

# Enhancing Food Stamp Certification: Food Stamp Modernization Efforts

## Partner Organization Survey

11/13/07

**Name of person completing this form:**

**Title:**

**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 or Local Context; (C) Relationship with State or Local Food Stamp Agency; (D) Food Stamp Program Certification and Recertification Processes; (E) Customer Access; (F) Electronic Applications; (G) Technological Innovations; (H) Call Centers; (I) Outreach; (J) Fingerprint Imaging and Other Biometric Identification; (K) Outcome Measures; and (L) Concluding Remarks. The web-based survey will automatically guide you through the appropriate sections based on your responses.

We are only interested 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 modernization activities in your local service area.

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

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

**Please return by March 15, 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 1.5 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 Organization:
- A2. Organization's Mailing Address:
- A3. How would you best describe your organization?
- a.  Non-profit community-based organization (CBO)
  - b.  Non-profit faith-based organization (FBO)
  - c.  Other nonprofit
  - d.  Private, for-profit
  - e.  Local government agency
  - f.  Other (specify: \_\_\_\_\_)
- A4. What are the primary services provided by your organization? Check all that apply.
- a.  Food assistance
  - b.  Financial assistance
  - c.  Housing assistance
  - d.  Employment assistance
  - e.  Counseling
  - f.  Legal assistance
  - g.  General supportive services
  - h.  Information technology
  - i.  Energy assistance
  - j.  Child care assistance
  - k.  Information and referral
  - l.  Food stamp outreach and application assistance
  - m.  Nutrition education
  - n.  Other (specify: \_\_\_\_\_)
- A5. How many staff are employed by your organization?  
\_\_\_\_\_ (FTEs)
- A6. What are your organization's primary sources of funding? Check all that apply.
- a.  Federal government contracts or grants
  - b.  State government contracts or grants
  - c.  Local government contracts or grants
  - d.  Grants from foundations and non-profits
  - e.  Fees for service
  - f.  Contributions/community fundraising
  - g.  Other (specify: \_\_\_\_\_)
- A7. Who does your organization primarily serve? Check all that apply.
- a.  Working families
  - b.  Elderly
  - c.  Disabled
  - d.  Immigrants
  - e.  Homeless
  - f.  Government agencies
  - g.  Low-income women and children
  - h.  Other (specify: \_\_\_\_\_)
- A8. Where in the state does your organization operate?
- a.  State-wide
  - b.  In selected areas of the state (specify: \_\_\_\_\_)

## Section B. State or Local Context

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

- B1. What are the key barriers to Food Stamp Program access in your local area? Characterize how strong a barrier the following issues are in your **county or service area**.

Issues	Strong barrier	Somewhat strong barrier	Weak barrier	Not a barrier at all
a. Length and/or complexity of the application itself				
b. Personal nature of questions on the applications				
c. Documentation required				
d. Language barriers				
e. Distrust of food stamp office/government programs				
f. Stigma				
g. Local food stamp office hours of operation				
h. Waiting times at local food stamp offices				
i. Perceived poor treatment at local offices				
j. Transportation to local food stamp offices				
k. 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. Relationship with State or Local Food Stamp Agency

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

- C1. Which food stamp agencies do you work with directly? Check all that apply.
- a.  State food stamp agency
  - b.  County food stamp agency(ies) (specify: \_\_\_\_\_)
  - c.  Other (specify: \_\_\_\_\_)
- C2. What types of activities do you work on related to the Food Stamp Program? Check all that apply.
- a.  Food Stamp certification and recertification processes
  - b.  Call centers
  - c.  Electronic/on-line applications (e.g. completing and/or submitting an application via the internet)
  - d.  Outreach and education
  - e.  Other (specify: \_\_\_\_\_)
- C3. Is this your organization's first collaborative effort with the food stamp agency?
- a.  Yes
  - b.  No
- C4. How was your organization recruited and chosen to participate in any food stamp modernization activities? Check all that apply.
- a.  Experience on previous collaborations
  - b.  Competitive bidding process
  - c.  Unsolicited proposal
  - d.  Other (specify: \_\_\_\_\_)
- C5. Was your organization involved in the planning phase of these activities?
- a.  Yes
  - b.  No (brought in after the nature of the work was determined by the state or county)
- C6. What type of agreement do you have with the food stamp agency?
- a.  Contract
  - b.  Grant
  - a.  Memorandum of Understanding (MOU)
  - b.  Memorandum of Agreement (MOA)
  - c.  Oral agreement
  - d.  Other (specify: \_\_\_\_\_)
  - e.  None
- C7. Do you receive funding under these arrangements?
- a.  Yes
  - b.  No
- C8. Is the agreement with the food stamp agency performance-based (includes outcome-based performance targets)?
- a.  Yes
    - i. List the key targets: \_\_\_\_\_
  - b.  No

