Appendix B. Survey instrument

OMB No. 0584-0665

Survey of Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Case Management

July 5, 2021

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Office of Policy Support Food and Nutrition Service U.S. Department of Agriculture 1320 Braddock Place Alexandria, VA 22314 OMB NUMBER: 0584-0665 EXPIRATION: DATE 6/30/2024

SURVEY OF SNAP E&T CASE MANAGEMENT

SNAP Agency Survey

April 2020

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 45 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-xxxx). Do not return the completed form to this address.

Introduction: Program overview and section assignments

Welcome to the SNAP E&T case management survey! This survey focuses on State or territory policy, guidance, and experiences with SNAP Employment and Training (E&T) case management. The goal of the survey is to collect information about the policies and guidance your agency provides at the State- or territory-level. Although we will ask you some questions about how SNAP E&T is implemented at the local-level in general, the aim is not to capture the full depth and breadth of how case management is implemented across your State or territory.

This survey is part of an exploratory study sponsored by the Food and Nutrition Service (FNS) to better understand how States and territories have implemented the new case management requirement. This survey is not part of any monitoring or auditing activities by FNS. The results of the survey will be used for research purposes only. Most information collected about each State in the survey will be publicly reported. However, information will not be attributed to survey respondents, and information about the respondents will not be made public.

It will take approximately 45 minutes to respond to this survey; this includes the time it will take to read instructions, gather resources and search existing data sources. The survey includes an introductory section that will take about 6 minutes to complete and three main sections that will take about 13 minutes each to complete: (1) case management, (2) assessments, and (3) participant reimbursements and support services.

You may complete all three main survey sections yourself or assign other agency staff to complete sections 1, 2, or 3. In the introductory section, you will be able to provide contact information for the person within your agency who is best able to complete each of the other sections. We will send notifications to those people to ask them to complete their assigned sections.

Personally identifiable information (PII) will not be used to retrieve survey records or data.

For more information

If you have any questions or concerns about the survey, please contact the Mathematica study team at [fill study email address] or the FNS project officer, Kristen Corey, at Kristen.Corey@usda.gov.

Thank you in advance for your assistance in completing this survey.

First, please answer three background questions about your agency's SNAP E&T program.

	L				
1.	Which of the following populations	s does your SNAP	E&T program t	target?	
	PROGRAMMER: CODE ONE PER F	ROW			
			Select one p	er row	
Po	pulation	Targeted State- or territory-wide	Targeted in some counties or by some providers	Served but not targeted	Not serve
a.	Work registrants	O 1	2 Q	O ε	C 0
b.	Able-bodied adults without dependents (ABAWDs)	1 O 1	2 Q	O ε	C 0
c.	Any SNAP participant	1 O	2 Q	O ε	O 0
d.	Other (specify)	O 1	2 O	O ε	
	(STRING 10	0)			
AL	L				
		vou currently offe	er in vour State	or territory?	
	Which SNAP E&T components do	you currently offe	r in your State	or territory?	
	Which SNAP E&T components do		•	-	
	Which SNAP E&T components do		•	-	
	Which SNAP E&T components do			1	
AL 2.	Which SNAP E&T components do Select all that apply □ Supervised job search □ Job search training □ Education programs (includes bacareer/technical education programs language acquisition; integrated)	asic/foundational sk ams or other vocational education and train	ills instruction; onal training; En ing/bridge progra	12 glish ams; and	
	Which SNAP E&T components do Select all that apply □ Supervised job search □ Job search training □ Education programs (includes bacareer/technical education progral language acquisition; integrated work readiness training)	asic/foundational sk ams or other vocationed train	ills instruction; onal training; En ing/bridge progra	2 glish ams; and	
	Which SNAP E&T components do Select all that apply □ Supervised job search □ Job search training □ Education programs (includes be career/technical education progral language acquisition; integrated work readiness training)	asic/foundational sk ams or other vocation education and train aternship; on-the-job	ills instruction; onal training; En ing/bridge progra	12 glish ams; and3	
	Which SNAP E&T components do Select all that apply □ Supervised job search	asic/foundational sk ams or other vocati education and train uternship; on-the-jok	ills instruction; onal training; En ing/bridge progra o training; subsic	1 glish ams; and	
	Which SNAP E&T components do Select all that apply Supervised job search	asic/foundational sk ams or other vocation education and train aternship; on-the-jok s)	ills instruction; onal training; En ing/bridge progra o training; subsic	12 glish ams; and34 lized5	
	Which SNAP E&T components do Select all that apply □ Supervised job search	asic/foundational sk ams or other vocation education and train aternship; on-the-jok s)	ills instruction; onal training; En ing/bridge progra o training; subsic	12 glish ams; and34 lized5	
	Which SNAP E&T components do Select all that apply Supervised job search	asic/foundational sk ams or other vocation education and train aternship; on-the-job s)	ills instruction; onal training; En ing/bridge progra o training; subsic	12 glish ams; and34 lized5	
	Which SNAP E&T components do Select all that apply Supervised job search	asic/foundational sk ams or other vocati education and train aternship; on-the-jok s)	ills instruction; onal training; En ing/bridge progra o training; subsic	1 glish ams; and	9

ALL					
i3.	Wh	nich e	ntities currently provide SNAP	E&T components in your State or	territory?
	Se	lect a	all that apply		
		Loca	al SNAP office		1
		Com	nmunity college		2
			kforce Innovation & Opportunity A artment of Labor–funded workfor	Act (WIOA) agency or other ce programs	3
		Com	nmunity-based organization		4
		Adul	t Basic Education (ABE) provide		5
		Othe	er (specify)		99
	Sp	ecify		(STRING 250)	

ALL

i4. Next, please review the topics covered in each of the three SNAP E&T case management survey sections in the table below and indicate who will respond to each section. You can indicate that you will respond to the questions in the section yourself or designate someone else to respond to these sections.

You may designate only one person per section, so please select the person who is best suited to answer questions related to each section's topics. Section respondents may ask other SNAP agency staff to assist them with answering questions, if needed.

<u>Please designate only State-level or territory-level SNAP staff to complete survey sections</u>. Please do not designate local office or provider staff; we are seeking a State-level perspective._

	Topics covered	Staff who might be able to respond	Select if you want to respond to this section	Select if you want to designate someone else to respond to this section
a. Section 1: Case management	 Policy and guidance on case management for SNAP E&T participants Entities and staff responsible Case management frequency, format, mode, services, and techniques Caseload size Number served Implementation and response to 2018 Farm Bill case management requirement Please note: In this section, you will be asked to provide data on caseload size and the number of E&T participants who attended a case management meeting in FY 2020. 	 SNAP director SNAP E&T director SNAP policy staff 	1 Q	2 🔾
b. Section 2: Assessments	 Policy and guidance on assessments for SNAP E&T participants Types of assessments Entities and staff responsible Expected assessment timing and length Assessment tool(s) used Selection and use of assessments 	SNAP directorSNAP E&T directorSNAP policy staff	1 O	2 O
c. Section 3: Participant reimbursements and support services	 Policy and guidance on participant reimbursements and support services Types of available participant reimbursements and support services How participants are informed of reimbursements and other supports Caps and qualifications Share of participants receiving reimbursements Please note: In this section, you will be asked to provide data on the total amount paid in participant reimbursements and the total number of participants receiving reimbursements 	 SNAP director SNAP E&T director SNAP policy staff SNAP financial staff 	1 Q	2 🔾

PROGRAMMER

DISPLAY I5/I6/I7 IF RESPONDENT INDICATED SOMEONE ELSE WOULD ANSWER THOSE SECTIONS IN I4

SECTION 1: CASE MANAGEMENT

14A=	=2	
i5.	Please provide contact information for the person w Section 1 on case management.	ithin your agency best suited to complet
	First Name:	(STRING 100)
	Last Name:	(STRING 100)
	Agency:	(STRING 100)
	Title:	(STRING 100)
	Email address:	(STRING 100)
	Telephone number:	STRING 100)
	Additional telephone number:	(STRING 100)
SEC1	FION 2: ASSESSMENTS	
i6.	Please provide contact information for the person w Section 2 on assessments.	ithin your agency best suited to complet
	First Name:	(STRING 100)
	Last Name:	(STRING 100)
	Agency:	(STRING 100)
	Title:	(STRING 100)
	Email address:	(STRING 100)
	Telephone number:	STRING 100)

	Additional telephone number:	(STRING 100)				
SEC	TION 3: PARTICIPANT REIMBURSEMENTS AND SUPPO	TRT SERVICES				
I4C	-2					
i7. Please provide contact information for the person within your agency best suited to c Section 3 on participants reimbursements and support services.						
	First Name:	(STRING 100)				
	Last Name:	(STRING 100)				
	Agency:	(STRING 100)				
	Title:	(STRING 100)				
	Email address:	(STRING 100)				
	Telephone number:	(STRING 100)				
	Additional telephone number:	(STRING 100)				

SECTION 1: CASE MANAGEMENT

This section of the survey asks general questions about your State or territory's approach to case management for SNAP E&T participants. You also will be asked to provide data on caseload size and the number of E&T participants who attended a case management meeting in FY2020.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

What do we mean by case management? Case management might look different across different agencies. By case management, we mean those services and supports provided directly to SNAP E&T participants by a case manager or other direct-service staff person after participants are referred to E&T. This does not include providing activities—such as workshop instruction, education or training, or supervised job search or job placement assistance. Case management activities often include:

- Assessing participants
- Creating individualized services, employment, or development plans
- Linking participants to participant reimbursements or other support services
- Monitoring progress and program requirements
- Coordinating with service providers

"Case manager" is a general name and might include staff with other titles such as counselors, coaches, or navigators.

A1. What entities are currently responsible for providing SNAP E&T case management services in your State or territory?

Select all that apply

Ц	Local SNAP office		1		
	Community college				
	Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce programs				
	Community-based organization				
	Adult Basic Education (ABE) provider				
	Other (specify)		99		
Sp	ecify	(STRING 100)			

CASE MANAGEMENT FREQUENCY, MEETING STRUCTURE, AND MODE

The next questions ask about whether your agency provides either \underline{policy} or $\underline{guidance}$ to local SNAP offices or E&T providers on how to provide case management to SNAP E&T participants.

By *policy*, we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

A2.	Does your agency provide <u>policy</u> or <u>guidance</u> on how freque communicate with SNAP E&T participants?	ently case managers must
	[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY OVER UNDERLINED TERMS]	WHEN RESPONDENT HOVER
	Select one only	
	O Yes, policy only	1
	O Yes, guidance only	2
	O Yes, policy and guidance	3
	O No, neither policy nor guidance	0
IF A2	2 = YES (1, 2, 3)	
	2=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE S EQUENCIES"	PECIFY DIFFERENT
A2a.	How frequently does policy or guidance specify that case m	anagers should communicate
	SNAP E&T participants?	
	Select one only	
	•	
	Select one only	1
	Select one only O Multiple times per week	1
	Select one only Multiple times per week Weekly	1 2 3
	Select one only Multiple times per week Weekly Monthly	2 3 4
	Select one only Multiple times per week Weekly Monthly Quarterly	1234
	Select one only Multiple times per week Weekly Monthly Quarterly As needed	1234
	Select one only Multiple times per week Weekly Monthly Quarterly As needed Other frequency (specify)	1234599
	Select one only Multiple times per week Weekly Monthly Quarterly As needed Other frequency (specify) Specify (STRING 250)	

IF A2	A=/	("POLICY AND GUIDANCE SPECIFY DIFFERENT FREQUENCIES")					
A2b.		w do policy and guidance on how frequently case managers should cor T participants differ from one another?	mmunicate with SNA				
	L	(STRING 250)					
ALL							
A3.	me	es your agency provide <u>policy</u> or <u>guidance</u> on the meeting structure for etings (for example, one-on-one sessions, group sessions, team meeting ticipants?					
	-	EFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPO ER UNDERLINED TERMS]	ONDENT HOVERS				
	Se	ect one only					
	0	Yes, policy only	1				
	O Yes, guidance only2						
	O	O Yes, policy and guidance3					
	O	O No, neither policy nor guidance					
IF A3	= YI	ES (1, 2, 3)					
		DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFE STRUCTURES"	RENT				
A3a.	Wh	ich meeting structure does policy or guidance specify for case manage	ement meetings?				
	Se	lect all that apply					
		One-on-one sessions	1				
		Group sessions with multiple participants					
		Team meetings with single participant, case manager, and other professionals					
		Other structure(s) (specify)					
		ecify (STRING 250)					
		Policy or guidance gives local SNAP offices or E&T providers flexibility in the structure for case management meetings	4				
		[DISPLAY IF A3=3: Policy and guidance specify different meeting structures]	5				

