Appendix A-6e Screen Shots--Web Survey of SNAP and Work—English



OMB Control No. 0584-0606 Expiration Date: 03/31/2019

Welcome to the Survey of SNAP and Work! To begin the survey, enter your PIN and click on the button. "Continue" button.



Public reporting burden for this collection of information is estimated to average 30 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0606). Do not return the completed form to this address.

Privacy Act Statement

Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c) (2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application. Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;

 $\textbf{Routine Use}: Information may be disclosed for any of the routine uses listed in the published System of Record notice \\ https://www.federalregister.gov/documents/2010/12/27/2010-32457/privacy-act-revision-of-privacy-act-systems-of-records#p-30 \\$

Disclosure: Furnishing the information on this form is voluntary.

Next »



You have been selected to take part in the Survey of SNAP and Work! Westat is conducting this study on behalf of the U.S. Department of Agriculture's Food and Nutrition Service. The survey will ask about your employment experience and challenges faced in finding and keeping employment. The results will help states understand the needs and challenges of people who receive benefits from the Supplemental Nutrition Assistance Program, also called SNAP, or known as [STATE NAME FOR SNAP] in your State.

This web survey should take on average about 30 minutes to complete. As an incentive, and to offset any cost incurred by your participation, we will send you [FILL \$50 FOR IN-PERSON] in cash.

Your participation in this survey is completely voluntary. Please know that your responses will be kept private, except as otherwise required by law, and will not be shared with your SNAP eligibility worker or anyone else not involved with conducting the study. Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer. If you decide not to participate, there will be no loss of benefits. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports (published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080), FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

HOW TO COMPLETE THE SURVEY: After you complete each question, you may go to the next by clicking on the "Next>>" button. If you wish to review a previous answer, click on the "<<Pre>Previous" button. If you need to save your responses and complete the survey later, click on the "Save and Continue Later" button. When you log on later, you can continue where you left off.

IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND WELFARE AS A RESEARCH PARTICIPANT: Please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about "Survey of SNAP and Work", and a telephone number beginning with the area code. Someone will return your call as soon as possible.

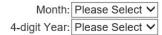
To begin the survey, click the "Next>>" button. Doing so also indicates your consent to participate in the survey.

« Previous	Next »
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This section asks questions about you.

A1. What is your month and year of birth?







Save and Continue Later

A2. What is your sex? Male Female Previous Next »



A3. Are you Hispanic or Latino? O Yes, Hispanic or Latino O No, not Hispanic or Latino O Don't know

« Previous

Next »



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Section A: Demographic Characteristics

A4. Below is a list What is your race?		ou may choose one or more races. For this survey, Hispanic origin is not a race.
(Check all that app	oly)	
☐ American Indian	or Alaska Native	
☐ Asian		
☐ Black or African	American	
☐ Native Hawaiian	or Other Pacific Islander	
☐ White		
« Previous	Next »	
Save and Co	ontinue Later	



A5. Are you marrie	ed, widowed, divorced, s
○ Married	
○ Widowed	
O Divorced	
○ Separated	
O Never married	
« Previous	Next »



A6. Did you ever se	rve on active duty in	the U.S. Armed Forces	?	
○ Yes				
○ No				
« Previous	Next »			
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Save and Conf	tinue Later			



A7. Are you curre	A7. Are you currently on active duty in the Armed Forces?					
○ Yes						
○ No						
« Previous	Next »					



○ 12th grade or less – NO DIPLOMA	
○ High school equivalent such as GED	
◯ High school diploma	
○ Some college but no degree	
Associate degree in college - Occupational/ Business Administration, Nursing, Web Des	ocational program (for example, an Associate of Applied Science, such as Accounting ign, or Paralegal Studies)
Associate degree in college - Academic pro	gram (such as Associate of Arts or Associate of Science)
Bachelor's degree (e.g., BA, AB, BS)	

« Previous

Next »



A9. Currently, do you have an <u>active</u> professional certification or a state or industry license? Do <u>not</u> include a business license, such as a liquor license or vending license. (A professional certification or license shows you are qualified to perform a						
specific job. Examp	oles include a real es	state license, a medical assistant certification, a Teacher License or an IT certification).				
○ No						
« Previous	Next »					
Save and Cor						



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Section A: Demo	ographic Character	ISTICS
7		
A10. What type of	certification or license is	s this (if more than one, list the two most recent)?
« Previous	Next »	
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A11. Do you speak	a language other th	an English at home?
○ Yes		
○ No		
« Previous	Next »	
Save and Cor	ntinue Later	



Section A: Demographic Characteristics

A12. What is this language?

