Enhancing Food Stamp Certification: Food Stamp Modernization Efforts

Local Food Stamp Agency Survey

11/13/07

Name of person completing this form:
Title:
Agency:
County/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). A separate survey is being sent to state Food Stamp Program Directors. For local agencies, we are particularly interested in learning how any of these efforts have affected local agency workers and customers.

This survey contains the following sections: (A) Organizational Information; (B) Local 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 *or*
Robin Koralek at (202) 261-5736 or Rkoralek@ui.urban.org

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

Please return by March 1, 2008.

Section A. Organizational Information

A1.　　Name of County or local jurisdiction:

A2.　　Name of County/local Director:

A3.　　Number of years County/local 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 immigrants
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.　　For which of the following programs are any of your Food Stamp Program caseworkers also responsible? 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 (caseload is FSP-only)

A6. Please check the programs below that are integrated with your county/local Food Stamp Program eligibility/benefit determination computer system. Check all that apply.
a. __ TANF
b. __ Medicaid/medical assistance
c. __ Child Support
d. __ State-funded Food Assistance for Immigrants
e. __ State General Assistance
f. __ Supplemental Security Income (SSI)
g. __ Job Service/Wagner Peyser
h. __ Child care
i. __ Energy assistance
j. __ WIC
k. __ WIA
l. __ Other (specify:_____)
m. __ None of the above

A7. How many local food stamp offices are there in your county/local jurisdiction where people can apply for food stamp benefits?

_____ local food stamp offices

A8. How many food stamp workers in your county/local jurisdiction are outstationed to other locations in the community where people can apply for food stamp benefits?

_____ outstationed food stamp workers

Section B. Local Context

B1.   Characterize how strong a barrier the following issues are in your county/local jurisdiction.

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/confusing application				
e. Amount of documentation or verification required				
f. Amount of time required for the application process				
g. Waiting times at local food stamp offices				
h. Perceived poor treatment at local offices				
i. Local food stamp office hours of operation				
j. Transportation to local food stamp offices				
k. Stigma				
l. Other (specify: _____ _____)				

B2.   What are the key issues that affect implementation of modernization activities in your local area? 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 county/local food stamp agency?

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

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

> **If no changes were made or are planned, skip to C11**
> **If changes are in the planning stages only, skip to C10**
> **If all changes were implemented prior to 1/1/2000, skip to C11**

C2. Overall, were positions **eliminated** as a result of these organizational/administrative changes?
   a. __ Yes

   _____ county/local level jobs (number of FTEs)
   b. __ No
   c. __ Don't know

C3. Overall, were positions **created** as a result of these organizational/administrative changes?
   a. __ Yes

   _____ county/local level jobs (number of FTEs)
   b. __ No
   c. __ Don't know

C4. Was training provided for county-level staff that assumed new responsibilities as a result of these organizational/administrative changes?
   a. __ Yes
       i. By whom?
           1. __ State FSP agency staff
           2. __ County/local FSP agency staff
           3. __ Partner agency/contractor staff
           4. __ Other (specify: _____)
   b. __ No
   c. __ Don't know

C5. For each of the organizational changes noted above, which of the following steps of the certification/recertification process have been changed? (Note: Certification refers to the final determination of program eligibility)

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

Organizational Change	Steps of the Certification and Recertification Process														
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Final determination	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Re certification	Don't know	Not applicable
Merging or consolidation of county/local-level agencies															
Closing or consolidation of local offices															
Transfer of functions or organizational units *from* the county/local food stamp agency to another *governmental* entity															
Transfer of functions or organizational units *to* the county/local food stamp agency from another *governmental* entity															
Transfer of functions *from* food stamp agency *to* community-based organizations															
Greater sharing of functions with community-based organizations															
Transferring of functions *from* county/local food stamp agency *to* private-sector business															
Increasing job specialization of food stamp staff															
Other (specify: _____)															

C6.   At what level of government was the decision made to make organizational changes?
   a. __ State
   b. __ Region
   c. __ County/local jurisdiction
   d. __ Other (explain: _____)

C7.   Overall, in your opinion how have these organizational changes affected **staff** jobs?

	Increased	Decreased	Stayed the same	Don't Know
a. Contact with clients				
b. Overall volume of work				
c. Level of difficulty of work				
d. Amount of paperwork				
e. Training needs				
f. Interaction with staff of other programs/agencies				

C8.   Use the space below to provide any additional comments on staff responses to organizational changes.

