

**Appendix B-6. FOCUS GROUP
PARTICIPANT RECEIPT FORM**

Site:

Date:

Time:

By signing below, I confirm that I received \$30 as an incentive to participate in a discussion group conducted by the Urban Institute regarding churning in the Supplemental Nutrition Assistance Program (SNAP).

Name (please print)	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

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. The time required to complete this information collection is estimated to average 1 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.