IF A3	A=5 ("POLICY AND GUIDANCE SPECIFY DIFFERENT MEETING STRUCTUF	RES")
A3b.	How do policy and guidance on case management meeting structure diff	fer from one another?
	(STRING 250)	
ALL		
۸4.	Does your agency provide <u>policy</u> or <u>guidance</u> on the modes of communiuse to conduct case management (for example, in-person or telephone n E&T participants?	
	[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESIOVER UNDERLINED TERMS]	PONDENT HOVERS
	Select one only	
	O Yes, policy only	1
	O Yes, guidance only	
	O Yes, policy and guidance	
	O No, neither policy nor guidance	
	- · · · · · · · · · · · · · · · · · · ·	
F A4	= YES (1, 2, 3, 4)	
	=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFF	ERENT MODES
	OMMUNICATION TO CONDUCT CASE MANAGEMENT"	EKENT WODES
4a.	Which mode or modes of communication does policy or guidance specific conduct case management with SNAP E&T participants?	fy case managers use
	Select all that apply	
	☐ In-person meetings in the case manager's office	1
	☐ In-person meetings in the participant's home	2
	☐ In-person meeting in a community location	
	□ Telephone	
	□ Videoconferencing	
	☐ Text messages	
	□ Online chat software	
	□ Email	
	☐ Other mode(s) (specify)	
	Specify (STRING 250)	
	Policy or guidance gives local SNAP offices or E&T providers flexibility in the modes of communication case managers use to conduct case management	9
	☐ [DISPLAY IF A4=3: Policy and guidance specify different modes of communication to conduct case management]	10

CONDUCT CASE MANAGEMENT") A4b. How do policy and guidance about the modes of communication case managers use to conduct case management differ from one another? (STRING 250) ALL A5. Does your agency provide policy or guidance on the maximum number of SNAP E&T participants assigned (maximum caseload size) to each case manager? [DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS] Select one only O No, neither policy nor guidance......0 IF A5 = YES (1, 2, 3)IF A5=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE INDICATE DIFFERENT MAXIMUM CASELOAD SIZES" A5a. What is the maximum caseload size indicated by policy or guidance? MAXIMUM CASELOAD SIZE (RANGE 1-1000) O [DISPLAY IF A5=3: Policy and guidance indicate different maximum caseload sizes] 1 IF A5A=1 ("POLICY AND GUIDANCE INDICATE DIFFERENT MAXIMUM CASELOAD SIZES")

A5b.

(STRING 250)

IF A4A=10 ("POLICY AND GUIDANCE SPECIFY DIFFERENT MODES OF COMMUNICATION TO

How do policy and guidance about maximum caseload sizes differ from one another?

ALL						
A6.		es your agency provide <u>policy</u> or <u>guidance</u> on whether SNAP E&T partic e case manager or with multiple case managers simultaneously?	ipants work with			
	-	EFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN SPONDENT HOVERS OVER UNDERLINED TERMS]				
	Se	lect one only				
	O	Yes, policy only	1			
	\mathbf{C}	Yes, guidance only	2			
	\mathbf{C}	Yes, policy and guidance	3			
	0	No, neither policy nor guidance	0			
IF A6	i = Y	ES (1, 2, 3)				
		DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE DIFFER ON WHE TICIPANTS WORK WITH JUST ONE OR MULTIPLE CASE MANAGERS"	THER SNAP			
A6a.	What is the policy or guidance on whether SNAP E&T participants work with just one or multiple case managers?					
	Select all that apply					
		Participants work with one case manager at a time who is assigned to them	1			
		Participants work with one case manager at a time but do not have an assigned case manager (for example, they meet with any case manager who is available when they need case management)	2			
		Participants work with multiple case managers who fill different functions at the same time (for example, a teaming case management approach)	3			
		Other arrangement (specify)	99			
	Sp	ecify (STRING 250)				
		Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding whether SNAP E&T participants are assigned to or work with just one or multiple case managers	4			
		[DISPLAY IF A6=3: Policy and guidance differ on whether SNAP E&T participants work with just one or multiple case managers]				
IE A6	Δ-5	("POLICY AND GUIDANCE DIFFER ON WHETHER SNAP E&T PARTICIPA	NTS WORK			
		ST ONE OR MULTIPLE CASE MANAGERS")	Work Work			
A6b.		w do policy and guidance on whether SNAP E&T participants work with se managers differ from one another?	just one or multip			
	[(STRING 250)				

IMPLEMENTATION OF SNAP E&T CASE MANAGEMENT SERVICES AND ACTIVITIES

The next questions ask about the extent to which <u>case management</u> services and activities are currently offered to SNAP E&T participants in your State or territory.

[DEFINITION OF "CASE MANAGEMENT" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERM]

ALL

A7. For each of the following case management services and activities, please indicate the extent to which the service or activity is currently offered in your State or territory's SNAP E&T program.

PROGRAMMER: RANDOMIZE ORDER OF RESPONSE OPTIONS A-M; OTHER SPECIFY SHOULD ALWAYS BE LAST

Select one per row

				•		
		No current plans to offer	Offered in the past, but not currently offering	Plan to offer in the next two years	Currently offered by some providers	Currently offered by all providers
a.	Comprehensive intake assessments or initial assessments [Hover over text: Comprehensive intake assessments or initial assessments might include assessments of participants' needs, barriers, and work readiness]	O 0	1 Q	2 Q	O ε	4 O
b.	Subsequent participant assessments [Hover over text: Subsequent participant assessments include mental and physical ability tests, aptitude/abilities assessments, work interest measures, work and personal values measures, and personality inventories]	C 0	$\mathbf{O}_{\mathtt{f}}$	2 Q	O ε	4 O
C.	Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)	C 0	$\mathbf{O}_{\mathtt{l}}$	2 Q	Oε	4 Q
d.	Monitoring and assuring participants meet SNAP E&T program requirements	O 0	\mathbf{C}_{1}	2 O	O ε	4 O
e.	Tracking and monitoring participant progress and outcomes	\mathbf{C}_0	1 O	2 O	O ε	4 O
f.	Coordination with services providers	\mathbf{C}_0	1 O	2 O	O ε	4 O
g.	Providing participant reimbursements or other support services (for example, transportation or child and dependent care)	O 0	1 Q	2 Q	O ε	4 O
h.	Providing referrals to other support services (for example, mental or behavioral health services)	O 0	\mathbf{O}_1	2 Q	O ε	4 O
i.	Providing referrals to other employment or training programs	\mathbf{C}_0	1 O	2 Q	O ε	4 O
j.	Coaching and goal setting	\mathbf{C}_0	1 O	2 Q	O 8	4 O
k.	Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments)	O 0	1 Q	2 Q	O ε	4 Q
I.	Follow-up and job retention services (as a part of case management; not as an E&T component)	O 0	1 O 1	2 Q	O ε	4 O
m.	Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)	C 0	1 O	2 Q	Oε	4 Q
n.	Other case management service(s) (specify)	\mathbf{C}_{0}	\mathbf{O}_{1}	2 O	O ε	4 O

	No current plans to offer	Offered in the past, but not currently offering	Plan to offer in the next two years	Currently offered by some providers	Currently offered by all providers
--	------------------------------------	---	--	--	---

(STRING 250)

 ALL

A8. When did your agency start offering the following case management services and activities in your SNAP E&T program?

PROGRAMMER: CODE ONE PER ROW

[PROGRAMMER: DISPLAY ONLY SERVICES AND ACTIVITIES INDICATED AS "CURRENTLY OFFERED BY SOME PROVIDERS" AND "CURRENTLY OFFERED BY ALL PROVIDERS" IN QA7; DISPLAY IN SAME ORDER AS QA7]

Select one per row

			Sciedi one pe	
		Before December 2018	Between December 2018 and October 2019	After October 2019
a.	Comprehensive intake assessments or initial assessments [Hover over text: Comprehensive intake assessments or initial assessments might include assessments of participants' needs, barriers, and work readiness]	O 1	2 Q	O ε
b.	Subsequent participant assessments [Hover over text: Subsequent participant assessments include mental and physical ability tests, aptitude/abilities assessments, work interest measures, work and personal values measures, and personality inventories]	1 O	2 Q	O ε
C.	Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)	O ₁	2 Q	O ε
d.	Monitoring and assuring participants meet SNAP E&T program requirements	O ₁	2 Q	O ε
e.	Tracking and monitoring participant progress and outcomes	1 O	2 O	O ε
f.	Coordination with services providers	1 O	2 O	O ε
g.	Providing participant reimbursements or other support services (for example, transportation or child and dependent care)	O 1	2 Q	O ε
h.	Providing referrals to other support services (for example, mental or behavioral health services)	O 1	2 Q	O ε
i.	Providing referrals to other employment or training programs	O 1	2 Q	O ε
j.	Coaching and goal setting	1 O	2 Q	O ε
k.	Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments)	O 1	2 Q	O ε
I.	Follow-up and job retention services (as a part of case management; not as an E&T component)	O ₁	2 Q	O ε
m.	Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)	O 1	2 Q	O ε
n.	Other case management service(s) (specify)	O 1	2 Q	O ε
	(STRING 250)			

POLICY AND GUIDANCE ON SNAP E&T CASE MANAGEMENT SERVICES, ACTIVITIES, AND APPROACHES

The next questions ask about whether your agency provides either <u>policy</u> or <u>guidance</u> to local SNAP offices or E&T providers on case management services, activities, and approaches for SNAP E&T participants.

[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS]

ALL

A9. Does your agency provide <u>policy</u> or <u>guidance</u> on which case management services and activities must be provided to SNAP E&T participants?

[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS]

Select one only

O	Yes, policy only	1
	Yes, guidance only	
O	Yes, policy and guidance	3
0	No. neither policy nor guidance	0

IF A9 = YES (1, 2, 3)

IF A9=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFERENT CASE MANAGEMENT SERVICES AND ACTIVITIES"

A9a. What SNAP E&T case management services and activities does your policy or guidance include?

