

Appendix O-3 Screen Shots--Survey of SNAP and Work English Web

Web Survey of SNAP and Work

English Español

OMB Control No. 0584-xxxx
Expiration Date:

Welcome to the Survey of SNAP and Work!
To begin the survey, enter your PIN and
click on the "BEGIN" button.

Show Password

BEGIN

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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.

Technical Assistance: 1-8xx-xxx-xxxx (toll free); email: surveysupport@westat.com

Web Survey of SNAP and Work

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Introduction

You have been selected to take part in the *Survey of SNAP and Work*. Westat is conducting this study on behalf of the U.S. Department of Agriculture's Food and Nutrition Service. The survey will ask about your employment experience and challenges faced in finding and keeping employment. The results will help states understand the needs and challenges of people who receive benefits from the Supplemental Nutrition Assistance Program, also called SNAP, or known as the food supplement program in your state.

This web survey should take on average about 33 minutes to complete. As an incentive, and to offset any cost incurred by your participation, we will send you \$20.

Your participation in this survey is completely voluntary. Please know that your responses will be kept private, except as otherwise required by law, and will not be shared with your SNAP eligibility worker or anyone else not involved with conducting the study.

Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer. If you decide not to participate, there will be no loss of benefits.

HOW TO COMPLETE THE SURVEY: After you complete each question, you may go to the next by clicking on the "Next>>" button. If you wish to review a previous answer, click on the "<<Previous" button. If you need to save your responses and complete the survey later, click on the "Save and Continue Later" button. When you log on later, you can continue where you left off. Definitions are provided for a few key words by hovering the mouse over the word.

IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND WELFARE AS A RESEARCH PARTICIPANT: Please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about "Survey of SNAP and Work", and a telephone number beginning with the area code. Someone will return your call as soon as possible.

To begin the survey, click the "Next>>" button. Doing so also indicates your consent to participate in the survey.

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Section A: Demographic Characteristics

This section asks questions about you.

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A1. What is your month and year of birth?

Month:

4-digit Year:

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Section A: Demographic Characteristics

• Rectangular Snip

A2. What is your sex?

Male

Female

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Section A: Demographic Characteristics

Rectangular Snip

A3. Are you Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino
- Don't know

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Section A: Demographic Characteristics

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A4. Below is a list of five race categories. You may choose one or more races. For this survey, Hispanic origin is not a race. What is your race?

(Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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Section A: Demographic Characteristics

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A5. Are you married, widowed, divorced, separated or never married?

- Married
- Widowed
- Divorced
- Separated
- Never married

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Section A: Demographic Characteristics

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A6. Did you ever serve on active duty in the U.S. Armed Forces?

Yes

No

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Section A: Demographic Characteristics

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A7. Are you currently on active duty in the Armed Forces?

Yes

No

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Section A: Demographic Characteristics

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A8. What is the highest level of school you have completed or the highest degree you have received?

- 12th grade or less – NO DIPLOMA
- High school equivalent such as GED
- High school diploma
- Some college but no degree
- Associate degree in college - Occupational/vocational program (for example, an Associate of Applied Science, such as Accounting, Business Administration, Nursing, Web Design, or Paralegal Studies)
- Associate degree in college - Academic program (such as Associate of Arts or Associate of Science)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MBA); Professional school degree (e.g., MD, DDS, JD); OR Doctorate degree (e.g., PhD, EdD)

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Section A: Demographic Characteristics

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A9. Currently, do you have an active professional certification or a state or industry license? Do not include a business license.

Yes

No

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Section A: Demographic Characteristics

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A10. What type of certification or license is this (if more than one, list the two most recent)?

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Section A: Demographic Characteristics

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A11. Do you speak a language other than English at home?

Yes

No

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Section A: Demographic Characteristics

A12. What is this language?

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Section A: Demographic Characteristics

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A13. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

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Section B: Employment

The questions in this section ask about all the jobs you've held since July, 2018. We'll first ask about your current or most recent job. Then, we'll ask about any other jobs you've held since July, 2018.

B1. Since July, 2018, have you worked for pay? Please be sure to include part-time jobs, odd jobs, self-employment, work you do as an independent contractor or free-lance worker, or other work you have done for pay since July, 2018.

