

OMB Control Number: 0970-0531
Expiration date: 7/31/2022

Instrument 3 - Providers Online Screener

Communications Focus Groups for Remaking the Safety Net

Paperwork Reduction Act of 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to provide constituent research designed to understand target audiences with experience with economic and social safety net programming. The focus group and research will help identify experiences and perception of participants, and identify ways for the Office of Family Assistance (OFA) to produce communications messaging about safety net programming in a clear and resonant manner. The focus group will assist the program office in; (1) gathering feedback on safety net programming, (2) creating resonant communications messages, and (3) identifying trustworthy and relevant channels for communication with program service providers and beneficiaries. Public reporting for this collection of information is estimated to average 15 minutes per respondent, including time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is not required to retain a benefit. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # for this collection is 0970-0531 and the expiration date is 7/31/2022. If you have any comments on this collection of information, please contact Lizeth Hester, Program Specialist, Training and Technical Assistance - Office of Family Assistance, Lizeth.Hester@acf.hhs.gov (202) 205-8283.

[EMAIL MESSAGE LINKING TO ONLINE SCREENER]:

Hello [INSERT PARTICIPANT NAME]!

STUDY TOPIC: Remaking the Safety Net

STUDY NUMBER: [TBD - ASSIGNED BY RECRUITING PARTNER]

WHEN: [INSERT DATES OF ONLINE FOCUS GROUP]

WHAT: Two-Hour Online Focus Group

INCENTIVE: \$75 if you qualify and fully participate

[CLICKABLE LINK INCLUDED:] [Start Survey Here](#)

[CLICKABLE LINK INCLUDED:] [Visit Community](#)

We are conducting a brief market research study about social service programs for the Federal government. We can assure you that your responses to this survey will in no way impact your eligibility for programs and services.

START SURVEY BUTTON CAN ONLY BE CLICKED ONCE

Many Thanks,
20|20 Research Panel
K2 Team

A. Have you participated in a focus group, in-depth interview, or online discussion for market research purposes in the past three (3) months? Select one response

Yes	1	THANK & TERMINATE
No	2	CONTINUE
Do Not Know / Refused	99	THANK & TERMINATE

B. Which type of organization do you work for? Select One Response

A marketing research company, or marketing research department of a company	1	THANK & TERMINATE
An advertising or design firm, or advertising or design department of a company	2	
A public relations company, or public relations department of a company	3	
A media company involved in radio, TV, newspapers, magazines, or current event blogging	4	
A marketing company, or marketing department of a company	5	
A faith-based organization (e.g. a church, religiously affiliated social services agency, religiously affiliated food bank, religiously affiliated school, etc.)	6	CONTINUE
A social enterprise organization (e.g. Cause-driven organization or business whose purpose is to improve social objectives, addressing a basic unmet need or solving a social problem through a market-driven approach)	7	CONTINUE, SKIP TO Q.I
A government organization providing social services (e.g. financial assistance, healthcare, family services, etc.)	8	CONTINUE, SKIP TO Q.N
NONE OF THE ABOVE	9	THANK & TERMINATE

Faith-Based Organizations

C. What type of community outreach programs/services does your organization provide? Select all that apply

Childcare and child welfare programs (e.g. daycare, after-school care, foster care, etc.)	1	RECORD AND CONTINUE; STRIVE TO RECRUIT A MIX OF PROGRAM TYPES
Food assistance programs (e.g. food banks, soup kitchens, etc.)	2	
Homelessness support programs (e.g. homeless shelters, homelessness services, etc.)	3	
Family support programs (e.g. family counseling, child services programs, foster care programs, adoption programs, etc.)	4	
Mental health programs (e.g. counseling services, support groups, etc.)	5	
Rehabilitation programs (e.g. substance/alcohol abuse programs, recovery programs, prevention programs, sponsor programs, etc.)	6	
Education programs (e.g. GED assistance programs, after-school tutoring, college prep courses, etc.)	7	
Professional assistance programs (unemployment assistance, professional development, job matching service, etc.)	8	

NONE OF THE ABOVE	9	THANK & TERMINATE
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D. What group of people does your organization primarily serve? Write your answer below

