

Florida ABAWD Message Testing Protocol

Participant ID #: |__|__|__|__|__|__|__|__|

Interview Date: |__|__| / |__|__| / |_2_|_0_|_1_|_9_| (mm/dd/yyyy)

Interviewer initials: |__|__|

Start Time: _____ AM / PM End Time: _____ AM / PM

Read or paraphrase the following intro text:

Greeting: **Hello. My name is _____, and I work for the Census Bureau. Thank you for agreeing to participate in our study.**

What: Today we are talking to people about the information they receive from the Food Assistance (SNAP) program. The information should be clear and easy to understand, so people who are eligible receive their benefits and know about rules and requirements to continue participating in SNAP. We have found that the best way to test letters and messages is to meet with people in person and get their feedback as they read the materials. You will be helping us test messages and communications for SNAP recipients that are eligible for certain work requirements.

[HAND PARTICIPANT CONSENT FORM]

Confidentiality: This is a consent form. It tells you a little bit about the study and gives me permission to audio record this interview. Our session today is completely confidential. Your participation in this study is completely voluntary. You may decline to answer any particular question and you may stop the interview at any time. We do not share information with anyone. Only the people on the project have access to the recording and we do not use any names in our reports. Take a look and let me know if you have any questions. Please sign it when you are finished.

[SIGN CONSENT FORM AFTER PARTICIPANT SIGNS]

Think Aloud: As you read the materials today, I would like you to think aloud. I am interested in the thoughts and reactions that go through your mind as you process the messages. I would like you to tell me everything that you are thinking and feeling as we go through these materials.

Practice: Lets practice before we start. [SHOW PARTICIPANT PRACTICE PARAGRAPH]

Please think aloud as you read this short paragraph.

Practice probes: In your own words, can you tell me what this paragraph is saying?

Did you find any part of it difficult to understand?

Thank you. I am going to ask you these types of questions again. I will also ask you about your reactions to what you read. I really want to hear your opinions and reactions, so don't hesitate to speak up whenever something is unclear, or not easy to understand. Do you have any questions before we begin? [TURN ON RECORDER. CHECK BATTERIES]

1. Information in application

[SHOW RESPONDENT APPLICATION]

This is a paper version of the application for SNAP benefits. You don't have to fill this out. [POINT TO OR HIGHLIGHT THE ABAWD INSTRUCTIONS] Can you take a minute and read this paragraph aloud? Please remember to think aloud and tell me any immediate reactions you have to what it says.

In your own words, can you tell me what the paragraph is saying?

Have you read something like this before?

Based on your understanding, can you give me an example of a person who would be counted as an ABAWD?

Are there any parts of this that are confusing or unclear?

If yes: **Which parts?**

2. Approval Notice

Thank you for your responses so far. Here is a letter that you might receive after applying for benefits. Please take a few minutes to read the letter and then we will talk about it. If necessary: Please remember to think aloud as you read.

[SHOW RESPONDENT APPROVAL NOTICE]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: **Which parts were difficult?**

What would you expect to happen after receiving this letter?

Was there something you expected to see in this letter that was not here?

Let's take a look at this paragraph. [POINT TO OR HIGHLIGHT ABAWD PARAGRAPH] We are particularly interested in making sure this part is clear and easy to understand. Do you think this section is clear?

If yes: **Can you tell me in your own words what this section is saying?**

If no: **What about this section is unclear?**

3. Notice of Mandatory Participation

Thank you. Here is a letter that you should receive if you were eligible for the ABAWD time limits. [GIVE PARTICIPANT NOMP LETTER] Take a look at the letter. Let me know when you are finished and we will talk about it. Please remember to think aloud as you are reading.

What, in your opinion, is the main point of this letter?

What is the letter asking you to do?

Are there any parts of the letter that are unclear or confusing? Which parts?

What does the term “obligations” mean to you in this section? [POINT TO OBLIGATIONS SECTION]

[POINT TO OR HIGHLIGHT THE FAILURE TO PARTICIPATE SECTION – AT THE BOTTOM OF PAGE 2]

In your own words, what is this section telling you?

[POINT TO OR HIGHLIGHT THE IMPORTANT NOTICE PAGE –PAGE 3]

Did you see this page when you looked at the letter earlier?