Yes

No

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Section B: Employment

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B1a. How many separate jobs in total have you had since July, 2018?

Jobs

Don't know

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Section B: Employment

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B1b. About how many jobs have you had since July, 2018?

- 1 or 2 jobs
- 3 or 4 jobs
- 5 or more jobs

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Section B: Employment

B2. Have you ever worked for pay any time before July, 2018?

Yes

No

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Section B: Employment

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B2a. When did you last work for pay?

Month:

4 Digit Year:

Don't know

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B2b. About how long ago have you last worked? Did you last work...

- 1 or 2 years ago
- More than 2 years ago but less than 5 years
- More than 5 years ago

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B3. Are you currently working at a job for pay?

Yes

No

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B4. Now let's talk about LAST WEEK. LAST WEEK, did you have more than one job, including a part time, evening or weekend job?

Yes

No

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B5. Altogether, how many jobs did you have last week?

2 jobs

3 jobs

4 or more jobs

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B6. How many hours per week do you USUALLY work at all your jobs combined?

Hours per week:

Hours vary each week

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Section B: Employment

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B6a. Counting all your jobs, about how many hours would you say you usually worked in a week during the past month?

- 1 to 14 hours per week
- 15 to 29 hours per week
- 30 to 34 hours per week
- 35 to 40 hours per week
- More than 40 hours per week

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B7. The next questions are about the job you worked the most hours at last week. What kind of work do you do, that is, what is your occupation? For example: plumber, typist, farmer.

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B8. What is the name of your employer? Or are you self-employed?

We only ask for the employer name to help keep track of the job later. You can use a nickname or number instead, but please use a different name or number for other employers later in the survey.

Name of employer:

Self-employed

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Section B: Employment

B9. What kind of business or industry is this? What does ryt5r make or do?

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B10. When did you start working at this job?

Month:

4 Digit Year:

Don't know

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B11. When did you stop working at this job?

Month: 
4 Digit Year: 

Don't know

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B11a Approximately when did you stop working at this job? Was it...

- Within the past month
- 1 to 2 months ago
- 3 to 5 months ago
- More than 5 months ago
- Don't know

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B11b. Why did you stop working? If there is more than one reason, please list the MAIN reason you stopped working:

- Layoff or plant closing
- End of temporary or seasonal job
- Discharged or fired
- Pregnancy or birth of a child
- Other family reason
- Poor health
- Quit to look for another job
- Returned to school or devote more time to school
- Moved away from the job
- Transportation problems
- Some other reason. Please specify

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B12. How many hours per week did you usually work on this job?

Hours per Week:

- Hours vary/irregular work schedule
- Don't know

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B13. About how many hours per week did you usually work at this job?

- 1 – 14 hours
- 15 – 29 hours
- 30 – 34 hours
- 35 – 40 hours
- More than 40 hours
- Don't remember

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B14. Did you want to work a full-time workweek of 35 hours or more?

Yes

No

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B15. Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. From the list of reasons, please select Yes, that reason applies to you or No, it does not apply to you.

	Yes	No
My hours were cut	<input type="radio"/>	<input type="radio"/>
Could only find part-time work	<input type="radio"/>	<input type="radio"/>
Seasonal work	<input type="radio"/>	<input type="radio"/>
Child care problems	<input type="radio"/>	<input type="radio"/>
Other family or personal obligations	<input type="radio"/>	<input type="radio"/>
Health or medical limitations	<input type="radio"/>	<input type="radio"/>
School or training	<input type="radio"/>	<input type="radio"/>
Retired or Social Security limit on earnings	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>

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B15a. Which of these is the most important reason for working part time? Choose only one.

- My hours were cut
- Could only find part-time work
- Seasonal work
- Child care problems
- Other family or personal obligations
- Health or medical limitations
- School or training
- Retired or Social Security limit on earnings
- There was no other reason

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B16. How did you usually get to work at this job? If you usually used more than one method of transportation during the trip, select the one used for most of the distance.

