

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



Rectangular Snip

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.

Continue »

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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;

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.

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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 "<<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.

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Section A: Demographic Characteristics

This section asks questions about you.

A1. What is your month and year of birth?

Month:

4-digit Year:

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Section A: Demographic Characteristics

A2. What is your sex?

- Male
- Female

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Section A: Demographic Characteristics

A3. Are you Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino
- Don't know

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Section A: Demographic Characteristics

A4. Below is a list of five race categories. You may choose one or more races. For this survey, Hispanic origin is not a race. What is your race?

(Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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Section A: Demographic Characteristics

A5. Are you married, widowed, divorced, separated or never married?

- Married
- Widowed
- Divorced
- Separated
- Never married

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Section A: Demographic Characteristics

A6. Did you ever serve on active duty in the U.S. Armed Forces?

Yes

No

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Section A: Demographic Characteristics

A7. Are you currently on active duty in the Armed Forces?

Yes

No

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Section A: Demographic Characteristics

A8. What is the highest level of school you have completed or the highest degree you have received?

- 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/vocational program (for example, an Associate of Applied Science, such as Accounting, Business Administration, Nursing, Web Design, or Paralegal Studies)
- Associate degree in college - Academic program (such as Associate of Arts or Associate of Science)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MBA); Professional school degree (e.g., MD, DDS, JD); OR Doctorate degree (e.g., PhD, EdD)

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Section A: Demographic Characteristics

A9. Currently, do you have an active professional certification or a state or industry license? Do not 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. Examples include a real estate license, a medical assistant certification, a Teacher License or an IT certification).

Yes

No

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Section A: Demographic Characteristics

A10. What type of certification or license is this (if more than one, list the two most recent)?

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Section A: Demographic Characteristics

A11. Do you speak a language other than English at home?

Yes

No

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Section A: Demographic Characteristics

A12. What is this language?

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Section A: Demographic Characteristics

A13. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

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Section B: Employment

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

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Section B: Employment

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

Please Select Jobs:

Don't know

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Section B: Employment

B1b. About how many jobs was it? About how many jobs have you had since [Sample month - 6]?

- 1 or 2 jobs
- 3 or 4 jobs
- 5 to 7 jobs
- 8 to 10 jobs
- More than 10 jobs

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Section B: Employment

B2. Have you ever worked for pay any time before [Sample month - 6]?

Yes

No

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Section B: Employment

B2a. When did you last work for pay?

Month:

4 Digit Year:

Don't know

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Section B: Employment

B2b. About how long ago have you last worked? Did you last work...

- 1 or 2 years ago
- More than 2 years ago but less than 5 years
- More than 5 years ago

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Section B: Employment

B3. Are you currently working at a job for pay?

Yes

No

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Section B: Employment

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

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Section B: Employment

B5. Altogether, how many jobs did you have last week?

- 2 jobs
- 3 jobs
- 4 or more jobs

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Section B: Employment

B6. How many hours per week do you USUALLY work at all your jobs combined?

Hours per week:

Hours vary each week

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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

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Section B: Employment

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.

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Section B: Employment

B8. What is/was the name of your employer? Or were you self-employed?

name of employer

Self-employed

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Section B: Employment

B9. What kind of business or industry (is/was) this? What (do/does/did) (the employer/you) make or do?

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Section B: Employment

B10. When did you start working at this job?

Month:

4 Digit Year:

Don't know

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Recalling SNAP

Section B: Employment

B11. When did you stop working at this job?

Month:

4 Digit Year:

Don't know

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Section B: Employment

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

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Section B: Employment

B11b. Why did you stop working? If there is more than one reason, please list the MAIN reason you stopped working:

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

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Section B: Employment

B12. How many hours per week (do/did) you usually work on this job?

Hours per Week:

Don't know

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Rectangular Snip

Section B: Employment

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
- More than 40 hours
- Don't remember

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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

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Section B: Employment

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?

