

Appendix A-5a: Pretest Incoming Call Script Eligibility Pre-Screener Guide, English

Hello, my name is [NAME] at [Westat/Social Policy Research Associates] and I am contacting you on behalf of the U.S. Department of Agriculture, Food and Nutrition Service. Thank you for expressing interest in the interview about the *Survey of SNAP and Work*. First, I need to see if you are eligible to participate in the interview.

- 1) Do you currently receive SNAP benefits? These were formerly known as Food Stamps [or the Food Supplement Program in Maryland]
 - YES, PROCEED TO 2).
 - NO: Unfortunately you do not qualify for this interview. Thank you for your interest and taking the time to call us.

- 2) Are you between the ages of 18 and 69?
 - YES, PROCEED TO 3).
 - NO: Unfortunately you do not qualify for this interview. Thank you for your interest and taking the time to call us.

- 3) Do you currently receive disability benefits, such as Supplemental Security Income or SSI?
 - YES: Unfortunately you do not qualify for this interview. Thank you for your interest and taking the time to call us.
 - NO, PROCEED TO NEXT SECTION.

You are eligible for this interview. Would you like to learn more about it?

The Food and Nutrition Service (FNS) within the U.S. Department of Agriculture has contracted with Westat to assist with the Survey of SNAP and Work to learn more about SNAP recipients and the jobs they have. The findings from talking to you will help us to improve these questions.

There are no known risks to you for taking part in this voluntary interview. The law prohibits us from giving anyone any information that may identify you or your organization, except as otherwise required by law. Your name will not be linked to any of your responses, though we may include quotes you provide in our reports. Your information will be combined with information from other respondents and presented in summary form. If you decide not to participate in this interview, that decision will not affect any benefits or services you receive.

We will be conducting interviews in person the weeks of March 4th and March 11th.

If you participate, we will send you \$40, to offset any costs such as childcare or traveling that you may have incurred by your participation.

Are you interested in scheduling an interview?

- YES: SCHEDULE DATE AND TIME; COLLECT PHONE NUMBER AND EMAIL; GIVE ADDRESS FOR INTERVIEW.
- NO: Thank you for taking the time to contact us.

Thank you for contacting us today and we look forward to talking with you soon.

Privacy Act Statement

Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;

Routine Use: Information may be disclosed for any of the routine uses listed in the published System of Record notice <https://www.federalregister.gov/documents/2010/12/27/2010-32457/privacy-act-revision-of-privacy-act-systems-of-records#p-30>

Disclosure: Furnishing the information on this form is voluntary.

Public reporting burden for this collection of information is estimated to average 10 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0606). Do not return the completed form to this address.