_____
_____
_____
_____

C9.   Overall, in your opinion how have these organizational changes affected **clients**?

	Increased	Decreased	Stayed the same	Don't know
a. Visits to a program office				
b. Waiting times at program office				
c. Telephone response time				
c. Overall access to FSP				
d. Understanding of FSP requirements				

C10.   Use the space below to provide any additional comments on client responses to organizational changes:

_____
_____
_____
_____

Customer Access

C11.   Has your county/local jurisdiction planned or implemented any of the following activities specifically designed to *improve access* to the Food Stamp Program, to streamline delivery of services, or to provide improved customer service? Are any planned for Federal Fiscal Years (FFY) 2008 and 2009?

Activities	Status (as of November 2007)
Create a combined application for various social service programs (specify programs__)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept applications by mail	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept applications by fax	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept recertifications by mail	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept recertifications by fax	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Provide flexible office hours	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Provide out stationed FSP workers	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

Activities	Status (as of November 2007)
Track and follow-up with applicants	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify: _____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If no activities were planned or implemented, skip to C30
If activities are in the planning stages only, skip to C25
If all activities were implemented prior to 1/1/2000, skip to C30

C12. For each of the activities designed to increase access, which of the following steps of the certification/recertification process have been changed? Check all that apply.

Note: electronic survey will prepopulate based on responses to question C11.

Activity	Steps of the Certification and Recertification Process														
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Final determination	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Re certification	Don't know	Not applicable
Create a combined application for various social service programs (specify 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															
Track and follow-up with applicants															
Other (specify: _____ _____ _____ _____)															

C13. At what level of government was the decision to implement customer access activities made?
   a. __ State (skip to C15)
   b. __ Region (skip to C15)
   c. __ County/local jurisdiction
   d. __ Other (specify:_____)

C14. Why did you implement these customer access activities? Check all that apply.

Note: electronic survey will prepopulate based on responses to question C11.

Activity	Reasons for implementation												
	Decreased staff workload	Simplified process for workers	Improved customer satisfaction	Increased overall program participation	Increased participation of working families	Increased participation of elderly and/or disabled	Improved application processing time	Align with other public benefits programs	Reduced fraud	Reduced error rates	Reduced administrative costs	Technological advances	Other (specify:_____)
Create a combined application for various social service programs (specify 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													
Track and follow-up with applicants													
Other (specify: _____ _____)													

C15. Do these customer access activities operate countywide, or only in selected areas of the county/local jurisdiction? Check all that apply.
Note: electronic survey will prepopulate based on responses to question C11

Activities	Area of Operation	Pilot Test/ Demonstration	Further Expansion Planned
Create a combined application for various social service programs (specify programs__)	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Accept applications by mail	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Accept applications by fax	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Accept recertifications by mail	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Accept recertifications by fax	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Provide flexible office hours	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Provide out stationed FSP workers	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Track and follow-up with applicants	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No
Other (specify: _____ _____)	__ Countywide __ Selected areas of county/local jurisdiction	__ Yes __ No	__ Yes (describe: _____) __ No

C16. Are these changes implemented through partnerships with non-profit organizations, other government agencies or private contractors/vendors? Check all that apply.
    a. __ Non-profit organization
        i. __ Community-based organization
        ii. __ Faith-based organization
        iii. __ National nonprofit
        iv. __ Other (specify: _____)
    b. __ Other government agencies/offices
        i. __ WIC
        ii. __ WIA

       iii. __ TANF
       iv. __ Medicaid/medical assistance
       v. __ Child care
       vi. __ Energy assistance
       vii. __ Child Support
       viii. __ Other (specify: _____)
   c. __ Private contractor

C17. At what level of government was the decision to use a partner made?
   a. __ State
   b. __ Region
   c. __ County/local jurisdiction
   d. __ Other (specify:_____)

C18. 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:_____)
   f. __ Don't know

C19. Who manages/oversees the activities of partner organizations?
   a. __ State
   b. __ Region
   c. __ County/local jurisdiction
   d. __ Other (specify: _____

C20. What type of partner organization staff perform functions related to Food Stamp Program certification and recertification?
   a. __ Paid partner organization staff
   b. __ Unpaid volunteers
   c. __ Other (specify: _____)

