



APPENDIX B-4

APPLICANT/PARTICIPANT INTERCEPT INTERVIEWS DISCUSSION GUIDE



APPLICANT/PARTICIPANT INTERCEPT INTERVIEW

Introduction/Purpose of the Study

Do you have five minutes to talk? Could I ask you a few questions? My name is _____ and I'm from a research organization in Washington, D.C. We're interested in learning about your experiences trying to get food stamps. Nothing you say will have any impact on the Food Stamp benefits you receive now or might receive in the future. Also, _____ (name of local designated contact) of the FSP Office can verify that we are conducting this study and that your thoughts will remain confidential. *(Offer brief project description with local contact name/number for the individual to see or take with them for future reference.)*

- **Why are you/were you here today?** *(Probes: What were you applying for? Have you been here before/applied for food stamps before?)*
- **Tell me what happened.** *(Probe: Were you applying for FSP? Bringing in verification documents, recertifying, etc.? How was your experience? Were staff helpful? Was the experience confusing?)*
- *(If changes have been made or something new was implemented that would be apparent to the applicant).* **What did you think of _____? Was it difficult to use? Easier than before?**
- **Overall, how would you describe your experiences with the FSP?**

(Note: Use additional probes below if needed.)

1. Is this the first time you ever applied for FS?
2. When/how did you first hear about FS? (e.g., Food Bank, CBO) What factors did you consider in making your decision to apply?
3. Were you applying for other programs (e.g., TANF, Medicaid) as well?
4. Tell me about the services you received today. Can you provide me with a description of the things that you were asked to do and the people you met with?
5. Was the experience as you expected? If no, what was different/worse/better than you expected?
6. Were the staff helpful? How many different staff did you meet with? Were they courteous and respectful? Were they able to answer your questions? Was anything about the experience confusing? Difficult to understand?

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 6 minutes, 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.



7. ***(If respondent had interacted with FS office before)*** What was different about your experience today? Have there been any changes to the process since the last time you were here? If yes, please describe. Did you meet with the same staff person as in previous visits? How many people did you meet with last time? Was it more/less confusing? More/less efficient? Faster/slower?
8. ***(If new technology offered)*** What did you use the technology/system for?
9. Was this the first time you used this technology/system? Was the system/technology helpful/convenient/easy to use? Was it difficult to understand or confusing? Describe.
10. Do you think you will use the new/system technology in the future? If so, what for?
11. How long did it take you to complete your visit today?
12. Thinking about your visit today, how would you characterize your experiences with the FSP (positive or negative)?
13. Do you have any suggestions as to ways the FS program could be improved? Please describe.

Thank you very much for your time. You've made a valuable contribution to our study.