Select all that apply

[PROGRAMMER: DISPLAY ONLY SERVICES AND ACTIVITIES INDICATED "CURRENTLY OFFERED BY SOME PROVIDERS" AND "CURRENTLY OFFERED BY ALL PROVIDERS" IN QA7; DISPLAY IN SAME ORDER AS QA7]

	2	
	Comprehensive intake assessments or initial assessments [Hover over text: Comprehensive intake assessments or initial assessments might include assessments of participants' needs, barriers, and work readiness]	.1
	Subsequent participant assessments [Hover over text: Subsequent participant assessments include mental and physical ability tests, aptitude/abilities assessments, interest measures, work and personal values measures, and personality inventories]	.2
	Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)	.3
	Monitoring and assuring participants meet SNAP E&T program requirements	.4
	Tracking and monitoring participant progress and outcomes	.5
	Coordination with services providers	.6
	Providing participant reimbursements or other support services (for example, transportation or child and dependent care)	.7
	Providing referrals to other support services (for example, mental or behavioral health services)	.8
	Providing referrals to other training or employment programs	.9
	Coaching and goal setting	. 10
	Motivating or supporting participants to engage in the program (for example, contacting clients to check on progress, reminding clients of appointments, accompanying clients to appointments)	.11
	Follow-up and job retention services (as a part of case management; not an E&T component)	.12
	Crisis management (for example, assessing if participant is in immediate crisis, linking participant to services to address crisis)	.13
	Other case management service(s) (specify)	.99
Sp	ecify (STRING 250)	
	Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding what specific case management services and activities to offer	.14

IF A9A=15 ("POLICY AND GUIDANCE SPECIFY DIFFERENT TYPES OF CASE MANAGEMENT SERVICES AND ACTIVITIES")

A9b.	How do policy and guidance on SNAP E&T cas one another? (STRING 250)	e manaç	gement s	ervices a	and activi	ties diffe	r from
ALI	-						
A10.	In a complex program like SNAP E&T, how the sometimes differ from what is specified by poli			emented	in practic	e might	
	To the best of your understanding, in practice, providers offer the following types of case man participants?						
	PROGRAMMER: [DISPLAY RESPONSE OPTION RESPONSE OPTIONS REGAR					AY ALL	
			Se	lect one p	per row		
		1-24%	25-49%	50-74%	75-100%	Not currently offered	Don't know
a.	Comprehensive intake assessments or initial assessments [Hover over text: Comprehensive intake assessments or initial assessments might include assessments of participants' needs, barriers, and work readiness]	1 O	2 Q	Cε	4 Q	O 0	C b
b.	Subsequent participant assessments [Hover over text: Subsequent participant assessments include mental and physical ability tests, aptitude/abilities assessments, work interest measures, work and personal values measures, and personality inventories]	O ₁	2 Q	O ε	4 Q	O 0	C b
C.	Developing individualized plans (for example, individual employment plans, individual services plans, individual development plans)	O 1	2 Q	O ε	4 O	C 0	C _b
d.	Monitoring and assuring participants meet SNAP E&T program requirements	O 1	2 Q	C ε	4 O	C 0	C _b
e.	Tracking and monitoring participant progress and outcomes	O 1	2 Q	C ε	4 O	C 0	C _b
f.	Coordination with services providers	1 O	2 O	O ε	4 O	O 0	C _b
g.	Providing participant reimbursements or other support services (for example, transportation or child and dependent care)	1 O	2 Q	O ε	4 O	O 0	C _b
h.	Providing referrals to other support services (for example, mental or behavioral health services)	O 1	2 Q	3 O	4 Q	O 0	C _b
i.	Providing referrals to other employment or training	1 Q	2 Q	O 8	4 Q	\mathbf{C}_0	C _b

1 **O**

2 **O**

O ε

4 **O**

 \mathbf{C}_0

 $\mathbf{C}_{\,\mathrm{b}}$

programs

j. Coaching and goal setting

			1-24%	25-49%	50-74%	75-100%	Not currently offered	Don't know
k.	progra progre	ating or supporting participants to engage in the tim (for example, contacting clients to check on ess, reminding clients of appointments, ipanying clients to appointments)	1 O	2 Q	3 Q	4 O	O 0	C b
I.		r-up and job retention services (as a part of case gement; not as an E&T component)	O 1	2 Q	3 O	4 O	O 0	\mathbf{C} b
m.	Crisis is in cr	management (for example, assessing if participant isis, linking participant to services to address crisis)	1 O 1	2 Q	O ε	4 O	C 0	C _b
n.	Other	case management service(s) (specify)	1 O 1	2 O	O ε	4 Q	O 0	C _b
		(STRING 250)						
ALL	_							1
A11.	tec wit	es your agency provide <u>policy</u> or <u>guidance</u> or chniques (for example, motivational interviev h SNAP E&T participants?	ving, tra	uma-info	rmed cas	se manag	ement) to	
	-	EFINITIONS OF "POLICY" AND "GUIDANCE" V OVERS OVER UNDERLINED TERMS]	VILL DIS	PLAY WI	HEN RES	PONDEN	Т	
	Se	lect one only						
	•	Yes, policy only				1		
	0	Yes, guidance only				2		
	0	Yes, policy and guidance				3		
	O	No, neither policy nor guidance				0		
IF A	11 = \	YES (1, 2, 3)						
		DISPLAY RESPONSE OPTION "POLICY AND MENT APPROACHES OR TECHNIQUES"	GUIDAI	NCE SPE	CIFY DIF	FERENT	CASE	
A11a		nat SNAP E&T case management approaches	s or tech	niques c	loes you	r policy o	r guidand	ce
	Se	lect all that apply						
		Trauma-informed case management [Hover or case management techniques include recognit participants, addressing trauma with participant overcome the effects of trauma and move towards.]	zing the onto	effects of offering st	trauma o rategies t	o		
		Employment coaching [Hover over text: Employer partnering with participants to define and move goals, including goal setting, developing plans supporting and motivating participants to work	toward to achie	their emp ve goals,	loyment and	2		
		Teaming or case coordination [Hover over text coordination involves bringing together profess participant or family in different domains (for expectations).	sionals w	orking wi	th the			

	employment) and/or systems (for example, income maintenance, workforce) to discuss services strategies and coordinate services.]	.3
	Motivational interviewing [Hover over text: Motivational interviewing is a specific technique that uses conversational tactics like open-ended questions, reflective listening, empathy, affirmations, and reinforcements to help clients resolve ambivalent feelings and generate motivation to change.]	. 4
	Other case management approaches or technique(s) (specify)	99
Spe	ecify STRING 250)	
	Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding which case management approaches or techniques to use	5
	[DISPLAY IF A11=3: Policy and guidance specify different case management approaches or techniques]	6

IF A11A=6 ("POLICY AND GUIDANCE SPECIFY DIFFERENT CASE MANAGEMENT APPROACHES OR TECHNIQUES")

A11b. How do policy and guidance about SNAP E&T case management approaches or techniques differ from one another?

	(STRING 250)						
ALI	L						
A12.	In a complex program like SNAP E&T, how the sometimes differ from what is specified by pol				ed in pra	ctice migl	nt
	To the best of your understanding, in practice, providers use the following case management participants?						
	PROGRAMMER: CODE ONE PER ROW						
				Select or	ne per row	′	
		1-24%	25-49%	50-74%	75-100%	Not currently offered	Don't know
a.	Trauma-informed case management [Hover over text: Trauma-informed case management techniques include recognizing the effects of trauma on participants, addressing trauma with participants, and offering strategies to overcome the effects of trauma and move towards goals.]	Oı	2 Q	3 Q	4 Q	O 0	d O
b.	Employment coaching [Hover over text: Employment coaching involves partnering with participants to define and move toward their employment goals, including goal setting, developing plans to achieve goals, and supporting and motivating participants to work toward goals.]	1 O	2 Q	3 O	4 Q	O 0	O b
C.	Teaming or case coordination [Hover over text: Teaming or case coordination involves bringing together professionals working with the participant or family in different domains (for example, mental health, employment) and/or systems (for example, income maintenance, workforce) to discuss services strategies and coordinate services.]	1 O	2 Q	3 Q	4 Q	O 0	O b
d.	Motivational interviewing [Hover over text: Motivational interviewing is a specific technique that uses conversational tactics like open-ended questions, reflective listening, empathy, affirmations, and reinforcements to help clients resolve ambivalent feelings and generate motivation to change.]	1 Q	2 Q	3 O	4 Q	O 0	C b
e.	Other case management approaches or technique(s) (specify) (STRING 250)	1 O	2 Q	O E	4 Q	O 0	C _b

THE 2018 FARM BILL CASE MANAGEMENT REQUIREMENT

The Agricultural Improvement Act of 2018 (2018 Farm Bill) (enacted December 2018) added a requirement that SNAP E&T programs provide case management to all E&T participants. The case management requirement went into effect in October 2019. The next questions ask about your agency's experiences with this requirement.

the

ALL		
A13.		w has case management for SNAP E&T participants in your E&T program changed since 18 Farm Bill case management requirement went into effect in October 2019?
	Se	lect all that apply
	O	No change [IF SELECTED, DO NOT ALLOW ANY OTHER RESPONSE OPTIONS TO BE SELECTED]
		Offering case management for the first time1
		Expanding existing case management to be available to more SNAP E&T participants2
		Expanding menu of available case management services3
		Adopting new case management approach(es) or technique(s)4
		Offering new assessments5
		Offering new participant reimbursements or other support services6
		Other change(s) (specify)99
	Sp	ecify (STRING 250)
A13=	:1, 2,	3, 4, 5, 6, 99 (SKIP IF A13=0 "NO CHANGE")
A14.	Wł	nat motivated these changes?
	Se	lect all that apply
		Passage of the 2018 Farm Bill1
		Direction from FNS to implement case management requirement in the 2018 Farm Bill
		State government legislation or directive3
		State government legislation or directive

ALL

A15. In response the 2018 Farm Bill, what, if any, additional resources has your State or territory already invested—or plans to invest—in case management for SNAP E&T participants?

PROGRAMMER: CODE ONE PER ROW

Select one per row

		Already invested	Already invested and more planned	Investment planned	No additional or new investment made or planned
a.	Add SNAP agency staff	O 1	2 O	3 Q	O 0
b.	Increase SNAP agency staff hours devoted to implementing case management	1 O	2 Q	O 8	O 0
C.	Add new or expand existing facilities	O ₁	2 Q	O ε	O 0
d.	Add new E&T provider agencies	O 1	2 O	O ε	O 0
e.	Expand existing E&T provider contracts to add or expand case management	O 1	2 Q	O 8	O 0
f.	Provide new training for SNAP agency staff	1 O	2 O	O 8	O 0
g.	Provide new training for E&T provider agency staff	1 O 1	2 O	O ε	O 0

CASE MANAGEMENT DATA

ALL

A16. Does your agency collect data on the following?

PROGRAMMER: CODE ONE PER ROW

Select one per row

		YES	NO
a.	Whether an individual receives case management?	O 1	O 0
b.	Which case management services an individual receives?	$\mathbf{O}_{\mathtt{l}}$	O 0
C.	How frequently an individual receives case management services?	Oı	O 0

	=1			
A17.	How many SNAP E&T participants attended in fiscal year (FY) 2020?	ed at least one SNA	P E&T case ma	nagement me
		ABAWD [Hover over text: Able		
		bodied adult		
		without dependents]	Non-ABAWD	Total
		SNAP E&T participants	SNAP E&T participants	SNAP E&T participants
	lumber attended at least one SNAP E&T case nanagement meeting in FY 2020			
A16A	=1 AND [A16B=1 OR A16C=1]			
A18.	Does your agency track SNAP E&T partic case management SNAP E&T participants		ociated with the	e type or inte
	For this question, we are interested in lea management, separate from outcomes as			
	O Yes			1
	O No			0
IF A1	8 = 1			
IF A1 A18a .	8 = 1 Which participant outcomes associated w your agency track?	vith the type or inter	sity of case ma	anagement do
	Which participant outcomes associated w	vith the type or inter	nsity of case ma	anagement do
	Which participant outcomes associated w your agency track?	.,		
	Which participant outcomes associated way your agency track? Select all that apply			1
	Which participant outcomes associated wayour agency track? Select all that apply Number of credentials obtained			1
	Which participant outcomes associated we your agency track? Select all that apply Number of credentials obtained			1 2 3
	Which participant outcomes associated we your agency track? Select all that apply Number of credentials obtained			1 2 3
	Which participant outcomes associated we your agency track? Select all that apply Number of credentials obtained			1 2 3
A18a.	Which participant outcomes associated we your agency track? Select all that apply Number of credentials obtained	(STRING 250)		1 2 3 99
A18a.	Which participant outcomes associated we your agency track? Select all that apply Number of credentials obtained	(STRING 250) valuation to assess sipant outcomes?	the effects of th	1 2 3 99

IF A1	19 = 1	
A19a.	. Which participant outcomes associated with the type or intensity of case manage measured through research or evaluation?	ement are
	Select all that apply	
	□ Number of credentials obtained1	
	□ Number of jobs obtained2	
	□ Number of participants exiting SNAP3	
	□ Other outcome(s) (specify)99	
	Specify (STRING 250)	
ALL		
	Is there anything about how your agency provides case management to SNAP E8 that you would like to highlight as innovative or unique (for example, a particular management technique, staffing structure, use of evidence-based practice)? O Yes	
	O No	
IF A1	19 = 1	
A20a.	. Please describe what you would like to highlight as innovative or unique in the w provides case management.	ay your agei
	(STRING 1000)	
A I I		
ALL		
ALL A_ENI	ID. Thank you for completing this survey section. If you have additional information like to share about case management for SNAP E&T participants in your State please share it in the box below.	on you would or territory,

SECTION 2: ASSESSMENTS

Assessments are often a component of case management. This section asks about the policies or guidance your State or territory provides to local offices or providers about assessing SNAP E&T participants.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

INITIAL ASSESSMENT

The next questions ask about whether your agency provides either *policy* or *guidance* to local SNAP offices or E&T providers on how to assess SNAP E&T participants after they are referred to E&T.

