

Appendix N. SNAP Participants Focus Group Eligibility Screenener

OMB No. 0584-0659

*Modernizing Channels of Communication
With SNAP Participants*

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Modernizing Channels of Communication With SNAP Participants: SNAP Participants Focus Group Eligibility Screener

PURPOSE: This screener will be used by State SNAP office staff or 20|20 Research to assess potential participants' eligibility for the MCS user focus groups. Potential participants will be called using a list provided by the State or will be invited to call a telephone number to see whether they are eligible to participate in one of the focus groups in their areas. A member of the 20|20 team will answer the telephone (or return the potential participant's call the next business day if after hours) and administer the eligibility screener. After administering the screener over the phone, 20|20 will confirm and recruit eligible participants into the designated focus group. The team from 20|20 will enter all responses into an electronic tracker. Ineligible participants will be thanked for their interest and told they are not eligible to participate.

A. Eligibility Screener Telephone Script for Returning Call

Hello, my name is [NAME] and I'm calling on behalf of [STATE SNAP OFFICE] to see if you are eligible to participate in a virtual focus group discussion about SNAP's mobile services such as text messaging, mobile applications that you can download on your phone or tablet, and websites that can be viewed easily and conveniently on your phone or tablet.

The focus group will be 90 minutes long and held virtually on [DATE] at [TIME]. You will receive a \$45 Visa/Mastercard/Discover/Amex card for participating in the focus group discussion. There are a few questions we need to ask to determine if you are eligible to participate in the focus group. Are you interested and willing to participate in the screener? It should take less than 10 minutes.

IF YES: Thank you. I have just a few questions to ask you to see if you are eligible to participate. As a reminder, your participation is completely voluntary (not required) and will not affect your SNAP benefits in any way.

[GO TO SCREENER]

IF NO: Thank you for your time.

B. Eligibility Screener Telephone Script for Receiving Call

Hello, my name is [NAME] from 20|20 Research on behalf of the [STATE SNAP OFFICE]. Thank you for your call today.

As you may know, this 90-minute focus group will be held at virtually on [DATE] at [TIME] to discuss SNAP's mobile services. Mobile services include text messaging, mobile applications that you can download on your phone or tablet, and websites that can be viewed easily and conveniently on your phone or tablet. You will receive a \$45 Mastercard, Visa, American Express or Discover gift card for participating in the focus group discussion. There are a few questions we need to ask to determine if you are eligible to participate in the focus group. Are you interested and willing to participate in the screener? It should take less than 10 minutes.

IF YES: Thank you. I have just a few questions to ask you to see if you are eligible to participate. As a reminder, your participation is completely voluntary (not required) and will not affect your SNAP benefits in any way.

[GO TO SCREENER]

IF NO: Thank you for your time.

C. Eligibility Screener Questions

1. May I have your name please?
2. Do you currently receive SNAP benefits in [STATE]?
 - a. Yes [CONTINUE]
 - b. No [EXIT QUESTIONS]
3. Have you been receiving SNAP benefits in [STATE] for at least the last 6 months?
 - a. Yes [CONTINUE]
 - b. No [EXIT QUESTIONS]
4. Are you age 18 or older?
 - a. Yes [CONTINUE]
 - b. No [EXIT QUESTIONS]
5. For SNAP cases, there is usually one person in a family that applies for benefits, submits documents, and interacts with the SNAP agency. We call that person the "head of the household." Are you the head of the household for your family?

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 0584-0659. The time required to complete this information collection is estimated to average 10 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 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 22314, ATTN: PRA (0584-0659). Do not return the completed form to this address.

- a. Yes [CONTINUE]
 - b. No [CONTINUE]
6. Is English your primary language, or can you speak English fluently?

- a. Yes [CONTINUE]
 - b. No [EXIT QUESTIONS]
7. Do you have daily access to a device with a working webcam?
- a. Yes, laptop/camera with webcam [CONTINUE]
 - b. Yes, tablet with camera [CONTINUE]
 - c. Yes, mobile device with camera [CONTINUE]
 - d. No device with camera [EXIT QUESTIONS]
8. Do you have daily access to high-speed internet access?
- a. Yes [CONTINUE]
 - b. No [EXIT QUESTIONS]
9. [IF APPLICABLE] In the last 12 months, have you received text messages on your phone about your SNAP benefits?
- a. Yes
 - b. No
10. [IF APPLICABLE] In the last 12 months, have you used [STATE'S SNAP APP] to perform SNAP-related activities (e.g., to apply for SNAP, check your benefit amount, read a notice about your case, to upload a verification document, check your application status, manage your case or SNAP benefits in another way)?
- a. Yes
 - b. No
11. [IF APPLICABLE] In the last 12 months, have you used [STATE'S SNAP WEBSITE] on your phone to perform SNAP-related activities (e.g., to apply for SNAP or manage your case or SNAP benefits)?
- a. Yes
 - b. No

[IF THE PERSON ANSWERS NO TO QUESTIONS 9, 10, AND 11, SKIP TO THE EXIT QUESTIONS]

12. Are you able to participate in a 90-minute virtual focus group on [DATE] at [TIME]?
- a. Yes [(1) OBTAIN THE PARTICIPANT'S PHONE NUMBER. WE WILL CALL OR TEXT 1 DAY BEFORE THE FOCUS GROUP AS A REMINDER. (2) EXIT QUESTIONS]
 - b. No [EXIT QUESTIONS]
13. Do you have a physical, mental, sensory, or emotional disability that may impact your ability to sit and/or look at a screen for 90 minutes?
- a. Yes
 - i. [IF YES, PLEASE DESCRIBE]
 - b. No

A. [EXIT QUESTIONS—IF INELIGIBLE]

[IF STILL TRYING TO RECRUIT ADDITIONAL PARTICIPANTS] Do you know of any other SNAP participants who have used their cell phone to interact with their SNAP case and would be interested in participating in this discussion? Would you be able to tell them about this focus group?

- a. Yes [CONTINUE]
- b. No [CONTINUE]

Thank you very much for your time today. Based on your responses, it sounds like you are ineligible to participate at this time. However, I'd be glad to call you back if our requirements change. Would you be willing to take a call or email from us in the future?

- a. Yes: What is your full name and the best number or email to reach you [MAKE NOTE OF CONTACT INFO]? Great, thank you again for calling. We will keep you in mind for future opportunities.
- b. No: Not a problem. Thank you again for your time.