contracted out? Check all that apply.
- a.  Needs assessment
  - b.  Design
  - c.  Selection and installation of hardware
  - d.  Selection and installation of software
  - e.  System programming
  - f.  Training
  - g.  System maintenance and support
  - h.  Data management
  - i.  Call center operations
  - j.  Document imaging operations
  - k.  Other (specify: \_\_\_\_\_)

*[If still in planning stage]*

- E6. How will your state measure the effects of the technology? (skip to E15)

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*[If completed or in progress]*

- E7. Was training provided to food stamp agency staff on the new technology?

- a.  Yes
  - By whom?
    - i.  FSP agency staff
    - ii.  Partner agency staff
    - iii.  Other (specify: \_\_\_\_\_)
- b.  No

- E8. Was training provided to partner agency staff?

- a.  Yes
  - By whom?
    - i.  FSP agency staff
    - ii.  Partner agency staff
    - iii.  Other (specify: \_\_\_\_\_)
- b.  No

- E9. Was training provided to volunteers?

- a.  Yes
  - By whom?
    - i.  FSP agency staff
    - ii.  Partner agency staff
    - iii.  Other (specify: \_\_\_\_\_)
- b.  No

- E10. How is your state measuring the effects of each of these technologies?

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E11. Overall, in your opinion how have the technological changes affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrants				
f. Participation of other special population groups (specify:_____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
J. Error rates				
k. Other identifiable effects (specify:_____)				

E12. Overall, what is your assessment of the technological changes implemented?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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E13. If your state has **not** implemented new technologies, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Increased fraud					
c. Increased error rates					
d. Increased administrative costs					
e. Complicated process for workers					
f. Complicated process for clients					
g. Reduced customer service					
h. Reduced overall participation in program					
i. Reduced participation of working families					

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
j. Reduced participation of the elderly					
k. Reduced participation of the disabled					
l. Reduced participation of immigrants					
m. Reduced participation of other population groups (specify: _____)					
n. Reduced application process timeliness					
o. Incompatible with other changes your state chose to implement					
p. Harder to align food stamps with TANF					
q. Harder to align food stamps with Medicaid					
r. Other (specify: _____)					

E14. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with technological innovations. Include lessons learned from earlier or discontinued efforts.

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## Section F. Call Centers

*We are interested in call centers planned or implemented after January 1, 2000.*

- F1. Has your state planned or implemented call center operations for the Food Stamp Program?
- a.  Implemented
  - b.  Planned but not implemented (skip to F11)
  - c.  Not planned or implemented (skip to F15)
  - d.  Implemented prior to 1/1/2000 (skip to Section G)
  - e.  Don't know (skip to Section G)
- F2. What date was the call center implemented?  
\_\_\_\_\_
- F3. Are call centers available to all clients statewide, or only to clients in selected areas of your state?
- a.  Statewide
  - b.  Selected areas of your state
    - i. Is this a pilot test or demonstration?  
 Yes  No
    - ii. Is further expansion already planned?  
 Yes  No
- F4. Where are call centers located? (Check all that apply)
- a.  In your state
  - b.  In other state(s)
  - c.  In other country (countries)
- F5. How are the call centers organized?
- a.  One center serves your entire state
  - b.  Multiple call centers, each serving one or more counties
  - c.  Multiple call centers, each serving a single county
  - d.  Other (specify: \_\_\_\_\_)
- F6. Is the management and staffing of the call center contracted to an outside entity?
- a.  Yes (describe the functions that are contracted: \_\_\_\_\_)
  - b.  No
- F7. What are the functions of the call centers? Check all that apply.
- a.  Change reporting
  - b.  Initial application interview/certification
  - c.  Recertification
  - d.  Alert processing
  - e.  Answer general questions
  - f.  Schedule appointments
  - g.  Provide information about case
  - h.  Application assistance
  - i.  Return client calls
  - j.  Other (specify: \_\_\_\_\_)
- F8. What was the average number of calls your call center received during the month of November 2007?
- \_\_\_\_\_ # of calls
- Don't know