By *policy*, we mean your agency's written rules on how to properly execute the SNAP E&T program that are shared with local SNAP offices or E&T providers via policy directives or contracts.

By *guidance*, we mean supplemental, non-binding information your agency provides to local SNAP offices or E&T providers in writing or verbally to help them implement the SNAP E&T program.

ALL

B1. Does your agency provide <u>policy</u> or <u>guidance</u> that specifies that SNAP E&T participants must be given an initial assessment after referral to E&T?

[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS]

By initial assessment, we mean the first assessment of SNAP E&T participants who have <u>already</u> been determined to be eligible or required to participate in the E&T program (that is, referred to SNAP E&T). Initial assessments might include assessments of participants' backgrounds, needs, barriers, and work readiness.

Select one only

O	Yes, policy only	1
	Yes, guidance only	
O	Yes, policy and guidance	3
O	No, neither policy nor guidance	0

IF B1 = YES (1, 2, 3)

B2. Does policy or guidance specify that local SNAP offices or E&T providers use a particular assessment tool or tools for initial assessments of SNAP E&T participants?

Select one only

O	Yes, policy only	1
O	Yes, guidance only	2
O	Yes, policy and guidance	3
O	No, neither policy nor guidance	0

IF B2 = YES (1, 2, 3)

IF B2=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFERENT ASSESSMENT TOOLS"

B2a. Which initial assessment tool or tools are specified by policy or guidance? Select all that apply

[RANDOMIZE ORDER OF RESPONSE OPTIONS 3-24; OTHER SPECIFY AND RESPONSE OPTIONS 25 AND 26 ALWAYS APPEAR LAST]

	Participant background assessment tool developed by or for the State, territory, or provider	1
	Needs and barrier assessment tool developed by or for the State, territory or provider	2
	Acuplacer	3
	Career Orientation Inventory (COI)	4
	CareerScope	5
	Campbell Interest and Skills Survey	6
	Candidate Physical Ability Test	7
	Comprehensive Adult Student Assessment System (CASAS)	8
	COPSystem	9
	Holland Self-Assessment Interest Survey	10
	Human Metrics	11
	JobFit	12
	Keirsey Temperament Sorter	13
	My Next Move	14
	Myers-Briggs Type Indicator	15
	O*NET Ability Profiler	16
	O*NET Interest Profiler	17
	Provelt!	18
	Self-Directed Search (SDS)	19
	Skillscan	20
	Test for Adult Basic Education (TABE)	21
	When I Grow Up	22
	World of Work Inventory (WOWI)	23
	WorkKeys	24
	Other tool or tools (specify all that apply)	99
Sp	ecify (STRING 250)	
	Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding which assessment tool or tools to use for initial assessments of SNAP F&T participants	25

B2A=	=1
B2b.	What is the name of the participant background assessment tool developed by or for the State territory, or provider?
	(STRING 250)
B2A=	=2
B2c.	What is the name of the needs and barrier assessment tool developed by or for the State, territory, or provider?
	(STRING 250)
B2A=	=26 ("POLICY AND GUIDANCE SPECIFY DIFFERENT ASSESSMENT TOOLS")
B2d.	How do the policy and guidance about initial assessment tools differ from one another?
	(STRING 250)

ALL

B3. In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified in policy or guidance or from provider to provider.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers are using the following assessment tools for initial assessments?

PROGRAMMER: CODE ONE PER ROW

PROGRAMMER: [USE SAME RESPONSE OPTION ORDER AS QB2A]

Select one per row

		1-24%	25-49%	50-74%	75- 100%	Not currently offered	Don't know
a.	Participant background assessment tool developed by or for the State or territory	O 1	2 Q	C ε	4 O	C 0	\mathbf{C} b
b.	Needs and barrier assessment tool developed by or for the State or territory	O ₁	2 O	Oε	4 O	\mathbf{C}_0	\mathbf{C} b
C.	Acuplacer	O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
d.	Career Orientation Inventory (COI)	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
e.	CareerScope	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
f.	Campbell Interest and Skills Survey	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
g.	Candidate Physical Ability Test	O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
h.	Comprehensive Adult Student Assessment System (CASAS)	1 O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
i.	COPSystem	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
j.	Holland Self-Assessment Interest Survey	O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
k.	Human Metrics	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
l.	JobFit	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
m.	Keirsey Temperament Sorter	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
n.	My Next Move	1 O	2 O	O 8	4 O	\mathbf{C}_0	\mathbf{C} b
0.	Myers-Briggs Type Indicator	O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
p.	O*NET Ability Profiler	1 O	2 O	Oε	4 O	\mathbf{C}_0	\mathbf{C} b
q.	O*NET Interest Profiler	O 1	2 O	Οε	4 O	\mathbf{C}_0	\mathbf{C} b
r.	Provelt!	O 1	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
S.	Self-Directed Search (SDS)	O ₁	2 O	Cε	4 O	\mathbf{C}_0	\mathbf{C} b
t.	Skillscan	1 O	2 O	Οε	4 O	\mathbf{C}_0	\mathbf{C} b
u.	Test for Adult Basic Education (TABE)	\mathbf{O}_{L}	2 O	O ε	4 O	\mathbf{C}_0	\mathbf{C} b
٧.	When I Grow Up	1 O	2 O	Oε	4 O	\mathbf{C}_0	\mathbf{C} b
W.	World of Work Inventory (WOWI)	O ₁	2 O	Cε	4 O	\mathbf{C}_0	\mathbf{C} b
Х.	WorkKeys	1 O	2 O	Οε	4 O	\mathbf{C}_0	\mathbf{C} b
у.	Other tool (specify)	O ₁	2 O	Cε	4 O	\mathbf{C}_0	\mathbf{C} b
	(STRING 250)						
Z.	Other tool (specify)	1 O	2 Q	Оε	4 O	\mathbf{C}_0	C _b
	(STRING 250)						
aa.	Other tool (specify)	O 1	2 Q	O ε	4 O	O 0	C _b
	(STRING 250)						

ALL

B4.	Which entities are responsible for conducting initial assessments of SNAP E	E&T participants?
	Select all that apply	
	□ Local SNAP office	1
	□ Community college	2
	☐ Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce programs	3
	□ Community-based organization	4
	□ Adult Basic Education (ABE) provider	5
	□ Other (specify)	99
	Specify (STRING 250)	
	O Not applicable	na
ALL		
B5.	Among most local SNAP offices or E&T providers, which types of staff condassessments of SNAP E&T participants?	luct initial
	Select all that apply	
	□ SNAP agency eligibility worker	1
	□ SNAP agency E&T worker	2
	□ Provider staff who provide case management to only SNAP E&T participants	3
	□ Provider staff who provide case management to participants from multiple programs	4
	☐ Trainers or facilitators who are not also case managers	5
	☐ Certified professionals (for example, certified to provide the Myers-Briggs assessment)	6
	□ Other staff (specify)	99
	Specify (STRING 250)	
	O Not applicable	na

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38.	Does your agency's policy or guidance indicate the <u>types</u> of additional assessments that be given or the <u>specific assessment tools</u> local SNAP offices or providers should use?					
	Sei	ect one only				
	0	Yes, policy or guidance indicates the types of additional assessments to be given	1			
	\mathbf{C}	Yes, policy or guidance indicates specific assessment tools to be used	2			
	O	Yes, policy or guidance indicates <u>both</u> the types of additional assessments to be given <u>and</u> the specific assessment tools to be used	3			
	0	No, policy or guidance does not indicate the types of additional assessments to be given or the specific assessment tools to be used	0			
IF B8	= YI	ES (1, 3)				
		DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFERITIONAL ASSESSMENTS"	ENT TYPES			
38a.	Wh	ich types of additional assessments are indicated by policy or guidance?	?			
	Se	lect all that apply				
		Needs and barrier assessments	1			
		Mental and physical ability tests (for example, Candidate Physical Ability Test)	2			
		Aptitude/abilities assessments (for example, O*NET Ability Profiler, Test for Adult Basic Education (TABE), Skillscan, WorkKeys)	3			
		Interest measures (for example, Campbell Interest and Skills Survey, Holland Self-Assessment Interest Survey, O*NET Interest Profiler, My Next Move)	4			
		Work and personal values measures (for example, COPSystem, CareerScope)	5			
		Personality inventories (for example, Human Metrics, Keirsey Temperament Sorter, Myers-Briggs Type Indicator)	6			
		Occupation-specific assessments (for example, Provelt!, JobFit)	7			
		Other type(s) of additional assessment (specify)	99			
	Sp	ecify (STRING 250)				
		[DISPLAY IF B7=4: Policy and guidance specify different types of additional assessments]	8			
		("POLICY AND GUIDANCE SPECIFY DIFFERENT TYPES OF ADDITIONAL MENTS")				
B8b.	Но	w do the policy and guidance about the types of assessments differ from	one anoth			
	Γ					
	L	(STRING 250)				

IF B8 = YES (2, 3)

IF B7=3, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFERENT ASSESSMENT TOOLS"

B8c. Which assessment tool or tools are specified by policy or guidance? Select all that apply

PR	OGRAMMER: [USE SAME RESPONSE OPTION ORDER AS QB2A]	
	Participant background assessment tool developed by or for the State, territory, or provider	1
	Needs and barrier assessment tool developed by or for the State, territory, or provider	2
	Acuplacer	3
	Career Orientation Inventory (COI)	4
	CareerScope	5
	Campbell Interest and Skills Survey	6
	Candidate Physical Ability Test	7
	Comprehensive Adult Student Assessment System (CASAS)	8
	COPSystem	9
	Holland Self-Assessment Interest Survey	10
	Human Metrics	11
	JobFit	12
	Keirsey Temperament Sorter	13
	My Next Move	14
	Myers-Briggs Type Indicator	15
	O*NET Ability Profiler	16
	O*NET Interest Profiler	17
	Provelt!	18
	Self-Directed Search (SDS)	19
	Skillscan	20
	Test for Adult Basic Education (TABE)	21
	When I Grow Up	22
	World of Work Inventory (WOWI)	23
	WorkKeys	24
	Other tool or tools (specify all that apply)	99

:	Specify	(STRING 250)
I	□ [DISPLAY IF B7=3: Policy and guidance tools]	specify different assessment 25
IF B8C	C=25 ("POLICY AND GUIDANCE SPECIFY D	IFFERENT ASSESSMENT TOOLS")
B8d.	How do the policy and guidance about wh	ich assessment tools to use differ from one another?
	(STRING 250)	

ALL

B9. In a complex program like SNAP E&T, how the program is implemented in practice might sometimes differ from what is specified in policy and guidance or from provider to provider.

To the best of your understanding, in practice, roughly what share of local SNAP offices or E&T providers is using the following tools for additional assessments?

