Appendix F3

Reminder script

Evaluation of Child Support Cooperation Requirements in SNAP

INDIVIDUALS/HOUSEHOLDS – PARENTS AND CARETAKERS IN-DEPTH INTERVIEW REMINDER CALL SCRIPT

Hello, my name is ______. I'm calling from [MATHEMATICA/MEF ASSOCIATES]. May I please speak with [MR./MS. FIRST NAME, LAST NAME]?

[INTERVIEWER: IF THE RECRUITED RESPONDENT IS NOT IN, ASK ABOUT A GOOD TIME TO REACH HER/HIM. LEAVE A MESSAGE (WITH THE PERSON WHO ANSWERS OR ON A VOICE MESSAGE) WITH YOUR NAME AND CONTACT INFORMATION. SAY YOU ARE CALLING TO REMIND HER/HIM OF HER/HIS APPOINTMENT FOR AN IN-PERSON INTERVIEW FOR THE STUDY ON CHILD SUPPORT COOPERATION REQUIREMENTS IN [STATE SNAP PROGRAM NAME], SCHEDULED FOR [DATE].

Good [MORNING/AFTERNOON/EVENING], [MR./MS. FIRST NAME, LAST NAME]. I am calling to remind you of your upcoming appointment for an in-person interview for the study that is examining a policy that requires individuals with children to cooperate with the child support agency in order to keep the full amount of their [STATE SNAP PROGRAM NAME] benefit. You were invited to participate in an interview because you can help us better understand the effect of these requirements on families.

I am calling to remind you about the time and place of the interview. You told us that you would be able to meet me for an interview on [MM/DD @ HH:MM – HH:MM] at [LOCATION].

Are you still able to attend this interview?

IF YES, SAY: Great, thank you for agreeing to participate. I will be leading the interview and I look forward to speaking with you. If your schedule changes or you have any questions, please call me at [XXX-XXX-XXXX]. At the end of the interview, we will provide you with a \$50 cash card as a token of our appreciation. **END**

IF NO, SAY: I'm sorry you won't be able to attend. Is there another time that might work **better for you?**

[INTERVIEWER: ATTEMPT TO FIND AND SCHEDULE A MORE CONVENIENT APPOINTMENT. REMIND THEM THAT AT THE END THE INTERVIEW THEY WILL BE PROVIDED WITH A \$50 CASH CARD AS A TOKEN OF OUR APPRECIATION.]

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 three 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 to 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.

Mathematica F3-2

Privacy Act Statement

Authority: This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018). Disclosure of the information is voluntary.

Purpose: The information is being collected to evaluate Child Support Cooperation Requirements in United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP).

Routine Use: The information may be shared with SNAP contract researchers and USDA SNAP research and administrative staff.

Disclosure: Disclosure of the information is voluntary. If all or any part of the information is not provided, interviews may not be admissible in data sets

The Systems of Records Notices relevant to this collection are FNS-8 FNS Studies and Reports located at https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf and FNS-10 Persons Doing Business with the Food and Nutrition Service (FNS) located at

Mathematica F3-3