« Previous Next »

Save and Continue Later



A13. How well do y	ou speak English?		
O Very well			
○ Well			
O Not well			
O Not at all			
« Previous	Next »		
Save and Con	ntinue Later		



The questions in this section ask about all the jobs you've held since [Sample month - 6]. We'll first ask about your current or most recent job. Then, we'll ask about any other jobs you've held since [Sample month - 6].

B1. Have you ever worked for pay since [Sample month - 6]? Please be sure to include part-time jobs, odd jobs, self-employment, work you do as an independent contractor or free-lance worker, or other work you have done for pay since [Sample month - 6].

○ Yes ○ No

« Previous Next »

Save and Continue Later



B1a. How many separate jobs in total have you had since [Sample month -6]?

Please Select ➤ Jobs:

O Don't know





B1b. About how many jobs was it? About how many jobs have you had since [Sample month - 6]?
O 1 or 2 jobs
○ 3 or 4 jobs
○ 5 to 7 jobs
○ 8 to 10 jobs
○ More than 10 jobs

« Previous

Next »



Next »

Section B: Employment

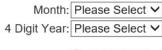
B2. Have	you ever worked for pay any time before [[Sample month - 6]?	
○ Yes			
○ No			

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« Previous



B2a. When did you last work for pay?



O Don't know





○ 1 or 2 years a	go			
O More than 2 ye	ears ago but less than 5	j years		
O More than 5 ye	ears ago			



Section B: Emp	loyment	
B3. Are you curre	ntly working at a job for	pay?
○ Yes		
○ No		
« Previous	Next »	
Save and Co	ontinue Later	



B4. Now let's talk about LAST WEEK. LAST WEEK, did you have more than one job, including a part time, evening or weekend job?	
○ Yes	
○ No	



B5. Altogether, how many jobs did you have last week?	
○ 2 jobs	
○ 3 jobs	
○ 4 or more jobs	

« Previous

Next »



B6. How many hour	s per week do you U	SUALLY work at all your jobs	combined?
Hours per week: Hours vary each	week		
« Previous	Next »		
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Rectangular Snip

Section B: Employment

B6a. Counting all your jobs, about how many hours would you say you usually worked in a week during the past month?
○ 1 to 14 hours per week
○ 15 to 29 hours per week
○ 30 to 34 hours per week
○ 35 to 40 hours per week
○ More than 40 hours per week

« Previous

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c.	-4:		О.	Emp		
. 76	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on	-	- mn	MVIT	IPNI

B7. The next questions are about [your current job/the job you worked the most hours at last week/the job you had most
recently]. What kind of work do/did you do, that is, what (is/was) your occupation? For example: plumber, typist, farmer.

« Previous

Next »



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Section B: Employment

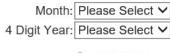
B8. What is/was th	ne name of your employ	er? Or were you self-employed?	
	name of employ	er	
O Self-employed			
« Previous	Next »		



Section B: Emplo	oyment	
B9. What kind of bu	usiness or industry	(is/was) this? What (do/does/did) (the employer/you) make or do?
« Previous	Next »	
Save and Cor	ntinue Later	



B10. When did you start working at this job?



O Don't know





B11. When did you stop working at this job?