PROGRAMMER: [USE SAME RESPONSE OPTION ORDER AS QB2A]

Select one per row

		Gelect one per row					
		1- 24%	24-49%	50-74%	75-100%	Not currently offered	Don't know
a.	Participant background assessment tool developed by or for the State or territory	Ô	2 Q	Оε	4 O	O 0	Ď
b.	Needs and barrier assessment tool developed by or for the State or territory	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ò
C.	Acuplacer	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	\mathbf{C}_0	$\overset{\mathtt{b}}{\mathbf{C}}$
d.	CareerScope	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	O 0	Ď
e.	Career Orientation Inventory (COI)	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	C 0	Ď
f.	Campbell Interest and Skills Survey	Ô	2 🔾	O ε	4 O	C 0	Ď
g.	Candidate Physical Ability Test	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	C 0	Ď
h.	Comprehensive Adult Student Assessment System (CASAS)	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ď
i.	COPSystem	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ö
j.	Holland Self-Assessment Interest Survey	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	C 0	Ď
k.	Human Metrics	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	\mathbf{C}_0	Ö
l.	JobFit	Ô	2 Q	O ε	4 O	C 0	Ď
m.	Keirsey Temperament Sorter	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	\mathbf{C}_0	Ď
n.	My Next Move	Ô	2 Q	O ε	4 O	C 0	Ď
0.	Myers-Briggs Type Indicator	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	\mathbf{C}_0	Ď
p.	O*NET Ability Profiler	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ď
q.	O*NET Interest Profiler	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ď
r.	Provelt!	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	C 0	Ď
S.	Self-Directed Search (SDS)	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 Q	C 0	Ď
t.	Skillscan	Ô	2 Q	O ε	4 Q	C 0	Ď
u.	Test for Adult Basic Education (TABE)	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	C 0	Ď
٧.	When I Grow Up	Ô	2 Q	O ε	4 O	O 0	Ď
W.	World of Work Inventory (WOWI)	$\overset{1}{\mathbf{O}}$	2 Q	O ε	4 O	\mathbf{C}_0	Ö
х.	WorkKeys	1	2 Q	O ε	4 O	\mathbf{C}_0	d

					Select one per row					
					1- 24%	24-49%	50-74%	75-100%	Not currently offered	Don't know
	0414	1 (O 1					O
у.	Otner to	ool (specify)			Ô	2 O	3 O	4 O	O 0	Ö
		(S	STRING 250)							
Z.	Other to	ool (specify)			Ô	2 Q	O 8	4 O	C 0	$\overset{\mathtt{b}}{\mathbf{C}}$
		(S	STRING 250)							
aa.	Other to	ool (specify)			$\overset{1}{\mathbf{O}}$	2 Q	Оε	4 O	C 0	Ď
		(S	TRING 250)							
A. I.										
ALL										
B10.			ponsible for cond	ucting addit	ional a	assessi	ments c	of SNAP	Е&Т ра	ırticip
		lect all that appl								
			.							
			e						<u> </u>	
			tion & Opportunity A bor–funded workfor					3	3	
		Community-based	d organization						1	
		Adult Basic Educa	ation (ABE) provide	r				5	5	
		Other (specify)						9	99	
	Sp	ecify		(STRING	3 250)					
	O	No entities						0)	
ALL	-									
B11.			NAP offices or E& AP E&T participant		whicl	h types	of staff	conduc	t additi	onal
	Se	lect all that appl	y							
		SNAP agency elig	gibility worker					1	L	
		SNAP agency E&	T worker					2	2	
			provide case mana	-	-			3	3	
			provide case mana	•	•				1	
		Trainers or facilita	tors who are not als	so case mana	agers .			5	5	
		•	onals (for example,			-		•	6	

☐ Other staff (specify)	99
Specify	STRING 250)
O Not applicable	na

ALL						
312.		Among most local SNAP offices or E&T providers, what is the expected timing of additional assessments of SNAP E&T participants?				
	Select all that apply					
		During eligibility interview after client is determined eligible for or referable to SNAP E&T1				
		During first meeting with an E&T case manager at a SNAP E&T provider2				
		During another meeting with an E&T case manager that is not the first meeting				
		During SNAP E&T orientation held at a local SNAP office4				
		During SNAP E&T orientation held at SNAP E&T provider5				
		On a regular basis, for example monthly or quarterly6				
		Before being referred to a service component7				
		After completing a service component8				
		At the discretion of the case manager9				
		Other timing (specify)99				
	Sp	pecify (STRING 250)				
	0					
SELEC	CTIC	ON AND USE OF ASSESSMENTS				
		questions ask about whether your agency provides either <i>policy</i> or <i>guidance</i> to local SNE&T providers on how to select and use assessments with SNAP E&T participants.	NAP			
		we mean your agency's written rules on how to properly execute the SNAP E&T program d with local SNAP offices or E&T providers via policy directives or contracts.	that			
		ce, we mean supplemental, non-binding information your agency provides to local SNAP off oviders in writing or verbally to help them implement the SNAP E&T program.	ices			
ALL						
313.	gu	multiple assessment tools are available to case managers, does your agency provide <u>uidance</u> that specifies how case managers should select among these tools to identify ost appropriate one for each SNAP E&T participant?				
		DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOV VER UNDERLINED TERMS]	'ERS			
	Se	elect one only				
	O	Yes, policy only1				
	O	Yes, guidance only2				
	O	Yes, policy and guidance3				
	O	No, neither policy nor guidance0				
	0	Multiple assessment tools are not available4				

IF B13	3 = `	YES (1, 2, 3)	
		, DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE DIFFER ON HOW CA ERS SHOULD SELECT AMONG MULTIPLE ASSESSMENT TOOLS"	SE
B14a.	Но	ow does policy or guidance specify case managers select among multiple asse	essment tools
	Se	elect all that apply	
		Personal case manager preference or discretion1	
		Based on participant interest areas, barriers, and so on2	
		Using guidance provided by the provider3	
		Based on assessment required by the program or component the participant is interested in4	
		Other method (specify)99	
	Sp	pecify (STRING 250)	
		Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding how case managers select among multiple assessment tools5	
		[DISPLAY IF B13=3: Policy and guidance differ on how case managers should select among multiple assessment tools]6	
		6 ("POLICY AND GUIDANCE DIFFER ON HOW CASE MANAGERS SHOULD SELMULTIPLE ASSESSMENT TOOLS")	ECT
B14b.		ow do policy and guidance differ from one another on how case managers selectively and guidance differ from one another on how case managers selectively assessment tools to identify the most appropriate one for each SNAP E	
	[(STRING 250)	

ALL

B15. Does <u>policy</u> or <u>guidance</u> specify that SNAP E&T participants complete or pass an assessment before beginning the following E&T components?

[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS]

PROGRAMMER: CODE ONE PER ROW

(STRING 250)

[PROGRAMMER: DISPLAY COMPONENTS SELECTED IN i2; DISPLAY IN SAME ORDER AS i2.]

Select one per row

		Yes, participants must <u>complete</u> an assessment	Yes, participants must <u>pass</u> an assessmen t	Policy or guidance gives the office or provider discretion to decide if participants must complete or pass an assessment	No, neither policy nor guidance require an assessmen t	Don't know
a.	Supervised job search	O 1	2 O	O ε	4 O	\mathbf{C} b
b.	Job search training	O 1	2 O	O ε	4 O	$oldsymbol{C}$ b
C.	Education programs (includes basic/foundational skills instruction; career/technical education programs or other vocational training; English language acquisition; integrated education and training/bridge programs; and work readiness training)	O 1	2 Q	Oε	4 O	C b
d.	Self-employment training	\mathbf{C}_{1}	2 Q	O ε	4 O	\mathbf{C} b
e.	Work-based learning (includes internship; on-the-job training; subsidized employment; and apprenticeships)	1 Q	2 Q	O ε	4 Q	C _b
f.	Work experience	\mathbf{C}_{1}	2 Q	O ε	4 O	\mathbf{C} b
g.	Workfare	O 1	2 🔾	O ε	4 Q	\mathbf{C} b
h.	Job retention	\mathbf{C}_{1}	2 Q	O ε	4 O	\mathbf{C} b
i.	Other (specify) (STRING 250)	O ₁	2 Q	Ο ε	4 Q	C _b

IF B15A-B17H = (1, 2, 3) ("YES, COMPLETE AN ASSESSMENT," "YES, PASS AN ASSESSMENT," OR "AT OFFICE OR PROVIDER DISCRETION PER POLICY OR GUIDANCE" INDICATED FOR ANY COMPONENT IN B15)

B15a.	 If policy and guidance differ from one another on whether SNAP E&T participants copass an assessment before beginning any of the E&T components, please specify h 						

ALL						
B16.	the	es your agency provide <u>policy</u> or <u>guidance</u> on how case managers or other staff should results of assessments to match SNAP E&T participants to activities, components, and rticipant reimbursements or other support services?				
	-	EFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN SPONDENT HOVERS OVER UNDERLINED TERMS]				
	Se	lect one only				
	O	Yes, policy only1				
	O	Yes, guidance only2				
	O	Yes, policy and guidance3				
	0	No, neither policy nor guidance0				
IF B16	ŝ = `	YES (1, 2, 3)				
		DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE DIFFER ON HOW CASE RS USE THE RESULTS OF ASSESSMENTS"				
B16a.	How does policy or guidance direct case managers or other staff to use the results of assessments?					
	Se	lect all that apply				
		Use to inform the development of an individualized plan (for example, individualized services plan or individualized employment plan)1				
		Use in a discussion between the case manager or other staff and participant about service interests and needs2				
		Use to identify the programs or components for which a participant is eligible or qualified				
		Use to identify participant reimbursements or support services needs or qualification4				
		Other uses (specify)99				
	Sp	ecify (STRING 250)				
		Policy or guidance gives local SNAP offices or E&T providers flexibility in how case managers or other staff use the results of assessments5				
		[DISPLAY IF B16=3: Policy and guidance differ on how case managers use the results of assessments]6				
		6 ("POLICY AND GUIDANCE DIFFER ON HOW CASE MANAGERS USE THE RESULTS SSMENTS")				
B16b.	the	w do policy and guidance differ from one another on how case managers or other staff use results of assessments to match SNAP E&T participants to activities, components, and rticipant reimbursements?				
	Γ					
	L	(STRING 250)				

ALL	
B17.	Is there anything about your agency's approach to assessment for SNAP E&T participants that you would like to highlight as innovative or unique (for example, assessment tool, use of evidence-based practice)?
	O Yes1
	O No
IF B17	7 = 1
B17a.	Please describe what about your agency's approach to assessment for SNAP E&T participants that you would like to highlight as innovative or unique.
	(STRING 1000)
ALL	
B_END	 In addition to your responses to this survey section, please submit <u>one</u> initial assessment too by email. See instructions below. We will also email you these instructions.
	To better understand the types of assessment that are being provided in SNAP E&T programs we are collecting assessment tools that States and territories use. Please email us one initial assessment tool commonly used in [State name] to assess SNAP E&T participants' needs and/or work readiness after they are referred to the program. We understand that you might need to reach out to an E&T provider for a copy of an assessment tool. The tool you select should:
	 Be an initial assessment tool that assesses participants' needs, work readiness, or both. This would be the first assessment the participant would take after being referred to E&T. It might assess educational attainment, work experience, basic skills, barriers to employment, or service needs.
	 Be the most commonly used initial assessment tool in your State or territory, either by the number of local SNAP offices or E&T providers that use it or the number of participants who take it.
	 NOT be a purchased, propriety aptitude or interest inventory assessment like CASAS or ACT WorkKeys.
	Please email a PDF or Microsoft Word version of your assessment tool to [fill study email address] within one week. In your email, please include a brief explanation of (1) how the assessment is used, (2) who administers it, and (3) when in the process it is administered.
ALL	
B_END	Thank you for completing this survey section. If you have additional information you would like to share about assessments of SNAP E&T participants in your State or territory, please share it in the box below.
	(STRING 1000)

SECTION 3: PARTICIPANT REIMBURSEMENTS AND SUPPORT SERVICES

This section of the survey asks about the policies or guidance your State or territory provides to local offices or providers about participant reimbursements and support services for SNAP E&T participants. You will also be asked to provide data on the total amount paid in participant reimbursements and the total number of participants receiving reimbursements.

If you are unsure about any of your answers, please consult with other SNAP staff as necessary. For questions that ask about how policy is implemented by local offices or providers, please answer to the best of your understanding.

PARTICIPANT REIMBURSEMENTS

ALL

C1. What participant reimbursements are available to SNAP E&T participants in your State or territory?

