

Appendix O-5: Survey of SNAP and Work English CATI

MONTH, DAY, YEAR (Insert date after OMB clearance)

Introduction

NEED TO ADD CONTACT INFO.

ONCE ON PHONE WITH R:

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 questions about you and your recent jobs. The results will be used to better serve people who receive benefits from the Supplemental Nutrition Assistance Program, also called SNAP, or known as [STATE SNAP] in your State.

The survey should take only about 33 minutes to complete. As an incentive, and to offset any cost incurred by your participation, we will send you \$40 in cash.

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. As described in the system of record notice titled FNS-8 USDA/FNS Studies and Reports published in the Federal Register on April 25, 1991, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

If you have any questions, please contact Westat at 1-XXX-XXX-XXXX or xxxxxx@xxxx.com.

Are you ready to begin?

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Section A: Demographic Characteristics

To start, I am going to ask you some general questions about yourself.

A1. What is your month and year of birth?

Month

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

4-digit Year

A2. What is your sex?

- Male
- Female
- DON'T KNOW
- REFUSED

A3. ETHNICITY: Are you Hispanic or Latino?

- YES, Hispanic or Latino
- NO, Not Hispanic or Latino
- DON'T KNOW
- REFUSED

A4. RACE: What is your race? You may choose one or more races. For this survey, Hispanic origin is not a race. Are you American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White?

	YES	NO	DON'T KNOW	REFUSED
AMERICAN INDIAN OR ALASKA NATIVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASIAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BLACK OR AFRICAN AMERICAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHITE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- MARRIED
- WIDOWED
- DIVORCED
- SEPARATED
- NEVER MARRIED
- DON'T KNOW
- REFUSED

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

- YES
- NO [SKIP TO A8]
- DON'T KNOW
- REFUSED

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

- YES
- NO
- DON'T KNOW
- REFUSED

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)
- DON'T KNOW
- REFUSED

A9. Currently, do you have an active professional certification or a state or industry license? A professional certification or license shows you are qualified to perform a specific job. [READ IF

NEEDED: Examples include a real estate license, a medical assistant certification, a Teacher License or an IT certification.] Do not include a business license.

- YES
- NO → [SKIP TO A11]
- DON'T KNOW → [SKIP TO A11]
- REFUSED → [SKIP TO A11]

A10. What type of certification or license is this? If you have more than two, please tell me the two you obtained most recently.

- DON'T KNOW
- REFUSED

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

- YES
- NO → [SKIP TO SECTION B]
- DON'T KNOW → [SKIP TO SECTION B]
- REFUSED → [SKIP TO SECTION B]

A12. What is this language?

- DON'T KNOW
- REFUSED

A13. How well do you speak English? Would you say...

- Very well
- Well
- Not well, or
- Not at all?
- DON'T KNOW
- REFUSED

Section B: Employment

The next set of questions I am going to ask you are about all the jobs you've held since [Sample month - 6]. We'll first ask about your current or most recent job. Then, we'll ask about any other jobs you've held since [Sample month - 6].

B1. Since [Sample month - 6], 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 [Sample month - 6]. [IF NEEDED: A freelance worker is someone who obtains customers on their own to provide a product or service.]

- YES
- NO → [SKIP TO B2]
- DON'T KNOW → [SKIP TO B2]
- REFUSED → [SKIP TO B2]

[if B1=yes]

B1a. How many separate jobs in total have you had since [Sample month -6]? If you aren't sure how many jobs you have had, let me know that, too.

[IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

_____ jobs [SKIP TO B3]

- DON'T KNOW [SKIP TO B1b]
- REFUSED

[if B1a=DK]

B1b. About how many jobs was it? About how many jobs have you had since [Sample month - 6]?

- 1 or 2 jobs
- 3 or 4 jobs
- 5 or more jobs
- DON'T KNOW
- REFUSED

[SKIP TO B3]

B2. Have you ever worked for pay any time *before* [Sample month - 6]?

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- YES
- NO [SKIP TO B30]
- DON'T KNOW [SKIP TO B30]
- REFUSED [SKIP TO B30]

B2a. When did you last work for pay? If you aren't sure, let me know that, too.