- 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):

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Section B: Employment

B15a. Was there another important reason for working part-time? Select one response to denote your second most important reason, or select "There was no other reason."

- 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
- There was no other reason
- Other (Please specify):

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Section B: Employment

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.

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

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Section B: Employment

B17. How many minutes (does/did) it usually take you to get to work? Please count time only for a one-way trip.

 Minutes

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Section B: Employment

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:

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't know
- Other specify

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Section B: Employment

B18a. Is that amount before, or after, taxes and other deductions?

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

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Section B: Employment

B18b. How much was it *before* taxes and other deductions.

Amount:

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't know
- Other specify

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Section B: Employment

B18c. Which of the following ranges best describes the approximate amount you earned at this job during a typical week?

- 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
- Don't remember

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Save and Continue Later

Section B: Employment

B19. Which of the following best describes your work schedule at this job?

- Regular daytime shift (working any time between 6am and 6pm with the same or similar schedule week to week)
- Regular evening shift (working any time between 6pm and 6am with the same or similar schedule week to week)
- Rotating shift (one that changes regularly from days to evenings to nights)
- Split shift (one consisting of two distinct periods each day)
- An irregular schedule (one that changes from day to day or week to week)

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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	<input type="radio"/>	<input type="radio"/>
b. Self-employed/work you do for your own business	<input type="radio"/>	<input type="radio"/>
c. Seasonal work, meaning you were hired for only a few weeks or months	<input type="radio"/>	<input type="radio"/>
d. Work for a “temp” agency or staffing agency	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
f. Work as an independent contractor or free-lance worker	<input type="radio"/>	<input type="radio"/>
g. Work you do for a friend or family member	<input type="radio"/>	<input type="radio"/>
h. Something else :	<input type="radio"/>	<input type="radio"/>

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Section B: Employment

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

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

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Section B: Employment

B22. (Are/Were) you enrolled in the health insurance plan at this job?

Yes

No

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Section B: Employment

B23. Have you worked at another job for pay since [Sample Month - 6]?

Yes

No

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Section B: Employment

The next questions are about the job that you had prior to the one you just described.

B24. What is the name of your employer at this job? Or were you self-employed?

Name of employer

Self-employed

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Rectangular Snap

Section B: Employment

B25. When did you start working at this job?

Month:

4 Digit Year:

Don't know

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Rectangular Ship

Section B: Employment

B26. When did you stop working at this job?

Month:

4 Digit Year:

- Don't know
- Hasn't ended yet

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Rectangular Snip

Section B: Employment

B27. How many hours per week did you usually work on this job?

Hours worked per week:

Don't know

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Section B: Employment

B28. About how many hours did you work at this job in a typical week?

- 1 – 14 hours
- 15 – 29 hours
- 30 – 34 hours
- 35 – 40 hours
- More than 40 hours
- Don't remember

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Section B: Employment

B29. How much were you earning when you left this job? Please include tips, commissions, bonuses, and regular overtime.

Amount:

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't remember

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Section B: Employment

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

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

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Section B: Employment

B29b. How much was it *before* taxes and other deductions?

Amount:

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't know
- Other specify

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Save and Continue Later

Section B: Employment

B29c Which of the following ranges best describes the approximate amount you earned at this job during a typical week?

- 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
- Don't remember

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Section B: Employment

B30. What is the main reason you are not currently working?

- Pregnant or recent birth of a child
- Ill 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

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Section B: Employment

B31. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

Yes

No

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Section B: Employment

B32. LAST WEEK, could you have started a job if offered one?

Yes

No

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Section B: Employment

B33. Are you currently receiving any State or Federal unemployment compensation?