Month: Please Select ✓
4 Digit Year: Please Select ✓

O Don't know

« Previous Next »

Save and Continue Later



B11a. Approximately when did you stop working at this job? Was it	
○ Within the past month	
○ 1 to 2 months ago	
○ 3 to 5 months ago	
○ More than 5 months ago	
○ Don't know	

« Previous

Next »



Layoff or plant closing	
○ End of temporary or seasonal job	
Discharged or fired	
Pregnancy or birth of a child	
Other family reason	
O Poor health	
Ouit to look for another job	
Returned to school or devote more to	me to school
Moved away from the jobTransportation problems	
○ Some other reason. Please specify	



Section D. Emplo	wmont	
Section B: Emplo		
B12. How many hou	ırs per week (do/did)) you usually work on this job?
Hours per Week:		
O Don't know		
« Previous	Next »	
Save and Continue Later		



B13. About how many hours (do/did) you work at this job in a typical week?			
○ 1 – 14 hours			
○ 15 – 29 hours			
○ 30 – 34 hours			
O More than 40 hours			
O Don't remember			

« Previous

Next »



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Section B: Employment

B14. (Do/did) you want to work a full-time workweek of 35 hours or more?							
○ Yes							
○ No							
« Previous	Next »						



B15. Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. What (is/was) your MAIN reason for working part time at this job?
O My hours were cut
Could only find part-time work
○ Seasonal work
○ Child care problems
Other family/personal obligations
○ Health/medical limitations
○ School/training
Retired/Social Security limit on earnings
Other (Please specify):
« Previous Next »
Save and Continue Later



	re another important reason for working part-time? Select one response to denote your second most important ect "There was no other reason."
O My hours w	vere cut
Could only f	find part-time work
○ Seasonal w	vork
○ Child care p	problems
Other family	y/personal obligations
○ Health/medi	lical limitations
◯ School/train	ning
○ Retired/Soc	cial Security limit on earnings
Other (Please spe	no other reason ecify):
« Previous	Next »



B16. How (do/did) you usually get to work at this job? If you usually (use/used) more than one method of transportation during the trip, select the one used for most of the distance.

O Personal vehicle, such as my or my family's car, truck, van or motorcycle
Rode with a friend, family member, or co-worker
O Public transportation, such as bus, trolley, streetcar, subway, ferry, or railroad
○ Taxicab
○ Bicycle
○ Walked
○ Worked at home
Other method

« Previous

Next »



Section	B:	Emp	loyment
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B 17. How	many minutes (does/did) it usually take you to get to work? Please count time only for a one-way trip.
	Minutes

« Previous

Next »



B18. How much (are / were) you earning (at / when you left) this job and what is the schedule for receiving the pay? Please include tips, commissions, bonuses, and regular overtime.
Amount:
O Hourly
○ Weekly
○ Every two weeks
○ Monthly
○ Yearly
O Don't know
Other specify
« Previous Next »
Save and Continue Later



B18a. Is that amount before, or after, taxes and other deductions? O Before taxes and other deductions O After taxes and other deductions O Don't know « Previous

Save and Continue Later

Next »



B18b. How much was it before taxes and other deductions. Amount: Hourly Weekly Every two weeks Monthly Yearly Don't know Other specify Previous Next »



B18c. Which of the following ranges best describes the approximate amount you earned at this job during a typical week	ι?
○ Less than \$100 per week	
○ \$100 to \$250 per week	
○ \$251 to \$500 per week	
○ \$501 to \$750 per week	
○ More than \$750 per week	
O Don't remember	

« Previous

Next »



B19. Which of the following best describes your work schedule at this job?	
O Regular daytime shift (working any time between 6am and 6pm with the same or similar schedule week to week)	
O Regular evening shift (working any time between 6pm and 6am with the same or similar schedule week to week)	
O Rotating shift (one that changes regularly from days to evenings to nights)	
O Split shift (one consisting of two distinct periods each day)	
An irregular schedule (one that changes from day to day or week to week)	

« Previous

Next »



Employment

B20. How would you describe your work at this job? Please check "YES" or "NO" to each item.

	Yes	No
a. A regular permanent job	0	0
b. Self-employed/work you do for your own business	0	0
c. Seasonal work, meaning you were hired for only a few weeks or months	0	0
d. Work for a "temp" agency or staffing agency	\circ	0
e. An occasional odd job, meaning you were hired for only a few hours or days and you did not expect it to turn into anything more than that	0	0
f. Work as an independent contractor or free-lance worker	0	0
g. Work you do for a friend or family member	0	0
h. Something else :	0	0

« Previous

Next »



B21. (Are/Were) any of the following benefits available to you at this job?