C21. Were partner organization staff (including volunteers) trained to perform these functions?
   a. __ Yes
       i. By whom?
          1. __ State FSP agency staff
          2. __ County/local FSP agency staff
          3. __ Partner organization staff
          4. __ Other (specify: _____)
   b. __ No

C22. What types of agreements does the county/local jurisdiction have with these partners?
   a. __ Contracts
   b. __ Grants
   c. __ Memoranda of Understanding (MOUs)
   d. __ Memoranda of Agreement (MOAs)
   e. __ Oral agreements
   f. __ Other (specify: _____)
   g. __ None

C23. Do the partner organizations receive funding under these agreements?
   a. __ Yes, describe: _____
   b. __ No

C24.   In what ways do county/local-level staff interact with partner organizations (check all that apply)?
   a.   __ Regularly scheduled face-to-face meetings
      i.   __ At least weekly
      ii.   __ At least monthly
      iii.   __ At least quarterly
      iv.   __ At least annually

   b.   __ Regularly scheduled telephone contact
      i.   __ Daily
      ii.   __ Weekly
      iii.   __ Monthly
      iv.   __ Quarterly

   c.   __ Contact only when there are question or problems

   d.   __ Other (specify:_____)

[If still in planning stage]
C25.   How is the county/local jurisdiction planning to measure the effects of these activities to improve customer access? (skip to C29)

_____
_____
_____
_____

[If completed or in progress]
C26.   How is the county/local jurisdiction measuring the effects of these activities?

_____
_____
_____
_____

C27.   What have been the effects of these customer access activities?

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: _____)				

C28. Overall, what is your assessment of the activities implemented to improve customer access?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

C29. 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.

_____
_____
_____
_____

Contracting with Outside Entities

C30. What functions, if any, have been contracted to an outside entity (e.g., private or non-profit organization)?

Function	Status
Application Processing	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Document Verification	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Interviewing	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Change Reporting	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Case Management	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

Function	Status
Other (specify: _____ _____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If no contracting out was planned or implemented, skip to Section D
If the contracting out of functions is in the planning stages only, skip to C35
If all functions were contracted out before 1/1/2000, skip to Section D

C31. For each of the functions that have been contracted out, which of the following steps of the certification/recertification process have been changed? Check all that apply.

Note: electronic survey will prepopulate based on responses to question C30.

Function	Steps of the Certification and Recertification Process												
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Don't know	Not applicable
Application Processing													
Document Verification													
Interviewing													
Certification													
Change reporting													
Recertification													
Case management													
Other (specify: _____ _____ _____ _____)													

C32. Did your office make any other administrative/organizational changes to the county/local food stamp agency?

a. __ Yes (describe)

_____
_____
_____

b. __ No

C33. Overall, in your opinion what have been the effects of these administrative or organizational changes?

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: _____)				

C34. Overall, what is your assessment of the administrative/organizational changes implemented in your county/local jurisdiction?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__1	__2	__3	__4	__5

C35. 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 changes. Include lessons learned from earlier or discontinued efforts.

_____
_____
_____
_____

Section D. Electronic Applications

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

D1. Has your county/local jurisdiction planned or implemented use of electronic applications for the Food Stamp Program?

Function	Status
May complete an online application, but a paper copy must be printed and submitted to FSP office manually	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
May complete an online application that may be submitted electronically to the FSP office, but an original signature is required	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
May complete an online application that may be submitted electronically with an "e-signature"	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
May apply online for multiple assistance programs (not only food stamps) within the same website (must fill out multiple applications) List other programs: _____	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
May apply online for multiple assistance programs (not only food stamps) with one application List other programs: _____	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
May check status of application online	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify: _____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If no electronic applications have been implemented, skip to Section E
If electronic applications are still in the planning stages only, skip to D8
If all electronic application were implemented prior to 1/1/2000, skip to Section E

D2.	Which of the following steps of the certification/recertification process have been changed as a result of implementing electronic applications? Check all that apply.
a.	__ Learn about FSP
b.	__ Obtain/file an application
c.	__ Complete application
d.	__ Request verification
e.	__ Accept verification
f.	__ Schedule interview
g.	__ Conduct interview
h.	__ Notice of missed interview
i.	__ Final determination
j.	__ Fair hearing process
k.	__ Report changes
l.	__ Recertification
m.	__ Don't know
n.	__ Not applicable

D3.	At what level of government was the decision to implement electronic applications made?
a.	__ State
b.	__ Region
c.	__ County/local jurisdiction
d.	__ Other (specify:_____)

D4.	How has the use of electronic applications affected the jobs of **local staff**?

