

Attachment J. Final Administrative Data Request and Submission Instructions

OMB No. 0584-[NEW]

*Best Practices in Disaster Supplemental Nutrition
Assistance Program (D-SNAP) Operations and
Planning*

June 16, 2021

Project Officer: Eric Sean Williams

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

703.305.2640
eric.williams@fns.usda.gov

Final Administrative Data Request and Submission Instructions

A. What is the purpose of this administrative data request?

This document provides instructions and requirements for submitting SNAP administrative caseload data as part of the Best Practices in Disaster Supplemental Nutrition Assistance Program (D-SNAP) Operations and Planning study conducted by the United States Department of Agriculture's Food and Nutrition Service. These data will be used to examine the characteristics of D-SNAP participants, SNAP participants who do not receive disaster-related benefits, and SNAP recipients who receive supplemental or replacement benefits. The data will also be used to assess the impact of D-SNAP on the local economy.

The following sections provide detailed instructions for preparing and submitting the data extract using FNS 292B from approved OMB Control Number: 0584-0594; Expiration Date: 07/31/2023, including guidance on which records to include in the file, the time period for the data, a specific list of caseload data variables needed, the format for the file, procedures for handling missing data, data confidentiality, and the process for submitting data.

United States Department of Agricultural (USDA), Food Nutrition Service (FNS) is working with our contractors Insight Policy Research, Inc. (Insight) who is the contractor for this study and a part of our research study team. A representative from Insight will arrange a consultative discussion with State staff familiar with the State data systems and policies to discuss the administrative data to be provided.

If possible, we request that you submit a test data file to Insight by [DATE]. This test file will allow Insight to review all data and clarify any remaining concerns before your full data submission. Section I of this document provides more details about the test data file request.

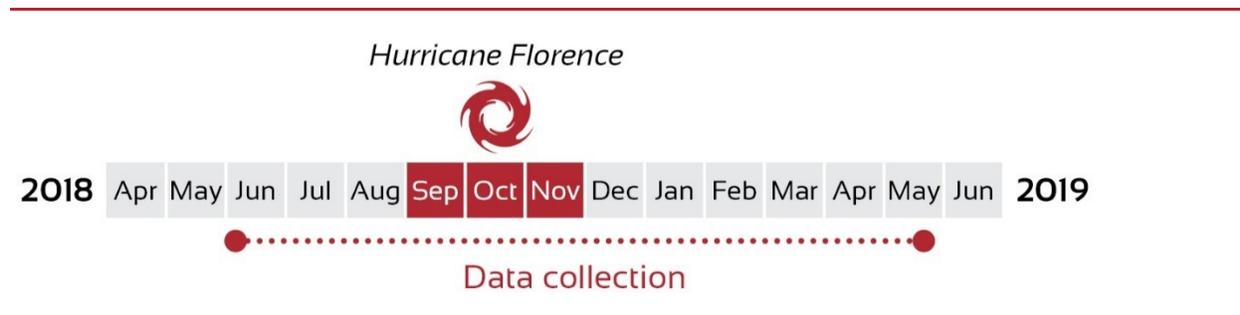
We will formally request the full data submission after the Office of Management and Budget approves the data collection.

The Food and Nutrition Act of 2008, as amended through Pub. L. 113-128, enacted July 22, 2014 [7 U.S.C. 2026], provides the legislative authority for the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) to administer the Supplemental Nutrition Assistance Program (SNAP). Section 17 of the Food and Nutrition Act of 2008 provides the authority to FNS to conduct research to help improve the administration and effectiveness of SNAP. This information collected from States will enable FNS to identify best practices in administering D-SNAP. Under the Privacy Act of 1974 and the System of Record Notice FNS-8 USDA/FNS Studies and Reports, any personally identifying information obtained will be kept private to the extent of the law. 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 4 hours 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 22310, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

B. What records should be included in the file and for how many months?

Data should be submitted for **all SNAP and D-SNAP recipients** during the time period 3 months prior to [DISASTER NAME], the duration of [DISASTER NAME], and through 6 months after [DISASTER NAME]. For [DISASTER NAME], you should submit data from [MONTH, YEAR] through [MONTH, YEAR] (see figure 1). See table 2 for an example data submission table shell.

Figure 1. Months to Include in Administrative Data Submission for North Carolina [to be customized for each participating State]



The file should include one record per individual for each month he or she received SNAP or D-SNAP benefits during the time period described above. Months during which an individual was not in your State caseload system may be left blank or excluded from the file.

C. What variables should be included in the file?

Table 1 below provides a list of variables that should be included for every individual in the file for every month. If codes are used to identify information (e.g., marital status, disability status), please submit documentation for these codes with your file.

D. What is the file format?

Preferred file formats are comma-separated values (.csv), text (.txt), or Microsoft Excel (.xlsx), although other formats are acceptable, including SAS datasets. Please contact Ms. Nicole Kline (nkline@insightpolicyresearch.com, 703.504.9494) if you would like to use another file type. Each file should have one record per participant-month, and each file should include all variables in the variable list (see table 1).

E. How should missing/unknown data be handled?

When possible, missing values should be indicated by a BLANK space. For numeric variables, please do NOT fill unknown values with zeroes. Zero should ONLY indicate an actual zero value (e.g., zero-dollar income). Please let the project team know if your data use a different strategy to indicate missing data.

Households that did not participate in SNAP or D-SNAP in a given month should not be included in the file for that month.

F. How should date variables be formatted?

When possible, for date variables, please provide 8-digit character strings, filled with 0s for single-digit months or days (e.g., May 1, 2019, should be entered as 05012019). Please let the project team know if your data have dates in a different format.

G. How will Insight ensure privacy of State data?

These data will be stored on network drives protected using the security mechanisms of Insight's network operating system. Insight headquarters are located in a secured building, and all servers are in a controlled-access area. Insight will set up a secure file transfer protocol (SFTP) site specifically for this project to enable secure transmittal of all data files. Only Insight's project team and designated State SNAP personnel will have access information for this site, and each participating State will have their own secure folder. State data will not be viewable or accessible for other States. All data from State agencies will be transmitted to Insight via SFTP, which will encrypt electronic data in transit to Insight's servers. These data, once received, will remain encrypted until all identifying information is removed.

H. How can we submit the files?

To protect the data, please submit the file using Insight's SFTP site that encrypts both commands and data, preventing passwords and sensitive information from being accessed during transmission. Instructions for using this system will be sent separately.

I. What should be included in the test file?

Test files are intended to allow State staff and Insight analysts the ability to review a subset of the data in advance to ensure accuracy and quality without requiring a data submission from the full population across the full timeframe. 3 months prior to [DISASTER NAME], the duration of [DISASTER NAME], and through 6 months after [DISASTER NAME], from [MONTH, YEAR] to [MONTH, YEAR]. Each test file should contain records for 1,000 participants and include all requested variables. Please include the relevant crosswalks for the codes used in your data.

J. Questions or concerns?

If you have any questions or concerns, contact Ms. Nicole Kline at nkline@insightpolicyresearch.com or 703.504.9494.

Table 1. Requested Variable List

Data Element(s) Requested	Variable Name	Description	Data Format	Code/Categories Examples
Participant and Household Identification Variables				
Participant ID	SNAP_ID	Participant's ID provided by the State to identify individual participants within a household	Numeric	Example: 111
Household ID	HH_ID	Household ID provided by the State to identify individual households	Numeric	Example: 11111
Reference month	Month	Reference month for data submitted (e.g., effective month of the benefit issuance as recorded by the agency)	Numeric	Examples: 1 = January 2 = February
Reference year	Year	Reference year for data submitted (e.g., effective year of the benefit issuance as recorded by the agency)	Numeric	Examples: 2016, 2017, 2018
County	FIPS	FIPS code of the county where the SNAP participant's application was processed	Numeric	Example: 51592 (Fairfax County)
Demographic Characteristics				
Birthdate	DOB	Participant's date of birth	Character	MMDDYYYY Example: 01021980
Gender	Gender	Participant's gender	Numeric	1 = male 2 = female
Race/ethnicity	Race_Ethn	Participant's race and ethnicity	Numeric/ Character	Provide definitions of codes in separate crosswalk
Marital status	Marital	Participant's marital status (e.g., married, single)	Numeric/ Character	Provide definitions of codes in separate crosswalk
Disability status	Disability_statuses	Participant's disability status	Numeric/ Character	Provide definitions of codes in separate crosswalk
Education	Education	Codes used to identify level of school completed	Numeric/ Character	Provide definitions of codes in separate crosswalk
SNAP/D-SNAP Case Characteristics				
Application for certification date	App_date	Application date of participant's most recent certification	Character	MMDDYYYY Example: 01012017
Certification date	Cert_date	Date of participant's most recent certification	Character	MMDDYYYY Example: 01072017
Relation to case head	Relation	Participant's relationship to the case head (e.g., head of household, spouse, child, adult)	Character	Provide definitions of codes in separate crosswalk
SNAP benefit amount	SNAP_ben	Total SNAP benefit received by the SNAP household this month	Numeric	Example: 357
Disaster supplement flag	Supp_flag	Indicator of whether the participant received supplemental benefits associated with a disaster this month	Numeric	1 = yes 0 = no