Yes

No

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Section C. Education, Training and Employment Services

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

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

	Yes	No
a. High school	<input type="radio"/>	<input type="radio"/>
b. High school equivalency program, such as GED, TASC, or HISET	<input type="radio"/>	<input type="radio"/>
c. English as a Second Language	<input type="radio"/>	<input type="radio"/>

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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	<input type="radio"/>	<input type="radio"/>
b. Vocational or technical school	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>
d. Apprenticeship (Structured long-term training with classroom instruction under the supervision of a journeyperson)	<input type="radio"/>	<input type="radio"/>
e. Internship (Generally short-term work experience, during or after academic education)	<input type="radio"/>	<input type="radio"/>

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Section C. Education, Training and Employment Services

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 most recent education or training.

C3. When did you start that education or training?

Month:

4 Digit Year:

Don't know

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Section C. Education, Training and Employment Services

C4. Are you still enrolled in that education or training?

Yes

No

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Regular Site

Section C. Education, Training and Employment Services

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

Month: 
4 Digit Year: 

Don't know

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Section C. Education, Training and Employment Services

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

Month:

4 Digit Year:

Don't know

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Section C. Education, Training and Employment Services

C7. Did you complete that education or program?

Yes

No

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Section C. Education, Training and Employment Services

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

	Yes	No
a. Certificate	<input type="radio"/>	<input type="radio"/>
b. Degree	<input type="radio"/>	<input type="radio"/>
d. License	<input type="radio"/>	<input type="radio"/>

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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

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Section C. Education, Training and Employment Services

C10. Where (do/did) you participate in that education or training?

- A high school
- A community college or 2-year college
- A 4-year college or university
- A vocational, technical or business school
- A private company that provides training (may include your employer)
- Joint apprenticeship training program (union affiliated)
- A community agency
- Don't know
- Other Specify

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Section C. Education, Training and Employment Services

C11. What kind of work [are/were] you being trained for?

- Agriculture and natural resources
- 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
- Engineering and science technologies
- Health (such as dental support, medical assistant, physical therapy, nursing, and medical diagnostics)
- Marketing
- Manufacturing
- Mechanics and repair
- Protective services (including criminal justice and other protective services)
- Transportation and material moving
- Other Specify

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Section C. Education, Training and Employment Services

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

	Yes	No
a. Career counseling	<input type="radio"/>	<input type="radio"/>
b. Job search assistance	<input type="radio"/>	<input type="radio"/>
c. Job readiness training	<input type="radio"/>	<input type="radio"/>
d. Workfare or community service	<input type="radio"/>	<input type="radio"/>

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Section C. Education, Training and Employment Services

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
- My employer
- A school, college or university
- A placement agency
- Other Specify

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Section D. Barriers to Employment

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

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Section D. Barriers to Employment

D2. Do you have a physical, emotional, or other health condition that limits the amount or type of work you can do?

Yes

No

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Section D. Barriers to Employment

D3. What kind of work-limiting health problems do you have? Do you have...

Select all that apply.

- A physical disability or illness
- An emotional or mental health problem
- A learning disability
- Don't know
- Other (Please specify):

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Section D. Barriers to Employment

D4. Since [Sample Month – 6], have you had to quit a job, school, job search, or a training activity because of the need to care for a child or other person in your household needing care?

Yes

No

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Residential Snap

Section D. Barriers to Employment

D5. Since [Sample Month – 6] was there ever a time you did not take a new job or not start a training program because of the need to care for a child or other person in your household needing care?

Yes

No

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Section D. Barriers to Employment

D6. Have you ever been convicted or pled guilty to a felony?

Yes

No

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Rectangular Snip

Health and Barriers to Employment

D7. When was your last felony conviction?

Month:

4 Digit Year:

Don't know

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Rectangular Snip

Section D. Barriers to Employment

D8. Did you ever spend time in prison or jail?

Yes

No

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Section D. Barriers to Employment

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

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Section D. Barriers to Employment

D10. Are you a citizen of the United States?

Yes

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

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Rectangular Snap

Section E: SNAP Participation

E2. Did you receive SNAP CONTINUOUSLY, every month since [Sample Month]?