If no: Take a minute to look over this section and let me know when you are finished and I will ask you about it.

In your own words, can you tell me what this section is saying?

Thank you. The next letter is one that you might receive if the Food Assistance program thought that you or someone in your household did not meet the ABAWD work requirements. Please take a few minutes to read the letter and then we will talk about it. If necessary: Please remember to think aloud as you read.

[SHOW PARTICIPANT SANCTION LETTER A]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: Which parts were difficult?

What would you expect to happen after receiving this letter?

Was there something you expected to see in this letter that was not here?

If you could make any changes to this notice, what would you change?

[SHOW PARTICIPANT SANCTION B OR GOOD CAUSE NOTICE]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: **Which parts were difficult?**

What would you expect to happen after receiving this letter?

Was there something you expected to see in this letter that was not here?

Debriefing Questions:

Thank you. Just a few more questions before we are finished.

- 1. Is there any more information that you think would be helpful for people who are ABAWDs?**
- 2. Have you ever been notified that you are required to comply with the ABAWD time limit?**
 - a. If yes: Was that notification clear and easy to understand? Tell me more about what the notices said. How were you notified?**
- 3. In the past, have you had any issues receiving information from the Food Assistance program?**
- 4. If you find yourself having trouble with a form or survey, what do you do at home?**
 - a. Do you call for help? Who tends to help you?**
 - b. Are there other things you do when you have trouble filling out forms?**
- 5. Government agencies collect data when people fill out forms for programs. Just like applying for food assistance benefits. Do you think this data should be shared with other government agencies?**

Is there anything else you would like to add that we didn't get a chance to talk about today?

[ASK PARTICIPANT TO FILL OUT VOUCHER FORM. GIVE PARTICIPANT \$40]

Practice Paragraph

Apple put their new device in the hands of different technology specialists to give them the chance to try it out. The overall impression was very positive, but there were also some complaints. The "infinite" screen is a lot larger than the earlier models, there is no start button (the biggest difference) or fingerprint reader, and it includes facial recognition and wireless charging.



ACCESS FLORIDA APPLICATION

Before You Begin

You are ready to start your application. Here is some important information when applying and what to expect.

Applying for Benefits

You may apply for help by giving us just your name, address, and signing your application. We encourage you to answer as many questions as you can, and sign your application today. This will allow us to help you more quickly. If you need help in completing this application or need interpreter services, there may be Community Partners in your area who can help. Visit our website at www.myflorida.com/accessflorida or contact our Customer Call Center at 1-866-762-2237 for more information. You may apply faster online at www.myflorida.com/accessflorida.

Processing Your Application

Processing begins with the date we receive your signed application. It may take 7 to 30 days to process your food assistance application. Expedited households may get food assistance benefits within seven days. Your answers on the application will decide if your household meets expedited food assistance criteria. Expedited households must have: 1. Monthly gross income less than \$150 and liquid assets less than \$150; 2. Monthly gross income plus liquid assets less than the household rent or mortgage plus utility costs; or, 3. Be a destitute migrant or seasonal farmworker with liquid assets less than \$100. Applications for Medical Assistance and Temporary Cash Assistance may take 30 to 45 days, and Medical Assistance applications may take longer if we need to determine if someone is disabled. You may check the status of your application by visiting the ACCESS Florida website at <http://www.myflorida.com/accessflorida> and click on the "My ACCESS Account" link.

An Application for Assistance may be submitted to any Department of Children and Families Economic Self-Sufficiency Services office in the State of Florida by you, or by someone acting for you, in person, by mail, by facsimile (FAX), or electronically through the internet. Applications received during normal business hours are considered received the same day. When an application is received after normal business hours, it will be considered received on the first business day following its receipt. Food assistance benefits start from the date of application if the applicant meets all eligibility requirements, completes the interview, and provides all necessary eligibility information by the 30th day after the date of application. The household has the right to file an application form on the same day it contacts DCF, in an office, by phone, fax, in person, or electronically. Applicants do not have to complete the interview prior to filing the application. Receiving food assistance does not affect other program time limits. For an individual applying for food assistance and SSI at the same time, the filing date is the date of release from the institution or the actual date of receipt if filed after release. The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008 as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible, or continues to be eligible to participate in food assistance. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The household cannot be denied food assistance benefits solely because of the denial of other program benefits.

