

## Instrument 4 - Providers Telephone 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 25 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.

**[PLEASE READ AS WRITTEN TO INITIAL CONTACT]:**

Hello, my name is \_\_\_\_\_ and I am calling from \_\_\_\_\_, an independent marketing research firm. We are conducting a brief market research study about social service programs. May I speak with someone in the organization who might be interested in participating in this research?

**[IF CONTACT REFUSES AT ANY POINT, ASK IF ANOTHER PROVIDER EMPLOYEE MIGHT CONSIDER. DO NOT RECRUIT MORE THAN ONE PARTICIPANT. IF INITIAL CONTACT HEDGES PLEASE READ THE FOLLOWING]:**

Please be assured this is not a sales call and we are not trying to sell anything. We are just conducting a brief survey. **[PLEASE RECORD ONE RESPONSE]:**

<b>[IF</b>	Yes, I will connect you	<b>1</b>	<b>RECORD &amp; CONTINUE</b>
	Not available, can I take a message?	<b>2</b>	<b>LEAVE A MESSAGE</b>
	No one like that in this organization/locale	<b>3</b>	<b>ASK FOR A REFERRAL AS OUTLINED BELOW, THEN THANK &amp; TERMINATE</b>
	Do Not Know / No / Refused	<b>4</b>	<b>THANK &amp; TERMINATE</b>

**REFERRED TO SOMEONE ELSE IN THE AGENCY, PLEASE RECORD AND CALL. DO NOT ACCEPT REFERRALS OF INDIVIDUALS WHO DO NOT WORK AT THEIR PLACE OF BUSINESS].**

**Name:** \_\_\_\_\_

**Locale:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_  
(including area code)

**[ONCE CORRECT PERSON IS REACHED, PLEASE READ AS WRITTEN]:**

Hello, my name is \_\_\_\_\_ and I am calling from \_\_\_\_\_, an independent marketing research firm. We are conducting a brief market research study about social service programs for the federal government. (I can assure you that your participation will in no way impact your organizations' eligibility for grants, contracts, etc.) Are you available and interested in participating in this research?

**[PLEASE RECORD ONLY ONE RESPONSE]:**

Yes	1	<b>RECORD &amp; CONTINUE</b>
No	2	ASK FOR AN INTERNAL REFERRAL — RECORD REFERRAL NAME & TELEPHONE NUMBER ABOVE. THANK & TERMINATE

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

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

B. Which type of organization do you work for?

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 faith-based organization (e.g. a church, religiously affiliated social services agency, religiously affiliated food bank, religiously affiliated school, etc.)	6	<b>CONTINUE</b>
A social enterprise organization (e.g. Cause-driven organization or business whose purpose is to improve social objectives, addressing a basic unmet need or solving a social problem through a market-driven approach)	7	<b>CONTINUE, SKIP TO Q.I</b>
A government organization providing social services (e.g. financial assistance, healthcare, family services, etc.)	8	<b>CONTINUE, SKIP TO Q.N</b>
NONE OF THE ABOVE	9	THANK & TERMINATE

**Faith-Based Organizations**

C. What type of community outreach programs/services does your organization provide?

Childcare and child welfare programs (e.g. daycare, after-school care, foster care, etc.)	1	<b>RECORD AND CONTINUE; STRIVE TO RECRUIT A MIX OF PROGRAM TYPES</b>
Food assistance programs (e.g. food banks, soup kitchens, etc.)	2	
Homelessness support programs (e.g. homeless shelters, homelessness services, etc.)	3	
Family support programs (e.g. family counseling, child services programs, foster care programs, adoption programs, etc.)	4	
Mental health programs (e.g. counseling services, support groups, etc.)	5	
Rehabilitation programs (e.g. substance/alcohol abuse programs, recovery programs, prevention programs, sponsor programs, etc.)	6	
Education programs (e.g. GED assistance programs, after-school tutoring, college prep courses, etc.)	7	
Professional assistance programs (unemployment assistance, professional development, job matching service, etc.)	8	
NONE OF THE ABOVE	9	THANK & TERMINATE

D. What group of people does your organization primarily serve?

[RECORD VERBATIM:] \_\_\_\_\_

E. What type of role do you hold at the faith-based organization? [MARK ALL THAT APPLY; MUST SELECT 3 TO CONTINUE]

I work as a pastor, priest, imam, rabbi, or other spiritual leader	1	THANK & TERMINATE
I work in an administrative or support role such as finance, marketing, administration, facilities, etc.	2	
I work in a role providing local outreach programs/services to community members	3	CONTINUE
NONE OF THE ABOVE	4	THANK & TERMINATE

F. What is your title at your job? \_\_\_\_\_

[RECORD VERBATIM]

G. How would you describe the responsibilities of your role? [MARK ALL THAT APPLY; MUST SELECT 3 TO CONTINUE]

I work mostly in an administrative role overseeing and leading the program	1	THANK & TERMINATE
I provide a support function for the program such as marketing, accounting, logistics, etc.	2	THANK & TERMINATE
I am directly involved with providing services to clients of our program	3	CONTINUE
NONE OF THE ABOVE	4	THANK & TERMINATE

H. How often are you directly involved with and interacting with clients of your organization?

I interact with clients nearly every day	1	CONTINUE
I interact with clients a few times a week	2	
I interact with clients every few weeks	3	HOLD FOR CONSIDERATION
I interact with clients monthly	4	THANK & TERMINATE
NONE OF THE ABOVE	5	

