# Appendix F. Survey example screenshots

OMB No. 0584-[NEW]

Survey of Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Case Management

March 17, 2021

**Project Officer: Kristen Corey** 

Office of Policy Support Food and Nutrition Service U.S. Department of Agriculture 1320 Braddock Place Alexandria, VA 22314



# **SNAP Agency Survey**

# Welcome to the Survey of SNAP E&T Case Management!

- You may complete the survey all at once or save your responses and return at a later time.
- Please use the buttons and links on each page to move through the survey. Using "Enter" or your browser's "Back" function may cause errors.
- If you have trouble accessing the survey, or if you have questions, please contact us at [STUDYADDRESS]@mathematica-mpr.com or [study toll-free telephone number].

#### Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 45 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

#### **Privacy Act Statement**

Authority: Section 17 of the Food and Nutrition Act of 2008, as amended through the Agricultural Improvement Act of 2018 (2018), P.L. 115-334, 7 U.S.C. 2026 (a) (1), authorizes collection of the information on this application.

**Purpose:** Information will be used to help identify lessons learned and best practices that FNS can share with States to implement robust SNAP E&T programs and fulfill the new case management requirement.

Routine Use: Information may be disclosed for any of the routine uses listed in the System of Record notice titled FNS-8 USDA/FNS Studies and Reports published in the Federal Register on April 25, 1991, Volume 56, Number 80 (pages 19078-19080).

Disclosure: Furnishing the information on this form is voluntary. There are no penalties for nonresponse.



# Introduction: Program overview and section assignments

Welcome to the SNAP E&T case management survey! This survey focuses on State or territory policy, guidance, and experiences with SNAP Employment and Training (E&T) case management. The goal of the survey is to collect information about the policies and guidance your agency provides at the State- or territory-level. Although we will ask you some questions about how SNAP E&T is implemented at the local-level in general, the aim is not to capture the full depth and breadth of how case management is implemented across your State or territory.

This survey is part of an exploratory study sponsored by the Food and Nutrition Service (FNS) to better understand how States and territories have implemented the new case management requirement. This survey is not part of any monitoring or auditing activities by FNS. The results of the survey will be used for research purposes only.

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It will take approximately 45 minutes to respond to this survey; this includes the time it will take to read instructions, gather resources and search existing data sources. The survey includes an introductory section that will take about 6 minutes to complete and three main sections that will take about 13 minutes each to complete: (1) case management, (2) assessments, and (3) participant reimbursements and support services.

You may complete all three main sections yourself or assign other agency staff to complete sections 1, 2, or 3. In the introductory section, you will be able to provide contact information for the person within your agency who is best able to complete each of the other sections. We will send notifications to those people to ask them to complete their assigned sections.

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Personally identifiable information (PII) will not be used to retrieve survey records or data.

# For more information

If you have any questions or concerns about the survey, please contact the Mathematica study team at [fill study email address] or the FNS project officer, Kristen Corey, at **Kristen.Corey@usda.gov**.

Thank you in advance for your assistance in completing this survey.

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First, please answer three background questions about your agency's SNAP E&T program.

Which of the following populations does your SNAP E&T program target?

|  | Targeted<br>State- or<br>territory-<br>wide | Targeted in<br>some<br>counties or<br>by some<br>providers | Served but<br>not<br>targeted | Not served |
|--|---|--|-------------------------------|------------|
| Population                                     |   |  |                               |            |
| Work registrants                               | 0   | 0  | 0                             | 0          |
| Able-bodied adults without dependents (ABAWDs) | 0   | 0  | 0                             | 0          |
| Any SNAP participant                           | 0   | 0  | 0                             | 0          |
| Other (specify)                                | 0   | 0  | 0                             | 0          |

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| Which SNAP E&T components do you currently offer in   | n your State or territory?   |                                    |  |
|---|------------------------------|------------------------------------|--|
| Select all that apply   |                              |                                    |  |
| Supervised job search   |                              |                                    |  |
| Job search training   |                              |                                    |  |
| Education programs (includes basic/foundational skills inseducation and training/bridge programs; and work reading to the second s |                              | cation programs or other vocationa | l training; English language acquisition; integrated |
| Self-employment training  |                              |                                    |  |
| Work-based learning (includes internship; on-the-job train  | ning; subsidized employment; | and apprenticeships)               |  |
| Work experience   |                              |                                    |  |
| Workfare  |                              |                                    |  |
| Job retention   |                              |                                    |  |
| Other (specify)   |                              |                                    |  |
|   |                              |                                    |  |
|   |                              |                                    |  |
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| hich entities currently provide SNAP E&T components in your State or territory?                             |
|---|
| elect all that apply  |
| Local SNAP office   |
| Community college   |
| Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce programs |
| Community-based organization  |
| Adult Basic Education (ABE) provider  |
| Other (specify)   |
|   |
|   |
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Next, please review the topics covered in each of the three SNAP E&T case management survey sections in the table below and indicate who will respond to each section. You can indicate that you will respond to the questions in the section yourself or designate someone else to respond to these sections.

You may designate only one person per section, so please select the person who is best suited to answer questions related to each section's topics. Section respondents may ask other SNAP agency staff to assist them with answering questions, if needed.

Please designate only State-level or territory-level SNAP staff to complete survey sections. Please do not designate local office or provider staff; we are seeking a State-level perspective.

# Section 1: Case management

# Topics covered:

- · Policy and guidance on case management for SNAP E&T participants
- · Entities and staff responsible
- Case management frequency, format, mode, services, and techniques
- · Caseload size
- Number served
- · Implementation and response to 2018 Farm Bill case management requirement
- Please note: In this section, you will be asked to provide data on caseload size and the number of E&T participants who attended a case management meeting in FY 2020.

# Staff who might be able to respond:

- SNAP director
- SNAP E&T director
- SNAP policy staff

I will respond to this section

O I will designate someone else to respond to this section

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Next, please review the topics covered in each of the three SNAP E&T case management survey sections in the table below and indicate who will respond to each section. You can indicate that you will respond to the questions in the section yourself or designate someone else to respond to these sections.

You may designate only one person per section, so please select the person who is best suited to answer questions related to each section's topics. Section respondents may ask other SNAP agency staff to assist them with answering questions, if needed.

Please designate only State-level or territory-level SNAP staff to complete survey sections. Please do not designate local office or provider staff; we are seeking a State-level perspective.

#### Section 2: Assessments

# **Topics covered:**

- Policy and guidance on assessments for SNAP E&T participants
- Types of assessments
- Entities and staff responsible
- Expected assessment timing and length
- Assessment tool(s) used
- · Selection and use of assessments

# Staff who might be able to respond:

- SNAP director
- SNAP E&T director
- SNAP policy staff

| I will respond to this section                           |         |         |   |  |
|--|---------|---------|---|--|
| I will designate someone else to respond to this section |         |         |   |  |
|  |         |         |   |  |
|  |         |         | 1 |  |
|  | << BACK | NEXT >> | } |  |



Next, please review the topics covered in each of the three SNAP E&T case management survey sections in the table below and indicate who will respond to each section. You can indicate that you will respond to the questions in the section yourself or designate someone else to respond to these sections.

You may designate only one person per section, so please select the person who is best suited to answer questions related to each section's topics. Section respondents may ask other SNAP agency staff to assist them with answering questions, if needed.

Please designate only State-level or territory-level SNAP staff to complete survey sections. Please do not designate local office or provider staff; we are seeking a State-level perspective.

# Section 3: Participant reimbursements and support services

# **Topics covered:**

- · Policy and guidance on participant reimbursements and support services
- Types of available participant reimbursements and support services
- · How participants are informed of reimbursements and other supports
- · Caps and qualifications
- Share of participants receiving reimbursements
- Please note: In this section, you will be asked to provide data on the total amount paid in participant reimbursements and the total number of participants receiving reimbursements

# Staff who might be able to respond:

- SNAP director
- SNAP F&T director
- SNAP policy staff
- · SNAP financial staff

○ I will respond to this section
 ○ I will designate someone else to respond to this section



| Please provide contact info | rmation for the person | n within your agency | best suited to con | nplete Section 1 on ca | se management |
|-----------------------------|------------------------|----------------------|--------------------|------------------------|---------------|
| First name                  |                        |                      |                    |                        |               |
| Last name                   |                        |                      |                    |                        |               |
| Agency                      |                        |                      |                    |                        |               |
| Title                       |                        |                      |                    |                        |               |
| Email address               |                        |                      |                    |                        |               |
| Telephone number            |                        |                      |                    |                        |               |
| Additional telephone number |                        |                      |                    |                        |               |
|                             |                        |                      |                    |                        |               |
|                             |                        | << BACH              | (                  | NEXT >>                |               |



| Please provide contact information | for the person within y | our agency best suited | to complete Section | 2 on assessments |
|------------------------------------|-------------------------|------------------------|---------------------|------------------|
| First name                         |                         |                        |                     |                  |
| Last name                          |                         |                        |                     |                  |
| Agency                             |                         |                        |                     |                  |
| Title                              |                         |                        |                     |                  |
| Email address                      |                         |                        |                     |                  |
| Telephone number                   |                         |                        |                     |                  |
| Additional telephone number        |                         |                        |                     |                  |
|                                    |                         |                        |                     |                  |
|                                    |                         | << BACK                | NEXT >>             |                  |



| Please provide contact information for the pe | rson within your agency best suited to complete Section 3 on participants reimbursements and support services |
|---|---|
| First name                                    |   |
| Last name                                     |   |
| Agency  |   |
| Title   |   |
| Email address                                 |   |
| Telephone number                              |   |
| Additional telephone number                   |   |
|   |   |
|   | << BACK NFXT >>   |



# **SECTION 1: CASE MANAGEMENT**

This section of the survey asks general questions about your State or territory's approach to case management for SNAP E&T participants. You also will be asked to provide data on caseload size and the number of E&T participants who attended a case management meeting in FY2020.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

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What do we mean by case management? Case management might look different across different agencies. By case management, we mean those services and supports provided directly to SNAP E&T participants by a case manager or other direct-service staff person after participants are referred to E&T. This does not include providing activities—such as workshop instruction, education or training, or supervised job search or job placement assistance. Case management activities often include:

- · Assessing participants
- · Creating individualized services, employment, or development plans
- Linking participants to participant reimbursements or other support services
- · Monitoring progress and program requirements
- · Coordinating with service providers

"Case manager" is a general name and might include staff with other titles such as counselors, coaches, or navigators.