- Personal vehicle, such as my or my family's car, truck, van or motorcycle
- Rode with a friend, family member, or co-worker
- Public transportation, such as bus, trolley, streetcar, subway, ferry, or railroad
- Taxicab
- Bicycle
- Walked
- Worked at home
- Other method

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B17. How many minutes did it usually take you to get to work? Please count time only for a one-way trip.

Minutes

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B18. How much did you earn in the last week at this job and what is the schedule for receiving the pay? Please include tips, commissions, bonuses, and regular overtime.

Amount: \$

Hourly

Weekly

Every two weeks

Monthly

Yearly

Other specify

Don't know

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B18a. Is that amount before, or after, taxes and other deductions?

- Before taxes and other deductions
- After taxes and other deductions
- Don't know

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B18b. How much was it *before* taxes and other deductions.

Amount: \$

Hourly

Weekly

Every two weeks

Monthly

Yearly

Other specify

Don't know

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B18c. Which of the following ranges best describes the approximate amount you earned in the last week at this job?

- Less than \$100 per week
- \$100 to \$250 per week
- \$251 to \$500 per week
- \$501 to \$750 per week
- More than \$750 per week
- Don't remember

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B19. Which of the following best describes your work schedule at this job?

- Regular daytime shift (working any time between 6am and 6pm with the same or similar schedule week to week)
- Regular evening shift (working any time between 6pm and 6am with the same or similar schedule week to week)
- Rotating shift (one that changes regularly from days to evenings to nights)
- Split shift (one consisting of two distinct periods each day)
- An irregular schedule (one that changes from day to day or week to week)

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B20. How would you describe your work at this job? Please check "YES" or "NO" to each item.

	Yes	No
a. A regular permanent job	<input type="radio"/>	<input type="radio"/>
b. Self-employed/work you do for your own business	<input type="radio"/>	<input type="radio"/>
c. Seasonal work, meaning you were hired for only a few weeks or months	<input type="radio"/>	<input type="radio"/>
d. Work for a "temp" agency or staffing agency	<input type="radio"/>	<input type="radio"/>
e. An occasional odd job, meaning you were hired for only a few hours or days and you did not expect it to turn into anything more than that	<input type="radio"/>	<input type="radio"/>
f. Work as an independent contractor or free-lance worker.	<input type="radio"/>	<input type="radio"/>
g. Work you do for a friend or family member	<input type="radio"/>	<input type="radio"/>
h. Something else :	<input type="radio"/>	<input type="radio"/>

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B21. Were any of the following benefits available to you at this job?

	Yes	No
a. Sick days with full pay	<input type="radio"/>	<input type="radio"/>
b. Paid vacation	<input type="radio"/>	<input type="radio"/>
c. Paid holidays, such as Christmas and New Year's Day	<input type="radio"/>	<input type="radio"/>
d. Dental benefits	<input type="radio"/>	<input type="radio"/>
e. A health plan or medical insurance	<input type="radio"/>	<input type="radio"/>
f. A retirement or 401K plan	<input type="radio"/>	<input type="radio"/>
g. Tuition reimbursement	<input type="radio"/>	<input type="radio"/>

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B22. Were you enrolled in the health insurance plan at this job?

Yes

No

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B23. Have you worked at another job for pay since July, 2018?

Yes

No

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Section B: Employment

The next questions are about the job that you had prior to the one you just described.

B24. What is the name of your employer at this job? Or were you self-employed?

Name of employer:

Self-employed

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B25. When did you start working at this job?

Month:

4 Digit Year:

Don't know

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B26. When did you stop working at this job?

Month:

4 Digit Year:

- Don't know
- Job hasn't ended yet

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B27. How many hours per week did you usually work at this job?

Hours worked per week:

- Hours vary/Irregular work schedule
- Don't know

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Section B: Employment

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B28. About how many hours did you work at this job in a typical week?

- 1 – 14 hours
- 15 – 29 hours
- 30 – 34 hours
- 35 – 40 hours
- More than 40 hours
- Don't remember

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Section B: Employment

B29. How much did you earn in the last week you worked at this job? Please include tips, commissions, bonuses, and regular overtime.

Amount:

- Hourly
- Weekly
- Every two weeks
- Monthly
- Yearly
- Don't remember

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Section B: Employment

Rectangular Snip

B29a. Is that amount before, or after, taxes and other deductions?

