

ATTACHMENT A.1  
SURVEY ADVANCE LETTER

ATTACHMENT 1: SURVEY ADVANCE LETTER

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OMB Control Number: xxxx-xxxx;  
Expiration Date: xx/xx/xxxx

[DATE]

[PARTICIPANT NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY, STATE, ZIP]

Dear [PARTICIPANT NAME]:

**We need your help!** You have been picked for a very important study to help make the Supplemental Nutrition Assistance Program (SNAP) better. SNAP, also called the [INSERT STATE SNAP PROGRAM NAME], helps millions of people buy food every year. The United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) will conduct this study. Your participation will help us to learn about your experiences with SNAP, working, and going to training.

**How can you help?** Please take a short survey about SNAP and the work and training you have done. It should only take about 20 minutes. You can fill out the survey at [study website address] or by calling [1-800-XXXX] — it is your choice and the call is free. If we do not hear from you, someone from the study team (at Mathematica Policy Research) will call you in about a week to ask you to take the survey over the phone.

**We will send you a VISA gift card as a thank you as a token of our appreciation!** If you fill out the survey on the website or call us, *we will send you a \$40 gift card*. If the study team calls you to take the survey, we will send you a \$20 gift card.

**Everything that you say will be private.** We will not use your name in any reports. We will not share your answers with anyone, except otherwise as required by law. ***Taking the survey will not affect any of your benefits*** or the benefits anyone else in your household receives.

**We need you!** You do not have to take the survey, but it would be very helpful if you did. If you have any questions, please call us at: [1-800-XXXX]. For more information about the study team, go to [www.mathematica-mpr.com](http://www.mathematica-mpr.com).

Sincerely,

Enclosure: Study Description

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 <<xxxx-xxxx>>. The time required to complete this information collection is estimated to average 20 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.