



OMB Control Number: 0584-XXXX
Expiration Date:

SNAP Employment and Training Provider Survey

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Conducted by:
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Thank you for helping us with the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Provider Study. This study will examine the characteristics and program services of SNAP E&T providers and the SNAP E&T participants whom they serve. Results of the study will be used to inform policy recommendations about the needs of SNAP E&T participants, whether current programs meet those needs, and how programs can be improved to address those needs.

This survey contains questions about your E&T program's characteristics, including services, program activities, participation requirements, costs and funding, organizational responsibilities, and interagency coordination. For questions that are focused on SNAP E&T participants, we mean those participants who are receiving E&T funded by the SNAP agency. You may provide training to clients who receive SNAP but you are reimbursed for their training by other agencies. We do not consider these individuals to be SNAP E&T participants.

The survey takes approximately 30 minutes to complete. You may want to have your participation statistics (by activity and type of client) and costs (administrative and service delivery) ready before starting the survey.

- The information you provide will only be used for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent. Your participation in this survey is completely voluntary. You may skip any questions that make you uncomfortable or that you would prefer not to answer.
- If you do not have exact information available to answer certain questions, your best estimate will be fine.

Please record your name, title, organization, address, telephone number, and email below so that we may contact you if we have any questions after you submit the completed survey.

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Title:	<input type="text"/>		
Organization:	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Telephone:	<input type="text"/>	Zip:	<input type="text"/>
Email:	<input type="text"/>		



Q1a. Which type of organization is yours?

Select only one

- Private for profit
- Private non-profit
- Government agency
- Something else?

Specify

Submit Page and Continue



Q1b. How would you describe your organization?

Select all that apply

- Workforce Investment Board (WIB)
- Part of an American Job Center/One-Stop/Workforce Center
- WIA only center,
- SNAP/TANF/WIC or other benefit office
- Religious organization
- Community-based organization
- Vocational Rehabilitation
- Community college
- Four year college, or
- Something else?

Specify

Submit Page and Continue