- Before taxes and other deductions
- After taxes and other deductions
- Don't know

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Section B: Employment

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B29b. How much was it *before* taxes and other deductions?

Amount:

Hourly

Weekly

Every two weeks

Monthly

Yearly

Other specify

Don't know

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B29c Which of the following ranges best describes the approximate amount you earned in the last week you worked at this job?

- Less than \$100 per week
- \$100 to \$250 per week
- \$251 to \$500 per week
- \$501 to \$750 per week
- More than \$750 per week
- Don't remember

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Section B: Employment

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B30. What is the main reason you are not currently working?

- Pregnant or recent birth of a child
- Ill or disabled
- Retired
- Taking care of home or family
- Going to school or in a job training program
- Could not find work
- Other, Please specify

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Section B: Employment

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B31. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

Yes

No

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B32. LAST WEEK, could you have started a job if offered one?

Yes

No

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
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Section B: Employment

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B33. Are you currently receiving any State or Federal unemployment compensation?

Yes

No

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Section C. Education, Training and Employment Services

The questions in this section ask about education, training and employment services you might have received in the last 12 months; that is, since July, 2018

C1. First, we would like to know if you attended any education program (high school, adult basic education, or college) or job training program since July, 2018. Have you been enrolled in any school or job training program since July, 2018?

- Yes
- No
- Don't know

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Section C. Education, Training and Employment Services

C2. How many education or training programs did you participate in since July, 2018?

Number of programs:

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Section C. Education, Training and Employment Services

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C3. Are you *currently* enrolled in an education or training program?

Yes

No

Don't know

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Section C. Education, Training and Employment Services

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C4. Where do you participate in that education or training? (If you are currently enrolled in more than one program, answer about the one at which you spend the most hours.) Is it at...

- A high school
- A community college or 2-year college
- A 4-year college or university
- A vocational, technical or business school
- A private company that provides training (may include your employer)
- Joint apprenticeship training program (union affiliated)
- A community agency
- Or somewhere else
Where do you participate in that education or training?
- Don't know

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Section C. Education, Training and Employment Services

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C5. In what month and year did you start that education or training?

If you have enrolled, but not started yet enter the month and year you expect to start.

Enrolled, but not yet started the program

Month:

4 Digit Year:

Don't know

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Section C. Education, Training and Employment Services

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C6. In what month and year did you stop attending that education or program?

Month:

4 Digit Year:

Don't know

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Section C. Education, Training and Employment Services

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C7. In what month and year do you expect to stop attending that education or program?

Month:

4 Digit Year:

Don't know

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Section C. Education, Training and Employment Services

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C8. How many hours per week do you attend this education or training program?

hours per week

Don't know

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Section C. Education, Training and Employment Services

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C9. Are you being trained in some skill or occupation, or are you taking a general education program?

General education

Skill or occupation

Don't know

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Section C. Education, Training and Employment Services

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C10. What kind of work are you being trained for? For example, education, health, or marketing.

- Agriculture and natural resources
- Business management and support (such as business administration, accounting and secretarial)
- Communication and design
- Computer and informational sciences (such as programming, data processing, computer networks)
- Construction trades
- Consumer or personal services (such as culinary services, cosmetology, and fitness studies)
- Education
- Engineering and science technologies
- Health (such as dental support, medical assistant, physical therapy, nursing, and medical diagnostics)
- Marketing
- Manufacturing
- Mechanics and repair
- Protective services (including criminal justice and other protective services)
- Transportation and material moving
- Other specify:
- Don't know

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Web Survey of SNAP and Work

English Español

Section C. Education, Training and Employment Services

Rectangular Snip

C11. Did you complete that education or program?

Yes

No

Don't know

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Web Survey of SNAP and Work

English Español

Section C. Education, Training and Employment Services

Rectangular Snip

C12. Did you receive a degree, certificate, or license from completing that program?

- Yes
- No
- Don't know

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English Español

Section C. Education, Training and Employment Services

Rectangular Snip

C13. In the past 12 months, have you received any of the following types of employment services?