- Yes
- No
- Don't know

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Rectangular Snip

Section E: SNAP Participation

E3. Since [Sample Month], did you receive any SNAP benefits?

- Yes
- No
- Don't know

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Rectangular Snip

Section E: SNAP Participation

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

Month:

4 Digit Year:

Don't know

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Section E: SNAP Participation

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):

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Recap Computer Strip

Section E: SNAP Participation

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

Month:

Don't know

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Section E: SNAP Participation

**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.**

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

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Rectangular Snip

Section E: SNAP Participation

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

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Section E: SNAP Participation

E9. Did the state agency that is responsible for your SNAP benefits require you to register for work with the state workforce agency?

- Yes
- No
- Don't know

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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?

- Yes
- No
- Don't know

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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.

- Insurance through a current or former employer or union (by you or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- 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):

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Section F. Health and Health Insurance

F3. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

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Section G: Household Information

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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?

- I own my own home (including mobile home)
- I rent my home or apartment (including mobile home)
- I live at the home of family or friends without paying rent
- I live at the home of family or friends paying reduced rent
- I live in emergency or temporary housing (e.g., in a shelter or homeless)
- Something else? (Please specify):

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Save and Continue Later

Section G: Household Information

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?

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Section G: Household Information

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

First Name	Relationship to you	Age	
<input type="text"/>	Please Select <input type="text"/>	Please Select <input type="text"/>	<input type="button" value="Add More"/>

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◀ Rectangular Ship

Section G: Household Information

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

First Name	Is this person currently employed?	If employed, how many hours does he/she usually work per week at all jobs?	Is this person on Active Duty in the Armed Forces?	
<input type="text"/>	Please Select ▼	Please Select ▼	Please Select ▼	Add More

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Rectangular Snap

Section G: Household Information

G5. Where you currently live, do you or any member of this household have access to the Internet?

Yes

No

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Rectangular Snap

Section H: Dependents and Dependent Care

H1. You indicated that there are [autofill number] children under the age of 13 living in your household. Are you the parent, guardian, or caregiver of any of these children?

Yes

No

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Section H: Dependents and Dependent Care

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

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Section H: Dependents and Dependent Care

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

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Section H: Dependents and Dependent Care

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

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Section H: Dependents and Dependent Care

H5. Currently, do you have any legal agreements or child support orders that require you to provide financial support for a child who does not live with you?

- Yes
- No
- Don't know

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Section I: Income

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Money received from odd jobs, such as child care, babysitting, doing hair, or similar jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. WIC or the Special Supplemental Food Program for Women, Infants, and Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Food stamps or the Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Public assistance or welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Housing assistance such as public or low-income subsidized housing or the Housing choice voucher program (Section 8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Energy assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Child care subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Retirement or social security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Unemployment insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Worker's compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Child support or alimony	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Other support your received from friends or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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:

Don't know

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Section I: Income

• Rectangular Snip

I2a. Approximately what was your household's income during 2019?

- Less than \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 or more
- Don't know

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The household did not pay the full amount of the gas, oil, or electricity bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The gas or electric company turned off service, or the oil company did not deliver oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The telephone company disconnected service because payments were not made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You or someone else in your household needed to see a dentist but did not go because the household could not afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section I: Income

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

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Section I: Income

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

- Yes
- No
- Don't know

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Section I: Income

16. 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

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Section I: Income

17. During the last 12 months, did (you/you or others in your household) ever eat any meals at a soup kitchen?

- Yes
- No
- Don't know

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Section I: Income

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

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Section I: Income

19. Now we would like to learn about any debts might have other than mortgages and other real estate loans, business debts, 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Money you owe on one or more credit cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other loans (specify type)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section I: Income

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110. Not counting mortgages debt or other real estate loans, business debts, or auto loans, approximately how much do you owe 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

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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



Zip:

Telephone:

Email:

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Submit Survey

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