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| hat entities are currently responsible for providing SNAP E&T case management services in your State or territory |
|---|
| lect all that apply   |
| Local SNAP office   |
| Community college   |
| Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce programs       |
| Community-based organization  |
| Adult Basic Education (ABE) provider  |
| Other (specify)   |
|   |
|   |
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# CASE MANAGEMENT FREQUENCY, MEETING STRUCTURE, AND MODE

The next questions ask about whether your agency provides either **policy** or **guidance** to local SNAP offices or E&T providers on how to provide case management to SNAP E&T participants.

By *policy*, we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

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| Does your agency provide <u>policy</u> or <u>guidance</u> on | how frequently case managers | must communicate with SNAP | E&T participants? |
|--|------------------------------|----------------------------|-------------------|
| Yes, policy only   |                              |                            |                   |
| Yes, guidance only   |                              |                            |                   |
| Yes, policy and guidance                                     |                              |                            |                   |
| No, neither policy nor guidance                              |                              |                            |                   |
|  |                              |                            |                   |
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|  | · · back                     | INEXT >>                   |                   |



| How frequently does policy or guidance specify that      | t case managers should com          | municate with SNAP E&T particip    | pants?                               |
|--|-------------------------------------|------------------------------------|--------------------------------------|
| Multiple times per week                                  |                                     |                                    |                                      |
| ○ Weekly   |                                     |                                    |                                      |
| ○ Monthly  |                                     |                                    |                                      |
| ○ Quarterly  |                                     |                                    |                                      |
| ○ As needed  |                                     |                                    |                                      |
| Other frequency (specify)                                |                                     |                                    |                                      |
|  |                                     |                                    |                                      |
| O Policy or guidance gives local SNAP offices or E&T pro | oviders flexibility in deciding how | frequently case managers should co | mmunicate with SNAP E&T participants |
| O Policy and guidance specify different frequencies      |                                     |                                    |                                      |
|  |                                     |                                    |                                      |
|  | << BACK                             | NEXT >>                            |                                      |



| How do policy and guidance on how frequently case managers should communicate with SNAP E&T participants differ from one another? |         |         |  |  |
|---|---------|---------|--|--|
|   |         |         |  |  |
|   | << BACK | NEXT >> |  |  |



| Does your agency provide <b>policy</b> or <b>guidance</b> on the meetings) with SNAP E&T participants? | ne meeting structure for case r | management meetings (for exa | mple, one-on-one sessions | , group sessions, team |
|--|---------------------------------|------------------------------|---------------------------|------------------------|
| Yes, policy only   |                                 |                              |                           |                        |
| Yes, guidance only   |                                 |                              |                           |                        |
| Yes, policy and guidance   |                                 |                              |                           |                        |
| No, neither policy nor guidance  |                                 |                              |                           |                        |
|  |                                 |                              |                           |                        |
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| Policy and guidance specify different meeting structures   |  |  |  |  |  |
|--|--|--|--|--|--|
| Policy or guidance gives local SNAP offices or E&T providers flexibility in the structure for case management meetings |  |  |  |  |  |
|  |  |  |  |  |  |
| Other structure(s) (specify)   |  |  |  |  |  |
| ☐ Team meetings with single participant, case manager, and other professionals   |  |  |  |  |  |
| Group sessions with multiple participants  |  |  |  |  |  |
| One-on-one sessions  |  |  |  |  |  |
| Select all that apply  |  |  |  |  |  |
| Which meeting structure does policy or guidance specify for case management meetings?                                  |  |  |  |  |  |



| How do policy and guidance on case manager | ment meeting structure differ from | one another? |  |
|--|------------------------------------|--------------|--|
|  |                                    |              |  |
|  |                                    |              |  |
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Does your agency provide <u>policy</u> or <u>guidance</u> on the modes of communication case managers use to conduct case management (for example, in-person or telephone meetings) with SNAP E&T participants?

| Yes, policy only                |         |         |  |
|---------------------------------|---------|---------|--|
| Yes, guidance only              |         |         |  |
| Yes, policy and guidance        |         |         |  |
| No, neither policy nor guidance |         |         |  |
|                                 |         |         |  |
|                                 | << BACK | NEXT >> |  |



Which mode or modes of communication does policy or guidance specify case managers use to conduct case management with SNAP E&T participants? Select all that apply ☐ In-person meetings in the case manager's office In-person meetings in the participant's home ☐ In-person meeting in a community location Telephone Videoconferencing Text messages Online chat software Email Other mode(s) (specify) Policy or guidance gives local SNAP offices or E&T providers flexibility in the modes of communication case managers use to conduct case management Policy and guidance specify different modes of communication to conduct case management

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| How do policy and guidance about the modes of | communication case managers | use to conduct case manageme | ent differ from one another? |  |
|---|-----------------------------|------------------------------|------------------------------|--|
|   |                             |                              |                              |  |
|   |                             |                              |                              |  |
|   |                             |                              |                              |  |
|   | << BACK                     | NEXT >>                      |                              |  |



| Does your agency provide <u>policy</u> or <u>guidance</u> or | n the maximum number of SNAP | E&T participants assigned (ma | ximum caseload size) to each case manager? |
|--|------------------------------|-------------------------------|--|
| Yes, policy only   |                              |                               |  |
| Yes, guidance only   |                              |                               |  |
| Yes, policy and guidance                                     |                              |                               |  |
| No, neither policy nor guidance                              |                              |                               |  |
|  |                              |                               |  |
|  | << BACK                      | NEXT >>                       |  |



| What is the maximum caseload size indicated by      | policy or guidance? |         |  |
|---|---------------------|---------|--|
|   |                     |         |  |
|   |                     |         |  |
| O Policy and guidance indicate different maximum of | aseload sizes       |         |  |
|   | << BACK             | NEXT >> |  |



| How do policy and guidance about maximun | n caseload sizes differ from one anot | ther?   |  |
|--|---------------------------------------|---------|--|
|  |                                       |         |  |
|  |                                       |         |  |
|  |                                       |         |  |
|  | << BACK                               | NEXT >> |  |



Does your agency provide **policy** or **guidance** on whether SNAP E&T participants work with just one case manager or with multiple case managers simultaneously?

| Yes, policy only                |         |         |  |
|---------------------------------|---------|---------|--|
| Yes, guidance only              |         |         |  |
| Yes, policy and guidance        |         |         |  |
| No, neither policy nor guidance |         |         |  |
|                                 |         |         |  |
|                                 | << BACK | NEXT >> |  |



| What is the policy or guidance on whether SNAP E&T participants work with just one or multiple case managers?   |
|---|
| Select all that apply   |
| Participants work with one case manager at a time who is assigned to them   |
| Participants work with one case manager at a time but do not have an assigned case manager (for example, they meet with any case manager who is available when they need case management) |
| Participants work with multiple case managers who fill different functions at the same time (for example, a teaming case management approach)   |
| Other arrangement (specify)   |
| Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding whether SNAP E&T participants are assigned to or work with just one or multiple case managers        |
| Policy and guidance differ on whether SNAP E&T participants work with just one or multiple case managers  |
|   |
| << BACK NEXT >>   |



| How do policy and guidance on whether SNAP E&T participants work with just one or multiple case managers differ from one another? |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |



# IMPLEMENTATION OF SNAP E&T CASE MANAGEMENT SERVICES AND ACTIVITIES

The next questions ask about the extent to which <u>case management</u> services and activities are currently offered to SNAP E&T participants in your State or territory.