## Section D. Food Stamp Program Certification and Recertification Processes

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

- D1. What food stamp certification/recertification functions do you perform, either under contract or through other arrangements, in conjunction with the food stamp agency? Check all that apply.
- a.  Application assistance
  - b.  Application processing
  - c.  Document verification
  - d.  Interviewing
  - e.  Change reporting
  - f.  Case management
  - g.  Recertification
  - h.  Schedule eligibility interviews
  - i.  Other (specify: \_\_\_\_\_)
  - j.  None of the above (skip to Section E)
- D2. Has your organization performed similar work in the past?
- a.  Yes
  - b.  No
- D3. To whom are these services being provided? Check all that apply.
- a.  Community-at-large
  - b.  Your organization's clients
  - c.  Working families
  - d.  Elderly households
  - e.  Disabled households
  - f.  Immigrant households
  - g.  Homeless individuals/families
  - h.  Other (specify: \_\_\_\_\_)
- D4. Where are these services being provided? Check all that apply.
- a.  Your organization's offices
  - b.  Local food stamp office(s)
  - c.  Food banks/pantries
  - d.  Schools
  - e.  Community centers
  - f.  Community health centers
  - g.  Other community sites (specify: \_\_\_\_\_)
  - h.  Other (specify: \_\_\_\_\_)
- D5. What type of staff from your organization perform functions related to Food Stamp Program certification and recertification? Check all that apply.
- a.  Paid staff
  - b.  Unpaid volunteers
  - c.  Other (specify: \_\_\_\_\_)
- D6. Did you hire additional staff to perform tasks related to the new certification/recertification efforts?
- a.  Yes, how many? \_\_\_\_\_ (FTEs)
  - b.  No

- D7. Were staff (including volunteers) trained to perform these functions?
- a.  Yes
    - i. By whom?
      - 1.  FSP agency staff
      - 2.  Own organization's staff
      - 3.  Staff of another partner organization
      - 4.  Other (specify: \_\_\_\_\_)
  - b.  No
- D8. What challenges, if any, did your organization face in partnering with the food stamp agency on certification/recertification activities? Check all that apply.
- a.  Legal/contractual hurdles to collaboration
  - b.  Cost
  - c.  Union opposition
  - d.  Complexity of FSP regulations
  - e.  FSP agency staff attitudes
  - f.  Resistance of our own organization's staff
  - g.  Difficulty hiring staff
  - h.  Technology
  - i.  Language barriers
  - j.  Other (specify: \_\_\_\_\_)
- D9. Use the space below to provide any additional comments or suggestions you have related to partnering with FSP in performing certification and recertification functions.
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## Section E. Customer Access

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

- E1. Has your organization been involved in the planning or implementation of 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? Check all that apply.
- a.  Off-site prescreening
  - b.  Off-site application assistance
  - c.  Simplifying application
  - d.  Combined applications
  - e.  Tracking and follow-up of applicants
  - f.  Off-site application/document filing (e.g., mail, fax, telephone, internet)
  - g.  Flexible office hours
  - h.  Out-stationed food stamp workers
  - i.  Application interviews
  - j.  Telephone or mail recertification
  - k.  Recertification conducted by non-FSP staff
  - l.  Serving as authorized representative
  - m.  Information and referral
  - n.  Other (specify: \_\_\_\_\_)
  - o.  None of the above (skip to Section F)
- E2. Has your organization performed similar work in the past?
- a.  Yes
  - b.  No
- E3. To whom are these services being provided? Check all that apply.
- a.  Community-at-large
  - b.  Your organization's clients
  - c.  Working families
  - d.  Elderly households
  - e.  Disabled households
  - f.  Immigrant households
  - g.  Homeless individuals/families
  - h.  Other (specify: \_\_\_\_\_)
- E4. Where are these services being provided? Check all that apply.
- a.  Your organization's offices
  - b.  Local food stamp office(s)
  - c.  Food banks/pantries
  - d.  Schools
  - e.  Community centers
  - f.  Community health centers
  - g.  Community sites (specify: \_\_\_\_\_)
  - h.  Over phone
  - i.  Other (specify: \_\_\_\_\_)
- E5. What type of staff from your organization perform functions related to increasing customer access to the Food Stamp Program? Check all that apply.
- a.  Paid staff
  - b.  Unpaid volunteers
  - c.  Other (specify: \_\_\_\_\_)