F9. Of the calls received during the month of November 2007, what proportion of the calls:

were interviews with new applicants	<input type="text"/> % <input type="text"/> Don't know <input type="text"/> Not applicable
were recertification interviews with current recipients	<input type="text"/> % <input type="text"/> Don't know <input type="text"/> Not applicable
were clients reporting changes	<input type="text"/> % <input type="text"/> Don't know <input type="text"/> Not applicable
were clients asking general questions	<input type="text"/> % <input type="text"/> Don't know <input type="text"/> Not applicable
were clients asking for information about their cases (including status)	<input type="text"/> % <input type="text"/> Don't know <input type="text"/> Not applicable

F10. How much of a role did the following reasons play in your state's decision to use call centers?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Decrease workload for government staff					
b. Simplify process for workers					
c. Improve customer service					
d. Improve program access					
e. Increase overall program participation					
f. Increase participation of working families					
g. Increase participation of the disabled					
h. Increase participation of the elderly					
i. Increase participation of immigrants					
j. Increase participation of other population groups (specify: _____)					
k. Improve application process timing					
l. Align with other public benefits programs					
m. Reduce administrative costs					
n. Decrease fraud					
o. Decrease error rates					
p. Other (specify: _____)					

*[If still in planning stage]*

F11. How will your state measure the effects of using call centers? (skip to F16)

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*[If completed or in progress]*

F12. How is your state measuring the effects of using call centers?

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F13. Overall, in your opinion how has using call centers affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrant				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

F14. Overall, what is your assessment of the implemented call centers?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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F15. If your state has **not** created a call center, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Complicated process for workers					
c. Complicated process for clients					
d. Reduced customer service					
e. Reduced overall participation in the program					
f. Reduced participation of working families					
g. Reduced participation of the elderly					
h. Reduced participation of the disabled					
i. Reduced participation of immigrants					
j. Reduced participation of other population groups (specify: _____)					
k. Reduced application process timeliness					
l. Incompatible with other changes your state chose to implement					
m. Harder to align food stamps with TANF					
n. Harder to align food stamps with Medicaid					
o. Increased fraud					
p. Increased error rates					
q. Increased administrative costs					
r. Conflicts with union rules and civil service regulations					
s. Other (specify: _____)					

F16. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with call centers. Include lessons learned from earlier or discontinued efforts.

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## Section G. Outreach

We are interested in outreach activities planned or implemented after January 1, 2000.

- G1. Has your state been involved in any of the following *outreach activities* to increase Food Stamp Program participation? Include only those activities that FSP staff participated in directly or those funded, at least in part, by state dollars.

Outreach Activity	Status	Geographic Location
Development of flyers, posters or other educational/informational materials	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Distribution of flyers, posters or other educational/informational materials  Specify location: _____ (e.g., food banks, grocery stores, WIC programs, public housing, unemployment offices)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Development of informational websites	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Development of toll-free informational hotlines	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide
Media campaign (e.g., TV, radio, newspaper, ads on buses/bus shelters)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Direct mail campaign	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Door-to-door outreach campaigns	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas

Outreach Activity	Status	Geographic Location
In-person outreach presentations at community sites	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Off-site application assistance or prescreening	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas

**If outreach activities are in the planning stages only, skip to G7**

**If no outreach activities were planned or implemented, skip to G11**

**If all outreach activities were implemented prior to 1/1/2000, skip to Section E**

G2. How much of a role did the following reasons play in your state's decision to implement these outreach activities?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Simply process for workers					
b. Simplify process for clients					
c. Improve customer service					
d. Improve program access					
e. Increase overall program participation					
f. Increase participation of the elderly					
g. Increase participation of the disabled					
h. Increase participation of immigrants					
i. Increase participation of working families					
j. Increase participation of other population groups (specify: _____)					
k. Improved application process time					
l. Other (specify: _____)					

G3. Were any of the outreach activities implemented through partnerships with non-profit organizations, other government programs, or other for-profit organizations?

a.  Yes

b.  No

G4. Please indicate which type of partners participated in each type of outreach activity. Check all that apply.

