Appendix E10

Retailer Telephone Notification Recruiting Script

OMB Control No: 0584-xxxx
Expiration Date: xx/xx/20xx

Participating Retailer Initial Notification Recruiting Script

Hello. My name is _____ and I am calling from Abt Associates about a research study we are conducting for the US Department of Agriculture. Am I speaking to _____ [STORE MANAGER OR OWNER] of _____ [STORE NAME]?

[If yes, continue. If no, ask for the store manager or owner.]

[IF RESPONDENT IS MORE COMFORTABLE WITH SPANISH, SWITCH TO SPANISH.]

I'm calling to let you know they you've been selected to participate in an important study being conducted for the U.S. Department of Agriculture (USDA) by Abt Associates, a research company based in Cambridge, MA. We are conducting an evaluation of the USDA Supplemental Nutrition Assistance Program (SNAP) and the Healthy Incentives Pilot (HIP) in Hampden County. You've been chosen to provide feedback about HIP. Have you heard of HIP?

As an incentive, HIP will pay back SNAP/Food Stamp customers in Hampden County a portion of their fruit and vegetable purchases in the form of a credit. The Massachusetts Department of Transitional Assistance (DTA) is running HIP, with funding from the Food and Nutrition Service of the USDA. We are studying how HIP affects SNAP customers and the community on behalf of FNS.

To find out how stores have been affected by HIP, we are conducting a mail survey. We are especially interested to hear from you about what benefits and challenges you considered when deciding whether or not to participate in HIP. By responding to this survey, you will help us learn how to make HIP better for retailers and SNAP customers. The 2 parts of the survey will take 35 to 40 minutes to complete.

All information in the survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt – not FNS or other government agencies – will know your responses to the survey. We will not use your name or your store's identity in any government reports or other publications. Your responses will be combined with those of other retailers and the results will be reported as totals and averages.

I would like to confirm your name and address so that we can be sure the survey reaches you.

[READ NAME AND ADDRESS ON FILE.]

Is that right? [CONFIRM SPELLING IF NECESSARY]

We can send you either an English or Spanish version of the survey. Which would you prefer?

Thank you for your willingness to participate. The Survey should arrive by mail in about ____ days/weeks and will include pre-addressed, pre-paid materials you can use to return the survey to us.

Public reporting burden for this collection of information is estimated to average 5-10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.