- E6. Did you hire additional staff related to these functions?  
a.  Yes, how many? \_\_\_\_\_ (FTEs)  
b.  No
- E7. Were staff (including volunteers) trained to perform these functions?  
a.  Yes  
    i. By whom?  
        1.  FSP agency staff  
        2.  Own organization's staff  
        3.  Staff of another partner organization  
        4.  Other (specify: \_\_\_\_\_)  
b.  No
- E8. Use the space below to provide any additional comments or suggestions you have related to increasing customer access.
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## Section F. Electronic Applications

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

- F1. Has your organization been involved in helping applicants use electronic applications (e.g., completing and/or submitting an application via the internet) for the Food Stamp Program?
- Yes
  - No (skip to Section G)
- F2. What role does your organization play in the electronic food stamp application process? Check all that apply.
- Help applicants access electronic application
  - Screen potential applicants
  - Help applicants complete electronic application
  - Help applicants file verification
  - Submit applications to local food stamp office
  - Other (specify: \_\_\_\_\_)
- F3. Does your organization conduct these activities statewide, or only in selected areas of the state?
- Statewide
  - Selected areas of the state
    - Is this a pilot test or demonstration?  
 Yes       No       Don't know
    - Is further expansion already planned?  
 Yes       No       Don't know
- F4. What type of staff from your organization work with electronic applications? Check all that apply.
- Paid staff
  - Unpaid volunteers
  - Other (specify: \_\_\_\_\_)
- F5. Did you hire additional staff to work with electronic applications?
- Yes, how many? \_\_\_\_\_ (FTEs)
  - No
- F6. Were staff (including volunteers) trained to work with electronic applications?
- Yes
    - By whom?
      - FSP agency staff
      - Own organization's staff
      - Staff of another partner organization
      - Other (specify: \_\_\_\_\_)
  - No
- F7. Overall, what is your assessment of the implemented electronic applications?
- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Strongly<br>Negative       | Somewhat<br>negative       | Neutral                    | Somewhat<br>positive       | Strongly<br>positive       |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

F8. Use the space below to provide any additional comments or suggestions you have related to electronic applications.

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## Section G. Technological Applications

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

- G1. In your organization's work with the Food Stamp Program, do you use any of the following technological applications? Check all that apply.

<b>Computer system upgrades/modifications:</b>
<input type="checkbox"/> Integration with other systems <input type="checkbox"/> Modifications to enable workers to telecommute <input type="checkbox"/> Automated case management system <input type="checkbox"/> Other (specify: _____)
<b>Document management:</b>
<input type="checkbox"/> Document imaging <input type="checkbox"/> Paperless system <input type="checkbox"/> Other (specify: _____)
<b>Information sharing:</b>
<input type="checkbox"/> Data brokering with other benefits systems <input type="checkbox"/> Automated case management system <input type="checkbox"/> Other (specify: _____)
<b>Application access and submission:</b>
<input type="checkbox"/> Application scanning and faxing <input type="checkbox"/> Call centers <input type="checkbox"/> Kiosks for prescreening tools or application access <input type="checkbox"/> Other (specify: _____)
<b>Reporting changes:</b>
<input type="checkbox"/> Scanning and faxing <input type="checkbox"/> Call centers <input type="checkbox"/> Automated Speech Recognition Systems (ASR) <input type="checkbox"/> Report changes online <input type="checkbox"/> Other (specify: _____)
<b>Recertification:</b>
<input type="checkbox"/> Call centers <input type="checkbox"/> Telephonic recertification using ASR <input type="checkbox"/> Other (specify: _____)
<b>Expanded EBT uses:</b>
<input type="checkbox"/> Wireless point of service systems <input type="checkbox"/> Online grocery ordering <input type="checkbox"/> Acceptance at farmer's markets <input type="checkbox"/> Other (specify: _____)

If no technological innovations have been implemented, skip to Section H

G2. Was training provided to your staff for any of these technological applications?