Outreach Activity	Non-profits			Other Government Programs				For-profit organization	Other (specify: _____)
	Community-based organizations	Faith-based organizations	National organizations	WIC	TANF	Medicaid/medical assistance	Child Support		
Development of flyers, posters or other educational/informational materials									
Distribution of flyers, posters or other educational/informational materials  Specify location: _____ (e.g., food banks, grocery stores, WIC programs, public housing, unemployment offices)									
Development of informational websites									
Development of toll-free informational hotlines									
Media campaign (e.g., TV, radio, newspaper, ads on buses/bus shelters)									
Direct mail campaign									
Door-to-door outreach campaigns									
In-person outreach presentations at community sites									
Off-site application assistance or prescreening									
Other (specify: _____)									

G5. How were these partners recruited and selected?  
 a. \_\_\_ Prior experience on previous collaborations  
 b. \_\_\_ Reputation in community  
 c. \_\_\_ Competitive bidding process  
 d. \_\_\_ Unsolicited proposal  
 e. \_\_\_ Other (specify: \_\_\_\_\_)

G6. Did your state provide partners with any equipment, computer hardware, or computer software?  
 a. \_\_\_ Yes (specify: \_\_\_\_\_)  
 b. \_\_\_ No

*[If still in planning stage]*

G7. How is your state planning to measure the effects of the outreach activities? (skip to G12)

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*[If completed or in progress]*

G8. How is your state measuring the effects of the outreach activities?

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G9. Overall, in your opinion how have these outreach activities affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrants				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

G10. Overall, what is your assessment of the outreach efforts implemented?

Strongly Negative 1__	Somewhat negative 2_	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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G11. If your state has **not** implemented formal outreach activities, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Complicated process for workers					
c. Complicated process for clients					
d. Reduced customer service					
e. Reduced application process timeliness					
f. Incompatible with other changes your state chose to implement					
g. Increased fraud					
h. Increased error rates					
i. Increased administrative costs					
j. Would be ineffective					
k. Other (specify: _____)					

G12. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with outreach activities. Include lessons learned from earlier or discontinued efforts.

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## Section H. Supplemental Security Income/Food Stamp Program Combined Application Programs (CAPs)

- H1. Has your state planned or implemented a Combined Application Project (CAP) for persons eligible for both Supplemental Security Income and the Food Stamp Program?
- Implemented
  - Not authorized by FNS (skip to H11)
  - Planned but not implemented (skip to H7)
  - Not planned or implemented (skip to H11)
  - Implemented prior to 1/1/2000 (skip to Section I)
  - Don't know (skip to Section I)
- H2. When was the CAP program implemented?  
 \_\_\_\_\_(month/year)
- H3. Does the Combined Application Project operate statewide, or **only** in selected areas of your state?
- Statewide
    - Who operates the CAP for your state?
      - State FSP agency
      - A division in each local food stamp office
      - A division in one local food stamp office
      - Divisions in a few local food stamp offices
      - Other: (Specify: \_\_\_\_\_)
  - Selected areas of your state
    - Is this a pilot test or demonstration?  
 Yes  No
    - Is further expansion already planned?  
 Yes  No
- H4. Which of the following statements apply to your state's Combined Application Project?

Only SSI recipients who prepare food alone are eligible	Yes___ No___
Couples are eligible	Yes___ No___
CAP participants must be 65 or older	Yes___ No___
SSI recipients with earned income are eligible	Yes___ No___
SSI recipients are automatically certified as eligible for Food Stamps using data from the Social Security Administration	Yes___ No___
Benefit amounts are standardized	Yes___ No___
Benefit amounts are higher for CAP recipients	Yes___ No___
Shelter expenses are standardized	Yes___ No___
New SSI recipients are enrolled in CAP	Yes___ No___

There is no face-to-face interaction with CAP recipients (all contact is by phone and/or mail)	Yes____ No____
Outreach to SSI recipients not receiving food stamps is conducted	Yes____ No____
Households currently receiving both SSI and food stamps are converted to the CAP	Yes____ No____
CAP recipients have 3-year recertification periods	Yes____ No____
CAP cases are not included in your state's error rates calculations	Yes____ No____

- H5. Which of the following technologies are used only in conjunction with your CAP **and** are not available to the larger FSP caseload? Check all that apply:
- a.  Integration with other computer systems across programs
  - b.  Call center
  - c.  On-line application
  - d.  On-line prescreening tools
  - e.  Document imaging
  - f.  Other (specify: \_\_\_\_\_)
  - g.  None of the above

H6. How much of a role did the following reasons play in your decision to implement a CAP?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Decrease workload for government staff					
b. Simplify process for workers					
c. Improve customer service					
d. Improve program access					
e. Increase overall program participation					
f. Increase participation of the elderly					
g. Increase participation of the disabled					
h. Increase participation of immigrants					
i. Increase participation of other population groups (specify: _____)					
j. Improve application process timing					
k. Align with other public benefits programs					
l. Reduce administrative costs					
m. Decrease fraud					
n. Decrease error rates					
o. Other (specify: _____)					

*[If still in planning stage]*

H7. How is your state planning to measure the effects of the CAP? (skip to H12)

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*[If completed or in progress ]*

H8. How is your state measuring the effects of the CAP?

