ATTACHMENT T  
  
ADMINISTRATIVE DATA ELEMENTS

SNAP, TANF, AND MEDICAID ADMINISTRATIVE DATA

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| Timeline |  |
| Monthly data to be collected every three months starting in first month of random assignment, with the first extract containing the past 12 months of data, then three months of data each following quarter. | |
| Variables |  |
| Basic unit information | Unit Benefit amounts for each program for each month |
| Case ID – unique identifier of unit’s case | SNAP indicator, month X (whether unit currently has active case) |
| Date of SNAP certification | SNAP monthly benefit amount, month X |
| Date of most recent SNAP recertification | Medicaid indicator, month X |
| Length of certification period | Medicaid claims, month X |
| County where application was processed (FIPS code) | TANF indicator, month X (presence of TANF income in month X) |
|  | TANF monthly benefit amount, month X |
| Unit income (as of most recent certification) |  |
| Unit’s gross countable monthly income | Contact information |
| Unit’s net countable income | First and last name of unit head |
| Presence of earned income | Address (residential and mailing) |
| Presence of unearned income | Telephone numbers (include all available numbers on the file) |
| Presence of GA income | Email |
| Presence of SSI income |  |
| Presence of Social Security income | For cases that are closed |
|  | Reason for case closure |
|  | Date of case closure |
|  | For cases that are open, an indicator for whether the case is currently under sanction |
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| Notes |  |
| Information from the TANF and Medicaid systems, including data on each SNAP participant, will be obtained for a single outcome measure from integrated systems only | |
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UNEMPLOYMENT INSURANCE EARNINGS DATA

| **Universe** |  |
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| Each person randomly assigned to a treatment or control group as part of the pilot project | |
| Timeline |  |
| Quarterly data collected twice: obtain a 3-year extract one year after random assignment and obtain a 2-year extract three years after random assignment | |
| Variables |  |
| Unemployment Insurance data elements |  |
| Sample member social security number (SSN) |  |
| Sample member name |  |
| Identification of quarter (year/quarter) |  |
| ID of employer(s) during each quarter (federal ID number, state ID number, name, and/or branch name) |  |
| Employer(s)’ address during each quarter |  |
| NAICS (North American Industry Classification System) code(s) for employer(s) in quarter |  |
| Amount of reported quarterly earnings |  |
| Number of weeks paid in quarter |  |
| Hours of work in quarter/week |  |
| Specification of which calendar weeks have hours/wages |  |
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| Notes |  |
| Where possible, we will also try to collect monthly Unemployment Insurance benefit amounts. | |
| Matches of files of SNAP E&T sample members’ personal identification information to states’ UI data systems will need to be done periodically, to ensure that data are not lost. | |
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DATA ON SERVICE RECEIPT

| **Universe** |  |
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| Each person randomly assigned to a treatment or control group as part of the pilot project | |
| Purpose | |
| These data will be used for 1) assessing data fidelity for the evaluation, 2) the participation analysis, and 3) the cost/benefit analysis. | |
| Timeline |  |
| We will work closely with each site to develop a feasible plan for collecting data on service receipt. The data for monitoring will be needed periodically after the start of the pilot, but data for the participation and cost/benefit analysis will be required less frequently. | |
| Variables |  |
| **Demographic information** | **Service receipt information** |
| Unique identifier to link to SNAP case | Service/activity start date (overall and by activity) |
| Name | Service/activity end date (overall and by activity) |
| Gender | Date completed/withdrew by activity |
| Age | Reason for withdrawal by activity |
| Homeless | Cost of training/service |
| Veteran | Amount of subsidy paid for employment |
| Offender | Amount and frequency of support services received |
| Low-income |  |
| Limited English language proficiency | **Providers** |
|  | Provider code—to identify the provider by service |
| **Education** | Location where each service was provided—zip code |
| Highest school grade completed at entry/exit |  |
| School status at entry | **Credentials and degree/certifications** |
| **Type of service received** | Type of credentials/degrees/certifications earned |
| *(Varies by site—should include discreet training and* | Date earned |
| *services that best describe what happens at each site)* | Status at program exit (if not complete) |
| Self-initiated services |  |
| Assessment (document results) | **Employment** |
| Case management received/most recent date of service or frequency | Employment status at entry into program |
| Type of training service | Occupation/industry codes of most recent employment |
| Industry for which receiving training | Employment status at exit from program |
| Type of education program in which enrolled | Occupational and industry codes for employment at exit/follow-up |
| Type of support service received | Entered training-related employment |
| Type of follow-up services received (over what period | Employed by training employer |
| of time) |  |
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| Notes |  |
| For sites that capture the required data within their MIS, or can add needed data elements to their systems, we will arrange for regular extracts from the existing system. In other sites, where existing systems do not or cannot capture all of the needed data on service receipt, we will work with each site to develop a supplemental tracking system that will allow providers to track and submit data consistently and systematically. | |
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