- a.  Yes
  - i. By whom?
    1.  FSP agency staff
    2.  Own organization's staff
    3.  Staff of another partner organization
    4.  Other (specify: \_\_\_\_\_)
- b.  No
- c.  Don't know
- d.  Not applicable

G3. Was training provided to volunteers?

- a.  Yes
  - i. By whom?
    1.  FSP agency staff
    2.  Own organization's staff
    3.  Staff of another partner organization
    4.  Other (specify: \_\_\_\_\_)
- b.  No
- c.  Don't know
- d.  Not applicable

G4. Overall, what is your assessment of the technological changes implemented?

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G5. Use the space below to provide any additional comments or suggestions you have on technological applications implemented in your county's or service area's Food Stamp Program.

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## Section H. Call Centers

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

- H1. Has your organization worked with the state or local food stamp agency to implement and operate call centers in your state?
- a.  Yes
  - b.  No (skip to Section I)
- H2. What is your organization's role in the implementation of call centers in the state? Check all that apply
- a.  Operate call centers under contract to the state
  - b.  Provide staff for state-operated call centers
  - c.  Provide equipment for state-operated call centers
  - d.  Provide training for state call center operators
  - e.  Provide technical support for call centers
  - f.  Other (specify: \_\_\_\_\_)
- H3. Has your organization performed similar work in the past?
- a.  Yes
  - b.  No
- H4. Does your organization provide services related to call centers statewide, or only in selected areas of the state?
- a.  Statewide
  - b.  In select areas of the state
    - i. Is this a pilot test or demonstration?  
 Yes  No
- H5. What are call centers used for?
- a.  Change reporting
  - b.  Initial application interview/certification
  - c.  Recertification
  - d.  Alert processing
  - e.  Client questions
  - f.  Conduct call-backs
  - g.  Information and referral
  - h.  Other (specify: \_\_\_\_\_)
- H6. Where are call centers located? Check all that apply.
- a.  In the state
  - b.  In another state(s)
  - c.  In other countries
- H7. What type of staff from your organization operate the call center(s)? Check all that apply.
- a.  Paid staff
  - b.  Unpaid volunteers
  - c.  Other (specify: \_\_\_\_\_)
- H8. Did you hire additional staff related to your call center work for the Food Stamp Program?
- a.  Yes, how many? \_\_\_\_\_ (FTEs)
  - b.  No

H9. Were staff (including volunteers) trained to operate the call center(s)?

a.  Yes

i. By whom?

1.  FSP agency staff

2.  Own organization's staff

3.  Staff of another partner organization

4.  Other (specify: \_\_\_\_\_)

b.  No

c.  Don't know

H10 Overall, what is your assessment of the call centers?

Strongly  
Negative

1

Somewhat  
negative

2

Neutral

3

Somewhat  
positive

4

Strongly  
positive

5

H11. Use the space below to provide any additional comments or suggestions you have on implementing and operating call centers.

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## Section I. Outreach

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

11. Has your organization been involved in the planning or implementation of any of the following outreach activities to increase Food Stamp Program participation? Check all that apply.
  - a.  Development of flyers, posters or other educational/informational materials
  - b.  Distribution of educational/informational materials at sites (e.g., food banks, grocery stores, WIC programs, public housing, unemployment offices)
  - c.  Development of informational websites
  - d.  Development of toll-free informational hotlines
  - e.  Media campaign (e.g., TV, radio, newspaper, ads on buses/bus shelters)
  - f.  Direct mail campaign
  - g.  Door-to-door outreach campaigns
  - h.  In-person outreach presentations at community sites
  - i.  Other (specify: \_\_\_\_\_)
  - j.  None of the above (skip to Section J)
  
12. Has your organization performed similar work in the past?
  - a.  Yes
  - b.  No
  
13. Does your organization provide these outreach activities statewide, or only in selected areas of the state?
  - a.  Statewide
  - b.  Selected areas of the state
    - i. Is this a pilot test or demonstration?  
 Yes       No       Don't know
    - ii. Is further expansion already planned?  
 Yes       No       Don't know
  
14. To whom are these services provided? Check all that apply.
  - a.  Community-at-large
  - b.  Your organization's clients
  - c.  Working families
  - d.  Elderly households
  - e.  Disabled households
  - f.  Immigrant households
  - g.  Homeless individuals/families
  - h.  Other (specify: \_\_\_\_\_)
  
15. Where are these services being provided? Check all that apply.
  - a.  Your organization's offices
  - b.  Local food stamp office(s)
  - c.  Food banks/pantries
  - d.  Schools
  - e.  Community centers
  - f.  Community health centers
  - g.  Community sites (specify: \_\_\_\_\_)
  - h.  Other (specify: \_\_\_\_\_)

16. What type of staff from your organization perform functions related to Food Stamp Program outreach? Check all that apply.

