

ATTACHMENT D: INSTRUCTIONS FOR SUBMITTING DATA FILES AND LIST OF REQUESTED VARIABLES

AN ASSESSMENT OF THE ROLES AND EFFECTIVENESS OF COMMUNITY-BASED ORGANIZATIONS (CBOS) IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

INSTRUCTION SHEET FOR SUBMITTING DATA FILES

Who should be in the file? Please submit the following **TWO** data files:

1. File #1: SNAP Applicants interviewed by CBOs (Community Partners) participating in the demonstration. Please include records for all SNAP applicants (no recertifications) whose interviews were conducted by a community partner **from the waiver start date through August 2012**. In your State, the participating partners are Catalyst Miami; CROS Ministries; Harry Chapin Food Bank; the Mental Health Resource Center; Second Harvest of Central Florida; Second Harvest of North Florida; and the United Way of Lee, Hendry, and Glades Counties.

Important Notes:

- (1) We understand that community partners provide various types of assistance to SNAP applicants; however, the records on this file should include only those applicants **whose SNAP interviews were conducted by a community partner**).
 - (2) Please include all applicants interviewed by a community partner during the designated time period, not just those who were determined eligible.
2. File #2: SNAP Applicants interviewed by SNAP local offices. Please include records for all SNAP applicants (no recertifications) who were interviewed through a local SNAP office in waiver counties during the **first 5 business days of each month from the waiver start date through August 2012**.

Important Note: Please include all applicants interviewed by SNAP during the designated time period, not just those who were determined eligible.

Waiver counties include:

Waiver Start Date	Counties	
July 2009	Brevard	Seminole
	Orange	Volusia
	Osceola	

Waiver Start Date	Counties	
March 2011	Baker	Lake
	Bradford	Lee
	Charlotte	Miami-Dade
	Clay	Nassau
	Collier	Palm Beach
	Duval	Putnam
	Flagler	St. Johns
	Glades	
	Hendry	

What is the deadline for submitting the list? Please let Insight know if you cannot submit the two data files by **November 30, 2012**.

What variables should be on the list? **Table A** below provides a list of the variables Insight is requesting for each of the data files. In addition to the files, please provide a separate Word document specifying your specific State codes for the reasons for denial.

What is the file format? Please submit the two files in **either** CSV (Comma Separated Values) **or**, alternatively, ASCII text format. If you prefer ASCII text format, Table A indicates the starting and ending column position for each variable.

*****Note: Missing data or unused columns should be indicated by a BLANK space. Please do NOT fill unused columns or unknown values with zeroes.*****

How will you ensure confidentiality of State data? These data will be maintained on a secure server and available only to project personnel needed to tabulate the data. The analysis will be performed on secondary files from which any identifying data have been deleted, and no identifiers will be disclosed in reports.

How can we submit the list? To protect these data, please submit the files using Insight's secure FTP system, a secure file transfer site that encrypts both commands and data, preventing passwords and sensitive information from being accessed during transmission. You can access the system by using the following link: <http://snap.insightpolicyresearch.com>

You will need to enter your username and password to access the site.

- Your Username for this site is: **Florida**
- Your secure Password will be sent to you in a separate email.

Instructions for using the FTP system are as follows:

1. To access the system, go to the following website:
<http://snap.insightpolicyresearch.com>.

2. Enter your username and password to access the site. It may be easier to copy and paste the username and password directly into the fields on the FTP home page.
3. Once in the FTP system, click the “Upload” button, which is the third button from the right near the top left hand side of the screen.
4. Click on the “Browse” button, select the file(s) you wish to upload, and click on the “Upload” button. **NOTE: Once you click on the “Upload” button, it is important that you stay on the screen and do not close the application or move to any other applications on your computer until the upload of the file(s) is complete. This may take a while, depending on the size of the file. When the upload is complete, the file name(s) will appear under the light blue “Name” bar on the screen. Until the file name(s) appear, the file upload has not occurred and we will not receive your submitted file(s).**
5. Once the files have been submitted, you will receive a notification via email that they have been received.

If you have any questions or concerns, please contact Claire Wilson at cwilson@insightpolicyresearch.com or 703-504-9484.

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

TABLE A: Requested Variables List

(Please use this list to submit both File #1:CBO SNAP applicants and File #2: Local Office SNAP applicants)

VARIABLE NAME	DESCRIPTION	DATA FORMAT	CODE/ CATEGORIES	BEGINNING COLUMN	ENDING COLUMN	FIELD WIDTH IN BYTES
<i>Applicant Information</i>						
Case ID	Unique case identifier	Character		1	10	10
Age of Unit Head	3-digit age of head of SNAP unit	Numeric		11	13	3
<i>SNAP Unit Information</i>						
Unit Size	Number of people covered by the SNAP benefit	Numeric		14	15	2
Number of Preschool-Age Children in Unit	Number of people ages 0-4 in the SNAP unit	Numeric		16	17	2
Number of School-Age Children in Unit	Number of people ages 5-17 in the SNAP unit	Numeric		18	19	2
Number of Adults in Unit	Number of people age 18 or older in the SNAP unit	Numeric		20	21	2
Number of Elderly in Unit	Number of people age 60 or older in the SNAP unit	Numeric		22	23	2
Unit Income	Gross monthly income of SNAP unit at time of application (no decimal places)	Numeric		24	29	6
Child-Only Unit	Child-only SNAP unit, where non-participating adults receive benefits on behalf of children	Character	1=Child-only SNAP unit 2=Adult and child SNAP participants in unit 3=Adult-only SNAP unit	30	30	1
County	County in which the SNAP applicant resides	Character		31	60	30
<i>SNAP Interview Information</i>						
Community Partner Flag	Interview site type: community partner or SNAP local office conducting the applicant interview	Character	1=Community partner 2=SNAP local office	61	61	1
Community Partner Name	Organization name of the community partner that conducted the interview	Character		62	91	30
Language	Language of SNAP applicant interview	Character	1=English 2=Spanish 3=Other	92	95	4
Mode of Interview	Whether the interview took place by phone or in person	Character	1=Telephone 2=In person	96	96	1
Start Date of Interview	Start date of SNAP application interview	Character	MMDDYYYY	97	104	8
End Date of Interview	End date of SNAP application interview	Character	MMDDYYYY	105	112	8

VARIABLE NAME	DESCRIPTION	DATA FORMAT	CODE/ CATEGORIES	BEGINNING COLUMN	ENDING COLUMN	FIELD WIDTH IN BYTES
<i>Application Information</i>						
Date of Submission	Date of application submission	Character	MMDDYYYY	112	119	8
Submission Medium	Whether application was submitted electronically or by mail	Character	1=Electronic submission 2=Paper submission by mail, fax, or in-person delivery	120	120	1
Expedited	Whether the application was expedited	Character	1=Expedited 2=Not expedited	121	121	1
Eligibility Determination	Outcome of SNAP application: approved or denied	Character	1=Approved 2=Denied	122	122	1
Date of Eligibility Determination	Date application was approved or denied	Character	MMDDYYYY	123	130	8
Reason for Denial	If denied: reason for denial	Character	Codes to be provided by FL (Please send documentation)	131	140	10
Date SNAP Benefits Issued	Date SNAP benefits were issued	Character	MMDDYYYY	141	148	8
Monthly Benefit Amount	Dollar value of monthly benefits (no decimal places-round to nearest whole dollar)	Numeric	(Leave blank for denied cases)	149	152	4