**Instrument 2 - Beneficiaries 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 household who might be interested in participating in this research?

**[IF CONTACT REFUSES AT ANY POINT, ASK IF ANOTHER HOUSEHOLD MEMBER MIGHT CONSIDER. DO NOT RECRUIT MORE THAN ONE PARTICIPANT PER HOUSEHOLD. 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]:**

|  |  |  |
| --- | --- | --- |
| Yes, I will connect you | **1** |  **RECORD & CONTINUE** |
| Not available, can I take a message? | **2** | **LEAVE A MESSSAGE** |
| No one like that in this house/locale | 3 | ASK FOR A REFERRAL AS OUTLINED BELOW, THEN THANK & TERMINATE |
| Do not Know / No / Refused | 4 | THANK & TERMINATE |

**[IF REFERRED TO SOMEONE ELSE IN THE HOUSEHOLD — PLEASE RECORD AND CALL. DO NOT ACCEPT REFERRALS OF INDIVIDUALS WHO DO NOT LIVE IN THE HOUSEHOLD]**

|  |
| --- |
| **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 eligibility for programs, services, etc.). May I speak with someone in the household who would be interested in participating in this research?

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

|  |  |  |
| --- | --- | --- |
| **Yes** | **1** | **RECORD & CONTINUE** |
|
| No | 2 | ASK FOR AN INTERNAL REFERRAL — RECORD REFERRAL NAME & TELEPHONE NUMBER ABOVE. THANK & TERMINATE  |
|

1. 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** | **CONTINUE** |
| Do not Know / Refused | 99 | THANK & TERMINATE |

1. Do you work for any of the following types of companies?

|  |  |  |
| --- | --- | --- |
| 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**

1. 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.)?

|  |  |  |
| --- | --- | --- |
| Yes | **1** | **CONTINUE** |
| No | 2 | THANK & TERMINATE |
| Do Not Know / Refused | 3 |

1. 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.)?

|  |  |  |
| --- | --- | --- |
| 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 |

1. 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]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently receiving benefits from | Previously received benefits from |  |
| SNAP (Supplemental Nutrition Assistance Program) | **1** | **1** | **RECRUIT A MIX; MUST INCLUDE AT LEAST ONE PARTICIPANT WHO ANSWERS “2” (TANF) FOR EITHER COLUMN; CONSIDER FOR BENEFICIARIES GROUP, CONTINUE** |
| 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**

1. What is your age? [RECORD VERBATIM AND CODE BELOW]
[VERBATIM RESPONSE: \_\_\_years old]

|  |  |  |
| --- | --- | --- |
| Under 18 years old | 1 | THANK & TERMINATE |
| 18-25 years old | **2** | **RECORD & CONTINUE – RECRUIT A MIX FOR EACH GROUP** |
| 26-32 years old | **3** |
| 33-39 years old | **4** |
| 40-49 years old | **5** |
| 50-59 years old | **6** |
| 60-72 years old | **7** |
| 73 years old or older | 8 | THANK & TERMINATE |
| Do Not Know / Refused | 99 |

1. What is your current employment status?
[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** |

1. What is your current marital status?
[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** |

1. 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** | **RECORD & CONTINUE** |
| No | **2** |
| I prefer not to answer | **3** |

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

 **[ALLOW ONE RESPONSE]**

|  |  |  |
| --- | --- | --- |
| Native American or Alaska Native | **1** | **RECORD & CONTINUE; RECRUIT A MIX** |
| Asian | **2** |
| Black or African-American | **3** |
| Native Hawaiian or Other Pacific Islander | **4** |
| White or Caucasian | **5** |
| Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | **98** |
| I prefer not to answer | **96** |

1. 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 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?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **PROCEED TO CONFIRMATION**  |
| 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 #].

 **[END]**