	Yes	No
a. Sick days with full pay	0	0
b. Paid vacation	0	0
c. Paid holidays, such as Christmas and New Year's Day	0	0
d. Dental benefits	0	0
e. A health plan or medical insurance	0	0
f. A retirement or 401K plan	0	0
g. Tuition reimbursement	0	0

« Previous

Next »



B22. (Are/Were) you enrolled in the health insurance plan at this job?						
○ Yes						
○ No						
" Previous	Nevt »					



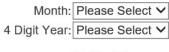
Yes			
es			
0			



Section B: Employ	yment			
The next questions are	about the job that	you had prior to the one you just do	escribed.	
B24. What is the nan	ne of your employer	at this job? Or were you self-empl	oyed?	
	Name of emplo	oyer		
O Self-employed				
« Previous	Next »			
Save and Conti	nue Later			



B25. When did you start working at this job?



O Don't know





B26. When did you stop working at this job?

Month: Please Select ✓
4 Digit Year: Please Select ✓

Ono't know
Hasn't ended yet

« Previous Next »

Save and Continue Later



Section B: Emplo	vment			
	,			
B27. How many hou	rs per week did you	usually work on this job?		
Hours worked per we	ek:			
O Don't know				
« Previous	Next »			
Save and Cont	inue Later			



○ 1 – 14 hours		
○ 15 – 29 hours		
○ 30 – 34 hours		
○ 35 – 40 hours		
More than 40 hours		

« Previous

Next »



Section	B.	Emp	OVI	mont
Section	D.		ΙΟΥΙ	Hellt

B29. How much	were you earning wh	nen you left this job? Please include tips, commissions, bonuses, and regular overtime.
Amount:		
○ Hourly		
O Weekly		
○ Every two we	eeks	
O Monthly		
○ Yearly		
O Don't remem	ber	
« Previous	Next »	
Save and Cor	ntinue Later	



B29a. Is that amount before, or after, taxes and other deductions?

- O Before taxes and other deductions
- After taxes and other deductions
- O Don't know

« Previous

Next »



B29b. How much was it <i>before</i> taxes and other deductions?
Amount:
O Hourly
○ Weekly
○ Every two weeks
O Monthly
○ Yearly
O Don't know
Other specify
« Previous Next »



329c Which of the following ranges	best describes the approximate amount you earned at this job during a typical week?
O Less than \$100 per week	
○ \$100 to \$250 per week	
\$251 to \$500 per week	
\$501 to \$750 per week	
○ More than \$750 per week	
O Don't remember	

« Previous

Next »



B30. What is the main reason you are not currently working?	
O Pregnant or recent birth of a child	
○ III or disabled	
○ Retired	
Taking care of home or family	
○ Going to school or in a job training program	
○ Could not find work	
Other, Please specify	

« Previous

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Section B: Emplo	oyment			
B31. During the LA	ST 4 WEEKS, have you	ı been ACTIVELY looking fo	r work?	
○ Yes				
○ No				
« Previous	Next »			
Save and Cor	tinue Later			



Section	B: Emplo	oyment	
	ST WEEK, c	ould you have started	a job if offered one?
○ Yes			
○ No			
« Previo	us	Next »	
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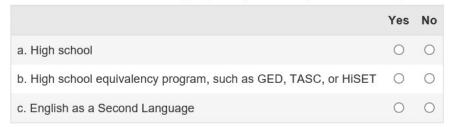


B33. Are you cu	rrently receiving any State	e or Federal unemployment co	mpensation?				
○ Yes							
○ No							
" Previous	Nevt »						



The questions in this section ask about education, training and employment services you might have received in the last 12 months; that is, since [mmddyyyy]

C1. In the last 12 months have you participated in any of the following?



« Previous Next »

Save and Continue Later



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Section C. Education, Training and Employment Services

C2. In the last 12 months have you participated in any of the following types of education or training?