[IF R INDICATES NOT SURE/DK FOR YEAR, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

[If B2a MMYYYY is given, SKIP TO B30; if B2aMONTH is DK and B2YEAR is DK, ASK B2b]

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
- DON'T KNOW
- REFUSED

[SKIP to B30]

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

- YES
- NO → [SKIP TO B7]
- DON'T KNOW → [SKIP TO B7]
- REFUSED → [SKIP TO B7]

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 → [SKIP TO B7]
- DON'T KNOW → [SKIP TO B7]
- REFUSED → [SKIP TO B7]

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

- 2 jobs,
- 3 jobs, or

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- 4 or more jobs?
- DON'T KNOW
- REFUSED

B6. How many hours per week do you USUALLY work at all your jobs combined, or do the hours vary each week?

Hours per week

- Hours vary each week
- DON'T KNOW
- REFUSED

[If B6=Hours vary each week, ask B6a]

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

- 1 to 14 hours per week,
- 15 to 29 hours per week,
- 30 to 34 hours per week,
- 35 to 40 hours per week, or
- More than 40 hours per week?
- DON'T KNOW
- REFUSED

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

- DON'T KNOW
- REFUSED

B8. What [is/was] the name of your employer? Or were you self-employed? [IF NEEDED: We only ask for the employer name to help keep track of the job later in the survey. You can use a nickname or number instead, but please use a different nickname for other employers later in the survey.]

Name of employer

- Self-employed
- DON'T KNOW
- REFUSED

B9. What kind of business or industry [is/was] this? What [do/does/did] [the employer/you] make or do?

- DON'T KNOW
- REFUSED

B10. In what month and year did you start working at this job?

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

[if B3=No, not currently working, ask B11; if B3=Yes, SKIP TO B12]

B11. In what month and year did you stop working at this job? If you aren't sure when, let me know that, too.

[IF R INDICATES NOT SURE/DK IN YEAR, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

[if B11=DK, ask B11a; otherwise, SKIP TO B11b]

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, or
- More than 5 months ago?
- DON'T KNOW
- REFUSED

B11b Why did you stop working? I am going to read you a list of possible reasons you may have stopped working. Please tell me which of the following is 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
- DON'T KNOW
- REFUSED

B12. How many hours per week (do/did) you usually work on this job? If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Hours per Week

- HOURS VARY/IRREGULAR WORK SCHEDULE
- DON'T KNOW
- REFUSED

[if B12= HOURS VARY or DK, ask B13; otherwise, SKIP TO instruction before B14]

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

- 1 – 14 hours,
- 15 – 29 hours,
- 30 – 34 hours,
- 35 – 40 hours, or
- More than 40 hours?
- DON'T KNOW
- REFUSED

[if B12 < 35 or B13= (1, 2, 3), ask B14; otherwise, SKIP TO B16]

B14. (Do/did) you want to work a full-time workweek of 35 hours or more?

- YES
- NO [SKIP TO B16]
- DON'T KNOW [SKIP TO B16]
- REFUSED [SKIP TO B16]

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. I am going to read you a list of reasons people might work part time. For each reason, please tell me if Yes, that reason applies to you or No, it does not apply to you.

- Your 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
- Or another reason? IF ANOTHER REASON: What is your main reason for working part time?
- DON'T KNOW
- REFUSED

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

[DISPLAY ANSWERS FROM B15]

- Your 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
- Or another reason? IF ANOTHER REASON: What is your other reason for working part time?
- THERE WAS NO OTHER REASON
- DON'T KNOW
- REFUSED
-

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B16. How (do/did) you usually get to work at this job? If you usually (use/used) more than one method of transportation during the trip, please tell me the one used for most of the distance.

