

# **Appendix U. Study team recruitment email for survey**

OMB No. 0584-[NEW]

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

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**Project Officer: Kristen Corey**

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

# SURVEY OF SNAP E&T CASE MANAGEMENT

## Study team recruitment email for survey

Subject: Welcome to the FNS Survey of SNAP E&T Case Management

Dear [Name of SNAP director],

We are following up with you about the Survey of SNAP E&T Case Management study Kathryn Law, Director of SNAP Research and Analysis Division, Food and Nutrition Service (FNS) [or whomever is sending the email for FNS] recently described in an email sent to you on [fill date]. I am from Mathematica, and we are conducting this important survey for FNS to better understand the policies and guidance all 53 SNAP agencies provide about case management in their SNAP Employment and Training (E&T) programs as well as conducting assessments and delivering participant reimbursements and other supports after referral to E&T. Please see the attached study description for more details. As part of this study, on behalf of FNS, Mathematica is conducting a survey of all 53 SNAP agencies. **This email provides instructions for how you can complete the online survey.**

### About the survey

The survey will take about 45 minutes in total to complete. The introduction asks a few basic questions about [State name]'s SNAP E&T program and provides an overview of the three survey sections to allow you to assign other staff to complete those sections. The three survey sections are:

1. *Case management*: Asks questions about the types of case management services provided to SNAP E&T participants, the intensity and frequency of case manager-participant interactions, and your State's response to the 2018 Farm Bill case management requirement.
2. *Assessment*: Asks questions about how [State name] assesses SNAP E&T participants after they are referred to E&T, which assessments are used, when assessments are conducted, and how the assessment results are used. We also ask as part of this section that your agency provide a copy of a commonly used initial assessment tool to the study team. Instructions for doing so will be included in the section.
3. *Participant reimbursements and support services*: Ask questions about participant reimbursements and other support services available to participants, how participants are made aware of and connected to them, and the take up rates of participant reimbursements.

### Complete the survey

**To complete the survey, please visit [fill unique State web survey URL].**

**Please complete the survey by [fill date that is three weeks after email date].**

We have attached a PDF of the full survey to this email so you can review the questions in advance.

If you are unable to complete the survey online, please call us at [fill study toll-free number] during the hours of 9:00 am - 5:00 pm ET to complete the survey over the phone. If you are unable to complete the survey online or over the phone, you may complete it as a fillable PDF and return the completed survey to [fill study email address].

### **Questions?**

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.

If you have any questions or concerns about the survey, please contact the Mathematica study team at [fill study email address]. The FNS project officer, Kristen Corey, can be reached at [kristen.corey@usda.gov](mailto:kristen.corey@usda.gov).

Thank you for taking the time to participate in this important study!

Sincerely,

Kristen Joyce

### **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.