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H9. In your opinion, how has the Combined Application Project affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of the elderly				
c. Participation of the disabled				
d. Participation of immigrants				
e. Participation of other special population groups (specify: _____)				
f. Administrative costs				
g. Customer satisfaction				
h. Fraud				
i. Error rates				
j. Other identifiable effects (specify: _____)				

H10. Overall, what is your assessment of the implemented Combined Application Project?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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H11. If your state has **not** implemented a CAP program, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Reduced customer service					
c. Reduce overall participation in program					
d. Reduce participation of other populations (specify: _____)					
e. Reduced application process timeliness					
f. Increased error rates					
g. Increased administrative costs					
h. Incompatible with other changes your state chose to implement					
i. Difficult to program into existing computer system(s)					
j. Other (specify: _____)					

H12. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with the CAP. Include lessons learned from earlier or discontinued efforts.

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## Section I. Fingerprint Imaging and Other Biometric Identification Methods

We are interested in fingerprint imaging and other biometric identification methods planned or implemented after January 1, 2000.

11. Which of the following biometric identification methods has your state implemented or planned?

Biometric Identification Method	Status	Geographic Location
Fingerprint imaging	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas <input type="checkbox"/> Counties <input type="checkbox"/> Cities <input type="checkbox"/> Districts
Facial Recognition	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas <input type="checkbox"/> Counties <input type="checkbox"/> Cities <input type="checkbox"/> Districts
Retinal Scanning	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas <input type="checkbox"/> Counties <input type="checkbox"/> Cities <input type="checkbox"/> Districts
Other (specify: _____)	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented as a pilot <input type="checkbox"/> Planned but not implemented <input type="checkbox"/> Not planned or implemented <input type="checkbox"/> Implemented prior to 1/1/2000 <input type="checkbox"/> Don't know	<input type="checkbox"/> Statewide <input type="checkbox"/> Select Areas <input type="checkbox"/> Counties <input type="checkbox"/> Cities <input type="checkbox"/> Districts

If no biometric identification methods were planned or implemented, skip to I9

If all biometric identification methods were implemented prior to 1/1/2000, skip to Section J

12. How much of a role did the following reasons play in your state's decision to use biometric identification?

Reasons	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Decrease workload for government staff					
b. Simplify process for workers					
c. Simplify process for clients					
d. Improve customer service					
e. Align with other public benefits programs					
f. Decrease fraud					
g. Decrease error rates					
h. Other (specify: _____)					

*[if still in planning stage]*

13. How will your state measure the effects of biometric identification? (skip to I10)

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*[If completed or in progress ]*

14. During the month of November 2007, what proportion of **new applicants** underwent biometric identification?

\_\_\_\_\_ percent  
 \_\_\_ Don't know

15. During the month of November 2007, what proportion of your **established** food stamp caseload underwent biometric identification at *recertification*?

\_\_\_\_\_ percent  
 \_\_\_ Don't know

16. How is your state measuring the effects of biometric identification?

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17. In your opinion, how has biometric identification affected the following outcomes?

Outcomes	Increased	Decreased	Stayed the same	Don't know
a. Overall participation				
b. Participation of working families				
c. Participation of the elderly				
d. Participation of the disabled				
e. Participation of immigrants				
f. Participation of other special population groups (specify: _____)				
g. Administrative costs				
h. Customer satisfaction				
i. Fraud				
j. Error rates				
k. Other identifiable effects (specify: _____)				

18. Overall, what is your assessment of the biometric identification methods implemented?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__
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19. If your state has **not** implemented biometric identification methods, how much of a role did the following concerns play in that decision?