- Drove a personal vehicle, such as your or your family's car, truck, van or motorcycle,
- Rode with a friend, family member, or co-worker,
- Took public transportation, such as bus, trolley, streetcar, subway, ferry, or railroad,
- Taxicab,
- Bicycle,
- Walked,
- Worked at home, or
- Another method?
- DON'T KNOW
- REFUSED

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

Minutes

- DON'T KNOW
- REFUSED

B18. How much did you earn (in the last week / in the last week you worked) at this job and what is the schedule for receiving the pay? Please include tips, commissions, bonuses, and regular overtime. If you aren't sure how much, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- OTHER SPECIFY _____
- DON'T KNOW → [SKIP TO B18c]
- REFUSED

**[If amount is given in B18, ask B18a; if B18=Don't Know, SKIP TO B18c]
B18a. Is that amount before, or after, taxes and other deductions?**

- BEFORE TAXES AND OTHER DEDUCTIONS→ [SKIP TO B19]
- AFTER TAXES AND OTHER DEDUCTIONS
- DON'T KNOW→ [SKIP TO B19]
- REFUSED→ [SKIP TO B19]

[If B18a=After taxes and deductions, ask B18b; otherwise, skip to B19]

B18b. How much was it *before* taxes and other deductions. [CONFIRM THAT THEY ARE ANSWERING IN SAME UNIT AS B18]

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- OTHER SPECIFY _____
- DON'T KNOW
- REFUSED

[SKIP TO B19]

[If B18=Don't Know, ask B18c]

B18c. Which of the following ranges best describes the approximate amount you earned (in the last week / 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 KNOW
- REFUSED

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

- Regular daytime shift, that is, working any time between 6am and 6pm with the same or similar schedule week to week
- Regular evening shift, that is, working any time between 6pm and 6am with the same or similar schedule week to week
- Rotating shift, that is, one that changes regularly from days to evenings to nights
- Split shift, that is, one consisting of two distinct periods each day, or
- An irregular schedule, that is, one that changes from day to day or week to week
- DON'T KNOW

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REFUSED

B20. How would you describe your work at this job? Please say yes or no to each statement. Is it...

	YES	NO	DON'T KNOW	REFUSED
a. A regular permanent job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Self-employed/work you do for your own business?	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
d. Work for a "temp" agency or staffing agency?	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
f. Work as an independent contractor or free-lance worker? [IF NEEDED: A freelance worker is someone who obtains customers on their own to provide a product or service.]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Work you do for a friend or family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Something else not already covered? IF YES: Please describe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B21. (Are/Were) any of the following benefits available to you at this job?

	YES	NO	DON'T KNOW	REFUSED
a. Sick days with full pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Paid vacation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Paid holidays, such as Christmas and New Year's Day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A health plan or medical insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A retirement or 401K plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Tuition reimbursement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF B21E=YES, ask B22; otherwise, SKIP TO B23]

B22. (Are/Were) you enrolled in the health insurance plan at this job?

- YES
- NO

- DON'T KNOW
- REFUSED

B23. Have you worked at another job for pay since [Sample Month - 6]?

YES

- NO → [SKIP TO INSTRUCTION PRECEDING B30]
- DON'T KNOW → [SKIP TO INSTRUCTION PRECEDING B30]
- REFUSED → [SKIP TO INSTRUCTION PRECEDING B30]

[if B23= Yes]

Tell me 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
- DON'T KNOW
- REFUSED

B25. In what month and year did you start working at this job?

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

B26. In what month and year did you stop working at this job, or are you still working there?

Month

4 Digit Year

- STLL WORKING THERE

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

B27. How many hours per week did you usually work on this job? If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Hours worked per week

- HOURS VARY/IRREGULAR WORK SCHEDULE
- DON'T KNOW
- REFUSED

[if B27= HOURS VARY or DON'T KNOW, ask B28; otherwise, SKIP TO B29]

B28. About how many hours did you usually work at this job?

- 1 – 14 hours,
- 15 – 29 hours,
- 30 – 34 hours,
- 35 – 40 hours, or
- More than 40 hours?
- DON'T KNOW
- REFUSED

B29. How much did you earn in the last week you worked at this job? You can answer in hourly, weekly, every two weeks, monthly, or yearly. Please include tips, commissions, bonuses, and regular overtime. If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- DON'T REMEMBER → [SKIP TO B29c]
- DON'T KNOW → [SKIP TO B29c]
- REFUSED → [SKIP TO B29c]

[If amount is given in B29, ask B29a; if B29=Don't Know, SKIP TO B29c]

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

- BEFORE TAXES AND OTHER DEDUCTIONS → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH – 6]
- AFTER TAXES AND OTHER DEDUCTIONS → [ASK B29B]
- DON'T KNOW → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]
- REFUSED → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]

[If B29a=After taxes and deductions, ask B29b.]