PROGRAMMER: CODE ONE PER ROW

Select one per row

		Available to ALL participants who qualify	Available to SOME participants who qualify	Not available	
a.	Child care vouchers or funds	O 1	2 O	\mathbf{C}_0	
b.	Other child care assistance (for example, referrals to child care agency)	O 1	2 Q	\mathbf{C}_0	
C.	Other dependent care (for example, elder care)	O 1	2 Q	C 0	
d.	Transportation assistance (for example, bus passes, gas cards)	O 1	2 Q	\mathbf{C}_0	
e.	Auto repair	O 1	2 Q	C 0	
f.	Books or other supplies for classes	O 1	2 Q	\mathbf{C}_0	
g.	Course tuition/fees	1 O	2 Q	\mathbf{C}_0	
h.	Fees associated with tests, licensing, or credentialing	O 1	2 Q	\mathbf{C}_0	
i.	Uniforms, work or interview clothing, tools, or other work equipment	1 O	2 Q	\mathbf{C}_0	
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	\mathbf{O}_{1}	2 Q	O 0	
k.	Personal hygiene or grooming supplies	1 O	2 Q	O 0	
l.	Health, dental, or eye care	O 1	2 Q	\mathbf{C}_0	
m.	Rent/housing assistance	1 O	2 Q	O 0	
n.	Expenses associated with obtaining ID or other documentation	O 1	2 Q	\mathbf{C}_0	
0.	Legal services	Oı	2 Q	O 0	
p.	Other (specify)	1 O	2 Q	O 0	
	(STRING 250)				

, ,

ALL	
C2.	What entities are responsible for providing participant reimbursements to SNAP E&T participants?
	Select all that apply
	□ Local SNAP office1
	□ Community college2
	☐ Workforce Innovation & Opportunity Act (WIOA) agency or other Department of Labor–funded workforce program
	□ Community-based organization4
	□ Adult Basic Education (ABE) provider5
	□ Other (specify)99
	Specify (STRING 250)
ALL	
C3.	Does your agency provide <u>policy</u> or <u>guidance</u> on how SNAP E&T participants are informed available participant reimbursements (for example, who does the informing and at what point after referral to E&T)?
	[DEFINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN RESPONDENT HOVERS OVER UNDERLINED TERMS]
	Select one only
	O Yes, policy only1
	• Yes, guidance only2
	• Yes, policy and guidance
	O No, neither policy nor guidance0

IF C3 = YES (1, 2, 3)	
IF C3=3, DISPLAY REPONSE OPTION "POLICY AND GUIDANCE DIFFER ON HOW PARTICIPANTS ARE INFORMED OF AVAILABLE PARTICIPANT REIMBURSEMENTS"	

C4. Which staff are directed by policy or guidance to inform SNAP E&T participants of available reimbursements?

Se	lect all that apply	
	SNAP eligibility worker	.1
	Local SNAP office staff (other than eligibility worker)	2
	Case manager	.3
	SNAP E&T provider staff (other than case manager)	4
	Other staff (specify)	.99
	Specify (STRING 250)	
	Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding which staff inform participants of available participant reimbursements	.5
	[DISPLAY IF C3=3: Policy and guidance differ on which staff inform	6

	\sim	` \ /		11	^	2)
1⊢	C3 :	= Y	ES	(I.	۷.	31

(STRING 250)

PROGRAMMER NOTE: DISPLAY COLUMNS ASSOCIATED WITH RESPONSES TO C4. IF C4=1, DISPLAY COLUMN 1. IF C4=2, DISPLAY COLUMN 2, ETC. ALWAYS DISPLAY DOES NOT APPLY COLUMN. IF C4=5 OR IF C4=6, DISPLAY ALL COLUMNS.

C5. When does policy or guidance direct those staff to inform SNAP E&T participants of available participant reimbursements?

- Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding when staff inform participants of available reimbursements
- O Policy and guidance differ on when participants are informed of available participant reimbursements [PROGRAMMER NOTE: GO TO C5A]

PROGRAMMER: CODE ALL THAT APPLY

Select all that apply per row

					·		
		SNAP eligibility worker	Local SNAP office staff (other than eligibility worker)	Case manager	SNAP E&T provider staff (other than case manager)	Other staff	Does not apply
a.	During the certification or referral process	1 🗖	2 🗖	з 🔲	4 🔲	5 🗖	O 0
b.	During SNAP E&T orientation	1 □	2 🗖	з 🔲	4 🔲	5 □	\mathbf{C}_0
c.	At intake (after referral to E&T)	1 □	2 🗖	з 🔲	4 🔲	5 🗖	\mathbf{C}_0
d.	When staff person or assessment uncovers a need or barrier	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	O 0
e.	When participant expresses a need or barrier	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	O 0
f.	When participant provides evidence of a need or barrier (for example, documenting that the participant lives X miles from the provider or employer)	1 🗖	2 🗖	з 🗖	4 🗆	5 🗖	O 0
g.	Other (specify) • (STRING 250)	1 🗖	2 🗖	3 🗖	4 🗖	5 🗖	O 0

IF C4=6 OR IF C5=10 ("POLICY AND GUIDANCE DIFFER")	
--	--

C5a.	How do policy and guidance differ from one another on how staff (which staff and when) inform SNAP E&T participants of available participant reimbursements?

AL	L						
C6.	In a complex program like SNAP E& sometimes differ from what is specif				mented in p	ractice	might
	To the best of your understanding, in participants of available participant i			aff inforn	n most SNA	P E&T	
	Select all that apply						
	☐ SNAP eligibility worker					1	
	☐ Local SNAP office staff (other than	eligibility	worker)			2	
	☐ Case manager					3	
	☐ SNAP E&T provider staff (other that						
	□ Other staff (specify)						
	Specify	$\overline{}$	TRING 250)				
	, ,	`	,				
AL	L						
PF	OGRAMMER NOTE: DISPLAY COLUMNS	ASSOCI	ATED WIT	H RESPO	NSES TO C	6. IF C6	S=1,
l .	SPLAY COLUMN 1. IF C6=2, DISPLAY CO .RTICIPANTS NOT INFORMED" COLUMN		ETC. ALW	AYS DISF	PLAY "MOST	Γ	
C7.	To the best of your understanding, in participants of available participant i			those st	aff inform n	ost SN	AP E&T
			cincino.				
	PROGRAMMER: CODE ALL THAT AP	PPLY					
	S	elect all	that appl	y per ro	w		
			Local SNAP		SNAP E&T		
		SNAP	office staff (other than		provider staff (other than		Most participants
		eligibilit	`eligibility	Case	case	Other	not informed
a.	During the certification or referral process	y worker	worker)	manager 3 \square	manager)	staff	at this time
b.	During SNAP E&T orientation	1 🗆	2 🗖	3 🗖	4 🗆	5 🗖	O 0
C.	At intake (after referral to E&T)	1 🗆	2 🗖	3 🗖	4 🗆	5 🗆	O ₀
d.	When staff person or assessment uncovers a need or barrier	1 🗆	2 🗖	3 🗆	4 🗖	5 🗖	O 0
e.	When participant expresses a need or barrier	1 🗆	2 🗖	з 🔲	4 🗖	5 🗖	\mathbf{C}_0
f.	When participant provides evidence of a			° –	-	~ —	0 0
	need or barrier (for example, documenting that the participant lives X miles from the provider or employer)	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	O 0
g.	Other (specify)	1 □	2 🗖	з 🗖	4 🔲	5 🔲	\mathbf{C}_0
	• (STRING 250)						
AL	L						

C8.		es your agency provide <u>policy</u> or <u>guidance</u> that specifies a method for participant mbursements to SNAP E&T participants? (For example, vouchers or in-kind assistance.)
		FINITIONS OF "POLICY" AND "GUIDANCE" WILL DISPLAY WHEN SPONDENT HOVERS OVER UNDERLINED TERMS]
	Sel	ect one only
	\mathbf{C}	Yes, policy only1
	\mathbf{C}	Yes, guidance only2
	\mathbf{C}	Yes, policy and guidance3
	\mathbf{C}	No, neither policy nor guidance0
IF C8	= YE	ES (1, 2, 3)
		DISPLAY RESPONSE OPTION "POLICY AND GUIDANCE SPECIFY DIFFERENT S FOR PARTICIPANT REIMBURSEMENTS"
C8a.	Wh	ich method does policy or guidance specify for participant reimbursements?
	Se	lect all that apply
		Cash1
		Voucher(s) (for example, child care voucher or gas card)2
		Reimbursement (for example, check to participant) for expenses paid by participant
		In-kind assistance (for example, work clothing or supplies directly provided)4
		Varies by type of participant reimbursement5
		Other format (specify)99
	Spe	ecify (STRING 250)
		Policy or guidance gives local SNAP offices or E&T providers flexibility in deciding the format for participant reimbursements6
		[DISPLAY IF C8=3: Policy and guidance specify different methods for participant reimbursements]7

	8A=7 ("POLICY AND GUIDANCE SPECIFY DIFFERENT METHODS F MBURSEMENTS")	FOR PARTICIPANT
C8b.	How do policy and guidance about the methods for participant another? (STRING 250)	reimbursements differ from on
ALL		
C9.	Does your agency provide participants information about partic writing?	cipant reimbursements in
	Select all that apply	
	☐ Yes, in a notice sent to participants	1
	☐ Yes, in an E&T brochure or flyer	2
	☐ Yes, on a website	3
	☐ Yes, on a poster	4
	☐ Yes, in another written format (specify)	5
	Specify (STRING 250)	
	O No	0
	□ Local SNAP offices or E&T providers have discretion to provide information to participants in writing	
ALL		
C10.	Does your agency set a cap on the value of any single participa participant can receive? A cap is the maximum value of reimbu receive within a certain time frame or by type of service.	
	For example, a program may cap the reimbursement for a single allow a participant to receive that reimbursement more than one	
	O Yes	1
	O No	0

~ 1	\sim	_	1
L, I	u	_	- 1

C10a. Please indicate any caps on any single reimbursement.

PROGRAMMER: [FILL WITH PARTICIPANT REIMBURSEMENTS AVAILABLE TO SOME OR ALL PARTICIPANTS, AS INDICATED IN C1, C1A-C1P = (1, 2), ALWAYS DISPLAY "COMBINED CAP FOR ALL PARTICIPANT REIMBURSEMENTS"]

CODE ONE PER ROW

						•			
	lividual caps for each participant mbursement	Unde r \$50	\$50- \$100	\$101– \$250	\$251 -500	\$501- \$1,000	Over \$1,000	Other cap (specify)	No cap or limit
a.	Child care vouchers or funds	Oı	2 Q	Оε	4 O	5 O	6 O		C 0
b.	Other child care assistance (for example, referrals to child care agency)	O 1	2 Q	C ε	4 O	5 O	O 9		C 0
C.	Other dependent care (for example, elder care)	O 1	2 Q	O ε	4 O	5 O	6 O		C 0
d.	Transportation assistance (for example, bus passes, gas cards)	O ₁	2 Q	Оε	4 O	5 O	O ₉		O 0
e.	Auto repair	\mathbf{O}_{L}	2 Q	O ε	4 O	5 O	C ₀		O 0
f.	Books or other supplies for classes	O ₁	2 O	Оε	4 O	5 O	C ₀		O 0
g.	Course tuition/fees	O ₁	2 O	Оε	4 O	5 O	C ₀		\mathbf{C}_0
h.	Fees associated with tests, licensing, or credentialing	O 1	2 Q	C ε	4 O	5 O	C ₀		C 0
i.	Uniforms, work or interview clothing, tools, or other work equipment	C ₁	2 Q	O ε	4 O	5 O	6 O		C 0
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	O ₁	2 Q	Oε	4 O	5 O	6 O		O 0
k.	Personal hygiene or grooming supplies	\mathbf{O}_{L}	2 Q	O ε	4 O	5 O	C ₀		O 0
I.	Health, dental, or eye care	\mathbf{O}_{L}	2 Q	O ε	4 O	5 O	C ₀		\mathbf{C}_0
m.	Rent/housing assistance	O ₁	2 Q	O ε	4 O	5 O	O 9		\mathbf{C}_0
n.	Expenses associated with obtaining ID or other documentation	O 1	2 Q	C ε	4 O	5 O	C ₀		C 0
0.	Legal services	O 1	2 Q	O 8	4 O	5 O	O 9		O 0
p.	Other (specify)	1 O 1	2 Q	O ε	4 O	5 O	O 9		O 0
	(STRING 250)								