	Yes	No
a. 2-year or 4-year college or university	0	0
b. Vocational or technical school	0	0
c. On-the-job training (This means that your wage partly paid by someone other than your employer while you can learn specific skills on the job)	0	0
d. Apprenticeship (Structured long-term training with classroom instruction under the supervision of a journeyperson)	0	0
e. Internship (Generally short-term work experience, during or after academic education)	0	0

« Previous

Next »



The following questions ask about the education and training you identified in Question C2. If you checked more than one type, please answer regarding only the <u>most recent</u> education or training.

C3. When did you start that education or training?

Month: Please Select ✓
4 Digit Year: Please Select ✓

○ Don't know

« Previous Next »

Save and Continue Later



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Section C. Education, Training and Employment Services

C4. Are you st	till enrolled in that educati	on or training?		
○ Yes				
○ No				

« Previous

Next »



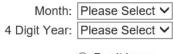
C5. When did you stop attending that education or training?

Month:	Please Select ✓
4 Digit Year:	Please Select >
	O Don't know





C6. When do you expect to stop attending that education or program?



O Don't know





Next »					
	Next »				



C8. Did you receive any of the followingthrough participating in this education or program?



« Previous	Next »		
Save and Co	ontinue Later		



Rectangular Snip

Section C. Education, Training and Employment Services

C9. How many hours per week [do/did] you attend this education or training program?

hours per week

« Previous

Next »



○ A high school	rticipate in that education or training?
A community college of	-year college
○ A 4-year college or un	rsity
A vocational, technical	business school
○ A private company that	rovides training (may include your employer)
○ Joint apprenticeship tr	ing program (union affiliated)
A community agency	
O Don't know	
Other Specify	

« Previous

Next »



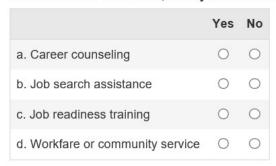
Business management and support (such as business administration, accounting and secretarial) Communication and design Computer and informational sciences (such as programming, data processing, computer networks) Construction trades Consumer or personal services (such as culinary services, cosmetology, and fitness studies) Education
Computer and informational sciences (such as programming, data processing, computer networks) Construction trades Consumer or personal services (such as culinary services, cosmetology, and fitness studies)
Construction trades Consumer or personal services (such as culinary services, cosmetology, and fitness studies)
○ Consumer or personal services (such as culinary services, cosmetology, and fitness studies)
○ Education
○ Engineering and science technologies
○ Health (such as dental support, medical assistant, physical therapy, nursing, and medical diagnostic○ Marketing
○ Manufacturing
Mechanics and repair
Protective services (including criminal justice and other protective services)
Transportation and material moving
Other Specify

« Previous

Next:



C12. In the last 12 months, have you received any of the following types of employment services?



« Previous Next »

Save and Continue Later



C13. Who provided the most recent employment services you received?
American Job Center office (or Employment Service office)
State Unemployment Insurance office
Another government agency
A community agency
O My employer
A school, college or university
○ A placement agency
Other Specify
« Previous Next »
Save and Continue Later



These next questions are about items people view as barriers or obstacles to securing jobs. Remember that your responses will be protected and kept private..

D1. Please rank the following by selecting a number on a scale from 1 to 5 according to how each item affects your securing a job.

1=Not a barrier and 5=Strong barrier.

1. Having less than a high school education	\circ	000	\circ
2. Work limiting health condition (illness/injury)	\circ	000	0
3. Lack of adequate job skills	\circ	000	\circ
4. Lack of job experience	\circ	000	0
5. Child care	\circ	000	\circ
6. Lack of information about jobs	0	O O O	0
7. Drug/alcohol addiction	0	000	0
8. Domestic violence	\circ	000	0
9. Physical disabilities	\circ	000	0
10. Mental fitness	0	000	0
11. Lack of work clothing	\circ	000	0
12. No jobs in the community	\circ	000	0
13. No jobs that match my skills/training	\circ	000	0
14. Being a single parent	0	000	0
15. Need to take care of young children	\circ	000	0
16. Problems with getting to job on time	\circ	000	0
17. Lack of confidence	0	000	0
18. Lack of support system	0	000	0
19. Lack of adequate coping skills for daily struggles	0	000	0
20. Anger management	0	000	0

