

**ATTACHMENT F:  
PRESURVEY-NOTIFICATION LETTER**



OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXXXX

{Date}

**United  
States  
Department  
of Agriculture**

Food and  
Nutrition  
Service

3101 Park  
Center Drive

Alexandria, VA  
22302-1500

Dear [SNAP PARTICIPANT]:

The U.S. Department of Agriculture's Food and Nutrition Service (FNS) is conducting a survey of SNAP (Food Stamp) participants who recently applied. The purpose of this study is to find out whether SNAP participants are satisfied with the services they received when they applied and were interviewed to determine if they qualify.

You were selected for this study from a list of SNAP participants who applied for benefits in the past 3 to 6 months.

In about a week, an interviewer will call you and ask you to participate in a 15 minute telephone survey. The survey will include questions about where you applied, where the interview took place, whether you had to wait for an interview, and how long it took to receive your benefits. All your answers to the survey will remain completely private. Your answers will be grouped with the answers of others who take the survey so that we can report the results of the survey from the group and not from individuals.

We hope you will agree to participate in the survey, but you are free to say yes or no. Participation in the survey will not affect your SNAP benefits in any way. The information you give will help FNS improve the services it provides to SNAP participants. If you agree to participate, you will receive a \$10 gift card in the mail as a token of our appreciation.

Please help by responding to the brief interview when the telephone interviewer calls. If you have any questions, you can call toll-free at 1-XXX-XXX-XXXX and ask for the SNAP CBO study. Thank you in advance for your assistance.

Sincerely,

Lizbeth Silberman  
Director  
Program Development Division  
Food and Nutrition Service

Anita Singh  
Acting Director  
Family Programs Staff  
Office of Research and Analysis  
Food and Nutrition Service

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 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 minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection