Appendix H. Observation Guide

OMB No. 0584-[NEW]

*Assessing SNAP Participants’ Fitness for Work*

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SNAP Research and Analysis Division

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# Observation Tool for Eligibility Interviews

*This tool will be used to capture information from observation of eligibility interviews in which eligibility workers collect information on a SNAP applicant’s ability to work. Site visitors should fill out as much as they can prior to the interview, take notes during the interview, and take time to complete the observation tool as soon as the interview has concluded. Note that this assumes in-person interviews. If observing an in-person interview is not feasible, coordinate as needed with the eligibility staff to determine the best way to obtain this information for a phone interview.*

*This information is being collected to assist the Food and Nutrition Service in understanding how States assess physical or mental limitations when screening for exemptions from work requirements or determining good cause. This is a voluntary collection and FNS will use the information to determine needs for technical assistance. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 1.00 hours 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.*

## Introduction and Consent

*This will be used for introducing the study to the applicant. Do not collect any personal information about the applicant, such as names, birthdate, address, etc.*

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a researcher with MEF Associates/Mathematica. We are conducting a study to learn more about how States assess whether participants in Supplemental Assistance Nutrition Program (which is called SNAP or [name of SNAP in State] in [State]) are able to work. The study is being conducted by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture.

As part of this study, we are talking to State and local SNAP staff, as well as SNAP Employment & Training (E&T) case managers in four States to learn about their policies related to work requirements and assessing whether applicants are able to work. In addition, we are observing eligibility interviews, like this one, to understand how these policies work in practice.

If you agree, I will sit in during your eligibility interview and take some notes about the information that the eligibility worker shares with you and the questions they ask you. I will not record your name or any other identifying information about you.

Your participation in this observation is completely voluntary. There will be no penalties if you choose not to have your interview observed. You may choose to stop the observation at any time.

We will take notes during the observation about the information that [NAME OF WORKER] shares with you, the kinds of questions they ask, and the type of information you provide. We will use the information from our notes to write a report for FNS about how States determine whether a SNAP applicant is able to work and therefore subject to work requirements.

We will keep your responses private to the extent permitted by law. We will not share your responses with anyone outside the study team. The reports we write may list the names of the States that participated in this study, but we will not use your name. This interview will not be recorded.

Before we continue, do you have any questions about the project or this observation?

Do you give permission for me to observe this interview?

## Background Information

**Date:**

**Observer:**

**Site:**

**Location of interview:**

**Mode of interview:** *[In-person/phone]*

**Time of scheduled interview:**

**Start-time of interview:**

**End-time of interview:**

***Note to observer: If possible, record demographic characteristics of individuals involved in the interview based on observation:***

**Applicant’s age (estimate):**

**Applicant’s gender:**

**Applicant’s race/ethnicity:**

**Applicant’s English language proficiency:**

**Worker’s gender:**

**Worker’s age (estimate):**

**Worker’s race/ethnicity:**

**Outcome of the interview**: *[If an exemption was granted; if so, for what reason?]*

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**Notes on location, atmosphere, and context**:

*[Add in any additional information here on the location, atmosphere, and context of the interview. For example, was the eligibility worker running late? Was the applicant nervous at the start of the interview? Were there distractions in the office?]*

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## Introduction

*Describe the introduction to the interview.*

* *How did the eligibility worker describe the purpose of the interview?*
* *How did the eligibility worker describe how the interview fits into the overall process and next steps?*
* *What questions did the applicant ask up front?*
* *What documents or materials related to work requirements or fitness for work did the eligibility worker provide to the applicant?*
* *Describe any relevant circumstances for the applicant (e.g., also applying for other programs such as TANF/Medicaid, already receiving other benefits, described recent changes to circumstances such as job loss, changes to family structure, whether the interview was for initial certification or recertification)*

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## Information conveyed

*In this section, describe the information that the eligibility worker conveyed to the participant about the work requirements and required verification.*

* *How did the eligibility worker describe the work requirements, including general, ABAWD, and E&T (if applicable)?*
* *How did the eligibility worker convey possible exemptions?*
* *How, if at all, did the eligibility worker use materials to provide this information?*

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## Information collected

*Describe what information the eligibility worker collected from the applicant related to their ability to work.*

* *What questions did the eligibility worker ask about the participants’ ability to work?*
* *What tools or forms did the eligibility worker use?*
* *If the worker used tools or forms, did they enter information during the interview? Did they work off the form verbatim? Did they have a more semi-structured conversation with the applicant?*
* *What materials did the eligibility worker provide to the applicant? If possible, request copies of these materials (not including any applicant-specific materials. This would include items such as pamphlets, information sheets, etc.)*
* *What materials did the eligibility worker collect from the applicant during the interview?*

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## Questions asked

*Describe what questions the applicant had and how the eligibility worker responded.*

* *What questions did the applicant ask about work requirements?*
* *What questions did the applicant ask about the ensuring that they comply with the work requirements?*
* *What questions did the applicant ask about determining whether they are able to work?*
* *How did the eligibility worker respond?*

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## Determination and next steps after the interview

*Describe whether the individual was determined to be exempt from applicable work requirements, why they were determined to be exempt, as well as next steps for the applicant and worker after interview.*

* *Was the applicant determined to be exempt from work requirements? Also remember to fill in this information in the summary portion of the guide.*
* *What additional documentation, if any, does the applicant need to provide related to their ability to work or physical and/or mental limitations?*
* *How did the eligibility worker describe the process and timeline for providing additional documentation?*
* *[IF A WORK REGISTRANT OR ABAWD] How did the eligibility worker describe next steps for participation in work activities?*
* *What information did the eligibility worker provide for next steps (e.g., resources, information on determination, etc.)?*

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## Reflection

*In this section, add initial thoughts on how the eligibility worker’s approach related to the policies or guidance for the State. Do NOT consider whether they were compliant with any policies we may be aware of. Instead, focus on the implementation or interpretation of the policies or guidance that the State has described, use of materials (SOP, guidance, etc.), use of data systems, etc.*

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