	Increased	Decreased	Stayed the same
a. Contact with clients			
b. Overall amount of time spent with clients			
c. Speed with which clients can be served			
d. Overall volume of work			
e. Level of difficulty of work			
f. Amount of paperwork			
g. Training needs			
h. Interaction with staff of other programs/agencies			
i. Interaction with staff of community partners			

D5.   Use the space below to provide any additional comments on staff responses to electronic applications

_____
_____
_____
_____

D6.   How has the implementation of electronic applications affected **clients**?

	Increased	Decreased	Stayed the same
a. Visits to FSP office			
b. Waiting times at FSP office			
c. Locations at which to apply for FSP			
E Overall access to FSP			
d. Paperwork/documentation that client must bring to the office			
e. Other (specify: _____)			

D7.   Use the space below to provide any additional comments on client responses to electronic applications.

_____
_____
_____
_____

[If still in planning stage]
D8.   How is the county/local jurisdiction planning to measure the effects of the implementation of electronic applications?

_____
_____
_____
_____

[If completed or in progress]
D9.   During the month of November 2007, what proportion of *new* applications were submitted electronically? (skip to D13)
        _____%

D10.   How is the county/local jurisdiction measuring the effects of the program?

_____
_____
_____
_____

D11. Overall, in your opinion what have been the effects of electronic applications?

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	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

D13. 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.

_____
_____
_____
_____

Section E. Technological Innovations

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

E1.   Has your county/local jurisdiction planned or implemented any of the following technologies to make changes in the certification/recertification process? Check all that apply.

Technological Innovation	Status
Computer system upgrades/modifications:	
Integrate the FSP MIS with other programs' systems	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Create automated policy manuals	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Make modifications to enable workers to telecommute	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Create electronic case files	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Document management:	
Implement document imaging/paperless systems	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

Technological Innovation	Status
Information sharing:	
Implement data brokering/sharing with other benefits systems	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Application access and submission:	
Establish kiosks for prescreening or application tools in local offices and/or in the community	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Process applications at call centers	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Allow clients to check account history or benefit status online	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Reporting changes:	
Accept faxed changes	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

Technological Innovation	Status
Accept changes at call center	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept changes by Automated Speech Recognition Systems (ASR)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept changes through online tool	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Recertification:	
Recertify clients at call centers	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Recertify by telephone using automated speech recognition system (ASR) or Automated Response Units (ARU)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Expanded EBT uses:	
Establish wireless point of service systems	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

Technological Innovation	Status
Develop online grocery ordering	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Accept EBT at Farmer's Markets	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify:_____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If none of the above, skip to Section F
If innovations are only planned, skip to E3
If all innovations were implemented prior to 1/1/2000, skip to Section F

E2.   For each of the types of technology implemented, which of the following steps of the certification/recertification process have been changed? Check all that apply.
Note: electronic survey will prepopulate based on responses to question E1.

Technological Innovation	Steps of the Certification and Recertification Process														
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Final determination	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Re certification	Don't know	Not applicable
Integrate the FSP MIS with other programs' systems															
Create automated policy manuals															
Make modifications to enable workers to telecommute															
Create an automated case management system															
Implement document imaging/paperless systems															

Technological Innovation	Steps of the Certification and Recertification Process														
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Final determination	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Re certification	Don't know	Not applicable
Implement data brokering/sharing with other benefits systems															
Establish kiosks for prescreening or application tools in local offices and/or the community															
Process applications at call center															
Allow clients to check account history or benefit status online															
Accept faxed changes															
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 Systems (ASR) or Automated Response Units (ARU)															
Establish wireless point of service systems															
Develop online grocery ordering															
Accept EBT at Farmer's Markets															
Other (specify: _____ _____)															

[If still in planning stage]
E3.   How will the county/local jurisdiction measure the effects of the technology? (skip to Section F)

_____
_____
_____

[If completed or in progress]
E4.   Were partner agencies required to purchase equipment?
    a.   __ Yes
    b.   __ No
    c.   __ No partners involved