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For each of the following case management services and activities, please indicate the extent to which the service or activity is currently offered in your State or territory's SNAP E&T program.

|  | No current<br>plans to<br>offer | Offered in<br>the past,<br>but not<br>currently<br>offering | Plan to<br>offer in the<br>next two<br>years | Currently<br>offered by<br>some<br>providers | Currently<br>offered by<br>all<br>providers |
|--|---------------------------------|---|--|--|---|
| Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)  | 0                               | 0   | 0  | 0  | 0   |
| Subsequent participant assessments   | 0                               | 0   | 0  | 0  | 0   |
| Providing referrals to other support services (for example, mental or behavioral health services)  | 0                               | 0   | 0  | 0  | 0   |
| Coordination with services providers   | 0                               | 0   | 0  | 0  | 0   |
| Comprehensive intake assessments or initial assessments  | 0                               | 0   | 0  | 0  | 0   |
| Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)  | 0                               | 0   | 0  | 0  | 0   |
| Tracking and monitoring participant progress and outcomes  | 0                               | 0   | 0  | 0  | 0   |
| Providing referrals to other employment or training programs   | 0                               | 0   | 0  | 0  | 0   |
| Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments) | 0                               | 0   | 0  | 0  | 0   |
| Monitoring and assuring participants meet SNAP E&T program requirements  | 0                               | 0   | 0  | 0  | 0   |
| Coaching and goal setting  | 0                               | 0   | 0  | 0  | 0   |
| Providing participant reimbursements or other support services (for example, transportation or child and dependent care)   | 0                               | 0   | 0  | 0  | 0   |
| Follow-up and job retention services (as a part of case management; not as an E&T component)   | 0                               | 0   | 0  | 0  | 0   |
| Other case management service(s) (specify)   | 0                               | 0   | 0  | 0  | 0   |

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|---------|--|
|---------|--|



When did your agency start offering the following case management services and activities in your SNAP E&T program?

|  | Before<br>December<br>2018 | Between<br>December<br>2018 and<br>October<br>2019 | After<br>October<br>2019 |
|--|----------------------------|--|--------------------------|
| Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)  | 0                          | 0  | 0                        |
| Subsequent participant assessments   | 0                          | 0  | 0                        |
| Providing referrals to other support services (for example, mental or behavioral health services)  | 0                          | 0  | 0                        |
| Coordination with services providers   | 0                          | 0  | 0                        |
| Comprehensive intake assessments or initial assessments  | 0                          | 0  | 0                        |
| Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)  | 0                          | 0  | 0                        |
| Tracking and monitoring participant progress and outcomes  | 0                          | 0  | 0                        |
| Providing referrals to other employment or training programs   | 0                          | 0  | 0                        |
| Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments) | 0                          | 0  | 0                        |
| Monitoring and assuring participants meet SNAP E&T program requirements  | 0                          | 0  | 0                        |
| Coaching and goal setting  | 0                          | 0  | 0                        |
| Providing participant reimbursements or other support services (for example, transportation or child and dependent care)   | 0                          | 0  | 0                        |
| Follow-up and job retention services (as a part of case management; not as an E&T component)   | 0                          | 0  | 0                        |
|  | 0                          | 0  | 0                        |

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# POLICY AND GUIDANCE ON SNAP E&T CASE MANAGEMENT SERVICES, ACTIVITIES, AND APPROACHES

The next questions ask about whether your agency provides either **policy** or **guidance** to local SNAP offices or E&T providers on case management services, activities, and approaches for SNAP E&T participants.

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| Does your agency provide <b>policy</b> or <b>guidance</b> on | which case management service | es and activities must be provid | ed to SNAP E&T participants? |
|--|-------------------------------|----------------------------------|------------------------------|
| Yes, policy only   |                               |                                  |                              |
| Yes, guidance only   |                               |                                  |                              |
| Yes, policy and guidance                                     |                               |                                  |                              |
| O No, neither policy nor guidance                            |                               |                                  |                              |
|  |                               |                                  |                              |
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What SNAP E&T case management services and activities does your policy or guidance include? Select all that apply Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans) Subsequent participant assessments Providing referrals to other support services (for example, mental or behavioral health services) Coordination with services providers Comprehensive intake assessments or initial assessments Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis) ☐ Tracking and monitoring participant progress and outcomes Providing referrals to other employment or training programs Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments) ☐ Monitoring and assuring participants meet SNAP E&T program requirements Coaching and goal setting Providing participant reimbursements or other support services (for example, transportation or child and dependent care) Follow-up and job retention services (as a part of case management; not as an E&T component) Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding what specific case management services and activities to offer Policy and guidance specify different case management services and activities

NEXT >>

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| How do policy and guidance on SNAP E&T case management services and activities differ from one another? |         |         |  |  |
|---|---------|---------|--|--|
|   |         |         |  |  |
|   |         |         |  |  |
|   |         |         |  |  |
|   | << BACK | NEXT >> |  |  |



In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified by policy or guidance.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers offer the following types of case management services and activities to SNAP E&T participants?

|  | 1-24% | 25-49% | 50-74% | 75-100% | Not<br>currently<br>offered | Don't<br>know |
|--|-------|--------|--------|---------|-----------------------------|---------------|
| Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Subsequent participant assessments   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Providing referrals to other support services (for example, mental or behavioral health services)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Coordination with services providers   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Comprehensive intake assessments or initial assessments  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Tracking and monitoring participant progress and outcomes  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Providing referrals to other employment or training programs   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments) | 0     | 0      | 0      | 0       | 0                           | 0             |
| Monitoring and assuring participants meet SNAP E&T program requirements  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Coaching and goal setting  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Providing participant reimbursements or other support services (for example, transportation or child and dependent care)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Follow-up and job retention services (as a part of case management; not as an E&T component)   | 0     | 0      | 0      | 0       | 0                           | 0             |
|  | 0     | 0      | 0      | 0       | 0                           | 0             |

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Does your agency provide **policy** or **guidance** on specific case management approaches or techniques (for example, motivational interviewing, trauma-informed case management) to use with SNAP E&T participants?

| << BACK | NFXT >> |                 |
|---------|---------|-----------------|
|         | << BACK | << BACK NEXT >> |



| What SNAP E&T case management approaches or techniques does your policy or guidance include?   |
|--|
| Select all that apply  |
| ☐ <u>Trauma-informed case management</u>   |
| ☐ Employment coaching  |
| ☐ <u>Teaming or case coordination</u>  |
| Motivational interviewing  |
| Other case management approaches or technique(s) (specify)   |
|  |
| Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding which case management approaches or techniques to use |
| ✓ Policy and guidance specify different case management approaches or techniques   |
|  |
| << BACK NEXT >>  |
| NEXT >>  |



| How do policy and guidance about SNAP E&T case management approaches or techniques differ from one another? |         |         |   |  |
|---|---------|---------|---|--|
|   |         |         |   |  |
|   |         |         |   |  |
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In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified by policy or guidance.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers use the following case management approaches or techniques with SNAP E&T participants?

|  | 1-24% | 25-49% | 50-74% | 75-100% | Not<br>currently<br>offered | Don't<br>know |
|--|-------|--------|--------|---------|-----------------------------|---------------|
| Trauma-informed case management                            | 0     | 0      | 0      | 0       | 0                           | 0             |
| Employment coaching  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Teaming or case coordination                               | 0     | 0      | 0      | 0       | 0                           | 0             |
| Motivational interviewing                                  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other case management approaches or technique(s) (specify) | 0     | 0      | 0      | 0       | 0                           | 0             |

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### THE 2018 FARM BILL CASE MANAGEMENT REQUIREMENT

The Agricultural Improvement Act of 2018 (2018 Farm Bill) (enacted December 2018) added a requirement that SNAP E&T programs provide case management to all E&T participants. The case management requirement went into effect in October 2019. The next questions ask about your agency's experiences with this requirement.

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How has case management for SNAP E&T participants in your E&T program changed since the 2018 Farm Bill case management requirement went into effect in October 2019?

| Select all that apply   |              |
|---|--------------|
| ○ No change   |              |
| Offering case management for the first time                         |              |
| Expanding existing case management to be available to more SNAP E&T | participants |
| Expanding menu of available case management services                |              |
| Adopting new case management approach(es) or technique(s)           |              |
| Offering new assessments  |              |
| Offering new participant reimbursements or other support services   |              |
| Other change(s) (specify)   |              |
|   |              |
|   |              |
| << BAC  | K NEXT >>    |



| What motivated these changes?                    |                                      |         |
|--|--------------------------------------|---------|
| Select all that apply                            |                                      |         |
| Passage of the 2018 Farm Bill                    |                                      |         |
| ☐ Direction from FNS to implement case managemen | nt requirement in the 2018 Farm Bill |         |
| State government legislation or directive        |                                      |         |
| Review of best practices or research             |                                      |         |
| Other motivation(s) (specify)                    |                                      |         |
|  |                                      |         |
|  |                                      |         |
|  |                                      |         |
|  | << BACK                              | NEXT >> |



In response the 2018 Farm Bill, what, if any, additional resources has your State or territory already invested—or plans to invest—in case management for SNAP E&T participants?

|  | Already<br>invested | Already<br>invested<br>and more<br>planned | Investment<br>planned | No<br>additional<br>or new<br>investment<br>made or<br>planned |
|--|---------------------|--|-----------------------|--|
| Add SNAP agency staff  | 0                   | 0  | 0                     | 0  |
| Increase SNAP agency staff hours devoted to implementing case management | 0                   | 0  | 0                     | 0  |
| Add new or expand existing facilities                                    | 0                   | 0  | 0                     | 0  |
| Add new E&T provider agencies  | 0                   | 0  | 0                     | 0  |
| Expand existing E&T provider contracts to add or expand case management  | 0                   | 0  | 0                     | 0  |
| Provide new training for SNAP agency staff                               | 0                   | 0  | 0                     | 0  |
| Provide new training for E&T provider agency staff                       | 0                   | 0  | 0                     | 0  |

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Does your agency collect data on the following?

|   | Yes | No |
|---|-----|----|
| Whether an individual receives case management?                 | 0   | 0  |
| Which case management services an individual receives?          | 0   | 0  |
| How frequently an individual receives case management services? | 0   | 0  |

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How many SNAP E&T participants attended at least one SNAP E&T case management meeting in fiscal year (FY) 2020?

|  | ABAWD | Non-ABAWD | Total |
|--|-------|-----------|-------|
| Number attended at least one SNAP E&T case management meeting in FY 2020 |       |           |       |
|  |       |           |       |
|  |       |           |       |
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Does your agency track SNAP E&T participant outcomes associated with the type or intensity of case management SNAP E&T participants receive?

