

**ATTACHMENT D: INSTRUCTIONS TO STATES FOR SUBMITTING EXCEL SPREADSHEETS WITH PARTICIPANT CONTACT LISTS**

**CHARACTERISTICS AND CIRCUMSTANCES OF ZERO-INCOME SNAP HOUSEHOLDS**

**INSTRUCTION SHEET FOR SUBMITTING DATA FILES**

**Contents of the lists:** Please submit a list of all SNAP units who either applied and were deemed eligible or were recertified AND declared zero gross income *in January, February, or March 2012*. **Table A** below provides a list of the variables that Insight is requesting to select the sample. **Table B** provides an example of what the spreadsheet will look like.

**Deadline for list submission:** Please submit the lists by **April 20, 2012**. Insight plans to conduct interviews throughout the spring of 2012.

**Method of transmission:** To protect these data, you will be able to submit the data in either of two ways.

1. A secure file transfer site which encrypts both commands and data, preventing passwords and sensitive information from being accessed during transmission, or
2. States can mail the files directly to FNS on a password-protected CD with the password communicated under separate cover (i.e., with a phone call to the Project Officer, Melissa Abelev).

Please submit the data using a secure FTP protocol via the Web site <ftp://insightpolicyresearch.com>. You will receive the login information under separate cover. Alternatively, you can submit the data directly via password-protected CD to Melissa Abelev, Ph.D., Office of Research and Analysis, 3101 Park Center Drive, Alexandria, VA, 22302. We will accept the file in any format; however, we prefer these data in Microsoft Excel format.

**Data Security:** In both methods, the data will require user authentication (login and password), provide appropriate firewalls, and encrypt stored data. Personally identifiable information will be available only to project staff with a need to know for the purposes of data collection or data editing. The analysis will be performed on secondary files from which the identifying data have been deleted, and ***no identifiers will be disclosed in reports.***

*Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reading text, asking questions and providing consent. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (\_\_\_\_-\_\_\_\_).*

**TABLE A: Requested Variables List**  
**Zero-Gross Income SNAP Units**  
*(Note: See Table B for an example of the list)*

Column	Variable Name	Description	Data Format
1.	Case ID	State-Assigned ID Number	Character
2.	Last Name	Household Head: Contact Person Last Name	Character
3.	First Name	Household Head: Contact Person First Name	Character
4.	Street Address	Street Address (number and street)	Character
5.	Apartment No.	Apartment Number	Character
6.	City	City	Character
7.	State	State	Character
8.	ZIP Code	ZIP Code	Character
9	Primary Phone Number	10-Digit Phone Number	Character
10.	Alternate Phone Number	10-Digit Phone Number	Character
11.	Gross Income	Gross Annual Income at Most Recent Certification Date (note: must be 0)	Numeric
12.	Household Size	Number of Persons in Household	Numeric
13.	Date of Recertification (or, if new applicant, application date)	Date of New Application or Recertification (whichever is most recent)	Numeric (mm/dd/yyyy)
14.	Age	Age of Household Head	Numeric
15.	Primary Language Spoken	Whether Primary Language Is Spanish or English	Character
16.	ABAWD Status	Whether Household Head Is an ABAWD	Character

**TABLE B: Example Spreadsheet**  
**Zero-Gross Income SNAP Units**

	Case ID	Last Name	First Name	Street Address	Apt. No.	City	State	ZIP Code	Primary Phone #	Alternate Phone #	Gross Income	Household Size	Date of Recertification (or, application date)	Age	Primary Language Spoken	ABAWD Status
Client X Client Y Client Z ...																