E5.   Was training provided to food stamp agency staff on the new technology?
    a.   __ Yes
        i. By whom?
            a.   __ State FSP agency staff
            b.   __ County/local FSP agency staff
            c.   __ Partner agency staff
            d.   __ Other (specify: _____)
    b.   __ No

E6.   Was training provided to partner agency staff?
    a.   __ Yes
        i. By whom?
            a.   __ State FSP agency staff
            b.   __ County/local FSP agency staff
            c.   __ Partner agency staff
            d.   __ Other (specify: _____)
    b.   __ No
    c.   __ Not applicable

E7.   Was training provided to volunteers?
    a.   __ Yes
        i. By whom?
            a.   __ State FSP agency staff
            b.   __ County/local FSP agency staff
            c.   __ Partner agency staff
            d.   __ Other (specify: _____)
    b.   __ No
    c.   __ Not applicable

E8. Overall, in your opinion how have technological innovations affected the jobs of local agency **staff**?

	Increased	Decreased	Stayed the same	Don't know
a. Contact with clients				
b. Overall volume of work				
c. Level of difficulty of work				
d. Amount of paperwork				
e. Ability to respond quickly to client requests or inquiries				
f. Ability to complete work accurately				
g. Training needs				
h. Interactions with partner agencies or CBOs				
i. Overall job satisfaction				

E9. Please use the space below to provide additional comments on staff response to technologies that have been implemented and how these changes have affected staff-client interactions.

_____
_____
_____

E10. How is the county/local jurisdiction measuring the effects of each of these technologies?

_____
_____
_____

E11. Overall, in your opinion what have been the effects of the technological changes on 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. During the month of November 2007, what proportion of food stamp recipients used each of these technologies? *Note: will be prepopulated based on response to question E1]*

_____ Percent

__ Don't know

E13. Overall, what is your assessment of the technological changes implemented?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

Section F. Call Centers

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

F1. Has your county/local jurisdiction implemented call center operations for the Food Stamp Program?
   a. __ Completed as planned
   b. __ Planned, but not implemented (skip to F13)
   c. __ None planned or implemented (skip to Section G)
   d. __ Were implemented prior to 1/1/2000 (skip to Section G)
   e. __ Don't know

F2. Which of the following steps of the certification/recertification process have been changed due to the implementation of call center operations? Check all that apply.
   a. __ Learn about FSP
   b. __ Obtain/file an application
   c. __ Complete application
   d. __ Request verification
   e. __ Accept verification
   f. __ Schedule interview
   g. __ Conduct interview
   h. __ Notice of missed interview
   i. __ Final determination
   j. __ Fair hearing process
   k. __ Report changes
   l. __ Recertification
   m. __ Don't know
   n. __ Not applicable

F3. At what level of government was the decision to use call centers made?
   a. __ State
   b. __ Region
   c. __ County/local jurisdiction
   d. __ Other (specify:_____)

F4. What are call centers used for?
   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. __ Return client calls
   i. __ Other (specify:_____)

F5. Where are call centers located? Check all that apply.
   a. __ In the county
   b. __ In another county/local jurisdiction
   c. __ In another state(s)
   d. __ In other countries

F6. Who is responsible for managing the call center(s)?
- a. __ State food stamp agency
- b. __ Other state agency
- c. __ Local food stamp agency
- d. __ Other local government agency
- e. __ Private contractor
- f. __ Community-based non-profit agency
- g. __ Other (specify: _____)

F7. How was staffing arranged for the call centers? Check all that apply.
- a. __ Contractor staff
- b. __ Hired new staff for the county or state agency
- c. __ Shifted staff from other functions in the food stamp agency

F8. How have call centers affected the jobs of local office **staff**?

	Increased	Decreased	Stayed the same	Don't Know
a. Contact with clients				
b. Overall volume of work				
c. Level of difficulty of work				
d. Amount of paperwork				
e. Ability to respond quickly to client requests or inquiries				
f. Training needs				
g. Other (specify: _____)				

F9. Please use the space below to provide additional comments on **staff** response to call centers and how call centers have affected staff-client interactions?

_____
_____
_____
_____

F10. Please use the space below to provide additional comments on **client** response to call centers and how call centers have affected staff-client interactions?