« Previous

Next »



D2. Do you have a physical, emotional, or other health condition that limits the amount or type of work you can do?				
	physical, emotional, c	or other regular container that mines the amount of type of work you can do.		
Yes				
140				
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Section D. Barriers to Employment

D3. What kind of wo	rk-limiting health pro	blems do you have? Do you hav	re	
Select all that apply.				
	ental health problem			
☐ A learning disabilit	у			
☐ Don't know				
☐ Other (Please spe	cify):			
« Previous	Next »			



○ Yes			
○ No			
200 100 100 100 100 100 100 100 100 100	1825.00		
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eed to care for a	hild or other person	in your household needing care?
○ Yes		
○ No		
« Previous	Next »	
« Previous	Next »	
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○ Yes			
○ No			
Previous	Next »		



Health and Barriers to Employment

D7. When was your last felony conviction?

Month: Please Select ➤
4 Digit Year: Please Select ➤

O Don't know

« Previous Next »

Save and Continue Later



Section D. Barriers to Employment D8. Did you ever spend time in prison or jail? Yes No No No No Next »



D9. About how long ago were you released from prison or jail? If you were incarcerated more than once, when were you most recently released?
○ Less than 1 year ago
○ 2 to 5 years ago
○ More than 5 years ago

« Previous

Next »



D10. Are you a citiz	en of the United State
•	
○ Yes	
0 103	
○ No	
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Section E: SNAP Participation

This section asks questions about your use of the Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps, or known as [State Name for SNAP] in your State.

E1. Are you currently receiving any SNAP benefits?

Yes

No

No

No

Save and Continue Later



F2 Did you receive SNAP CONTINUOUSLY every month since (Sample Month)?				
SILAI CONTINUOUS	r, every month since (San	ipie monting:		
Novt »	1			
INEXL #				
tinue Later				
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Section E: SNAP Participation

E3. Since [Sample Month], did you receive any SNAP benefits?						
○ Yes						
○ No						
O Don't know						
« Previous	Next »					



E4. What month and year did you last receive SNAP benefits?

Month: Please Select ✓
4 Digit Year: Please Select ✓

○ Don't know





E5. Why did you stop receiving SNAP? Please check all that apply? Became ineligible because of increased income Became ineligible because of family changes (e.g. family member moved out of household) Became ineligible because program rules or requirements were not met (did not attend school, job training, etc.) Eligibility ran out because of time limits Still eligible but chose not to participate The money is not worth it Other (Please specify):

« Previous

Next »



E6. For how many months since [Sample Month] did you receive SNAP benefits?

Month: Please Select ➤

O Don't know

« Previous

Next »



E7. In the last 12 months, did you participate in an employment and training program as part of receiving SNAP benefits? Please select the answer that best describes your experience.

- O Yes, I participated because it was required to keep SNAP benefits
- O Yes, I volunteered to participate
- O No, I was told I had to participate, but I didn't do it
- O No, I never got told I had to participate and didn't volunteer
- \bigcirc No, I participated in the past but not in the last 12 months

« Previous

Next »



Next »

Section E: SNAP Participation

Save and Continue Later

« Previous

E8. Are you still attending the program, or have you completed it? Still attending the program Left before the end of the program Completed the program



E9. Did the state agagency?	gency that is responsib	le for your SNAP benefits require you to register for work with the state workforce
○ Yes		
○ No		
O Don't know		
« Previous	Next »	
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Section F. Health and Health Insurance

These next few questions ask about your health insurance coverage.

- F1. Do you have health insurance coverage?
- O Yes
- O No
- O Don't know

« Previous

Next »



Section F. Health and Health Insurance

F2. What type of health insurance or health coverage do you have? If you are covered by more than one type, please select the type that covers most of your expenses.	
O Insurance through a current or former employer or union (by you or another family member)	
O Insurance purchased directly from an insurance company (by you or another family member)	
 Medicare, for people 65 and older, or people with certain disabilities 	
O Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	
TRICARE or other military health care	
 VA (including those who have ever used or enrolled for VA health care) 	
○ Indian Health Service	
○ Don't know	
Any other type of health insurance or health coverage plan. (Please specify):	
« Previous Next »	
Save and Continue Later	



Section F. Health and Health Insurance

F3. In general, would	you say your health
○ Excellent	
O Very good	
○ Good	
○ Fair	
O Poor	
0 1 001	
« Previous	Next »



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This section asks for information about where you live and who you live with.