- Job search, including help looking for or applying for a job
- Work experience, like an internship
- On-the-job training at a worksite
- Workfare or community service or volunteering required to help you keep your SNAP, or known as the food supplement program in your state benefits
- Other employment service (Please specify)

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Section C. Education, Training and Employment Services

Rectangular Ship

C14. Who provided the most recent employment services you received? Was it...

- A state or local government agency
- A community organization
- Your employer
- A school, college, or university
- Or someone else? Specify
- Don't know

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Section D. Barriers to Employment

These next questions are about factors that make it difficult to secure a job. Remember that your responses will be protected and kept private..

D1. Do you have a physical, emotional, or other health condition that limits the amount or type of work you can do?

- Yes
- No
- Don't know

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Section D. Barriers to Employment

Rectangular Ship

D2. What kind of condition or disability do you have that limits your ability to work? Do you have...

	Yes	No	Don't know
A physical disability, injury or illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An emotional or mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A learning disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other condition or disability? IF YES: What is that condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section D. Barriers to Employment

Rectangular Snip

D3. Have you ever been convicted of, or pled guilty to, a felony?

- Yes
- No
- Don't know

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English Español

Section D. Barriers to Employment

Rectangular Snip

D4. In what month and year was your last felony conviction?

Month:

4 Digit Year:

Don't know

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Section D. Barriers to Employment

D5. Have you ever spend time in prison or jail?

Rectangular Snip

- Yes
- No
- Don't know

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Section D. Barriers to Employment

Rectangular Snip

D6. About how long ago were you released from prison or jail? If you were in prison or jail more than once, when were you most recently released? Was it...

- Less than 1 year ago
- 2 to 5 years ago
- More than 5 years ago
- Don't know

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Section D. Barriers to Employment

D7. For each statement, please mark how difficult the factor makes it for YOU personally to get a job, with 1 being not at all difficult and 4 very difficult. If a factor does NOT apply, please mark that.

	Not at all difficult 1	A little difficult 2	Moderately difficult 3	Very difficult 4	Does not apply 5
1. Having less than a high school education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Work limiting health condition (illness/injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Lack of adequate job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lack of job experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Lack of child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Racial discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Lack of information about jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Lack of stable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drug/alcohol addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fear of rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Lack of work clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. No jobs available in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. No jobs available that match your skills/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Being a single parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Need to take care of young children or other person in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Cannot speak English very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Cannot read or write very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Problems with getting to job on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Lack of confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Lack of support system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Lack of adequate coping skills for daily struggles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Past criminal record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Age discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
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Web Survey of SNAP and Work

English Español

Section E: SNAP Participation

This section asks questions about your use of the Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps, or known as the food supplement program in your state

 Rectangular Snip

E1. Are you currently receiving any SNAP, or known as the food supplement program in your state benefits?

Yes

No

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Web Survey of SNAP and Work

English Español

Section E: SNAP Participation

E2. Did you receive SNAP CONTINUOUSLY, every month since July, 2018?

Yes

No

Don't know

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Web Survey of SNAP and Work

English Español

Section E: SNAP Participation

E3. Since July, 2018, did you receive any SNAP, or known as the food supplement program in your state benefits?

- Yes
- No
- Don't know

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Web Survey of SNAP and Work

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Section E: SNAP Participation

E4. What month and year did you last receive SNAP, or known as the food supplement program in your state benefits?

Month:

4 Digit Year:

Don't know

• Rectangular Snip

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Section E: SNAP Participation

E5. Why did you stop receiving SNAP, or known as the food supplement program in your state? Please check all that apply.

- Became ineligible because of increased income ✖ Rectangular Snip
- Became ineligible because of family changes (such as family member moved out of household)
- Became ineligible because program rules or requirements were not met (did not attend school, job training, etc.)
- Eligibility ran out because of time limits
- Still eligible but chose not to participate
- Other (Please specify):

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Web Survey of SNAP and Work

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Section E: SNAP Participation

E6. For how many months since July, 2018 did you receive SNAP, or known as the food supplement program in your state benefits?