Head of Household

The household may select an adult parent of children (of any age) living in the household, or an adult who has parental control over children (under 18 years of age) living in the household, as the head of household provided all adult household members agree to the selection. Households may select the head of household at application, at each review, or when there is a change in household composition. If all adult household members do not agree to the selection, or decline to select an adult parent as the head of household, the state agency may designate the head of household or permit the household to make another selection. If the household does not consist of adult parents and children or adults who have parental control of children living in the household, the state agency shall designate the head of household or permit the household to do so.

Social Security Number

We may treat household members who are ineligible, or who are not applying for benefits, as non-applicants. Non-applicants, or persons applying only for Emergency Medical Assistance for Aliens, Refugee Cash Assistance, or Refugee Medical Assistance, do NOT need to give a Social Security Number (SSN). If you were not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN. If you need an SSN, we can help you apply for one. Non-applicants do NOT need to give proof of immigration status. Noncitizens who are applying for benefits will have their immigration status verified with the U.S. Citizenship and Immigration Services (USCIS). We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits.

Important Information for Immigrants

Applying for or receiving Food Assistance (SNAP) benefits or Medical Assistance will not affect you or your family members' immigration status or ability to get permanent resident status (green card). Receiving Temporary Cash Assistance or long term institutional care, such as nursing home benefits might create problems with getting that status, especially if the benefits are your family's only income.

Approval Notice

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



September 29, 2017

Case: 5002036031

Phone: (000) 000-0000

VINCENT FAWATEST
34 SUNSHINE DRIVE
TALLAHASSEE FL 32312

Dear Vincent Fawatest,

The following is information about your eligibility.

Food Assistance

Your application for Food Assistance dated September 28, 2017 is **approved**. You are eligible for the months listed below:

| Name | Sep, 2017 | Oct, 2017 | Nov, 2017 Thru February 28, 2018 |
|-----------------------|------------------|------------------|---|
| Vincent Fawatest | Eligible | Eligible | Eligible |
| Benefit Amount | \$19.00 | \$192.00 | \$192.00 |

Certain food assistance recipients, known as Able-Bodied Adults Without Dependents (ABAWDs) will have to meet work requirements to be eligible to receive food assistance benefits. An ABAWD is an able-bodied adult without a dependent who is age 18 through 49; physically and mentally able to work; not living and eating with a child under age 18; not pregnant; and not exempt from food assistance general employment program work requirements. **If you are identified as an ABAWD, you will be referred to participate in the SNAP Employment and Training program, operated by local workforce development areas (LWDA) also known as CareerSource. To find your local LWDA or to learn more about services offered, please visit: <http://www.floridajobs.org/onestop/onestopdir/>.**

If you are identified as an ABAWD and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 20 hours per week, averaged 80 hours per month.

More information about food assistance work activities, including exemptions and reasons for good cause, can be found at <http://www.myflfamilies.com/service-programs/access-florida/abawdfaq>.

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by February 28, 2018. You can use the web site at www.myflorida.com/accessflorida to do this on My ACCESS Account.

AE01 FORM : CF-ES 103 03 2009

Mr. Vincent Fawatest
34 DR5
Tallahassee FL 32312

Date: 07/25/2016
Case Number: 000-00-000

NOTICE OF MANDATORY PARTICIPATION

In Florida, certain adults between the ages of 18 - 49 who do not have dependents, must participate in work-related activities for at least 80 hours each month. The Department of Children and Families referred you to participate in Supplemental Nutrition Assistance Program employment and training activities.

To start participating in Employment and Training activities, you must complete the following steps:

- Log on to the One Stop Service Tracking (OSST) client system at osstclient.deo.myflorida.com to set up your account and complete the online orientation and assessment no later than **February 3, 2016**.
- Once you have completed the orientation and assessment, schedule an appointment in the OSST client system to meet with a case manager. This appointment must be scheduled no later than **February 3, 2016**.

Page two of this notice details program opportunities and services that are available to you while participating. It also gives you information about your obligations while participating.

Note: You may not have to participate in Employment and Training activities if you meet one or more of the criteria listed on page three.

If you need assistance with any of these instructions, please contact your local career center using the contact information listed below. You may also contact the Department of Economic Opportunity's Customer Information Center toll-free at 1-855-212-0880.