B29b. How much was it *before* taxes and other deductions? [CONFIRM THEY ARE ANSWERING IN SAME UNIT AS B29]

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- OTHER SPECIFY _____
- DON'T KNOW
- REFUSED

[REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]

[If B29a=Don't Know, ask B29c]

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, or
- More than \$750 per week?
- DON'T REMEMBER
- REFUSED

[REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]

[If B1=No or B3=No then ask B30; otherwise SKIP TO SECTION C]

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

- Of a pregnancy or recent birth of a child
- You are ill or disabled
- You are retired
- You are taking care of home or family
- You are going to school or in a job training program
- You could not find work

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Some other reason

[IF R INDICATES SOME OTHER REASON, ASK]: Please tell me that other reason.

DON'T KNOW

REFUSED

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

YES

NO → [SKIP TO C1]

DON'T KNOW → [SKIP TO C1]

REFUSED → [SKIP TO C1]

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

YES

NO

DON'T KNOW

REFUSED

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

YES

NO

DON'T KNOW

REFUSED

Section C. Education, Training and Employment Services

The next questions I am going to ask you are about education, training and employment services you might have received in the last 12 months; that is, since [mmddyyyy]

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 [mmddyyyy]. Have you been enrolled in any school or job training program since [mmddyyyy]?

- YES
- NO [SKIP TO C13]
- DON'T KNOW [SKIP TO C3]
- REFUSED [SKIP TO C3]

C2. How many education or training programs did you participate in since [mmddyyyy]?

_____ number of programs

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

- YES
- NO [SKIP TO C13]
- DON'T KNOW [SKIP TO C13]
- REFUSED [SKIP TO C13]

[If C3=yes] The next questions are about the education or training program you are currently attending.

[If C3=no and C2 > 1] The next questions are about the education or training program you attended most recently.

[If C3=no and C2 = 1] The next questions are about the education or training program you attended since [mmddyyyy].

C4. Where (do/did) 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.] (Was/is) it...

- 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)

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- A community agency
 - Or somewhere else [IF ENDORSED] Where (do/did) you participate in that education or training?

 - DON'T KNOW
 - REFUSED

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

- Enrolled, but not yet started the program

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

[ASK IF C3=NO]

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

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

[SKIP to C8]

[ASK IF C3=YES]

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

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

C8. How many hours per week [do/did/will] you attend this education or training program?

_____ hours per week

- DON'T KNOW
- REFUSED

C9. [Are/were] you being trained in some skill or occupation, or (are/were) you taking a general education program?

- General education [SKIP TO C11]
- Skill or occupation
- DON'T KNOW [SKIP TO C11]
- REFUSED [SKIP TO C11]

C10. What kind of work [are/were] you being trained for? For example, education, health, or marketing. [READ CHOICES IF NECESSARY]

- 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

[ASK IF C3=NO]

C11. Did you complete that education or training?

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- YES
- NO [SKIP TO C13]
- DON'T KNOW
- REFUSED

[ASK IF C3=NO]

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

- YES
- NO
- DON'T KNOW
- REFUSED

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

Type of Employment Service	YES	NO	DON'T KNOW	REFUSED
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 for you to keep your SNAP benefits				
Other employment service (Please tell me what other employment service you received.)				
(Specify) _____				

[If at least one YES is checked in C13, ask C14; otherwise SKIP TO SECTION D]

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

- A state or local government agency (such as SNAP Office or Employment Service Office)
- A community organization
- Your employer
- A school, college, or university
- Or someone else?

[IF SOMEONE ELSE] Who provided the employment services?

- _____
- DON'T KNOW
 - REFUSED

Section D. Barriers to Employment

These next questions I am going to ask you 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 [SKIP TO D3]
- DON'T KNOW [SKIP TO D3]
- REFUSED [SKIP TO D3]

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

	YES	NO	DON'T KNOW	REFUSED
A physical disability, injury or illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An emotional or mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A learning disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other condition or disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF YES: What is that condition?				