[CONSIDER FOR FAITH-BASED ORG.; SKIP TO Q.Q]

**Social Enterprise Questions**

I. What type of role do you hold at the social enterprise organization?

[MARK ALL THAT APPLY; MUST SELECT 2 TO CONTINUE]

I work in an administrative or support role such as management, finance, facilities, etc.	1	THANK & TERMINATE
I am directly involved with providing services to clients of our program	2	CONTINUE
NONE OF THE ABOVE	3	THANK & TERMINATE

J. What type of community outreach programs/services does your organization provide?

Childcare and child welfare programs (e.g. daycare, after-school care, foster care, etc.)	1	CONTINUE; RECRUIT A MIX
Food assistance programs (e.g. food banks, soup kitchens, etc.)	2	
Homelessness support programs (e.g. homeless shelters, homelessness services, etc.)	3	
Family support programs (e.g. family counseling, child services programs, foster care programs, adoption programs, etc.)	4	
Mental health programs (e.g. counseling services, support groups, etc.)	5	
Rehabilitation programs (e.g. substance/alcohol abuse programs, recovery programs, prevention programs, sponsor programs, etc.)	6	

Education programs (e.g. GED assistance programs, after-school tutoring, college prep courses, etc.)	7	
Professional assistance programs (unemployment assistance, professional development, job matching service, etc.)	8	
Occupational training and support programs (Job skill development, services to underserved communities such as previously incarcerated, etc.)	9	

K. What group of people does your organization primarily serve?

[RECORD VERBATIM:] \_\_\_\_\_

L. What is your title at your job?

[RECORD VERBATIM:] \_\_\_\_\_

M. How often are you directly involved with and interacting with clients of your organization?

I interact with clients nearly every day	1	CONTINUE
I interact with clients a few times a week	2	
I interact with clients every few weeks	3	HOLD FOR CONSIDERATION
I interact with clients monthly	4	THANK & TERMINATE
NONE OF THE ABOVE	5	

[CONSIDER FOR SOCIAL ENTERPRISE ORGANIZATIONS; SKIP TO Q.R]

**Government Organization/Human Service Practitioners Questions**

N. What type of role do you play within the government organization providing social services?

I work in an administrative or support role such as management, finance, facilities, etc.	1	THANK & TERMINATE
I am directly involved with providing services to clients of our program	2	CONTINUE
NONE OF THE ABOVE	3	THANK & TERMINATE

O. What type of government services/social services organization do you work for?

Public health services (Medicaid/Medicare services, public health education, etc.)	1	<b>HOLD, RECRUIT A MIX; CONSIDER FOR SOCIAL SERVICES GROUP, CONTINUE</b>
Public education services (school programs, Pre-K programs, etc.)	2	
Aging and adult services (adult day care programs, in-home care services, etc.)	3	
Childcare or child welfare services (child protective services, foster/adoption care, etc.)	4	
Food and nutrition services (food stamps, food banks, etc.)	5	
Family assistance programs (financial assistance programs, employment services, etc.)	6	
NONE OF THE ABOVE	7	<b>THANK &amp; TERMINATE</b>

P. What is your title at your job?

[RECORD VERBATIM:] \_\_\_\_\_

**[CONSIDER FOR GOVERNMENT ORGANIZATIONS; CONTINUE]**

**[Continued Questions for Participants Qualifying for Faith-Based Organizations, Social Enterprise Organizations, or Government Organizations]**

Q. How long have you worked in your current role?

Less than one year	1	<b>THANK &amp; TERMINATE</b>
One to three years	2	<b>CONTINUE</b>
More than three years	3	
NONE OF THE ABOVE	4	<b>THANK &amp; TERMINATE</b>

R. Is your organization a registered nonprofit organization or government/public sector entity?

Yes, my organization is a registered 501(c)(1)	1	<b>CONTINUE</b>
Yes, my organization is a registered 501(c)(3)	2	
Yes, my organization is a registered 501(c)(4)	3	
Yes, but I am unsure of my organization's registration type	4	
Yes, my organization is a government or public sector entity	5	
No, my organization is a for-profit organization	6	

NONE OF THE ABOVE	7	THANK & TERMINATE
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S. How large is your organization?

It is a local organization serving my city or county	1	<b>RECRUIT A MIX OF ORGANIZATION SIZES: CONTINUE</b>
It is a statewide organization serving my entire state	2	
It is a regional organization serving an area covering multiple counties and/or states	3	
It is a national organization	4	
NONE OF THE ABOVE	5	THANK & TERMINATE

## DEMOGRAPHICS

T. Are you of Hispanic or Latino origin? (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**[ALLOW ONE RESPONSE]**

Yes	1	<b>RECORD &amp; CONTINUE</b>
No	2	
I prefer not to answer	3	

U. Which of the following best describes the race which you most closely identify?

**[ALLOW ONE RESPONSE]**

Native American or Alaska Native	1	<b>RECORD &amp; CONTINUE; RECRUIT A MIX</b>
Asian	2	

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>	

V. 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?

[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 three (3) groups with eight (8) participants each**

- **Faith-Based Organization Group:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.
- **Social Enterprise Organization:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.
- **Government Organization:** All participants must be employed, ensure participants are employed working directly with clients of their public support program.



## 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?

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]