G1. In what type of place are you currently living?

0	own	mv	own	home	(including	mobile	home'
---	-----	----	-----	------	------------	--------	-------

O I rent my home or apartment (including mobile home)

O I live at the home of family or friends without paying rent

O I live at the home of family or friends paying reduced rent

O I live in emergency or temporary housing (e.g., in a shelter or homeless)

 \bigcirc Something else? (Please specify):

« Previous

Next »



The next questions are about people in your household. By household we mean a group of people who live together and purchase food and prepare meals together; or a person who lives alone or who, while living with others, customarily buys food and prepares meals separate and apart from the others. Please count only yourself if you live in a dormitory, other institution or a hospital.

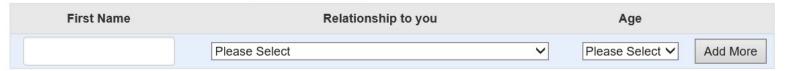
G2. How many people, including yourself, are in your household?

« Previous

Next »



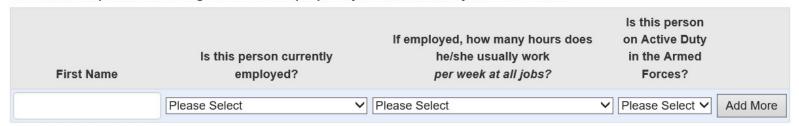
G3. For each member of your household other than yourself, please complete the following information.







G4. Please complete the following information for people in your household 16 years old or older.



« Previous Next »

Save and Continue Later



Next »

Section G: Household Information

G5. Where you currently live, do you or any member of this household have access to the Internet?	
○ Yes	
○ No	

Save and Continue Later

« Previous



	number] children under the age of 13 living in your household. Are you the parent,	
O Yes	er of any of these cl	nlidren?
○ No		
« Previous	Next »	
Save and Continue Later		



H2. Not including financial assistance, do you provide any care or assistance for an adult in your household who needs help because of a condition related to aging?							
○ Yes							
○ No							
« Previous	Next »						
Save and Continue Later							



Next »

H3. Do you provide unpaid assistance or care to anyone in the household because of a health condition or disability? This could include a physical, mental, emotional, cognitive, behavioral or developmental disability; a chronic health condition or psychiatric condition, or blindness or deafness. Assistance can include medical care or help with everyday activities (including supervision or reminders).

○ Yes				
○ No				

Save and Continue Later

« Previous



Next »

H4. Are any of the children that live with you cared for in a child care arrangement when they are not in school? Child care includes day care centers or nursery schools, Head Start, before- or after-school care centers, a babysitter, including brothers or sisters, the child's other parent if that parent does not live with you, or other relatives, and summer camps. Please don't count kindergarten, first grade, or higher.	
○ Yes	
○ No	

Save and Continue Later

« Previous



Section H: Dependents and Dependent Care

H5. Currently, do yo who does not live w		greements or child support orders that require you to provide financial support for a child
○ Yes		
○ No		
O Don't know		
« Previous	Next »	
Save and Conti	inue Later	



I1. The next questions are about income or assistance that you or someone in your household may have received in 2017. Remember that, by household, we mean a group of people who live together and purchase food and prepare meals together; or a person who lives alone or who, while living with others, customarily buys food and prepares meals separate and apart from the others. Please indicate if you or anyone in your household received any of the following anytime during 2017, even if for only one month.