_____
_____
_____
_____

[If in planning stages]
F11.   How will the county/local jurisdiction measure the effects of using call centers? (skip to F24)
_____
_____
_____
_____

[If completed or in progress]
F12.   How is the county/local jurisdiction measuring the effects of using call centers?
_____
_____
_____
_____

F13.   In your opinion, what have been the effects of using call centers?

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: _____)				

F14.   How many calls did the call center receive during the month of November 2007?

_____
__ Don't know

F15.   Of the calls received during the month of November 2007, what proportion of the calls:

were **interviews** with new applicants	____ % __ Don't know ___ Not applicable
were **recertification interviews** with current recipients	____ % __ Don't know ___ Not applicable
were clients **reporting changes**	____ % __ Don't know ___ Not applicable
are clients asking **general questions**	____ % __ Don't know

	___ Not applicable
are clients asking for **information about their cases** (including status)	_____ % __ Don't know ___ Not applicable

F16.   During the month of November 2007, what proportion of all recipients used call centers to **report changes**?
_____ %
__ Don't know

F17.   During the month of November 2007, what proportion of all new applicants used call centers for the **initial application interview**?
_____%
__ Don't know

F18.   During the month of November 2007, what proportion of all recipients used call centers to **recertify**?
_____ %
__ Don't know

F19.   Do recipients receive **alerts** through call centers?

   a.   __ Yes
        i. During the month of November 2007, what percent of all recipients received alerts through call centers? _____ %

   b.   __ No

F20.   During the month of November 2007, what proportion of all recipients' **questions** were handled by call centers?
_____ %
__ Don't know

F21.   During the month of November 2007, what proportion of **return calls** to clients were handled by call centers?
_____ %
__ Don't know

F22.   Overall, what is your assessment of the implemented call centers?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

F23.   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.

_____
_____
_____
_____

Section G. Outreach

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

G1.   Has your county/local jurisdiction planned or implemented any of the following *outreach activities* to increase Food Stamp Program participation?

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

Outreach Activity	Status
Door-to-door outreach campaigns	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
In-person outreach presentations at community sites	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify: _____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If no outreach activities were planned or implemented, skip to G12
If outreach activities are in the planning stages only, skip to G8
If all outreach activities were implemented prior to 1/1/2000, skip to Section H

G2.   At what level of government was the decision to implement outreach activities made?
   a.   __ State (skip to G4)
   b.   __ Region (skip to G4)
   c.   __ County/local jurisdiction
   d.   __ Other (specify:_____)

G3.   Why did you implement these outreach activities? Check all that apply.
   a.   __ Increase overall participation in program
   b.   __ Increase participation of working families
   c.   __ Increase participation of elderly households
   d.   __ Increase participation of disabled households
   e.   __ Increase participation of immigrant households
   f.   __ Increase participation of other special populations
   g.   __ Improve customer satisfaction
   h.   __ Improve program access
   i.   __ Improve application processing time
   j.   __ Technological advances
   k.   __ Other (specify:_____)

G4.   Do the outreach activities operate countywide, or only in selected areas of the county/local jurisdiction?
   a.   __ Countywide
   b.   __ Selected areas of the county/local jurisdiction

        i. Is this a pilot test or demonstration?
        __ Yes   __ No

        ii. Is further expansion already planned?
        __ Yes   __ No

G5.   Are outreach activities implemented through partnerships with non-profit organizations, other government agencies or private contractors/vendors? Check all that apply.
    a. __ Non-profit organization
          i.   __ Community-based organization
          ii.   __ Faith-based organization
          iii. __ National nonprofit
          iv. __ Other (specify: _____)
    b. __ Other government agencies/offices
          i.   __ WIC
          ii.   __ WIA
          iii. __ TANF
          iv. __ Medicaid/medical assistance
          v.   __ Child Support
          vi. __ Child care
          vii. __ Energy assistance
          viii.__ Other (specify: _____)
    c. __ Private contractor

G6.   At what level of government was the decision to use a partner made?
    a. __ State
    b. __ Region
    c. __ County/local jurisdiction
    d. __ Other (specify:_____)

G7.   How were these partners recruited and chosen?
    a. __ Prior experience on previous collaborations
    b. __ Reputation in community
    c. __ Competitive bidding process
    d. __ Unsolicited proposal
    e. __ Other (specify:_____)