✖ Rectangular Snip

Month:

Don't know

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Section E: SNAP Participation

E7. In the last 12 months, did you participate in an employment and training program as part of receiving SNAP, or known as the food supplement program in your state benefits? Please select the answer that best describes your experience.

- Yes, I volunteered to participate
- Yes, I participated because it was required to keep SNAP benefits
- No, I was told I had to participate, but I didn't do it
- No, I never got told I had to participate and didn't volunteer

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Web Survey of SNAP and Work

English Español

Section E: SNAP Participation

E8. Are you still attending the program, or have you completed it?

- Still attending the program
- Left before the end of the program
- Completed the program

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Web Survey of SNAP and Work

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Section E: SNAP Participation

E9. Did the state agency that is responsible for your SNAP, or known as the food supplement program in your state benefits require you to register for work with the state workforce agency?

- Yes
- No
- Don't know

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Web Survey of SNAP and Work

English Español

Section F. Health and Health Insurance

These next few questions ask about your health insurance coverage.

F1. Do you have health insurance coverage?

Rectangular Snip

Yes

No

Don't know

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Web Survey of SNAP and Work

[English Español](#)

Section F. Health and Health Insurance

F2. What type of health insurance or health coverage do you have? If you are covered by more than one type, please select the type that covers most of your expenses.

- Insurance through a current or former employer or union (by you or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid [STATE NAME OF PROGRAM], Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Don't know
- Any other type of health insurance or health coverage plan. (Please specify):

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Section F. Health and Health Insurance

F3. In general, would you say your health is...

Excellent

Very good

Good

Fair

Poor

Rectangular Snip

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Section G: Household Information

This section asks for information about where you live and who you live with.

G1. In what type of place are you currently living?

Rectangular Snip

- I own my own home (including mobile home)
- I rent my room, home or apartment (including mobile home)
- I live at the home of family or friends without paying rent
- I live at the home of family or friends paying reduced rent
- I live in emergency or temporary housing (e.g., in a shelter or homeless)
- Something else? (Please specify):

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Section G: Household Information

The next questions are about people in your household.

G2. How many people, including yourself, are in your household?

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Section G: Household Information

G3. For each member of your household other than yourself, please complete the following information.

Number	First Name	Relationship to you	Age
1	<input type="text"/>	Please Select <input type="button" value="v"/>	Please Select <input type="button" value="v"/>
2	<input type="text"/>	Please Select <input type="button" value="v"/>	Please Select <input type="button" value="v"/>
3	<input type="text"/>	Please Select <input type="button" value="v"/>	Please Select <input type="button" value="v"/>

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Web Survey of SNAP and Work

English Español

Section G: Household Information

G4. Please complete the following information for people other than yourself in your household 16 years old or older.

Number	First Name	Is this person currently employed?	If employed, how many hours does he/she usually work per week at all jobs?	Is this person on Active Duty in the Armed Forces?
1	Mary	Please Select	Please Select	Please Select

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Web Survey of SNAP and Work

English Español

Section G: Household Information

G5. Where you currently live, do you or any member of this household have access to the Internet?

Yes

No

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Section H: Dependents and Dependent Care

H1. You indicated that there are 2 children under the age of 13 living in your household. Are you the parent, guardian, or caregiver of any of these children?

Rectangular Snip

Yes

No

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Web Survey of SNAP and Work

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Section H: Dependents and Dependent Care

H2. Not including financial assistance, do you provide any care or assistance for an adult in your household who needs help because of a condition related to aging?

Rectangular Snip

Yes

No

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Web Survey of SNAP and Work

English Español

Section H: Dependents and Dependent Care

H3. Do you provide unpaid assistance or care to anyone in the household because of a health condition or disability?

Yes

Rectangular Snip

No

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Web Survey of SNAP and Work

English Español

Section H: Dependents and Dependent Care

H4. Are any of the children that live with you cared for in a child care arrangement when they are not in school? Please don't count kindergarten, first grade, or higher.

Rectangular Snip

Yes

No

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Section H: Dependents and Dependent Care

H5. Currently, do you have any legal agreements or orders that require you to pay child support or alimony?