For this question, we are interested in learning about outcomes that are associated with case management, separate from outcomes associated with receiving SNAP E&T components.





| Select all that apply                 |         |         |
|---------------------------------------|---------|---------|
| ☐ Number of credentials obtained      |         |         |
| ☐ Number of jobs obtained             |         |         |
| ☐ Number of participants exiting SNAP |         |         |
| Other outcome(s) (specify)            |         |         |
|                                       |         |         |
|                                       |         |         |
|                                       |         |         |
|                                       | << BACK | NEXT >> |



| Does your agency conduct research or evaluation | n to assess the effects of the type | or intensity of case manageme | nt on SNAP E&T participant outcomes? |
|---|-------------------------------------|-------------------------------|--------------------------------------|
| ○ Yes   |                                     |                               |                                      |
| ○ No  |                                     |                               |                                      |
|   |                                     |                               |                                      |
|   |                                     |                               |                                      |
|   | << BACK                             | NEXT >>                       |                                      |



| Which participant outcomes associated with the type or intensity of case management are measured through resear | arch or evaluation |
|---|--------------------|
| Select all that apply   |                    |
| Number of credentials obtained  |                    |
| Number of jobs obtained   |                    |
| Number of participants exiting SNAP   |                    |
| Other outcome(s) (specify)  |                    |
|   |                    |
|   |                    |
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○ No

| Is there anything about how your agency provides case management to SNAP E&T participants that you would like to highlight as innovative or unique (for |
|---|
| example, a particular case management technique, staffing structure, use of evidence-based practice)?   |
|   |
| ○ Yes   |

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| Please describe what you would like to highlight as innovative or unique in the way your agency provides case management. |         |         |  |  |
|---|---------|---------|--|--|
|   |         |         |  |  |
|   |         |         |  |  |
|   |         |         |  |  |
|   |         |         |  |  |
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| Thank you for completing this survey section. If you have additional information you would like to share about case management for SNAP E&T participants in your State or territory, please share it in the box below. |         |         |   |  |  |
|--|---------|---------|---|--|--|
|  |         |         |   |  |  |
|  |         |         |   |  |  |
|  |         |         |   |  |  |
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# SECTION 2: ASSESSMENTS

Assessments are often a component of case management. This section asks about the policies or guidance your State or territory provides to local offices or providers about assessing SNAP E&T participants.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

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#### INITIAL ASSESSMENT

The next questions ask about whether your agency provides either **policy** or **guidance** to local SNAP offices or E&T providers on how to assess SNAP E&T participants after they are referred to E&T.

By *policy,* we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

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Does your agency provide **policy** or **guidance** that specifies that SNAP E&T participants must be given an initial assessment after referral to E&T?

By initial assessment, we mean the first assessment of SNAP E&T participants who have **already** been determined to be eligible or required to participate in the E&T program (that is, referred to SNAP E&T). Initial assessments might include assessments of participants' backgrounds, needs, barriers, and work readiness.

| Yes, policy only                |         |         |  |
|---------------------------------|---------|---------|--|
| Yes, guidance only              |         |         |  |
| Yes, policy and guidance        |         |         |  |
| No, neither policy nor guidance |         |         |  |
|                                 |         |         |  |
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| Does policy or guidance specify that local SNA participants? | NP offices or E&T providers use a pa | articular assessment tool or to | ols for initial assessments of SNAF | <sup>,</sup> E&T |
|--|--------------------------------------|---------------------------------|-------------------------------------|------------------|
| ○ Yes, policy only   |                                      |                                 |                                     |                  |
| Yes, guidance only   |                                      |                                 |                                     |                  |
| Yes, policy and guidance                                     |                                      |                                 |                                     |                  |
| No, neither policy nor guidance                              |                                      |                                 |                                     |                  |
|  |                                      |                                 |                                     |                  |
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Which initial assessment tool or tools are specified by policy or guidance?

Select all that apply

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| What is the name of the participant background assessment tool developed by or for the State, territory, or provider? |         |         |  |  |
|---|---------|---------|--|--|
|   |         |         |  |  |
|   |         |         |  |  |
|   |         |         |  |  |
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| What is the name of the needs and barrier assessment tool developed by or for the State, territory, or provider? |         |         |  |  |
|--|---------|---------|--|--|
|  |         |         |  |  |
|  |         |         |  |  |
|  |         |         |  |  |
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| How do the policy and guidance about initial assessment tools differ from one another? |         |         |  |  |
|--|---------|---------|--|--|
|  |         |         |  |  |
|  |         |         |  |  |
|  |         |         |  |  |
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In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified in policy or guidance or from provider to provider.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers are using the following assessment tools for initial assessments?

|  | 1-24% | 25-49% | 50-74% | 75-100% | Not<br>currently<br>offered | Don't<br>know |
|--|-------|--------|--------|---------|-----------------------------|---------------|
| Participant background assessment tool developed by or for the State, territory, or provider | 0     | 0      | 0      | 0       | 0                           | 0             |
| Needs and barrier assessment tool developed by or for the State, territory or provider       | 0     | 0      | 0      | 0       | 0                           | 0             |
| Career Orientation Inventory (COI)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Holland Self-Assessment Interest Survey  | 0     | 0      | 0      | 0       | 0                           | 0             |
| CareerScope  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Self-Directed Search (SDS)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| WorkKeys   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Keirsey Temperament Sorter   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Comprehensive Adult Student Assessment System (CASAS)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Human Metrics  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Proveit!   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Acuplacer  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Candidate Physical Ability Test  | 0     | 0      | 0      | 0       | 0                           | 0             |
| World of Work Inventory (WOWI)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| O*NET Interest Profiler  | 0     | 0      | 0      | 0       | 0                           | 0             |
| When I Grow Up   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Test for Adult Basic Education (TABE)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Skillscan  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Myers-Briggs Type Indicator  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Campbell Interest and Skills Survey  | 0     | 0      | 0      | 0       | 0                           | 0             |
| O*NET Ability Profiler   | 0     | 0      | 0      | 0       | 0                           | 0             |
| JobFit   | 0     | 0      | 0      | 0       | 0                           | 0             |
| COPSystem  | 0     | 0      | 0      | 0       | 0                           | 0             |
| My Next Move   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | •                           | 0             |



| Which entities are responsible for conducting init | tial assessments of SNAP E&T pa     | rticipants?               |
|--|-------------------------------------|---------------------------|
| Select all that apply                              |                                     |                           |
| ☐ Local SNAP office                                |                                     |                           |
| ☐ Community college                                |                                     |                           |
| ☐ Workforce Innovation & Opportunity Act (WIOA) a  | gency or other Department of Labor– | funded workforce programs |
| Community-based organization                       |                                     |                           |
| Adult Basic Education (ABE) provider               |                                     |                           |
| Other (specify)                                    |                                     |                           |
|  |                                     |                           |
| ○ Not applicable                                   |                                     |                           |
|  |                                     |                           |
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Among most local SNAP offices or E&T providers, which types of staff conduct initial assessments of SNAP E&T participants? Select all that apply SNAP agency eligibility worker ☐ SNAP agency E&T worker Provider staff who provide case management to only SNAP E&T participants Provider staff who provide case management to participants from multiple programs ☐ Trainers or facilitators who are not also case managers Certified professionals (for example, certified to provide the Myers-Briggs assessment) Other staff (specify) Not applicable NEXT >> << BACK



| Among most local SNAP offices or E&T providers, what is the expected timing of initial assessments of SNAP E&T participants? |         |  |  |  |
|--|---------|--|--|--|
| Select all that apply  |         |  |  |  |
| ☐ During eligibility interview after client is determined eligible for or referable to SNAP E&T                              |         |  |  |  |
| ☐ During first meeting with an E&T case manager at a local SNAP office or E&T provider                                       |         |  |  |  |
| ☐ During another meeting with an E&T case manager that is not the first meeting  |         |  |  |  |
| ✓ During SNAP E&T orientation held at local SNAP office  |         |  |  |  |
| ☐ During SNAP E&T orientation held at SNAP E&T provider  |         |  |  |  |
| Other timing (specify)   |         |  |  |  |
| O Not applicable   |         |  |  |  |
|  |         |  |  |  |
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#### ADDITIONAL ASSESSMENT(S)

The next questions ask about whether your agency provides either **policy** or **guidance** to local SNAP offices or E&T providers on how to assess SNAP E&T participants—beyond the initial assessment.

By *policy,* we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

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Does your agency provide policy or guidance that specifies that SNAP E&T participants be given additional assessments—beyond the initial assessment?