Location: 650 Alligator Lane
Tallahassee, FL 32312

Phone Number: 999-999-9999

Employment and Training Questions
Department of Economic Opportunity (DEO)
Email: CustomerInfoCenter@deo.myflorida.com
Toll-Free Number: 1-855-212-0880

Benefit Eligibility and Referral Questions
Department of Children and Families
Website: www.myflfamilies.com
ACCESS: www.myflorida.com/accessflorida/

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



November 8, 2017

Case: 5003013434

Phone: (866) 762-2237

VINCENT FAWATEST
34 SUNSHINE DRIVE
TALLAHASSEE FL 32312

Dear Vincent Fawatest,

The following is information about your eligibility.

Food Assistance

Your Food Assistance benefits for the person(s) listed below will end on November 30, 2017.

Name

Vincent Fawatest

Reason: No household members are eligible for this program
You did not complete the work requirements listed below for the food assistance program - first non-compliance.

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R05A-1.205 R05A-1.605

Failed to complete assessment

We are applying the penalty listed below beginning December 1, 2017 because the head of your food assistance household, or a household member, did not complete the work activity listed above without having a good reason or good cause. Possible good reasons include:

- Responsible for the care of a dependent child under age 6
- Responsible for the care of an incapacitated individual, whether or not you live with the individual
- Determined physically or mentally unfit for employment (receiving, or has applied for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran's disability, or private disability (either temporary or permanent))
- Unfit for employment due to physical or mental limitation (may—but is not required to—have pending application for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran's disability, or private disability (temporary or permanent))?
- Receiving or applied for Unemployment Compensation
- Employed or self-employed, working a minimum of 30 hours weekly or earning the federal minimum wage multiplied by 30 hours per week
- Working or volunteering 20 to 29 hours per week (averaged to 80 hours per month)

AE01 FORM : CF-ES 103 03 2009

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Good Cause Notice
State of Florida Department
of Children and Families



October 04, 2017

Case: 5002036287

Phone: (866) 762-2237

VINCENT FAWATEST
34 SUNSHINE DRIVE
TALLAHASSEE FL 32312

Dear Vincent Fawatest,

We have received notice from the Department of Economic Opportunity (DEO) that Vincent Fawatest has failed to complete the following work activity:

Failed to complete employment and training activity - Vocational Training

DEO has requested that you be sanctioned, which means that your Food Assistance Benefits will be terminated. Before a sanction decision is made, we want to know if you think you are exempt from work requirements, have a good reason or good cause for not complying, or are working or volunteering 20 to 29 hours per week.

If any of these apply to you, you must contact DCF no later than October 16, 2017. We will consider your information to determine if you have a good reason or good cause for not participating in the work activities or if you should be sanctioned.

Are you

- Responsible for the care of a dependent child under age 6?
- Responsible for the care of an incapacitated individual, whether or not you live with the individual?
- Determined physically or mentally unfit for employment (receiving, or has applied for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran's disability, or private disability (either temporary or permanent))
- Unfit for employment due to physical or mental limitation (may—but is not required to—have pending application for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), veteran's disability, or private disability (temporary or permanent))?
- Receiving or applied for Unemployment Compensation?
- Employed or self-employed, working a minimum of 30 hours weekly or earning the federal minimum wage multiplied by 30 hours per week?
- Working or volunteering 20 to 29 hours per week (averaged to 80 hours per month)?
- A regular participant in a drug or alcoholic treatment and rehabilitation program (Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) do not qualify)
- A student enrolled at least half-time in any recognized school, training program or an institution of higher education?
- Complying with Temporary Cash Assistance Work Requirements?
- Living with a member of your food assistance household who is under the age of 18?
- Pregnant?
- Homeless?

AE40 C1

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



November 2, 2016

Case: 5002598382

Phone: (866) 762-2237

VINCENT FAWATEST
34 SUNSHINE DRIVE
TALLAHASSEE FL 32312

Dear Vincent Fawatest,

The following is information about your eligibility.

Food Assistance

Your Food Assistance benefits for the person(s) listed below will end on November 30, 2016.

Name

Vincent Fawatest

Reason: Your time limit to receive food stamp benefits has ended

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.13

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

AE01 FORM : CF-ES 103 03 2009