- a.  Paid staff
- b.  Unpaid volunteers
- c.  Other (specify: \_\_\_\_\_)

17. Did you hire additional staff to perform outreach activities?

- a.  Yes, how many? \_\_\_\_\_ (FTEs)
- b.  No

18. Were staff (including volunteers) trained to perform these functions?

- a.  Yes
  - i. By whom?
    - 1.  FSP agency staff
    - 2.  Own organization's staff
    - 3.  Staff of another partner organization
    - 4.  Other (specify: \_\_\_\_\_)
- b.  No

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

Strongly Negative	Somewhat negative	Neutral	Somewhat positive	Strongly positive
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

110. Use the space below to provide any additional comments or suggestions you have on outreach activities.

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

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

- J1. Has your organization, in its work with Food Stamp Program applicants or participants, been involved in the implementation of biometric identification methods such as fingerprint imaging, facial recognition, or retinal scanning? Check all that apply.
- a.  Fingerprint imaging
  - b.  Facial recognition
  - c.  Retinal scanning
  - d.  Other (specify: \_\_\_\_\_)
  - e.  None (skip to section K)
- J2. Where are these biometric identification procedures conducted?
- a.  Your organization's offices
  - b.  Local food stamp office(s)
  - c.  Food banks/pantries
  - d.  Schools
  - e.  Community centers
  - f.  Community health centers
  - g.  Community sites (specify: \_\_\_\_\_)
  - h.  Other (specify: \_\_\_\_\_)
- J3. What type of staff from your organization perform biometric identification procedures? Check all that apply.
- a.  Paid staff
  - b.  Unpaid volunteers
  - c.  Other (specify: \_\_\_\_\_)
- J4. Did you hire additional staff to implement biometric identification procedures?
- a.  Yes, how many? \_\_\_\_\_ (FTEs)
  - b.  No
- J5. Were staff (including volunteers) trained to perform biometric identification procedures?
- a.  Yes
    - i. By whom?
      - 1.  FSP agency staff
      - 2.  Own organization's staff
      - 3.  Staff of another partner organization
      - 4.  Other (specify: \_\_\_\_\_)
  - b.  No
- J6. Overall, what is your assessment of the biometric identification methods implemented?
- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Strongly<br>Negative       | Somewhat<br>negative       | Neutral                    | Somewhat<br>positive       | Strongly<br>positive       |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
- J7. Use the space below to provide any additional comments or suggestions you have on implementing biometric identification procedures.
- 
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## Section K. Outcome Measures

K1. Are you required to report any information on your activities to the food stamp agency?

a.  Yes

i. What information are you required to report?

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b.  No

K2. Do you collect any other information on the Food Stamp Program?

a.  Yes

i. What information do you collect?

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b.  No

K3. Are you collecting data by population subgroups?

a.  Yes

- i.  Working families
- ii.  Elderly households
- iii.  Disabled households
- iv.  Immigrant households
- v.  Homeless individuals
- vi.  Other (specify: \_\_\_\_\_)

b.  No

K4. Do you have specific goals you are required to meet?

a.  Yes, describe: \_\_\_\_\_

b.  No

K5. Use the space below to provide any additional comments, such as thoughts about trade-off decisions, or suggestions you have about measuring outcomes.

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## Section L. Concluding Questions

*We are interested in organizational and operational changes – modernization efforts - planned or implemented after January 1, 2000.*

L1. On balance, what do you think 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. Payment accuracy

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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c. 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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d. Preventing and detecting fraud

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

Strongly Negative 1__	Somewhat negative 2__	Neutral 3__	Somewhat positive 4__	Strongly positive 5__	Don't know 6__
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L2. In your opinion, what have been the greatest impacts of your state's food stamp modernization?

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L3. In your opinion, what laws or regulations affecting Food Stamp Program modernization would you change and why?

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L4. 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!**