[RECORD VERBATIM:] _____

E. What type of role do you hold at the faith-based organization? **[MARK ALL THAT APPLY; MUST SELECT 3 TO CONTINUE]**

Select all that apply

I work as a pastor, priest, imam, rabbi, or other spiritual leader	1	THANK & TERMINATE
I work in an administrative or support role such as finance, marketing, administration, facilities, etc.	2	
I work in a role providing local outreach programs/services to community members	3	CONTINUE
NONE OF THE ABOVE	4	THANK & TERMINATE

F. What is your title at your job? _____

Write your answer below [RECORD VERBATIM]

G. How would you describe the responsibilities of your role? Select all that apply **[MARK ALL THAT APPLY; MUST SELECT 3 TO CONTINUE]**

I work mostly in an administrative role overseeing and leading the program	1	THANK & TERMINATE
I provide a support function for the program such as marketing, accounting, logistics, etc.	2	THANK & TERMINATE
I am directly involved with providing services to clients of our program	3	CONTINUE
NONE OF THE ABOVE	4	THANK & TERMINATE

H. How often are you directly involved with and interacting with clients of your organization? Select all that apply

I interact with clients nearly every day	1	CONTINUE
I interact with clients a few times a week	2	
I interact with clients every few weeks	3	HOLD FOR CONSIDERATION
I interact with clients monthly	4	THANK & TERMINATE
NONE OF THE ABOVE	5	

[CONSIDER FOR FAITH-BASED ORG.; SKIP TO Q.Q]

Social Enterprise Questions

I. What type of role do you hold at the social enterprise organization? Select all that apply

[MARK ALL THAT APPLY; MUST SELECT 2 TO CONTINUE]

I work in an administrative or support role such as management, finance, facilities, etc.	1	THANK & TERMINATE
I am directly involved with providing services to clients of our program	2	CONTINUE
NONE OF THE ABOVE	3	THANK & TERMINATE

J. What type of community outreach programs/services does your organization provide? Select all that apply

Childcare and child welfare programs (e.g. daycare, after-school care, foster care, etc.)	1	CONTINUE; RECRUIT A MIX
Food assistance programs (e.g. food banks, soup kitchens, etc.)	2	
Homelessness support programs (e.g. homeless shelters, homelessness services, etc.)	3	
Family support programs (e.g. family counseling, child services programs, foster care programs, adoption programs, etc.)	4	
Mental health programs (e.g. counseling services, support groups, etc.)	5	
Rehabilitation programs (e.g. substance/alcohol abuse programs, recovery programs, prevention programs, sponsor programs, etc.)	6	
Education programs (e.g. GED assistance programs, after-school tutoring, college prep courses, etc.)	7	
Professional assistance programs (unemployment assistance, professional development, job matching service, etc.)	8	
Occupational training and support programs (Job skill development, services to underserved communities such as previously incarcerated, etc.)	9	

K. What group of people does your organization primarily serve? Write your answer below

[RECORD VERBATIM:] _____

L. What is your title at your job? Write your answer below

[RECORD VERBATIM:] _____

M. How often are you directly involved with and interacting with clients of your organization? Select all that apply

I interact with clients nearly every day	1	CONTINUE
I interact with clients a few times a week	2	
I interact with clients every few weeks	3	HOLD FOR CONSIDERATION
I interact with clients monthly	4	THANK & TERMINATE
NONE OF THE ABOVE	5	

[CONSIDER FOR SOCIAL ENTERPRISE ORGANIZATIONS; SKIP TO Q.R]

N. What type of role do you play within the government organization providing social services? Select all that apply

I work in an administrative or support role such as management, finance, facilities, etc.	1	THANK & TERMINATE
I am directly involved with providing services to clients of our program	2	CONTINUE
NONE OF THE ABOVE	3	THANK & TERMINATE