Additional assessments might include mental and physical ability tests, aptitude/abilities assessments, interest measures, work and personal values measures, and personality inventories.

| ○ Yes, policy only                |         |         |   |  |
|-----------------------------------|---------|---------|---|--|
| Yes, guidance only                |         |         |   |  |
| Yes, policy and guidance          |         |         |   |  |
| O No, neither policy nor guidance |         |         |   |  |
|                                   |         |         |   |  |
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| Does your agency's policy or guidance indicate th providers should use? | e <b>types</b> of additional assessme | nts that should be given or the s      | <b>specific assessment tools</b> local SNAP offices or |
|---|---------------------------------------|--|--|
| O Yes, policy or guidance indicates the types of addition               | onal assessments to be given          |  |  |
| O Yes, policy or guidance indicates specific assessment                 | t tools to be used                    |  |  |
| O Yes, policy or guidance indicates <b>both</b> the types of a          | additional assessments to be given    | and the specific assessment tools to   | be used  |
| O No, policy or guidance does not indicate the types of                 | of additional assessments to be give  | en or the specific assessment tools to | be used  |
|   |                                       |  |  |
|   | << BACK                               | NEXT >>                                |  |



| hich types of additional assessments are indicated by policy or guidance?  |                  |  |  |  |
|--|------------------|--|--|--|
| Select all that apply  |                  |  |  |  |
| ☐ Needs and barrier assessments  |                  |  |  |  |
| ☐ Mental and physical ability tests (for example, Candidate Physical Ability Test)   |                  |  |  |  |
| Aptitude/abilities assessments (for example, O*NET Ability Profiler, Test for Adult Basic Education (TABE), Skillscan, WorkKeys)     |                  |  |  |  |
| Interest measures (for example, Campbell Interest and Skills Survey, Holland Self-Assessment Interest Survey, O*NET Interest Profile | r, My Next Move) |  |  |  |
| ✓ Work and personal values measures (for example, COPSystem, CareerScope)  |                  |  |  |  |
| Personality inventories (for example, Human Metrics, Keirsey Temperament Sorter, Myers-Briggs Type Indicator)                        |                  |  |  |  |
| Occupation-specific assessments (for example, Provelt!, JobFit)  |                  |  |  |  |
| Other type(s) of additional assessment (specify)   |                  |  |  |  |
|  |                  |  |  |  |
| Policy and guidance specify different types of additional assessments  |                  |  |  |  |
|  |                  |  |  |  |
| << BACK NEXT >>  |                  |  |  |  |



| How do the policy and guidance about the types of assessments differ from one another? |         |         |  |  |  |
|--|---------|---------|--|--|--|
|  |         |         |  |  |  |
|  |         |         |  |  |  |
|  |         |         |  |  |  |
|  |         |         |  |  |  |
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Which assessment tool or tools are specified by policy or guidance?

Select all that apply

| ▼ Participant background assessment tool developed by or for the State, territory, or provider |
|--|
| ☐ Needs and barrier assessment tool developed by or for the State, territory or provider       |
| ☐ Career Orientation Inventory (COI)   |
| ☐ Holland Self-Assessment Interest Survey  |
| ☐ CareerScope  |
| ✓ Self-Directed Search (SDS)   |
| ✓ WorkKeys   |
| ✓ Keirsey Temperament Sorter   |
| Comprehensive Adult Student Assessment System (CASAS)  |
| ☐ Human Metrics  |
| Proveit!   |
| ☐ Acuplacer  |
| ☐ Candidate Physical Ability Test  |
| ☐ World of Work Inventory (WOWI)   |
| ✓ O*NET Interest Profiler  |
| ☐ When I Grow Up   |
| ☐ Test for Adult Basic Education (TABE)  |
| ☐ Skillscan  |
| ☐ Myers-Briggs Type Indicator  |
| Campbell Interest and Skills Survey  |
| O*NET Ability Profiler   |
| ☐ JobFit   |
| □ COPSystem  |
| ☐ My Next Move   |
| Other tool or tools (specify)  |
|  |
| Policy and guidance specify different assessment tools   |



| How do the policy and guidance about which assessment tools to use differ from one another? |         |         |  |  |  |
|---|---------|---------|--|--|--|
|   |         |         |  |  |  |
|   |         |         |  |  |  |
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In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified in policy and guidance or from provider to provider.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers is using the following tools for additional assessments?

|  | 1-24% | 25-49% | 50-74% | 75-100% | Not<br>currently<br>offered | Don't<br>know |
|--|-------|--------|--------|---------|-----------------------------|---------------|
| Participant background assessment tool developed by or for the State, territory, or provider | 0     | 0      | 0      | 0       | 0                           | 0             |
| Needs and barrier assessment tool developed by or for the State, territory or provider       | 0     | 0      | 0      | 0       | 0                           | 0             |
| Career Orientation Inventory (COI)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Holland Self-Assessment Interest Survey  | 0     | 0      | 0      | 0       | 0                           | 0             |
| CareerScope  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Self-Directed Search (SDS)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| WorkKeys   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Keirsey Temperament Sorter   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Comprehensive Adult Student Assessment System (CASAS)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Human Metrics  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Proveit!   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Acuplacer  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Candidate Physical Ability Test  | 0     | 0      | 0      | 0       | 0                           | 0             |
| World of Work Inventory (WOWI)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| O*NET Interest Profiler  | 0     | 0      | 0      | 0       | 0                           | 0             |
| When I Grow Up   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Test for Adult Basic Education (TABE)  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Skillscan  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Myers-Briggs Type Indicator  | 0     | 0      | 0      | 0       | 0                           | 0             |
| Campbell Interest and Skills Survey  | 0     | 0      | 0      | 0       | 0                           | 0             |
| O*NET Ability Profiler   | 0     | 0      | 0      | 0       | 0                           | 0             |
| JobFit   | 0     | 0      | 0      | 0       | 0                           | 0             |
| COPSystem  | 0     | 0      | 0      | 0       | 0                           | 0             |
| My Next Move   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | 0                           | 0             |
| Other tool (specify)   | 0     | 0      | 0      | 0       | 0                           | 0             |



| What entities are responsible for conducting additional assessments of SNAP E&T participants? |                                     |                           |  |  |  |
|---|-------------------------------------|---------------------------|--|--|--|
| Select all that apply   |                                     |                           |  |  |  |
| ☐ Local SNAP office   |                                     |                           |  |  |  |
| Community college   |                                     |                           |  |  |  |
| ☐ Workforce Innovation & Opportunity Act (WIOA) ag  | gency or other Department of Labor- | funded workforce programs |  |  |  |
| Community-based organization  |                                     |                           |  |  |  |
| Adult Basic Education (ABE) provider  |                                     |                           |  |  |  |
| Other (specify)   |                                     |                           |  |  |  |
|   |                                     |                           |  |  |  |
| ○ No entities   |                                     |                           |  |  |  |
|   |                                     |                           |  |  |  |
|   |                                     |                           |  |  |  |
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| Among most local SNAP offices or E&T providers, which   | h types of staff conduct ad | ditional assessments of SNAP E | &T participants |
|---|-----------------------------|--------------------------------|-----------------|
| Select all that apply   |                             |                                |                 |
| SNAP agency eligibility worker  |                             |                                |                 |
| SNAP agency E&T worker  |                             |                                |                 |
| Provider staff who provide case management to only SNA  | P E&T participants          |                                |                 |
| Provider staff who provide case management to participar  | nts from multiple programs  |                                |                 |
| ☐ Trainers or facilitators who are not also case managers   |                             |                                |                 |
| Certified professionals (for example, certified to provide the certified to provide the certified professionals). | e Myers-Briggs assessment)  |                                |                 |
| Other staff (specify)   |                             |                                |                 |
|   |                             |                                |                 |
| O Not applicable  |                             |                                |                 |
|   |                             |                                |                 |
|   | << BACK                     | NEXT >>                        |                 |



| Among most local SNAP offices or E&T providers, what is the expected timing of additional assessments of SNAP E&T participants? |
|---|
| Select all that apply   |
| ☐ During eligibility interview after client is determined eligible for or referable to SNAP E&T                                 |
| ☐ During first meeting with an E&T case manager at a local SNAP office or E&T provider  |
| ☐ During another meeting with an E&T case manager that is not the first meeting   |
| ☐ During SNAP E&T orientation held at local SNAP office   |
| ☐ During SNAP E&T orientation held at SNAP E&T provider   |
| On a regular basis, for example monthly or quarterly  |
| Before being referred to a service component  |
| After completing a service component  |
| At the discretion of the case manager   |
| Other timing (specify)  |
|   |
| ○ Not applicable  |
|   |
| NEVT >>   |



## SELECTION AND USE OF ASSESSMENTS

The next questions ask about whether your agency provides either **policy** or **guidance** to local SNAP offices or E&T providers on how to select and use assessments with SNAP E&T participants.

