

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

## Instrument 1 - Beneficiaries Online Screener

### Communications Focus Groups for Remaking the Safety Net

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

**[EMAIL MESSAGE LINKING TO ONLINE SCREENER]:**

Hello [INSERT PARTICIPANT NAME]!

STUDY TOPIC: Remaking the Safety Net

STUDY NUMBER: [TBD - ASSIGNED BY RECRUITING PARTNER]

WHEN: [INSERT DATES OF ONLINE FOCUS GROUP]

WHAT: Two-Hour Online Focus Group

INCENTIVE: \$75 if you qualify and fully participate

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

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

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

*\*START SURVEY BUTTON CAN ONLY BE CLICKED ONCE\**

Many Thanks,  
20|20 Research Panel  
K2 Team

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

Yes	1	THANK & TERMINATE
No	2	<b>CONTINUE</b>
Do not Know / Refused	99	THANK & TERMINATE

- B. Do you work for any of the following types of companies? (select all that apply)

A marketing research company, or marketing research department of a company	1	THANK & TERMINATE
An advertising or design firm, or advertising or design department of a company	2	
A public relations company, or public relations department of a company	3	
A media company involved in radio, TV, newspapers, magazines, or current event blogging	4	
A marketing company, or marketing department of a company	5	
A transportation or logistics company	6	CONTINUE
A manufacturing or production company	7	
NONE OF THE ABOVE	8	

**Clients Group**

- C. Have you ever been a client of a public assistance or social services program (e.g. Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), Food Stamps, etc.)? Select One Response

Yes	1	<b>CONTINUE</b>
No	2	THANK & TERMINATE
Do Not Know / Refused	3	

- D. Are you currently a client of a public assistance or social services program (e.g. Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), Food Stamps, etc.)? Select One Response

I am currently receiving benefits from a public assistance program	1	CONTINUE
I am not currently receiving benefits from a public assistance program, but have in the past year	2	HOLD FOR CONSIDERATION; CONTINUE
I received benefits from a public assistance program between one and three years ago	3	
I received benefits from a public assistance program over three years ago	4	THANK & TERMINATE

- E. Do you currently receive, or have you previously received benefits or support from any of the following programs? **[MARK ALL THAT APPLY, MUST NOT CHOOSE 8 FOR BOTH COLUMNS]** Mark all that apply in each column

	Currently receiving benefits from	Previously received benefits from	
SNAP (Supplemental Nutrition Assistance Program)	1	1	<b>RECRUIT A MIX; MUST INCLUDE AT LEAST ONE PARTICIPANT WHO ANSWERS "2" (TANF) FOR EITHER COLUMN; CONSIDER FOR BENEFICIARIES GROUP, CONTINUE</b>
TANF (Temporary Assistance for Needy Families Program)	2	2	
WIC (Women, Infants, and Children Program)	3	3	
Job training programs	4	4	
Housing support/assistance programs	5	5	
Childcare assistance/subsidy programs	6	6	
Head Start education programs	7	7	
NONE OF THE ABOVE	8	8	THANK & TERMINATE

## DEMOGRAPHICS

- F. What is your age? **[RECORD VERBATIM AND CODE BELOW]** Enter your age below  
**[VERBATIM RESPONSE: \_\_\_years old]**

Under 18 years old	1	THANK & TERMINATE
18-25 years old	2	<b>RECORD &amp; CONTINUE - RECRUIT A MIX FOR EACH GROUP</b>
26-32 years old	3	
33-39 years old	4	
40-49 years old	5	

50-59 years old	6	THANK & TERMINATE
60-72 years old	7	
73 years old or older	8	
Do Not Know / Refused	99	

G. What is your current employment status? Select One Response  
[ALLOW ONE RESPONSE]

Employed full time	1	RECORD & CONTINUE
Self-employed	2	
Employed part-time	3	
Full-time student	4	
Retired	5	
Stay-at-home parent	6	
Unemployed	7	

H. What is your current marital status? Select One Response  
[ALLOW ONE RESPONSE]

Single	1	RECRUIT A MIX; ENSURE REPRESENTATION FROM SINGLE
Married	2	
Civil union or domestic partnership	3	
Separated/Divorced	4	
Widowed	5	
Other (specify): _____	6	

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

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

- J. Which of the following best describes the race which you most closely identify?  
**[ALLOW ONE RESPONSE]** Select One Response

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

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

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

## QUOTAS

### Recruit one (1) group with eight (8) participants

- Beneficiaries of Social Services Programs Group: Recruit a mix of participants; ensure at least one (1) participant is currently receiving or received benefits from TANF

## INVITATION

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

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

Would you like to participate? Select One Response

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

## CONFIRMATION

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

NAME: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

EMAIL ADDRESS TO SEND CONFIRMATION LETTER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

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

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[END]