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

- YES
- NO [SKIP TO D7]
- DON'T KNOW [SKIP TO D7]
- REFUSED [SKIP TO D7]

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

Month

4-digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

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

- YES
- NO [SKIP TO D7]
- DON'T KNOW [SKIP TO D7]
- REFUSED [SKIP TO D7]

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

- Less than 1 year ago,
- 2 to 5 years ago, or
- More than 5 years ago?
- DON'T KNOW
- REFUSED

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D7. I am going to read a list of factors that might make it difficult for YOU to get a job. Please tell me, on a scale of 1 to 4, how difficult each factors makes it for you personally to get a job, with 1 being not at all difficult and 4 being very difficult. If a factor does NOT apply to you, please tell me that.

	Not at all difficult 1	A little difficult 2	Moderately difficult 3	Very difficult 4	DON'T KNOW	REFUSED
1. Having less than a high school education	<input type="radio"/>	<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"/>	<input type="radio"/>
3. Lack of adequate job skills	<input type="radio"/>	<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"/>	<input type="radio"/>
5. Lack of transportation	<input type="radio"/>	<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"/>	<input type="radio"/>
7. Racial discrimination	<input type="radio"/>	<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"/>	<input type="radio"/>
9. Lack of stable housing	<input type="radio"/>	<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"/>	<input type="radio"/>
11. Domestic violence	<input type="radio"/>	<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"/>	<input type="radio"/>
13. Mental illness	<input type="radio"/>	<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"/>	<input type="radio"/>
15. Lack of work clothing	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
18. Being a single parent	<input type="radio"/>	<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"/>	<input type="radio"/>
20. Cannot speak English very well	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
23. Lack of confidence	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
26. Anger management	<input type="radio"/>	<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"/>	<input type="radio"/>
28. Age discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E: SNAP Participation

The next questions I am going to ask you are about your use of the Supplemental Nutrition Assistance Program or SNAP, formerly called Food Stamps, or known as [State Name for SNAP] in your State.

E1. Are you currently receiving any SNAP benefits?

- YES
- NO → [SKIP TO E3]
- DON'T KNOW → [SKIP TO E3]
- REFUSED → [SKIP TO E3]

E2. Did you receive SNAP CONTINUOUSLY, every month since [Sample Month]?

- YES → [SKIP TO E7]
- NO → [SKIP TO E6]
- DON'T KNOW → [SKIP TO E6]
- REFUSED [SKIP TO E6]

E3. Since [Sample Month], did you receive any SNAP benefits?

- YES
- NO → [SKIP TO SECTION F]
- DON'T KNOW → [SKIP SECTION F]
- REFUSED [SKIP TO SECTION F]

E4. What month and year did you last receive SNAP benefits?

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

E5. Why did you stop receiving SNAP? Please tell me yes or no to each of the following statements.

	YES	NO	DON'T KNOW	REFUSED
Became ineligible because of increased income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became ineligible because of family changes (such as family member moved out of household)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became ineligible because program rules or requirements were not met (did not attend school, job training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eligibility ran out because of time limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Still eligible but chose not to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF YES] What is the other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>				

E6. For how many months since [Sample Month] did you receive SNAP benefits?

Months

- DON'T KNOW
- REFUSED

E7. In the last 12 months, did you participate in an employment or training program as part of receiving SNAP benefits? Please let me know which one of the following statements best describes your experience. Would you say...

- Yes, you volunteered to participate
- Yes, you participated because it was required to keep SNAP benefits
- No, you were told you had to participate, but didn't do it → [SKIP TO E9]
- No, you never were told you had to participate and didn't volunteer, or → [SKIP TO E9]
- DON'T KNOW → [SKIP TO E9]

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REFUSED → [SKIP TO E9]

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E8. Are you still attending the program, did you leave before the end of the program, or have you completed it?

- STILL ATTENDING THE PROGRAM
- LEFT BEFORE THE END OF THE PROGRAM
- COMPLETED THE PROGRAM
- DON'T KNOW
- REFUSED

E9. Did the state agency that is responsible for your SNAP benefits require you to register for work with the state workforce agency?