By *policy,* we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

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If multiple assessment tools are available to case managers, does your agency provide **policy** or **guidance** that specifies how case managers should select among these tools to identify the most appropriate one for each SNAP E&T participant?

| ○ Yes, policy only                          |         |         |   |  |
|---|---------|---------|---|--|
| Yes, guidance only                          |         |         |   |  |
| Yes, policy and guidance                    |         |         |   |  |
| No, neither policy nor guidance             |         |         |   |  |
| Multiple assessment tools are not available |         |         |   |  |
|   |         |         |   |  |
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| How does policy or guidance specify case manage         | ers select among multiple assess       | ment tools?                   |                        |  |
|---|--|-------------------------------|------------------------|--|
| Select all that apply                                   |  |                               |                        |  |
| Personal case manager preference or discretion          |  |                               |                        |  |
| Based on participant interest areas, barriers, and so a | on                                     |                               |                        |  |
| Using guidance provided by the provider                 |  |                               |                        |  |
| ✓ Based on assessment required by the program or co     | mponent the participant is intereste   | d in                          |                        |  |
| Other method (specify)                                  |  |                               |                        |  |
| Policy or guidance gives local SNAP offices or E&T p    | roviders flexibility in deciding how c | ase managers select among mul | tiple assessment tools |  |
| Policy and guidance differ on how case managers sh      | ould select among multiple assessm     | ent tools                     |                        |  |
|   |  |                               |                        |  |
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| How do policy and guidance differ from one anoteach SNAP E&T participant? | ther on how case managers sele | ct among multiple assessment | tools to identify the most appropriate one for |  |
|---|--------------------------------|------------------------------|--|--|
|   |                                |                              |  |  |
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Does policy or guidance specify that SNAP E&T participants complete or pass an assessment before beginning the following E&T components?

|   | Yes,<br>participants<br>must<br>complete<br>an<br>assessment | Yes,<br>participants<br>must <i>pass</i><br>an<br>assessment | Policy or guidance gives the office or provider discretion to decide if participants must complete or pass an assessment | No, neither<br>policy nor<br>guidance<br>require an<br>assessment | Don't<br>know |
|---|--|--|--|---|---------------|
| Supervised job search   | 0  | 0  | 0  | 0   | 0             |
| Job search training   | 0  | 0  | 0  | 0   | 0             |
| Education programs (includes basic/foundational skills instruction; career/technical education programs or other vocational training; English language acquisition; integrated education and training/bridge programs; and work readiness training) | 0  | 0  | 0  | 0   | 0             |
| Self-employment training  | 0  | 0  | 0  | 0   | 0             |
| Work-based learning (includes internship; on-the-job training; subsidized employment; and apprenticeships)  | 0  | 0  | 0  | 0   | 0             |
| Work experience   | 0  | 0  | 0  | 0   | 0             |
| Workfare  | 0  | 0  | 0  | 0   | 0             |
| Job retention   | 0  | 0  | 0  | 0   | 0             |
| Other (specify)   | 0  | 0  | 0  | 0   | 0             |

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| If policy and guidance differ from one anoth please specify how. | ner on whether SNAP E&T participants | complete or pass an assessme | nt before beginning any of the E&T components, |
|--|--------------------------------------|------------------------------|--|
|  |                                      |                              |  |
|  |                                      |                              |  |
|  |                                      |                              |  |
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Does your agency provide policy or guidance on how case managers or other staff should use the results of assessments to match SNAP E&T participants to activities, components, and participant reimbursements or other support services?

O Yes, policy only
O Yes, guidance only
O Yes, policy and guidance
O No, neither policy nor guidance

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| How does policy or guidance direct case managers or other staff to use the results of assessments?  |
|---|
| Select all that apply   |
| Use to inform the development of an individualized plan (for example, individualized services plan or individualized employment plan)       |
| Use in a discussion between the case manager or other staff and participant about service interests and needs                               |
| Use to identify the programs or components for which a participant is eligible or qualified   |
| Use to identify participant reimbursements or support services needs or qualification   |
| Other uses (specify)  |
|   |
| Policy or guidance gives local SNAP offices or E&T providers flexibility in how case managers or other staff use the results of assessments |
| ☐ Policy and guidance differ on how case managers use the results of assessments  |
|   |
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Is there anything about your agency's approach to assessment for SNAP E&T participants that you would like to highlight as innovative or unique (for example, assessment tool, use of evidence-based practice)?

| <b>○</b> Yes |         |         |
|--------------|---------|---------|
| ○ No         |         |         |
|              |         |         |
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| Please describe what about your agency's approach to assessment for SNAP E&T participants that you would like to highlight as innovative or unique. |         |         |  |  |  |  |
|---|---------|---------|--|--|--|--|
|   |         |         |  |  |  |  |
|   |         |         |  |  |  |  |
|   |         |         |  |  |  |  |
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In addition to your responses to this survey section, please submit one initial assessment tool by email. See instructions below. We will also email you these instructions.

To better understand the types of assessment that are being provided in SNAP E&T programs, we are collecting assessment tools that States and territories use. Please email us one initial assessment tool commonly used in [State name] to assess SNAP E&T participants' needs and/or work readiness after they are referred to the program. We understand that you might need to reach out to an E&T provider for a copy of an assessment tool. The tool you select should:

- Be an initial assessment tool that assesses participants' needs, work readiness, or both. This would be the first assessment the participant would take after being referred to E&T. It might assess educational attainment, work experience, basic skills, barriers to employment, or service needs.
- Be the most commonly used initial assessment tool in your State or territory, either by the number of local SNAP offices or E&T providers that use it or the number of participants who take it.
- NOT be a purchased, propriety aptitude or interest inventory assessment like CASAS or ACT WorkKeys.

Please email a PDF or Microsoft Word version of your assessment tool to [fill study email address] within one week. In your email, please include a brief explanation of (1) how the assessment is used, (2) who administers it, and (3) when in the process it is administered.

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| Thank you for completing this survey section<br>State or territory, please share it in the box | -       | you would like to share about a | ssessments of SNAP E&T participants in your |
|--|---------|---------------------------------|---|
|  |         |                                 |   |
|  |         |                                 |   |
|  |         |                                 |   |
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## SECTION 3: PARTICIPANT REIMBURSEMENTS AND SUPPORT SERVICES

This section of the survey asks about the policies or guidance your State or territory provides to local offices or providers about participant reimbursements and support services for SNAP E&T participants. You will also be asked to provide data on the total amount paid in participant reimbursements and the total number of participants receiving reimbursements.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

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What participant reimbursements are available to SNAP E&T participants in your State or territory?

|  | ALL participants | Available to<br>SOME<br>participants<br>who qualify | Not<br>available |
|--|------------------|---|------------------|
| Child care vouchers or funds   | 0                | 0   | 0                |
| Other child care assistance (for example, referrals to child care agency)                              | 0                | 0   | 0                |
| Other dependent care (for example, elder care)   | 0                | 0   | 0                |
| Transportation assistance (for example, bus passes, gas cards)   | 0                | 0   | 0                |
| Auto repair  | 0                | 0   | 0                |
| Books or other supplies for classes  | 0                | 0   | 0                |
| Course tuition/fees  | 0                | 0   | 0                |
| Fees associated with tests, licensing, or credentialing  | 0                | 0   | 0                |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0                | 0   | 0                |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0                | 0   | 0                |
| Personal hygiene or grooming supplies  | 0                | 0   | 0                |
| Health, dental, or eye care  | 0                | 0   | 0                |
| Rent/housing assistance  | 0                | 0   | 0                |
| Expenses associated with obtaining ID or other documentation   | 0                | 0   | 0                |
| Legal services   | 0                | 0   | 0                |
| Other (specify)  | 0                | 0   | 0                |

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| Vhat entities are responsible for providing participant reimbursements to SNAP E&T participants?              |
|---|
| elect all that apply  |
| ☐ Local SNAP office   |
| Community college   |
| ☐ Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce programs |
| Community-based organization  |
| Adult Basic Education (ABE) provider  |
| Other (specify)   |
|   |
|   |
|   |
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| Does your agency provide <b>policy</b> or <b>guidance</b> on how SNAP E&T participants are informed of available participant reimbursements (for example, who does the informing and at what point after referral to E&T)? |
|--|
| ○ Yes, policy only   |
| ○ Yes, guidance only   |
| ○ Yes, policy and guidance   |
| O No, neither policy nor guidance  |
|  |

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Which staff are directed by policy or guidance to inform SNAP E&T participants of available reimbursements?

Select all that apply

SNAP eligibility worker

Local SNAP office staff (other than eligibility worker)

Case manager

SNAP E&T provider staff (other than case manager)

Other staff (specify)

Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding which staff inform participants of available participant reimbursements

Policy and guidance differ on which staff inform participants of available participant reimbursements



| When does policy or guidance direct those staff to inform SNAP E&T participants of available participant reimbursements?                            |                               |   |                 |  |                |  |
|---|-------------------------------|---|-----------------|--|----------------|--|
| If applicable, select from the first two boxes below. If the statements do not apply, then move directly to completing the table.                   |                               |   |                 |  |                |  |
| O Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding when   | staff inform p                | articipants of available reimbur                        | sements         |  |                |  |
| O Policy and guidance differ on when participants are informed of available participant rei   | imbursements                  |   |                 |  |                |  |
|   | SNAP<br>eligibility<br>worker | Local SNAP office staff (other than eligibility worker) | Case<br>manager | SNAP E&T provider staff<br>(other than case manager) | Other<br>staff |  |
| During the certification or referral process  |                               |   |                 |  |                |  |
| During SNAP E&T orientation   |                               |   |                 |  |                |  |
| At intake (after referral to E&T)   |                               |   |                 |  |                |  |
| When staff person or assessment uncovers a need or barrier  |                               |   |                 |  |                |  |
| When participant expresses a need or barrier  |                               |   |                 |  |                |  |
| When participant provides evidence of a need or barrier (for example, documenting that the participant lives X miles from the provider or employer) |                               |   |                 |  |                |  |
| Other (specify)   |                               |   |                 |  |                |  |
|   |                               | ,   |                 |  |                |  |

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| How do policy and guidance differ from one another on how staff (which staff and when) inform SNAP E&T participants of available participant reimbursements? |         |         |  |  |  |
|--|---------|---------|--|--|--|
|  |         |         |  |  |  |
|  |         |         |  |  |  |
|  |         |         |  |  |  |
|  |         |         |  |  |  |
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In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified by policy or guidance.