Data Element(s) Requested	Variable Name	Description	Data Format	Code/Categories Examples
Disaster supplement amount	Supp_ben	Total disaster supplement amount the SNAP household received this month	Numeric	Example: 357
Replacement benefit flag	Replace_flag	Indicator of whether the participant received replacement benefits associated with a disaster this month	Numeric	1 = yes 0 = no
Replacement benefit amount	Replace_ben	Total replacement benefit amount the SNAP household received this month	Numeric	Example: 357
Disaster SNAP flag	DSNAP_flag	Indicator of whether the participant received D-SNAP benefits this month	Numeric	1 = yes 0 = no
D-SNAP benefit amount	DSNAP_ben	Total D-SNAP benefit the D-SNAP household received this month	Numeric	Example: 357
Economic Characteristics				
Gross income amount	Gross_income	Total monthly gross countable income for the participant's household	Numeric	Example: 700
Net income amount	Net_income	Total monthly net income for the participant's household	Numeric	Example: 500
Employment status	Employment	Indicator of whether the participant is employed	Numeric	1 = yes 0 = no
Geographic Location				
Address	Street1 Street2 City State Zip	Street address, city, State, and ZIP Code of participant	Character	123 Right Street Apt 4 Springfield VA 22222
County	FIPS	5-digit FIPS code of the county where the participant's address is located	Numeric	Example: 51592 (Fairfax County, VA)

Table 2. Example Data Submission Shell (Partial List of Variables)

SNAP_ID	HH_ID	Month	Year	SNAP_Be n	DSNAP fla g	ZIP Code	County
00000001	99999999	6	2018	80	0	22222	51592
00000001	99999999	7	2018	80	0	22222	51592
00000001	99999999	8	2018	460	0	22222	51592
00000001	99999999	9	2018	600	1	22222	51592
00000001	99999999	10	2018	600	1	22222	51592
00000001	99999999	11	2018	600	1	22222	51592
00000001	99999999	12	2018	460	0	22222	51592
00000001	99999999	1	2019	460	0	22222	51592
00000001	99999999	2	2019	460	0	22222	51592
00000001	99999999	3	2019	460	0	22222	51592
00000001	99999999	4	2019	80	0	22222	51592
00000001	99999999	5	2019	80	0	22222	51592
00000002	99999999	6	2018	80	0	22222	51592
00000002	99999999	7	2018	80	0	22222	51592
00000002	99999999	8	2018	460	0	22222	51592
00000002	99999999	9	2018	600	1	22222	51592
00000002	99999999	10	2018	600	1	22222	51592
00000002	99999999	11	2018	600	1	22222	51592
00000002	99999999	12	2018	460	0	22222	51592
00000002	99999999	1	2019	460	0	22222	51592
00000002	99999999	2	2019	460	0	22222	51592
00000002	99999999	3	2019	460	0	22222	51592
00000002	99999999	4	2019	80	0	22222	51592
00000002	99999999	5	2019	80	0	22222	51592
00000003	88888888	6	2018	60	0	22222	51592
00000003	88888888	7	2018	60	0	22222	51592
00000003	88888888	10	2018	400	1	22222	51592
00000003	88888888	11	2018	400	1	22222	51592
00000003	88888888	12	2018	60	0	22222	51592
00000003	88888888	1	2019	60	0	22222	51592
00000003	88888888	2	2019	60	0	22222	51592
00000003	88888888	3	2019	60	0	22222	51592
00000003	88888888	4	2019	60	0	22222	51592
00000003	88888888	5	2019	0	0	22222	51592

Note: This table shows an incomplete set of data elements; for the full list, see table 1.