O. What type of government services/social services organization do you work for? Select all that apply

Public health services (Medicaid/Medicare services, public health education, etc.)	1	HOLD, RECRUIT A MIX; CONSIDER FOR SOCIAL SERVICES GROUP, CONTINUE
Public education services (school programs, Pre-K programs, etc.)	2	
Aging and adult services (adult day care programs, in-home care services, etc.)	3	
Childcare or child welfare services (child protective services, foster/adoption care, etc.)	4	
Food and nutrition services (food stamps, food banks, etc.)	5	
Family assistance programs (financial assistance programs, employment services, etc.)	6	
NONE OF THE ABOVE	7	THANK & TERMINATE

P. What is your title at your job? Write your answer below

[RECORD VERBATIM:] _____

[CONSIDER FOR GOVERNMENT ORGANIZATIONS; CONTINUE]

[Continued Questions for Participants Qualifying for Faith-Based Organizations, Social Enterprise Organizations, or Government Organizations]

Q. How long have you worked in your current role? Select one response

Less than one year	1	THANK & TERMINATE
One to three years	2	CONTINUE
More than three years	3	
NONE OF THE ABOVE	4	THANK & TERMINATE

R. Is your organization a registered nonprofit organization or government/public sector entity?

Yes, my organization is a registered 501(c)(1)	1	CONTINUE
Yes, my organization is a registered 501(c)(3)	2	

Yes, my organization is a registered 501(c)(4)	3	
Yes, but I am unsure of my organization's registration type	4	
Yes, my organization is a government or public sector entity	5	
No, my organization is a for-profit organization	6	
NONE OF THE ABOVE	7	THANK & TERMINATE

S. How large is your organization? Select one response

It is a local organization serving my city or county	1	RECRUIT A MIX OF ORGANIZATION SIZES: CONTINUE
It is a statewide organization serving my entire state	2	
It is a regional organization serving an area covering multiple counties and/or states	3	
It is a national organization	4	
NONE OF THE ABOVE	5	THANK & TERMINATE

DEMOGRAPHICS

T. Are you of Hispanic or Latino origin? (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Select one response
[ALLOW ONE RESPONSE]

Yes	1	RECORD & CONTINUE
No	2	
I prefer not to answer	3	

U. Which of the following best describes the race which you most closely identify?
[ALLOW ONE RESPONSE] Select one response

Native American or Alaska Native	1	
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Asian	2	RECORD & CONTINUE; RECRUIT A MIX
Black or African-American	3	
Native Hawaiian or Other Pacific Islander	4	
White or Caucasian	5	
Other (Please specify: _____)	98	
I prefer not to answer	96	

V. Now for a different kind of question. If you could have dinner with any one person living or dead who would it be and why? Write your answer below

[REQUIRE ARTICULATE RESPONDENTS WHO ARE WILLING TO CONTRIBUTE AND DISCUSS THEIR OPINIONS. PLEASE USE GOOD JUDGMENT IN SELECTING RESPONDENTS WHO ARE ABLE TO RESPOND IN A CLEAR AND ARTICULATE WAY; REJECT THOSE WHO SEEM ELUSIVE, UNRESPONSIVE, OR CONSISTENTLY CONFUSED.]

QUOTAS

Recruit three (3) groups with eight (8) participants each

- **Faith-Based Organization Group:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.
- **Social Enterprise Organization:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.
- **Government Organization:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.

INVITATION

Thank you very much for taking the time to answer these questions. As we move forward with this marketing research study, we would very much like to include your further input. We are interested in conducting Online Focus Group discussions with people just like you.

You will be set up with an online video conferencing platform and participate in a up to ninety (90) minute discussion with your peers, led by a moderator. To thank you for your time, we will offer you an incentive of **\$75**.

Would you like to participate? Select one response

Yes	1	PROCEED TO CONFIRMATION
No, not interested	2	THANK & TERMINATE -- QUALIFIED REFUSAL
No, not available day/time	3	THANK & TERMINATE

CONFIRMATION

So we may send you a confirmation email, I would like to confirm some basic information with you:

NAME: First Name: _____ Last Name: _____

EMAIL ADDRESS TO SEND CONFIRMATION LETTER: _____

TELEPHONE #: _____ BEST TIME TO CALL: _____

Thank you, Mr./Ms. _____. If you have any questions/concerns, or if any schedule conflicts arise, please call us at your earliest convenience at [FACILITY CONTACT #].

[END]