Appendix P. Survey reminder email 6

OMB No. 0584-[NEW]

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

August 8, 2021

Project Officer: Kristen Corey

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

OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

SURVEY OF SNAP E&T CASE MANAGEMENT

Survey reminder email 6: Nudge email to SNAP director (other respondents' sections incomplete)

To: SNAP director

When: Weeks 6, 10, and 14

Subject: Notice – Incomplete Survey of SNAP E&T Case Management

Dear [Name of State SNAP director],

Thank you for beginning the Survey of SNAP E&T Case Management! We hope that [State/territory name] can complete the survey as soon as possible. Here are the sections of your survey that are still incomplete:

[Fill only incomplete sections]

Section	Assigned to
Case management	[fill resp2]
Assessments	[fill resp3]
Participant reimbursements and support services	[fill resp4]

Please remind these staff to complete their assigned section as soon as possible. They can access the survey at [fill unique State web survey URL]. If they are unable to complete the survey online, they can call us at [fill study toll-free number] during the hours of 9:00 a.m. to 5:00 p.m. Eastern Time to complete the survey over the phone. If they are unable to complete the survey online or over the phone, they may complete the PDF version [hyperlink to PDF] and return the completed survey to [fill study email address].

As a reminder, participation in this study is voluntary. Be assured that there will be no penalties if you decide not to respond, either to the information collection as a whole or to any particular questions. The information you provide will be private and will not be maintained or disclosed in identifiable form to anyone, except as otherwise required by law. The information [State/territory name] provides will be used to inform best practices to support SNAP E&T programs across the country. It will also be included in a [State name] profile as part of the study's final report. If we do not receive a completed survey, [State name]'s profile published in the study's final report will be missing important information.

If you wish to change the staff assigned to complete a survey section, please let us know!

If you have any questions or concerns, please contact the Mathematica study team at [fill study email address]. Thank you for your time and your participation in this important study!

OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

Sincerely,

Kristen Joyce Project Director, Survey of SNAP E&T Case Management

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 2 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.