- Yes
- No
- Don't know

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Web Survey of SNAP and Work

English Español

Section I: Income

I1. The next questions are about income or assistance that you or someone in your household may have received in 2020. Remember that, by household, we mean a group of people who live together and purchase food and prepare meals together. A household may also be a person who lives alone or who lives with others, but customarily buys food and prepares meals separate and apart from the others. Please indicate if you or anyone in your household received any of the following anytime during 2020, even if for only one month.

	Rectangular Snip		Don't know
	Yes	No	
a. Wages or salary from regular employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Money received from odd jobs, such as child care, babysitting, doing hair, or similar jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. WIC or the Special Supplemental Food Program for Women, Infants, and Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Food stamps or the Supplemental Nutrition Assistance Program (SNAP) Food stamps or the Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Public assistance or welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Medicaid [STATE NAME OF PROGRAM]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Housing assistance such as public or low-income subsidized housing or the Housing choice voucher program (Section 8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Energy assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Child care subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Retirement or social security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Unemployment insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Worker's compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Child support or alimony	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Other support your received from friends or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Income

12. Thinking of all the income received by you and the people in your household during all of 2020, what was the total income for the year for everyone living together in your household? This includes money from jobs, net income from businesses, pensions, dividends, interest, social security payments and any other money income received. Please include all your household's income before taxes.

Rectangular Snip

Amount: \$

Don't know

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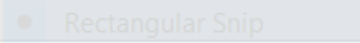
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Web Survey of SNAP and Work

English Español

Section I: Income

13. During the last 12 months, did any of the following happen because your household did not have enough money? Please answer "YES" or "NO" to each item.

	Yes	No	Don't know
			
a. The household did not pay the full amount of the rent or mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The household did not pay the full amount of the water, gas, oil, or electricity bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The water, gas or electric company turned off service, or the oil company did not deliver oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The telephone company disconnected service because payments were not made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You or someone else in your household needed to see a doctor or go to the hospital but did not go because the household could not afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You or someone else in your household needed to see a dentist but did not go because the household could not afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You or someone else in your household could not fill or postponed filling a prescription for medicine when they were needed because the household could not afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Web Survey of SNAP and Work

English Español

Section I: Income

I4. Which of these statements best describes the food eaten in your household *in the last 12 months*?

- We always have enough to eat and the kinds of food I/we want
- We have enough to eat but not always the kinds of food I/we want
- Sometimes I/we don't have enough to eat
- Often, I/we don't have enough to eat

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Web Survey of SNAP and Work

[English Español](#)

Section I: Income

15. *During the last 12 months*, did you or others in your household ever get emergency food from a church, a food pantry, or food bank?

Yes

Rectangular Snip

No

Don't know

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Section I: Income

16. How often did this happen during the last 12 months? Was it...

Almost every month

Some months but not every month

Only 1 or 2 months

• Rectangular Snip

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Web Survey of SNAP and Work

[English](#) [Español](#)

Section I: Income

17. During the last 12 months, did you or others in your household ever eat any meals at a soup kitchen?

Yes

No

Don't know

• Rectangular Snip

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Section I: Income

18. How often did this happen during the last 12 months? Was it...

Almost every month

Some months but not every month

Only 1 or 2 months

Rectangular Snip

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Web Survey of SNAP and Work

English Español

Section I: Income

19. Now we would like to learn about any debts you might have other than mortgages and other real estate loans, business debts, and auto loans. Do you have debts from any of these sources?

	Yes	No	Don't know
a. Money you owe to family, other relatives, or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Money you owe on one or more credit cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other loans (i.e., payday loans or pawn shop loans) (specify type)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Web Survey of SNAP and Work

English Español

Section I: Income

110. Not counting mortgage debt or other real estate loans, business debts, or auto loans, approximately how much do you owe from all these sources?

- \$1 to \$500
- \$501 to \$1,000
- \$1,001 to \$2,500
- \$2,501 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$25,000
- \$25,001 to \$50,000
- More than \$50,000

● Rectangular Snip

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Thank you for participating in this important study.

We will be sending your payment and need to make sure we have your correct address.

Street Address 1:

Street Address 2 or Apt:

City:

State:

Zip:

Telephone:

Email:

Rectangular Snip

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