G8.   In what ways do county-level staff interact with FSP outreach providers (check all that apply)?

    a. __ Regularly-scheduled face-to-face meetings
          i.   __ At least weekly
          ii.   __ At least monthly
          iii. __ At least quarterly
          iv. __ At least annually

    b. __ Regularly-scheduled telephone contact
          i.   __ Daily
          ii.   __ Weekly
          iii. __ Monthly
          iv. __ Quarterly

    c. __ Contact only when there are question or problems
    d. __ Other (specify:_____)

[If still in planning stage]
G9.   How is the county/local jurisdiction planning to measure the effects of the outreach activities? (skip to G13)

_____
_____
_____
_____

[If completed or in progress]
G10.   How is the county/local jurisdiction measuring the effects of the outreach activities?

_____
_____
_____
_____

G11.   What have been the effects of these outreach activities?

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: _____)				

G12.   Overall, what is your assessment of the outreach efforts implemented?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__1	__2	__3	__4	__5

G13.   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.

_____
_____
_____
_____

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

H1.   Does your county/local jurisdiction participate in a CAP?

    a.   __ Yes
    b.   __ No (skip to Section I)
    c.   __ Implemented prior to 1/1/2000 (skip to Section I)

H2.   When was the CAP implemented in your county/local jurisdiction?

    Month/year _____

H3.   Is this a pilot test or demonstration?

    a. Yes _____

           i. Is further expansion already planned?
                a.   __ Yes
                b.   __ No

    b. No _____

H4.   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

H5.   How is the county/local jurisdiction or the state measuring the effects of the program?

    _____
    _____
    _____
    _____

H6.   In your opinion, how has the Combined Application Project affected the following?

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				

Outcomes	Increased	Decreased	Stayed the same	Don't know
h. Fraud				
i. Error rates				
j. Other identifiable effects (specify: _____)				

H7.   Overall, what is your assessment of the implemented Combined Application Project?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

H8.   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.

_____
_____
_____

Section I. Fingerprint Imaging and Other Biometric Identification Methods

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

I1.   Has your county/local jurisdiction implemented biometric identification methods such as fingerprint imaging, facial recognition, or retinal scanning?

Biometric Identification Method	Status
Fingerprint imaging	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Facial Recognition	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Retinal Scanning	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know
Other (specify: _____)	__ Implemented __ Implemented as a pilot __ Planned but not implemented __ Not planned or implemented __ Implemented prior to 1/1/2000 __ Don't know

If no biometric identification methods have been implemented, skip to Section J
If methods are still in the planning stages only, skip to I4
If all biometric identification methods were implemented prior to 1/1/2000, skip to Section J

I2. For each of the biometric identification methods implemented, which of the following steps of the certification/recertification process have been changed? Check all that apply.

Biometric Identification Method	Steps of the Certification and Recertification Process														
	Learn about FSP	Obtain/file an application	Complete application	Request verification	Accept verification	Schedule interview	Conduct interview	Notice of missed interview	Final determination	Fair hearing process	Expanded use of FSP benefits via EBT	Report changes	Re certification	Don't know	Not applicable
Fingerprint imaging															
Facial recognition															
Retinal Scanning															
Other (specify: _____ _____ _____ _____)															

I3. At what level of government was the decision to implement biometric identification methods made?
  a. __ State (skip to I5)
  b. __ Region (skip to I5)
  c. __ County/local jurisdiction
  d. __ Other (specify:_____)

[if still in planning stage]
I4. How will the county/local jurisdiction measure the effects of biometric identification? (skip to I14)

_____
_____
_____
_____

[If completed or in progress]
I5. During the month of November 2007, what proportion of **new applicants** underwent biometric identification?
  _____ %
  __ Don't know

I6. During the month of November 2007, what proportion of current recipients underwent biometric identification at **recertification**?
  _____ %
  __ Don't know

I7.   In your opinion, how has the use of biometric identification affected **staff** jobs?

	Increased	Decreased	Stayed the same
a. Contact with clients			
b. Overall amount of time spent with clients			
c. Speed with which clients can be served			
d. Overall volume of work			
e. Level of difficulty of work			
f. Amount of paperwork			
g. Training needs			
h. Interaction with staff of other programs/agencies			

I8.   Use the space below to provide any additional comments on **staff** responses to fingerprint imaging and other biometric identification methods.

