OMB Number.: XXXX-XXXX

 Expire Date: XX/XX/20XX

**APPENDIX V: STATE AGENCY ADMINISTRATIVE CASE RECORD DATA**

Dear [State agency],

As we have previously discussed, we are writing to request SNAP data for the Assessment of the Barriers That Constrain the Adequacy of SNAP Allotments. At your earliest convenience, please send us a data file including the following elements for SNAP Participants **RECEIVING SNAP AS OF [date]**:

* Name
* Address
* Phone Number
* Household Size
* Presence of children (yes/no)
* Date benefit started
* Amount of monthly benefit

Thank you for your time,

Sincerely,

Maeve E. Gearing

Project Director

Westat

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 60 minutes per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information.