- YES
- NO
- DON'T KNOW
- REFUSED

Section F. Health and Health Insurance

These next few questions ask about your health insurance coverage.

F1. Do you have health insurance coverage?

- YES
- NO→ [SKIP TO F3]
- DON'T KNOW→ [SKIP TO F3]
- REFUSED [SKIP TO F3]

F2. What type of health insurance or health coverage do you have? If you are covered by more than one type, please tell me the type that covers most of your expenses. Please stop me when I get to the statement that best describes your health insurance or health coverage.

[INTERVIEWER: YOU DO NOT NEED TO READ THE FULL LIST]

- 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 [or state name for Medicaid], 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. [IF R INDICATES OTHER]: Please describe the health insurance or health coverage plan:
- DON'T KNOW
- REFUSED

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

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?
- DON'T KNOW
- REFUSED

Section G: Household Information

The next questions ask for information about where you live and who you live with.

G1. Which of the following best describes the type of place you are currently living?

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

- DON'T KNOW
- REFUSED

The next questions are about people in your household. By household we mean a group of people who live together and purchase food and prepare meals together. A household also may be a person who lives alone or who, while living with others, customarily buys food and prepares meals separate and apart from the others. Please count only yourself if you prepare your meals separate and apart from others.

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

- DON'T KNOW
- REFUSED

[if G2 > 1, ask G3; otherwise, SKIP TO G5]

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G3. I am going to ask you for some more information about the people other than you in your household. Let's start with the oldest person in your household.

[What is the first name of the oldest person in your household?]

What is the first name of the next oldest person in your household?]

And what is [NAME'S] relationship to you? [READ LIST IF NEEDED]

And how old is [NAME]?

Please Select ▼

Please Select ▼

HH Member 2

HH Member 3

HH Member 4

HH Member 5

HH Member 6

HH Member 7

[for G3 dropdown: Relationship to you]

- Spouse or Unmarried Partner
- Child
- Grandchild
- Parent (Mother/Father)
- Brother/Sister
- Other relative (Aunt, Cousin, Nephew, Mother-in-law, etc.)
- Foster Child
- Housemate/Roommate
- Other nonrelative

- DON'T KNOW
- REFUSED

Just to confirm, the following people live in your household. [READ ROSTER]

[Instruction: autofill first names of persons ages 16 or older from hh roster above]

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G4.I have some additional questions for everyone 16 years old or older, other than you, in your household.

First Name	Is [NAME] currently employed, not employed but looking for work, or not employed and not looking for work?	If employed, how many hours does [NAME] usually work per week at all jobs? Usually works 35 or more hours per week Usually works 20 to 34 hours per week Usually works 1 to 19 hours per week	Is [NAME] on Active Duty in the Armed Forces?
	Please Select ▼	Please Select ▼	Please Select ▼
Adult 1			
Adult 2			
Adult 3			
Adult 4			
Adult 5			

[for G4 dropdown: Is this person currently employed]

- Currently employed
- Not employed but looking for work
- Not employed and not looking
- DON'T KNOW
- REFUSED

[for G4 dropdown: If employed, how many hours does he/she usually work per week at all jobs]

- Usually works 35 or more hours per week
- Usually works 20 to 34 hours per week
- Usually works 1 to 19 hours per week
- DON'T KNOW
- REFUSED

[for G4 dropdown: On active duty in the Armed Forces]

- YES
- NO
- DON'T KNOW
- REFUSED

[Ask G5 if G1 is *not* "I live in emergency or temporary housing"; otherwise, SKIP TO next section]

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

- YES
- NO
- DON'T KNOW
- REFUSED

Section H: Dependents and Dependent Care

[Question H1 will be programmed so that it is only asked if respondent indicated in the household characteristics section that there are children under age 13 in their household.]

The next questions are about dependents and dependent care.

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

- YES
- NO
- DON'T KNOW
- REFUSED

[Question H2 will be programmed so that it is only asked if respondent indicated in the household characteristics section that there is anyone over 59 in their household.]

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?

- YES
- NO
- DON'T KNOW
- REFUSED

[If the answer to H2 is yes, H3 will be programmed to read: "Do you provide unpaid assistance or care to anyone *else* in the household..."]