ALI	-								
C11.	Does your agency set a monthly participant can receive? A cap is receive within a certain time frai	s the m	aximu	m value	of rei				
	O Yes							1	
	O No							0	
·- ·	244 4								
	C11 = 1								
C11a	PROGRAMMER: [FILL WITH PAF PARTICIPANTS "COMBINED CA	RTICIPA S, AS IN AP FOR	IDICAT RALL P	ED IN C	1, C1A	-C1P = ((1, 2), Al	_WAYS D	
	CODE ONE PE	RROW			Select	one per	row		
	ividual caps for each participant nbursement	Unde r \$50	\$50- \$100	\$101– \$250	\$251 -500	\$501- \$1,000	Over \$1,000	Other cap (specify)	No cap or limit
a.	Child care vouchers or funds	1 O	2 Q	3 O	4 O	5 O	6 O		O 0
b.	Other child care assistance (for example, referrals to child care agency)	O 1	2 O	Oε	4 O	5 O	C ₀		C 0
C.	Other dependent care (for example, elder care)	O 1	2 O	O 8	4 O	5 O	C ₀		C 0
d.	Transportation assistance (for example, bus passes, gas cards)	Oı	2 Q	O E	4 O	5 O	6 O		O 0
e.	Auto repair	1 O 1	2 Q	3 O	4 O	5 O	O 9		O 0
f.	Books or other supplies for classes	1 O 1	2 O	3 O	4 O	5 O	O 9		O 0
g.	Course tuition/fees	1 O	2 O	O 8	4 O	5 O	C ₉		\mathbf{C}_0
h.	Fees associated with tests, licensing, or credentialing	1 O 1	2 Q	O ε	4 Q	5 O	6 O		C 0
i.	Uniforms, work or interview clothing, tools, or other work equipment	1 O	2 O	O 8	4 O	5 O	O 9		O 0
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	O 1	2 Q	3 O	4 O	5 O	6 O		O 0
k.	Personal hygiene or grooming supplies	1 O 1	2 Q	3 O	4 O	5 Q	O 9		O 0
I.	Health, dental, or eye care	1 O	2 O	O 8	4 O	5 O	C ₀		O 0
m.	Rent/housing assistance	O 1	2 O	O 8	4 O	5 O	C ₀		\mathbf{C}_0
n.	Expenses associated with obtaining ID or other documentation	Oı	2 Q	Оε	4 O	5 O	O 9		O 0
0.	Legal services	1 O 1	2 Q	O ε	4 O	5 O	C ₀		O 0
p.	Other (specify)	1 O 1	2 Q	O 8	4 Q	5 O	C 9		C 0

(STRING 250)

Individual caps for each participant reimbursement	Unde r \$50	\$50– \$100	\$101– \$250	\$251 -500	\$501– \$1,000	Over \$1,000	Other cap (specify)	No cap or limit
q. Combined cap for all participant reimbursements	C L	2 O	C ε	4 O	5 O	O 9		C 0

Yes	S. RTICIPA S, AS IN AP FOR	NT RE	IMBUR	SEMEI C1, C1A IPANT Select	NTS AV	AILABL (1, 2), JRSEM	0 .E TO SOM ALWAYS	DISPLAY
No	S. RTICIPA S, AS IN AP FOR R ROW Under \$50 1 O	NT REDICAT ALL P	SIMBUR ED IN O PARTICI \$101 - \$250	SEMEI C1, C1A PANT Select \$251 -500	NTS AVA-C1P = REIMBL one per \$501- \$1,00	AILABL (1, 2), JRSEM r row	0 LE TO SON ALWAYS ENTS"]	DISPLAY
ease indicate any annual caps ROGRAMMER: [FILL WITH PAF PARTICIPANTS "COMBINED CA CODE ONE PE caps for each participant ement care vouchers or funds child care assistance (for ple, referrals to child care agency) dependent care (for example,	RTICIPA S, AS IN AP FOR R ROW Under \$50	\$50 - \$10 0	\$101 - \$250	C1, C1A PANT Select \$251 -500	X-C1P = REIMBU	(1, 2), JRSEM r row Over \$1,00	ALWAYS ENTS"]	DISPLAY
ROGRAMMER: [FILL WITH PAF PARTICIPANTS "COMBINED CA CODE ONE PE caps for each participant ement care vouchers or funds child care assistance (for pole, referrals to child care agency) dependent care (for example,	RTICIPA S, AS IN AP FOR R ROW Under \$50	\$50 - \$10 0	\$101 - \$250	C1, C1A PANT Select \$251 -500	X-C1P = REIMBU	(1, 2), JRSEM r row Over \$1,00	ALWAYS ENTS"]	DISPLAY
PARTICIPANTS "COMBINED CA CODE ONE PE caps for each participant ement care vouchers or funds child care assistance (for ple, referrals to child care agency) dependent care (for example,	S, AS IN AP FOR R ROW Under \$50	\$50 - \$10 0	\$101 - \$250	C1, C1A PANT Select \$251 -500	X-C1P = REIMBU	(1, 2), JRSEM r row Over \$1,00	ALWAYS ENTS"]	DISPLAY
caps for each participant ement care vouchers or funds child care assistance (for ple, referrals to child care agency) dependent care (for example,	Under \$50	\$50 - \$10 0	\$250	\$251 -500	\$501- \$1,00	Over \$1,00		No see
care vouchers or funds child care assistance (for pole, referrals to child care agency) dependent care (for example,	\$50 1 Q	- \$10 0	\$250	\$251 -500	\$501- \$1,00	Over \$1,00		No so-
care vouchers or funds child care assistance (for pole, referrals to child care agency) dependent care (for example,	\$50 1 Q	- \$10 0	\$250	-500	\$1,00	\$1,00		No sar
care vouchers or funds child care assistance (for ple, referrals to child care agency) dependent care (for example,	1 O	2 Q			0	l 0		No cap
child care assistance (for ple, referrals to child care agency) dependent care (for example,			3 O			_	(specify)	or limit
ole, referrals to child care agency) dependent care (for example,	1 O	2 O	_	4 O	5 O	6 O		O 0
			3 O	4 O	5 O	6 O		O 0
care)	1 O	2 O	3 O	4 O	5 O	6 O		O 0
portation assistance (for example, asses, gas cards)	1 O	2 O	O 8	4 O	5 O	C ₀		C 0
epair	O 1	2 O	O 8	4 O	5 O	C ₀		\mathbf{C}_0
or other supplies for classes	$\mathbf{O}_{\mathtt{l}}$	2 O	O ε	4 O	5 O	C 9		O 0
e tuition/fees	$\mathbf{O}_{\mathtt{l}}$	2 Q	O ε	4 O	5 O	O 9		O 0
associated with tests, licensing, or ntialing	1 O	2 O	Оε	4 O	5 O	O 9		O 0
rms, work or interview clothing, or other work equipment	1 O	2 Q	O 8	4 O	5 O	C ₀		O 0
work-related expenses (for ole, union dues, drug testing, round checks, fingerprinting)	1 O	2 Q	Сε	4 O	5 O	C ₀		O 0
nal hygiene or grooming supplies	$\mathbf{O}_{\mathtt{l}}$	2 O	O ε	4 O	5 O	C ₀		\mathbf{C}_{0}
n, dental, or eye care	O ₁	2 Q	O ε	4 O	5 O	6 O		O 0
nousing assistance	$\mathbf{O}_{\mathtt{l}}$	2 Q	O ε	4 O	5 O	C 9		C 0
nses associated with obtaining ID er documentation	O 1	2 Q	О ε	4 O	5 Q	C 9		O 0
	$\mathbf{O}_{\mathtt{1}}$	2 Q	C ε	4 O	5 O	C 9		C 0
services	1 Q	2 O	Э С	4 O	5 O	6 O		O 0
	nal hygiene or grooming supplies n, dental, or eye care nousing assistance nses associated with obtaining ID er documentation services	nal hygiene or grooming supplies 1 O 1, dental, or eye care 1 O 1 o 1 o 1 o 1 o 1 o 1 o 1 o	nal hygiene or grooming supplies 1	nal hygiene or grooming supplies 1	nal hygiene or grooming supplies 1	nal hygiene or grooming supplies 1	nal hygiene or grooming supplies 1	nal hygiene or grooming supplies 1

Individual caps for each participant reimbursement	Under \$50	\$50 - \$10 0	\$101 - \$250	\$251 -500	\$501- \$1,00 0	Over \$1,00 0	Other cap (specify)	No cap or limit
q. Combined cap for all participant reimbursements	1 O	2 Q	O ε	4 O	5 O	6 O		O 0

Λ	
А	н

C13.	Does your agency set a <u>lifetime</u> cap on the value of any participant reimbursement a SNAP E&T
	participant can receive? A cap is the maximum value of reimbursements a participant can
	receive within a certain time frame or by type of service.

\mathbf{O}	Yes	1
0	No	0

C13 = 1

C13a. Please indicate any <u>lifetime</u> caps.

PROGRAMMER: [FILL WITH PARTICIPANT REIMBURSEMENTS AVAILABLE TO SOME OR ALL PARTICIPANTS, AS INDICATED IN C1, C1A-C1P = (1, 2), ALWAYS DISPLAY "COMBINED CAP FOR ALL PARTICIPANT REIMBURSEMENTS"]

CODE ONE PER ROW

	ividual caps for each participant mbursement	Under \$50	\$50– \$100	\$101– \$250	\$251– 500	\$501– \$1,000	Over \$1,000	Other cap (specify)	No cap or limit
a.	Child care vouchers or funds	1 O	2 Q	Оε	4 O	5 O	6 O		C 0
b.	Other child care assistance (for example, referrals to child care agency)	O 1	2 Q	Оε	4 O	5 O	6 O		C 0
C.	Other dependent care (for example, elder care)	1 O	2 Q	3 O E	4 O	5 O	6 O		O 0
d.	Transportation assistance (for example, bus passes, gas cards)	1 O	2 Q	O E	4 O	5 O	6 O		O 0
e.	Auto repair	O 1	2 O	O ε	4 O	5 O	6 O 9		O 0
f.	Books or other supplies for classes	1 O	2 O	O 8	4 O	5 O	O 9		O 0
g.	Course tuition/fees	O ₁	2 O	O ε	4 O	5 O	O 9		\mathbf{C}_0
h.	Fees associated with tests, licensing, or credentialing	1 O	2 Q	Оε	4 O	5 O	6 O		O 0
i.	Uniforms, work or interview clothing, tools, or other work equipment	1 O	2 Q	3 O	4 O	5 O	6 O		O 0
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	O 1	2 Q	O ε	4 O	5 O	6 O		O 0
k.	Personal hygiene or grooming supplies	1 O	2 O	3 O	4 O	5 O	6 O		O 0
I.	Health, dental, or eye care	O ₁	2 O	O ε	4 O	5 O	C 9		O 0
m.	Rent/housing assistance	O ₁	2 O	O ε	4 O	5 O	6 O 9		O 0
n.	Expenses associated with obtaining ID or other documentation	1 O	2 Q	Оε	4 O	5 O	6 O		O 0

	ividual caps for each participant mbursement	Under \$50	\$50- \$100	\$101– \$250	\$251– 500	\$501– \$1,000	Over \$1,000	Other cap (specify)	No cap or limit
0.	Legal services	O 1	2 Q	3 O	4 O	5 O	6 O		C 0
p.	Other (specify)	\mathbf{C}_{1}	2 O	O ε	4 O	5 O	\mathbf{C} ₀		\mathbf{C}_{0}
	(STRING 250)								
q.	Combined cap for all participant reimbursements	C ₁	2 Q	3 O	4 O	5 O	6 O		C 0
ALI	 L								

C14. What qualifications, if any, does your agency place on the following participant reimbursements?