To the best of your understanding, in practice, which staff inform most SNAP E&T participants of available participant reimbursements?

| Select all that apply                                   |         |         |   |  |
|---|---------|---------|---|--|
| Select all that apply                                   |         |         |   |  |
| SNAP eligibility worker                                 |         |         |   |  |
| Local SNAP office staff (other than eligibility worker) |         |         |   |  |
| Case manager  |         |         |   |  |
| SNAP E&T provider staff (other than case manager)       |         |         |   |  |
| Other staff (specify)                                   |         |         |   |  |
|   |         |         |   |  |
|   |         |         |   |  |
|   |         |         | 1 |  |
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To the best of your understanding, in practice, when do those staff inform most SNAP E&T participants of available participant reimbursements?

Select all that apply per row

|   | SNAP<br>eligibility<br>worker | Local SNAP office staff<br>(other than eligibility<br>worker) | Case<br>manager | SNAP E&T provider staff<br>(other than case<br>manager) | Other staff | Most participants<br>not informed at this<br>time |
|---|-------------------------------|---|-----------------|---|-------------|---|
| During the certification or referral process  |                               |   |                 |   |             | 0   |
| During SNAP E&T orientation   |                               |   |                 |   |             | 0   |
| At intake (after referral to E&T)   |                               |   |                 |   |             | 0   |
| When staff person or assessment uncovers a need or barrier  |                               |   |                 |   |             | 0   |
| When participant expresses a need or barrier  |                               |   |                 |   |             | 0   |
| When participant provides evidence of a need or barrier (for example, documenting that the participant lives X miles from the provider or employer) |                               |   |                 |   |             | 0   |
| Other (specify)   |                               |   |                 |   |             | 0   |

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| Does your agency provide <b>policy</b> or <b>guidance</b> the kind assistance.) | at specifies a method for particip | pant reimbursements to SNAP | E&T participants? (For example | e, vouchers or in |
|---|------------------------------------|-----------------------------|--------------------------------|-------------------|
| Yes, policy only  |                                    |                             |                                |                   |
| Yes, guidance only  |                                    |                             |                                |                   |
| Yes, policy and guidance  |                                    |                             |                                |                   |
| No, neither policy nor guidance   |                                    |                             |                                |                   |
|   |                                    |                             |                                |                   |
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| Which method does policy or guidance specify fo        | or participant reimbursements?           |                                     |
|--|--|-------------------------------------|
| Select all that apply                                  |  |                                     |
| Cash   |  |                                     |
| ☐ Voucher(s) (for example, child care voucher or gas o | card)                                    |                                     |
| Reimbursement (for example, check to participant)      | for expenses paid by participant         |                                     |
| ☐ In-kind assistance (for example, work clothing or su | ipplies directly provided)               |                                     |
| ☐ Varies by type of participant reimbursement          |  |                                     |
| Other format (specify)                                 |  |                                     |
|  |  |                                     |
| Policy or guidance gives local SNAP offices or E&T     | providers flexibility in deciding the fo | rmat for participant reimbursements |
| Policy and guidance specify different methods for p    | participant reimbursements               |                                     |
|  |  |                                     |
|  |  |                                     |
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| How do policy and guidance about the method | s for participant reimbursements | differ from one another? |  |
|---|----------------------------------|--------------------------|--|
|   |                                  |                          |  |
|   |                                  |                          |  |
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| Does your agency provide participants information   | on about participant reimburseme         | ents in writing? |
|---|--|------------------|
| Select all that apply                               |  |                  |
| Yes, in a notice sent to participants               |  |                  |
| Yes, in an E&T brochure or flyer                    |  |                  |
| Yes, on a website                                   |  |                  |
| Yes, on a poster                                    |  |                  |
| Yes, in another written format (specify)            |  |                  |
|   |  |                  |
| ○ No  |  |                  |
| Local SNAP offices or E&T providers have discretion | n to provide this information to partici | pants in writing |
|   |  |                  |
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|   | - BACK                                   | NEXT >>          |



Does your agency set a cap on the value of any single participant reimbursement a SNAP E&T participant can receive? A cap is the maximum value of reimbursements a participant can receive within a certain time frame or by type of service.

For example, a program may cap the reimbursement for a single car repair at \$500, but may allow a participant to receive that reimbursement more than once.

| <b>○</b> Yes |         |         |
|--------------|---------|---------|
| ○ No         |         |         |
|              |         |         |
|              | << BACK | NEXT >> |



Please indicate any caps on any single reimbursement.

|  | Under \$50 | \$50-\$100 | \$101-\$250 | \$251-\$500 | \$501-<br>\$1,000 | Over<br>\$1,000 | No cap or<br>limit | Other cap (specify) |
|--|------------|------------|-------------|-------------|-------------------|-----------------|--------------------|---------------------|
| Individual caps for each participant reimbursement   |            |            |             |             |                   |                 |                    |                     |
| Child care vouchers or funds   | 0          | 0          | 0           | 0           | $\circ$           | 0               | 0                  |                     |
| Other child care assistance (for example, referrals to child care agency)                              | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other dependent care (for example, elder care)   | 0          | 0          | 0           | 0           | $\circ$           | 0               | 0                  |                     |
| Transportation assistance (for example, bus passes, gas cards)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Auto repair  | 0          | 0          | 0           | 0           | $\circ$           | 0               | 0                  |                     |
| Books or other supplies for classes  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Course tuition/fees  | 0          | 0          | 0           | 0           | $\circ$           | 0               | 0                  |                     |
| Fees associated with tests, licensing, or credentialing  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Personal hygiene or grooming supplies  | 0          | 0          | 0           | 0           | $\circ$           | 0               | 0                  |                     |
| Health, dental, or eye care  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Rent/housing assistance  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Expenses associated with obtaining ID or other documentation   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Legal services   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other (specify)  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Combined cap for all participant reimbursements  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |



Does your agency set a **monthly** cap on the value of any participant reimbursement a SNAP E&T participant can receive? A cap is the maximum value of reimbursements a participant can receive within a certain time frame or by type of service.





Please indicate any monthly caps.

|  | Under \$50 | \$50-\$100 | \$101-\$250 | \$251-\$500 | \$501-<br>\$1,000 | Over<br>\$1,000 | No cap or<br>limit | Other cap (specify) |
|--|------------|------------|-------------|-------------|-------------------|-----------------|--------------------|---------------------|
| Individual caps for each participant reimbursement   |            |            |             |             |                   |                 |                    |                     |
| Child care vouchers or funds   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other child care assistance (for example, referrals to child care agency)                              | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other dependent care (for example, elder care)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Transportation assistance (for example, bus passes, gas cards)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Auto repair  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Books or other supplies for classes  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Course tuition/fees  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Fees associated with tests, licensing, or credentialing  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Personal hygiene or grooming supplies  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Health, dental, or eye care  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Rent/housing assistance  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Expenses associated with obtaining ID or other documentation   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Legal services   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other (specify)  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Combined cap for all participant reimbursements  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |



Does your agency set an **annual** cap on the value of any participant reimbursement a SNAP E&T participant can receive? A cap is the maximum value of reimbursements a participant can receive within a certain time frame or by type of service.

| O Yes |         |         |  |
|-------|---------|---------|--|
| ○ No  |         |         |  |
|       |         |         |  |
|       |         |         |  |
|       | << BACK | NEXT >> |  |



Please indicate any annual caps.

|  | Under \$50 | \$50-\$100 | \$101-\$250 | \$251-\$500 | \$501-<br>\$1,000 | Over<br>\$1,000 | No cap or<br>limit | Other cap (specify) |
|--|------------|------------|-------------|-------------|-------------------|-----------------|--------------------|---------------------|
| Individual caps for each participant reimbursement   |            |            |             |             |                   |                 |                    |                     |
| Child care vouchers or funds   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other child care assistance (for example, referrals to child care agency)                              | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other dependent care (for example, elder care)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Transportation assistance (for example, bus passes, gas cards)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Auto repair  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Books or other supplies for classes  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Course tuition/fees  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Fees associated with tests, licensing, or credentialing  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Personal hygiene or grooming supplies  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Health, dental, or eye care  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Rent/housing assistance  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Expenses associated with obtaining ID or other documentation   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Legal services   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other (specify)  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Combined cap for all participant reimbursements  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |



Does your agency set a **lifetime** cap on the value of any participant reimbursement a SNAP E&T participant can receive? A cap is the maximum value of reimbursements a participant can receive within a certain time frame or by type of service.





Please indicate any lifetime caps.

|  | Under \$50 | \$50-\$100 | \$101-\$250 | \$251-\$500 | \$501-<br>\$1,000 | Over<br>\$1,000 | No cap or<br>limit | Other cap (specify) |
|--|------------|------------|-------------|-------------|-------------------|-----------------|--------------------|---------------------|
| Individual caps for each participant reimbursement   |            |            |             |             |                   |                 |                    |                     |
| Child care vouchers or funds   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other child care assistance (for example, referrals to child care agency)                              | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other dependent care (for example, elder care)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Transportation assistance (for example, bus passes, gas cards)   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Auto repair  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Books or other supplies for classes  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Course tuition/fees  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Fees associated with tests, licensing, or credentialing  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Personal hygiene or grooming supplies  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Health, dental, or eye care  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Rent/housing assistance  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Expenses associated with obtaining ID or other documentation   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Legal services   | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Other (specify)  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |
| Combined cap for all participant reimbursements  | 0          | 0          | 0           | 0           | 0                 | 0               | 0                  |                     |

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What qualifications, if any, does your agency place on the following participant reimbursements?

