

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

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.
3. 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 |  |
| 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](http://wic.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** |
| --- | --- | --- | --- | --- | --- | --- |
| *Applicant Information* |
| 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 |
| *SNAP Unit Information* |
| 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 unit2=Adult and child SNAP participants in unit3=Adult-only SNAP unit | 30 | 30 | 1 |
| County | County in which the SNAP applicant resides | Character |   | 31 | 60 | 30 |
| *SNAP Interview Information* |
| Community Partner Flag | Interview site type: community partner or SNAP local office conducting the applicant interview | Character | 1=Community partner2=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=English2=Spanish3=Other | 92 | 95 | 4 |
| Mode of Interview | Whether the interview took place by phone or in person | Character | 1=Telephone2=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 |
| *Application Information* |
| 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 submission2=Paper submission by mail, fax, or in-person delivery | 120 | 120 | 1 |
| Expedited | Whether the application was expedited | Character | 1=Expedited2=Not expedited | 121 | 121 | 1 |
| Eligibility Determination | Outcome of SNAP application: approved or denied | Character | 1=Approved2=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 |