

ATTACHMENT A.17
LIST OF ADMINISTRATIVE DATA ELEMENTS

LIST OF DATA ELEMENTS FOR THE SNAP E&T STUDY

We request **three months** of case record extracts (collected in Spring 2015) for the study to better understand SNAP work registrants, SNAP E&T participants, and SNAP E&T service providers. We will use these administrative data to identify a sample of work registrants and SNAP E&T participants for a nationally representative survey and focus groups with SNAP E&T participants. We also will identify a sample of SNAP E&T providers for survey.

List of Data Elements

A. Case -Level Data

1. Case ID
2. County serving the case and/or zip code of office serving the case
3. Number of members in the SNAP unit
4. Date case was opened
5. Date case was last recertified
6. Length of current certification period
7. Benefit amount for most recent payment period
8. Unit's total gross income for the month
9. Unit's total net income for the month
10. Unit's total gross earned income for the month
11. Indicator of TANF receipt
12. Indicator of Medicaid receipt
13. Indicator of SSI receipt (any member of household)
14. Benefit month

B. Individual-Level Data (for Each Person Within Each Case)

1. Person ID and Case ID
2. Name
3. Date of birth
4. Gender
5. Race/ethnicity
6. Citizenship and country of citizenship
7. Marital status
8. Relationship to case head (e.g., head of household, spouse, child, adult, etc)
9. Work registrant status (includes exemptions)
10. SNAP E&T participation status (includes exemptions)
11. Voluntary or mandatory SNAP E&T participation
12. Provider serving SNAP E&T participant
13. Outcome of the SNAP E&T participation (e.g., completed program, exempted for good cause, quit, etc)
14. E&T sanction status
15. ABAWD status and work requirement
16. Level of educational attainment (last grade completed)
17. Address (house number, street name, apartment number, and zip code)
18. Telephone number, including any alternative numbers provided
19. Primary language spoken or language used on application
20. Email address

C. Provider Data

Please provide a full list of all providers in the state serving SNAP E&T participants, including for each:

1. Contact name at provider
2. Contact email address
3. Contact telephone number
4. Provider address (building number, street name, suite number, and zip code)
5. Services available at this provider for SNAP E&T participants (if available)