Select all that apply per row

|  | Participant<br>must be<br>employed | Participant must<br>meet attendance<br>requirement(s) | Participant must be in<br>compliance with other SNAP<br>E&T program requirements | Participant reimbursement must not be<br>available to participant through another<br>program or source | Other qualification (specify) | No<br>qualifications |
|--|------------------------------------|---|--|--|-------------------------------|----------------------|
| Child care vouchers or funds   |                                    |   |  |  |                               | 0                    |
| Other child care assistance (for example, referrals to child care agency)                              |                                    |   |  |  |                               | 0                    |
| Other dependent care (for example, elder care)   |                                    |   |  |  |                               | 0                    |
| Transportation assistance (for example, bus passes, gas cards)   |                                    |   |  |  |                               | 0                    |
| Auto repair  |                                    |   |  |  |                               | 0                    |
| Books or other supplies for classes  |                                    |   |  |  |                               | 0                    |
| Course tuition/fees  |                                    |   |  |  |                               | 0                    |
| Fees associated with tests, licensing, or credentialing  |                                    |   |  |  |                               | 0                    |
| Uniforms, work or interview clothing, tools, or other work equipment                                   |                                    |   |  |  |                               | 0                    |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) |                                    | 0   |  |  |                               | 0                    |
| Personal hygiene or grooming supplies  |                                    |   |  |  |                               | 0                    |
| Health, dental, or eye care  |                                    |   |  |  |                               | 0                    |
| Rent/housing assistance  |                                    |   |  |  |                               | 0                    |
| Expenses associated with obtaining ID or other documentation   |                                    |   |  |  |                               | 0                    |
| Legal services   |                                    |   |  |  |                               | 0                    |
| Other (specify)  |                                    |   |  |  |                               | 0                    |

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In FY 2020, roughly what share of SNAP E&T participants received each of the following participant reimbursements?

|  | None | 1-24% | 25-49% | 50-74% | 75-100% | Don't<br>know |
|--|------|-------|--------|--------|---------|---------------|
| Child care vouchers or funds   | 0    | 0     | 0      | 0      | 0       | 0             |
| Other child care assistance (for example, referrals to child care agency)                              | 0    | 0     | 0      | 0      | 0       | 0             |
| Other dependent care (for example, elder care)   | 0    | 0     | 0      | 0      | 0       | 0             |
| Transportation assistance (for example, bus passes, gas cards)   | 0    | 0     | 0      | 0      | 0       | 0             |
| Auto repair  | 0    | 0     | 0      | 0      | 0       | 0             |
| Books or other supplies for classes  | 0    | 0     | 0      | 0      | 0       | 0             |
| Course tuition/fees  | 0    | 0     | 0      | 0      | 0       | 0             |
| Fees associated with tests, licensing, or credentialing  | 0    | 0     | 0      | 0      | 0       | 0             |
| Uniforms, work or interview clothing, tools, or other work equipment                                   | 0    | 0     | 0      | 0      | 0       | 0             |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting) | 0    | 0     | 0      | 0      | 0       | 0             |
| Personal hygiene or grooming supplies  | 0    | 0     | 0      | 0      | 0       | 0             |
| Health, dental, or eye care  | 0    | 0     | 0      | 0      | 0       | 0             |
| Rent/housing assistance  | 0    | 0     | 0      | 0      | 0       | 0             |
| Expenses associated with obtaining ID or other documentation   | 0    | 0     | 0      | 0      | 0       | 0             |
| Legal services   | 0    | 0     | 0      | 0      | 0       | 0             |
| Other (specify)  | 0    | 0     | 0      | 0      | 0       | 0             |

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| In FY 2020, what was t | he total amount your agency paid in participant reimbursements to SNAP E&T participants? |
|------------------------|--|
| Total \$               | .00  |

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|--|----------------------------------|---------------|
|  |                                  |               |
| Number of SNAP E&T participants                |                                  |               |
| In FY 2020, how many SNAP E&T participants rec | eived at least one participant r | eimbursement? |



| In FY 2020, approximately what share of work registrants were exempted from participating in necessary participant reimbursements? | SNAP E&T because your agency was unable to provide them the |
|--|---|
| ○ None   |   |
| O 1-24%  |   |
| O 25-49%   |   |
| O 50-74%   |   |
| O 75-100%  |   |
| O Not applicable   |   |
| O Don't know   |   |
|  |   |
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## SUPPORT SERVICES

In addition to participant reimbursements, case managers might provide or refer participants to other support services. The next questions ask about these additional support services.

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Roughly what share of local SNAP offices or E&T providers offer the following additional support services (including referrals) to SNAP E&T participants?

|  | None | 1-24% | 25-49% | 50-74% | 75-100% | Don't<br>know |
|--|------|-------|--------|--------|---------|---------------|
| Child care vouchers or funds   | 0    | 0     | 0      | 0      | 0       | 0             |
| Other child care assistance (for example, referrals to child care agency)  | 0    | 0     | 0      | 0      | 0       | 0             |
| Other dependent care (for example, elder care)   | 0    | 0     | 0      | 0      | 0       | 0             |
| Transportation assistance (for example, bus passes, gas cards)   | 0    | 0     | 0      | 0      | 0       | 0             |
| Auto repair  | 0    | 0     | 0      | 0      | 0       | 0             |
| Books or other supplies for classes  | 0    | 0     | 0      | 0      | 0       | 0             |
| Course tuition/fees  | 0    | 0     | 0      | 0      | 0       | 0             |
| Fees associated with tests, licensing, or credentialing  | 0    | 0     | 0      | 0      | 0       | 0             |
| Tutoring   | 0    | 0     | 0      | 0      | 0       | 0             |
| Uniforms, work or interview clothing, tools, or other work equipment   | 0    | 0     | 0      | 0      | 0       | 0             |
| Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)               | 0    | 0     | 0      | 0      | 0       | 0             |
| Health, dental, or eye care  | 0    | 0     | 0      | 0      | 0       | 0             |
| Mental health, substance abuse, or domestic violence services  | 0    | 0     | 0      | 0      | 0       | 0             |
| Rent/housing assistance  | 0    | 0     | 0      | 0      | 0       | 0             |
| Assistance applying for other government benefits  | 0    | 0     | 0      | 0      | 0       | 0             |
| Expenses associated with obtaining ID or other documentation   | 0    | 0     | 0      | 0      | 0       | 0             |
| Legal services   | 0    | 0     | 0      | 0      | 0       | 0             |
| Services for participants' children or other family members (for example, services to address child behavior issues) | 0    | 0     | 0      | 0      | 0       | 0             |
| Other (specify)  | 0    | 0     | 0      | 0      | 0       | 0             |

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To the best of your understanding, among most local SNAP offices or E&T providers, which staff inform SNAP E&T participants of available additional support services?

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|-------|---|
|       |   |
|       |   |
|       | Other staff (specify)                                   |
|       | SNAP E&T provider staff (other than case manager)       |
|       | Case manager  |
|       | Local SNAP office staff (other than eligibility worker) |
|       | SNAP eligibility worker                                 |
| Selec | t all that apply  |



Among most local SNAP offices or E&T providers, when do those staff inform SNAP E&T participants of available additional support services?

Select all that apply per row

|   | SNAP<br>eligibility<br>worker | Local SNAP office staff<br>(other than eligibility<br>worker) | Case<br>manager | SNAP E&T provider staff<br>(other than case manager) | Other<br>staff | Most participants<br>not informed at this<br>time |
|---|-------------------------------|---|-----------------|--|----------------|---|
| During the certification or referral process  |                               |   |                 |  |                | 0   |
| During SNAP E&T orientation   |                               |   |                 |  |                | 0   |
| At intake (after referral to E&T)   |                               |   |                 |  |                | 0   |
| When staff person or assessment uncovers a need or barrier  |                               |   |                 |  |                | 0   |
| When participant expresses a need or barrier  |                               |   |                 |  |                | 0   |
| When participant provides evidence of a need or barrier (for example, documenting that the participant lives X miles from the provider or employer) |                               |   |                 |  |                | 0   |
| Other (specify)   |                               |   |                 |  |                | 0   |

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| Is there anything about your agency's approach to providing participant reimbursements or other support services for SNAP E&T participants that you would like |
|--|
| to highlight as innovative or unique (for example, services provided, use of evidence-based practice)?   |
|  |

O Yes

O No

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| Please describe what about your agency's approallike to highlight as innovative or unique. | ach to providing participant reim | bursements or other support se | ervices for SNAP E&T participants that you | would |
|--|-----------------------------------|--------------------------------|--|-------|
|  |                                   |                                |  |       |
|  |                                   |                                |  |       |
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| Thank you for completing this survey section. If you services for SNAP E&T participants in your State of |         |         | articipant reimbursements or other support |  |
|--|---------|---------|--|--|
|  |         |         |  |  |
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