

ATTACHMENT C.3  
REGISTRATION DOCUMENT  
SCREENSHOTS

SNAP

Hello, awiesendanger@hotmail.com! [Log off](#)[Home](#) [Participants](#) [Help/Instructions](#)

**Welcome.** Password has been changed successfully.

## Welcome to the SNAP Random Assignment System

The SNAP Random Assignment System (RAS) performs random assignment of eligible participants into either the SNAP group or the Comparison group.

For detailed instructions on using the RAS, please [click here](#). Please contact your site liaison if you have any questions.

- Consent
- Contact Info
- Demographics/Well-Being
- Household Composition
- Employment History
- Other Program Receipt
- Other Contacts
- Counselor
- Review

Contact Information

First Name  Middle Initial  Last Name

SSN  Date of Birth

In the past 3 years, have you gone by any other names?  
 Yes  No

Please provide any other names you have been using to identify yourself over the past 3 years (including Maiden name):

Other First Name1  Other Last Name1

Other First Name2  Other Last Name2

Address 1  Address 2

City  State  Zip Code

No fixed address/No mailing address

Gender  Male  Female

Communication Information

Landline Phone Number   None

Under whose name is that phone listed?  
 My own name  
 Someone else's name (SPECIFY)

First Name

Last Name

Cell Phone Number   None

Do we have your permission to text you to notify you about future surveys?  Yes  No [clear](#)

Email Address   None

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control 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 12 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

C.3.3

Consent

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### Demographic and Well-Being Information

Are you...  Hispanic or Latino  Not Hispanic or Latino [clear](#)

Please choose one or more races that you consider yourself to be.

Select all that apply

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

What is your primary spoken language? [clear](#)

Select one only

- English
- Spanish
- Other Specify

How well would you say you speak English? Would you say... [clear](#)

- Very well
- Well
- Not well, or
- Not at all

Are you currently... [clear](#)

Select one only

- Married
- Living with someone as married
- Separated
- Divorced
- Widowed, or
- Never married

What is the highest grade or degree you have completed? [clear](#)

Select one only

- Less than 8th grade
- 8th to 12th Grade, no diploma
- High School Diploma or GED
- Adult Basic Education (ABE) certificate
- Some college but no degree
- Vocational/Technical degree or certificate
- Business degree/certificate
- Associates degree (AA)
- Bachelor's degree or equivalent (BA/BS)
- Master's degree or higher (MD, Ph.D)
- Other (SPECIFY)

In general would you say your health is excellent, very good, good, fair or poor? [clear](#)

- Excellent
- Very good
- Good
- Fair
- Poor

[Save Draft and Exit](#)

[Save and Continue](#)

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### Household Composition

INCLUDING YOURSELF, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)

Do all the people who live with you share the food that is bought for the household? [clear](#)

Yes

No

INCLUDING YOURSELF, how many people in your household share the food that is bought for the household?

And (of those), how many people are children age 18 or younger?

Save Draft and Exit

Save and Continue

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### Employment History

Have you ever worked for pay?  Yes  No [clear](#)

Are you currently self-employed or working at a job for pay?  Yes  No [clear](#)

In what month and year did your last job end?

MONTH:

YEAR:

The next questions are about your current or most recent job. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

What is the name of the company at which you currently or most recently worked?

Self-employed [clear](#)

What (is/was) your job title?

What are (or were) your main duties at this company? Please be specific.

IF CURRENTLY WORKING, OR DATE LAST JOB ENDED IS LESS THAN 5 YEARS: How many hours per week do (or did) you usually work at your main job?

Varies/Don't know [clear](#)

How many hours did you work during the last week you worked?

IF CURRENTLY WORKING, OR DATE LAST JOB ENDED IS LESS THAN 5 YEARS: What was your current or most recent rate of pay, before taxes and deductions at your main job? IF RATE OF PAY VARIES, PROBE FOR AVERAGE RATE OF PAY

PER

Select only one [clear](#)

Hour

Week

Every 2 weeks

Twice per month

Year

Other (SPECIFY)

What is the **main** reason you (have never worked/are not currently working)? [clear](#)

Select only one

Could not find work or lack of jobs available in the area

Lack necessary schooling, training, skills or experience

Could not get along with supervisor or co-workers

Physical or mental health problems

Alcohol or substance abuse

Family responsibilities; caring for children, spouse, or parents

Attending school

Transportation issues or problems (no car or no public transportation available, transportation costs too much)

Chose not to work

Other (SPECIFY)

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### Other Program Receipt

Do you currently receive assistance from any of the following programs? [clear](#)

Select all that apply

- SNAP (Food Stamps) also known as Food Stamp Program
- TANF (Temporary Assistance to Needy Families)
- Medicaid
- General Assistance
- Unemployment Compensation
- SSI (Supplemental Security Income)
- Section 8 or Public Housing Assistance
- WIC (Women, Infants, and Children food program)
- Other (SPECIFY)
- None

IF CURRENTLY RECEIVING SNAP (Food Stamp Program): Before you began receiving SNAP (Food Stamp Program) benefits this most recent time, had you ever participated in SNAP (Food Stamp Program) before?

[clear](#)  Yes  No

Save Draft and Exit

Save and Continue

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Contact Information for Relative or Friend

First Name  Middle Name  Last Name

Address 1  Address 2

City  State  Zip Code

Home Phone  Cell Phone  Work Phone

Whose name is this phone listed under?

How is this person related to you? [clear](#)

Parent  Grandparent  Sister/Brother  Friend/Neighbor  Employer  Other (Specify)

Email Address 1   NA

Add Contact

Save Draft and Exit

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