	Yes	No	Don't know
a. Wages or salary from regular employment	0	0	0
b. Money received from odd jobs, such as child care, babysitting, doing hair, or similar jobs	\circ	\circ	0
c. WIC or the Special Supplemental Food Program for Women, Infants, and Children	\circ	\circ	
d. Food stamps or the Supplemental Nutrition Assistance Program (SNAP)	\circ	\circ	0
e. Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)	\circ	\circ	\circ
f. Public assistance or welfare	\circ	\circ	0
g. Housing assistance such as public or low-income subsidized housing or the Housing choice voucher program (Section 8)	0	0	0
h. Energy assistance	\circ	\circ	0
i. Child care subsidy	\circ	\circ	0
j. Retirement or social security	\circ	\circ	0
k. Unemployment insurance	\circ	\circ	0
I. Worker's compensation	\circ	\circ	0
m. Child support or alimony	\circ	\circ	0
n. Medicaid	\circ	\circ	\circ
o. Other support your received from friends or relatives	\circ	0	0
p. Other (Please specify):	0	0	\circ

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Income

I2. Thinking of all the income received by you and the people in your household *during all of 2017*, what was the total income for the year for everyone living together in your household? This includes money from jobs, net income from businesses, pensions, dividends, interest, social security payments and any other money income received. Please include all your household's income before taxes.

Amount:

O Don't know

« Previous

Next »



Rectangular Snip

« Previous

Next »



Rectangular Snip

Section I: Income

13. During the last 12 months, did any of the following happen because your household did not have enough money? Please answer "YES" or "NO" to each item.

	Yes	No	Don't know
a. The household did not pay the full amount of the rent or mortgage	0	0	0
b. The household did not pay the full amount of the gas, oil, or electricity bills	\circ	\circ	0
c. The gas or electric company turned off service, or the oil company did not deliver oil	0	\circ	0
d. The telephone company disconnected service because payments were not made	0	\circ	0
e. You or someone else in your household needed to see a doctor or go to the hospital but did not go because the household could not afford it	0	0	0
f. You or someone else in your household needed to see a dentist but did not go because the household could not afford it	0	0	0
g. You or someone else in your household could not fill or postponed filling a prescription for medicine when they were needed because the household could not afford it	0	0	0

« Previous Next »



I4. Which of these statements best describes the food eaten in your household in the last 12 months?
○ We always have enough to eat and the kinds of food I/we want
○ We have enough to eat but not always the kinds of food I/we want
○ Sometimes I/we don't have enough to eat
○ Often, I/we don't have enough to eat

« Previous

Next »



Section I: Income

I5. During the last 12 months, did (youlyou or others in your household) ever get emergency food from a church, a food pantry, or food bank?

Yes

No

Don't know

Next >

Save and Continue Later



How often did this	happen during	the last 1	2 months?	Was it
--------------------------------------	---------------	------------	-----------	--------

- O Almost every month
- O Some months but not every month
- Only 1 or 2 months

« Previous

Next »



ection I: Incom	ne	
I7. During the last	12 months, did (you/yo	ou or others in your household) ever eat any meals at a soup kitchen?
○ Yes		
○ No		
O Don't know		
« Previous	Next »	
Save and Co	ontinue Later	



18. How often did this happen during the last 12 months? Was it	
Almost every month	
○ Some months but not every month	
Only 1 or 2 months	

« Previous

Next »



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19. Now we would like to learn about any debts might have <u>other than mortgages and other real estate loans, business debts,</u> and auto loans. Do you have debts from any of these sources?

	Yes	No	Don't know
a. Money you owe to family, other relatives, or friends	0	0	0
b. School loans	0	0	0
c. Money you owe on one or more credit cards	0	0	0
d. Other loans (specify type)	0	0	\circ

« Previous

Next »



0. Not counting mortgages debt or other real estate loans, business debts, or auto loans, approximately how much do you we from all these sources?
○ \$1 to \$500
○ \$501 to \$1,000
\$1,001 to \$2,500
○ \$2,501 to \$5,000
○ \$5,001 to \$10,000
○ \$10,001 to \$25,000
\$25,001 to \$50,000
○ More than \$50,000

« Previous

Next »



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Thank you for participating in this important study.

We will be sending your payment and need to make sure we have your correct address.

Street Address 1:	
Street Address 2 or Apt:	
City:	
State:	Please Select V
Zip:	
Telephone:	
Email:	
« Previous	Submit Survey
Save and Continue	e Later