Concerns	Large role	Somewhat large role	Small role	No role at all	Not applicable
a. Increased staff workload					
b. Complicated process for workers					
c. Complicated process for clients					
d. Reduced customer service					
e. Reduced overall participation in the program					
f. Reduced participation of working families					
g. Reduced participation of the elderly					
h. Reduced participation of the disabled					
i. Reduced participation of immigrants					
j. Reduced participation of other population groups (specify: _____)					
k. Reduced application process timeliness					
l. Incompatible with other changes your state chose to implement					
m. Increased fraud					
n. Increased error rates					
o. Increased administrative costs					
p. Other (specify: _____)					

110. Use the space below to provide any additional comments regarding trade-offs, challenges, or things you would do differently based on your experience with biometric identification methods. Include lessons learned from earlier or discontinued efforts.

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## Section J. Outcome Measures

We understand that your state submits much of the following data to FNS. For this section, we are interested in what data your state keeps at the county or regional level.

- J1. Does your state collect any of the following additional data by **county** or **region** within the state?

Data element	By County/Local Office		By Region	
	Yes	No	Yes	No
Number of participating households				
Number of participating individuals				
Number of participants by demographic group				
Total benefits				
Administrative costs				
Number of initial applications				
Initial applications approved				
Initial applications denied				
Reason for application denial				
Initial applications overdue				
Number of recertifications				
Recertifications approved				
Recertifications denied				
Recertifications overdue				
Timeliness of processing initial applications				
Timeliness of processing recertifications				
Use of expedited service				
Use of an authorized representative				
Other (specify: _____)				

- J2. What statewide Food Stamp Program data, in addition to data submitted to FNS, does your state collect?

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- J3. Use the space below to provide any additional comments.

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## Section K. Concluding Questions

We are interested in modernization efforts planned or implemented after January 1, 2000.

K1. On balance, what has been the impact of your state's food stamp modernization efforts on:

a. Clients' access to the Food Stamp Program?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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b. Fraud?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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c. Error rates?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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d. Administrative cost savings?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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e. Customer satisfaction?

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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K2. What have been your greatest **challenges** as your state has planned for and implemented modernization efforts? Rate your level of challenge for each of the following.

Issues	Very challenging	Somewhat challenging	Not too challenging	Not challenging at all	Not applicable
a. Limited financial resources/cost					
b. Unanticipated costs/controlling costs					
c. Maintaining schedule/meeting deadlines					
d. Limited time for roll-out (planning, testing, and training staff)/unrealistic timeline					
e. Competing priorities					
f. Limited or decreased staff resources					
g. Reorganizing/restructuring local office staff					
h. Hiring staff					
i. Training staff					
j. Union rules and civil service regulations					

Issues	Very challenging	Somewhat challenging	Not too challenging	Not challenging at all	Not applicable
k. Staff resistance					
l. Limited support from administrators/lack of leadership					
m. Limited project/contract oversight					
n. Working with vendors/contractors					
o. Not enough buy-in from community based organizations					
p. Technical problems					
q. Upgrading legacy/existing computer systems					
r. Obtaining waiver approval					
s. Controlling error rates					
t. Controlling fraud					
u. Maintaining client access					
v. Other (specify: _____)					

K3. What have been your greatest **successes** as your state has planned and implemented modernization efforts? Rate your level of success for each of the following.

Issues	Very successful	Somewhat successful	Not too successful	Not successful at all	Too soon to tell	Not applicable
a. Increased overall participation						
b. Increased participation of working families						
c. Increased participation of the elderly						
d. Increased participation of the disabled						
e. Increased participation of immigrants						
f. Increased participation of other special populations (specify: _____)						
g. Decreased error rates						
h. Increased administrative savings						
i. Decreased staff workload						
j. Increased customer satisfaction						
k. Increased staff satisfaction						
l. Decreased application processing time						

Issues	Very successful	Somewhat successful	Not too successful	Not successful at all	Too soon to tell	Not applicable
m. Reduced staff turnover						
n. Other (specify: _____ )						

K4. What are the **three** most important lessons you have learned from your modernization efforts?

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K5. What laws or regulations affecting Food Stamp Program modernization would you change and why?

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K6. Use the space below to provide any additional comments or suggestions you have on the modernization of the Food Stamp Program.

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**Thank you for completing this survey!**