PROGRAMMER: [FILL WITH PARTICIPANT REIMBURSEMENTS AVAILABLE TO SOME OR ALL PARTICIPANTS, AS INDICATED IN C1, C1A-C1P = (1, 2)]

SELECT ALL THAT APPLY

Select all that apply per row

						=	
		Participan t must be employed	Participant must meet attendance requirement(s)	Participant must be in compliance with other SNAP E&T program requirement S	Participant reimburseme nt must not be available to participant through another program or source	Other qualificatio n (specify)	No qualification s
a.	Child care vouchers or funds	1 🗆	2 🗖	з 🔲	4 🗆		C 0
b.	Other child care assistance (for example, referrals to child care agency)	1 🗖	2 🗖	3 🗖	4 🗖		O 0
C.	Other dependent care (for example, elder care)	1 🗖	2 🗖	з 🗖	4 🗖		O 0
d.	Transportation assistance (for example, bus passes, gas cards)	1 🗖	2 🗖	3 🗖	4 🗖		O 0
e.	Auto repair	1 🗖	2 🗖	з 🗖	4 🔲		O 0
f.	Books or other supplies for classes	1 🗖	2 🗖	з 🗖	4 🗖		O 0
g.	Course tuition/fees	1 🗖	2 🗖	з 🗖	4 🗖		O 0
h.	Fees associated with tests, licensing, or credentialing	1 🗖	2 🗖	з 🗖	4 🗖		O 0
i.	Uniforms, work or interview clothing, tools, or other work equipment	1 🗖	2 🗖	з 🗖	4 🗖		O 0
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	1 🗖	2 🗖	3 🗖	4 🗖		C 0
k.	Personal hygiene or grooming supplies	1 🗖	2 🗖	з 🗖	4 🗖		C 0
I.	Health, dental, or eye care	1 🗖	2 🗖	з 🗖	4 🗖		O 0

		Participan t must be employed	Participant must meet attendance requirement(s)	Participant must be in compliance with other SNAP E&T program requirement S	Participant reimburseme nt must not be available to participant through another program or source	Other qualificatio n (specify)	No qualification s
m.	Rent/housing assistance	1 🗆	2 🗖	3 🗖	4 🗖		O 0
n.	Expenses associated with obtaining ID or other documentation	1 🗖	2 🗖	з 🗖	4 🗖		O 0
0.	Legal services	1 □	2 🗖	з 🗖	4 🗖		O 0
p.	Other (specify)	1 🗖	2 🗖	3 🗖	4 🗖		C 0
	(STRING 250)						
ALI	1						

C15. In FY 2020, roughly what share of SNAP E&T participants received each of the following participant reimbursements?

PROGRAMMER: FILL WITH PARTICIPANT REIMBURSEMENTS AVAILABLE TO SOME OR ALL PARTICIPANTS, AS INDICATED IN C1, C1A-C1P = (1, 2)

FOR NONE: [Hover over text: Select if participant reimbursement is available but no participants received this reimbursement in FY 2020]

FOR NA: [Hover over text: Select if participant reimbursement not available in FY 2020]

		None	1-24%	25-49%	50-74%	75-100%	Don't know
a.	Child care vouchers or funds	O 0	1 O	2 O	3 O	4 O	C _b
b.	Other child care assistance (for example, referrals to child care agency)	O 0	1 O	2 Q	O ε	4 O	$oldsymbol{O}$ b
C.	Other dependent care (for example, elder care)	\mathbf{C}_0	\mathbf{O}_{1}	2 O	O 8	4 O	\mathbf{C} b
d.	Transportation assistance (for example, bus passes, gas cards)	O 0	1 O 1	2 Q	3 O	4 O	O b
e.	Auto repair	\mathbf{C}_0	\mathbf{O}_{1}	2 O	O 8	4 O	\mathbf{C} b
f.	Books or other supplies for classes	\mathbf{C}_0	\mathbf{O}_{L}	2 O	O ε	4 O	\mathbf{C} b
g.	Course tuition/fees	\mathbf{C}_0	\mathbf{O}_{L}	2 O	O ε	4 O	\mathbf{C} b
h.	Fees associated with tests, licensing, or credentialing	\mathbf{C}_0	\mathbf{O}_{L}	2 O	O ε	4 O	\mathbf{C} b
i.	Uniforms, work or interview clothing, tools, or other work equipment	O 0	1 O	2 Q	3 O	4 O	C _b
j.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	O 0	1 O	2 Q	3 O	4 O	C _b
k.	Personal hygiene or grooming supplies	\mathbf{C}_0	1 O	2 O	O 8	4 O	\mathbf{C} b
I.	Health, dental, or eye care	C 0	O 1	2 O	O ε	4 O	C _b

		None	1-24%	25-49%	50-74%	75-100%	Don't know
m.	Rent/housing assistance	O 0	1 O	2 O	O ε	4 O	C _b
n.	Expenses associated with obtaining ID or other documentation	O 0	1 O	2 Q	3 O	4 O	\mathbf{C} b
ο.	Legal services	\mathbf{C}_0	\mathbf{C}_{L}	2 O	O ε	4 O	\mathbf{C} b
p.	Other (specify)	\mathbf{C}_{0}	O 1	2 O	O ε	4 O	\mathbf{C} b
	(STRING 250)						

ALL							
C16.	In FY 2020, what was the total amount your agency paid in participant reimbursements to SN E&T participants?						
	DOLLARS (RANGE 0-10,000,000)						
ALL							
C17.	In FY 2020, how many SNAP E&T participants received at least	one participant reimbursement?					
	NUMBER SNAP E&T (RANGE 0-300,000)	PARTICIPANTS					
ALL							
C18.	In FY 2020, approximately what share of work registrants were SNAP E&T because your agency was unable to provide them the reimbursements?						
	Select one only						
	O None	0					
	O 1-24%	1					
	O 25-49%	2					
	O 50-74%	3					
	O 75-100%	4					
	O Not applicable	na					
	O Don't know	d					

SUPPORT SERVICES

In addition to participant reimbursements, case managers might provide or refer participants to other support services. The next questions ask about these additional support services.

ALL

C19. Roughly what share of local SNAP offices or E&T providers offer the following additional support services (including referrals) to SNAP E&T participants?

PROGRAMMER: CODE ONE PER ROW

		None	1-24%	25-49%	50-74%	75-100%	Don't know
a.	Child care vouchers or funds	C 0	1 O	2 Q	O ε	4 O	Оь
b.	Other child care assistance (for example, referrals to child care agency)	C 0	1 O 1	2 O	O ε	4 O	\mathbf{C} b
C.	Other dependent care (for example, elder care)	\mathbf{C}_0	O 1	2 Q	3 O	4 O	\mathbf{C} b
d.	Transportation assistance (for example, bus passes, gas cards)	C 0	1 O 1	2 Q	C ε	4 O	\mathbf{C} b
e.	Auto repair	\mathbf{C}_0	$\mathbf{O}_{\mathtt{l}}$	2 Q	3 O	4 O	\mathbf{C}_{b}
f.	Books or other supplies for classes	\mathbf{C}_0	\mathbf{O}_{1}	2 O	3 O	4 O	C_{b}
g.	Course tuition/fees	\mathbf{C}_0	$\mathbf{O}_{\mathtt{l}}$	2 Q	3 O	4 O	\mathbf{C}_{b}
h.	Fees associated with tests, licensing, or credentialing	\mathbf{C}_0	$\mathbf{O}_{\mathtt{1}}$	2 O	3 O	4 O	$oldsymbol{C}$ b
i.	Tutoring	\mathbf{C}_0	$\mathbf{O}_{\mathtt{l}}$	2 Q	3 O	4 O	\mathbf{C}_{b}
j.	Uniforms, work or interview clothing, tools, or other work equipment	C 0	O 1	2 O	O ε	4 O	\mathbf{C} b
k.	Other work-related expenses (for example, union dues, drug testing, background checks, fingerprinting)	C 0	1 O 1	2 Q	O ε	4 O	\mathbf{C} b
I.	Health, dental, or eye care	\mathbf{C}_0	O 1	2 O	O ε	4 O	\mathbf{C} b
m.	Mental health, substance abuse, or domestic violence services	C 0	1 O 1	2 Q	C ε	4 O	C _b
n.	Rent/housing assistance	\mathbf{C}_0	$\mathbf{O}_{\mathtt{1}}$	2 O	3 O	4 O	$oldsymbol{C}$ b
0.	Assistance applying for other government benefits	\mathbf{C}_0	\mathbf{O}_{1}	2 O	3 O	4 Q	\mathbf{C}_{b}
p.	Expenses associated with obtaining ID or other documentation	C 0	1 O 1	2 O	O ε	4 O	\mathbf{C} b
q.	Legal services	\mathbf{C}_0	O 1	2 Q	3 O	4 O	\mathbf{C} b
r.	Services for participants' children or other family members (for example, services to address child behavior issues)	C 0	1 O 1	2 Q	O ε	4 O	\mathbf{C} b
S.	Other (specify) (STRING 250)	O 0	1 O 1	2 Q	3 O	4 O	C _b

AL	L							
C20	To the best of your understanding, among most local SNAP offices or E&T providers, which staff inform SNAP E&T participants of available additional support services?							
	Select all that apply							
	□ SNAP eligibility worker							
	2 ☐ Local SNAP office staff (ot	her than e	ligibility wor	ker)				
	3 🗖 Case manager							
	$_4$ \square SNAP E&T provider staff (other than	case mana	.ger)				
	99 D OTHER STAFF (specify)		_					
	Specify		(STRING	250)				
AL	L							
DIS	OGRAMMER NOTE: DISPLAY COLU SPLAY COLUMN 1. IF C20=2, DISPLA RTICIPANTS NOT INFORMED" COLU	Y COLUM					IF C20=1,	
C21	. Among most local SNAP offices participants of available addition				nose staff i	nform S	SNAP E&T	
	PROGRAMMER: CODE ALL THA	T APPLY						
		Select all that apply per row						
		SNAP eligibility worker	Local SNAP office staff (other than eligibility worker)	Case manager	SNAP E&T provider staff (other than case manager)	Other staff	Most participants not informed at this time	
a.	During the certification or referral process	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	C 0	
b.	During SNAP E&T orientation	1 □	2 🗖	з 🗖	4 🔲	5 □	\mathbf{C}_0	
C.	At intake (after referral to E&T)	1 □	2 🗖	з 🔲	4 🔲	5 🔲	\mathbf{C}_0	
d.	When staff person or assessment uncovers a need or barrier	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	\mathbf{C}_0	
e.	When participant expresses a need or barrier	1 🗆	2 🗖	з 🗖	4 🗖	5 🗖	\mathbf{C}_0	
f.	When participant provides evidence of a need or barrier (for example, documenting that the participant lives X miles from the provider or employer)	1 🗖	2 🗖	з 🗖	4 🗖	5 🗖	O 0	
a.	Other (specify)	1 П	₂ □	эΠ	ΔП	_Б П	٥٠	

• (STRING 250)

ALL					
C22.	Is there anything about your agency's approach to providing participant reimbursements or other support services for SNAP E&T participants that you would like to highlight as innovative or unique (for example, services provided, use of evidence-based practice)?				
	O Yes1				
	O No0				
IF C2	22 = 1				
C22a.	Please describe what about your agency's approach to providing participant reimbursements of other support services for SNAP E&T participants that you would like to highlight as innovative or unique. (STRING 1000)				
ALL					
C_EN					

Privacy Act Statement

Authority: Section 17 of the Food and Nutrition Act of 2008, as amended through the Agricultural Improvement Act of 2018 (2018), P.L. 115-334, 7 U.S.C. 2026 (a) (1), authorizes collection of the information on this application.

Purpose: Information will be used to help identify lessons learned and best practices that FNS can share with States to implement robust SNAP E&T programs and fulfill the new case management requirement.

Routine Use: Information may be disclosed for any of the routine uses listed in the System of Record notice titled FNS-8 USDA/FNS Studies and Reports published in the Federal Register on April 25, 1991, Volume 56, Number 80 (pages 19078-19080).

Disclosure: Furnishing the information on this form is voluntary. There are no penalties for nonresponse.