H3. Do you provide unpaid assistance or care to anyone in the household because of a health condition or disability? [AS NEEDED: This could include a physical, mental, emotional, cognitive, behavioral or developmental disability; a chronic health condition or psychiatric condition, or blindness or deafness. Assistance can include medical care or help with everyday activities including supervision or reminders.]

- YES
- NO

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- DON'T KNOW
- REFUSED

[The following question is asked only if the respondent indicated above that they are responsible for anyone under age 13 in the household]

H4. Are any of the children that live with you cared for in a child care arrangement when they are not in school? [AS NEEDED: Child care includes day care centers or nursery schools, Head Start, before- or after-school care centers, a babysitter, including brothers or sisters, the child's other parent if that parent does not live with you, or other relatives, and summer camps.] Please don't count kindergarten, first grade, or higher.

- YES
- NO
- DON'T KNOW
- REFUSED

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

- YES
- NO
- DON'T KNOW
- REFUSED

Section I: Income

11. 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; or a person who lives alone or who, while living with others, 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. In 2020 did you receive...

	YES	NO	DON'T KNOW	REFUSE D
a. Wages or salary from regular employment?	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
d. Food stamps or the Supplemental Nutrition Assistance Program (SNAP) [or STATE NAME]?	<input type="radio"/>	<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"/>	<input type="radio"/>
f. Public assistance or welfare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Medicaid [or STATE NAME]	<input type="radio"/>	<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"/>	<input type="radio"/>
i. Energy assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Child care subsidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Retirement or social security?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Unemployment insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Worker's compensation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Child support or alimony?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Other support you received from friends or relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Any other income? [IF YES] What was that other income from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 20px;" type="text"/>				

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.

If you aren't sure, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]

Amount

- DON'T KNOW
- REFUSED

[If I2=DK, ask I2a. Otherwise, skip to I3]

I2a. Approximately what was your household's income during 2020?

- \$5,000 or less,
- \$5,001 to \$10,000,
- \$10,001 to \$20,000,
- \$20,001 to \$30,000,
- \$30,001 to \$40,000,
- \$40,001 to \$50,000
- \$50,001 or more?
- DON'T KNOW
- REFUSED

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	REFUSE D
a. The household did not pay the full amount of the rent or mortgage.	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
d. The telephone company disconnected service because payments were not made.	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>

14. Which of these statements best describes the food eaten in your household in the last 12 months? Would you say...

- You always have enough to eat and the kinds of food you want,
- You have enough to eat but not always the kinds of food you want,
- Sometimes you don't have enough to eat, or
- Often, you don't have enough to eat?
- DON'T KNOW
- REFUSED

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

- YES
- NO → [SKIP TO I7]
- DON'T KNOW → [SKIP TO I7]
- REFUSED [SKIP TO I7]

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

- Almost every month,
- Some months but not every month, or
- Only 1 or 2 months?
- DON'T KNOW
- REFUSED

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

- YES
- NO → [SKIP TO I9]
- DON'T KNOW → [SKIP TO I9]
- REFUSED → [SKIP TO I9]

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

- Almost every month,
- Some months but not every month, or
- Only 1 or 2 months?
- DON'T KNOW
- REFUSED

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	REFUSED
a. Money you owe to family, other relatives, or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School loans	<input type="radio"/>	<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"/>	<input type="radio"/>
d. Other loans (such as personal loans from a bank, payday loans, or pawn shop loans) [IF YES] What other loans do you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

wise, SKIP TO END]

Public reporting burden for this collection of information is estimated to average 33 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, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314 ATTN: PRA (0584-xxxx).

I10. Not counting mortgages 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, or
- More than \$50,000?
- DON'T KNOW
- REFUSED

END

Thank you for participating in this important study.

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

CONFIRM ADDRESS AND UPDATE IF NECESSARY.

Street Address 1

Street Address 2 or Apt

City

State

Zip

Telephone

E-Mail

Thank you again. Goodbye!

Public reporting burden for this collection of information is estimated to average 33 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, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314 ATTN: PRA (0584-xxxx).

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>