_____
_____
_____
_____

I9.   In you opinion, how has the implementation of biometric identification affected **clients**?

	Increased	Decreased	Stayed the same
a. Visits to a program office			
b. Waiting times at program office			
c. Overall access to FSP			
d. Paperwork/ documentation that client must bring to the office			

I10.   Use the space below to provide any additional comments on **client** responses to organizational changes.

_____
_____
_____
_____

I11.   How is the county/local jurisdiction measuring the effects of biometric identification?

_____
_____
_____
_____

I12.   Overall, in your opinion what have been the effects of biometric identification?

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: _____)				

I13.   Overall, what is your assessment of the biometric identification methods implemented?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
__ 1	__ 2	__ 3	__ 4	__ 5

I14.   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.

_____
_____
_____
_____

Section J. Outcome Measures

J1.   Do you collect any of the following data countywide or by region?

Data element	Countywide		Sub county (e.g. cities, districts, offices)	
	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 other countywide Food Stamp Program data is collected and reported to the state?

_____
_____
_____
_____

J3.   Use the space below to provide any additional comments, such as thoughts about trade-off decisions, or suggestions you have about measuring outcomes.

_____
_____
_____
_____

Section K. Concluding Questions

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

K1.   Were any major hardware and software changes involved in your county/local jurisdiction's modernization activities? Check all that apply.

a.   __ Additional/new PCs
b.   __ Additional/new monitors
c.   __ Additional/new laptops
d.   __ Additional memory/electronic storage
e.   __ Additional/new fax machines
f.   __ Additional/new scanners
g.   __ Additional/new telephone equipment
h.   __ Additional/new point of service card readers
i.   __ Additional/new high speed telephone lines, cable, or DSL
j.   __ Additional/new kiosks
k.   __ Purchase of "off the shelf" software
l.   __ Developing new software/programs
m.   __ Other (specify: _____)
n.   __ None (skip to K5)
o.   __ Don't know (skip to K5)

K2.   How were these changes funded?

a.   __ State budget
b.   __ County/local jurisdiction budget
c.   __ Grant funds
d.   __ Other (specify: _____)
e.   __ Don't know

K3.   What additional hardware and software was required by community partners? Check all that apply.

a.   __ Additional/new PCs
b.   __ Additional/new monitors
c.   __ Additional/new laptops or additional memory/electronic storage
d.   __ Additional/new fax machines
e.   __ Additional/new scanners
f.   __ Additional/new telephone equipment
g.   __ Additional/new point of service card readers
h.   __ Additional/new high speed telephone lines, cable, or DSL
i.   __ Additional/new kiosks
j.   __ Purchase of "off the shelf" software
k.   __ Developing new software/programs
l.   __ Other (specify: _____)
m.   __ None
n.   __ Don't know

K4. How were these changes funded?

        a. __ State budget
        b. __ County/local jurisdiction budget
        c. __ Partner budget
        d. __ Grant funds
        e. __ Other (specify: _____)
        f. __ Don't know

K5. What have been your county/local jurisdiction's greatest *challenges* as your agency has planned for and implemented food stamp 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					
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. Training community based partners					
q. Technical problems					
r. Upgrading legacy/existing computer systems					
s. Obtaining waiver approval					

Issues	Very challenging	Somewhat challenging	Not too challenging	Not challenging at all	Not applicable
t. Controlling error rates					
u. Controlling fraud					
v. Maintaining client access					
w. Other (specify: _____ _____)					

K6. What have been your county/local jurisdiction's greatest *successes* as your agency has planned and implemented food stamp 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. Reduced staff turnover						
m. Decreased application processing time						
n. Other (specify: _____ _____)						

K7. On balance, what has been the effect of your county/local jurisdiction's food stamp modernization efforts on:

a. Clients' access to the Food Stamp Program?

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

b. Payment accuracy

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

c. Administrative cost savings

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

d. Preventing and detecting fraud

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

e. Customer service

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

K8. What are the **three** most important lessons you have learned from your modernization efforts?

_____
_____
_____

K9. What laws or regulations affecting Food Stamp Program modernization would you change and why?

_____
_____
_____

K10. Use the space below to provide any additional comments or suggestions you have on the modernization of the Food Stamp Program.

_____
_____
_____

Thank you for completing this survey!