**C. NAP agency pre-interview questionnaire**

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SNAP and NAP Language Access Study

**NAP Agency Pre-interview Questionnaire
*(Fillable pdf)***

OMB Control No: XXXX-XXXX

Expiration date: XX/XX/20XX

Thank you for agreeing to participate in a study about how agencies operating the Supplemental Nutrition Assistance Program (SNAP) or the Nutrition Assistance Program (NAP) serve applicants and participants who require language assistance services to access program benefits and services. Mathematica is the research and consulting firm conducting this study for the Food and Nutrition Service of the U.S. Department of Agriculture. This portion of the study examines how three U.S. Territories—American Samoa, the Commonwealth of the Northern Mariana Islands, and Puerto Rico—implement language access policies and services for NAP.

We would like to interview staff from the NAP agency in [Territory] to understand the policies and processes you have in place to serve individuals needing language assistance when they apply for or participate in NAP. Individuals needing language assistance may have limited English proficiency or limited proficiency in the other predominant languages spoken by NAP agency staff such as [Samoan, Chamorro, or Spanish]. We also want to explore any challenges you may experience in providing services to individuals needing language assistance and any feedback you have on information or resources that would help you better serve this population.

This pre-interview questionnaire contains a series of eight questions to help us understand how the NAP agency in [Territory] operates language access policies, regulations, and guidance so that we can tailor our future conversations appropriately.

Your responses will be kept private, except as required by law. We will not share the information you provide with anyone outside the study team. You may refuse to answer any question.

We will use the information you provide through this pre-interview questionnaire and our future discussions in our report to Food and Nutrition Service to describe each Territory’s experience serving individuals needing language assistance. The report will list the names of Territories that contributed information, but we will not quote you or anyone by name or title. Because of the small number of Territories participating in the study, however, there is a possibility a response could be attributed correctly to you.

Do you consent to participate? Yes or No

**Public Burden Statement**

This information is being collected to assist the Food and Nutrition Service to better understand the language landscapes in which Supplemental Nutrition Assistance Program (SNAP) and Nutrition Assistance Program (NAP) agencies operate and their associated limited English proficiency (LEP) policies and operations. This is a voluntary collection and FNS will use the information to improve access of SNAP to LEP individuals. 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 0.167 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.

A. Contact information and document request

1. Who is the person at your NAP agency best able to answer questions about the following topics?

| Topic | Language access policy | Language access operations | Civil rights policy | Language access training |
| --- | --- | --- | --- | --- |
| Description | How your NAP agency makes decisions related to language access regulations, policies, and guidance.  | How your NAP agency work with individuals needing language assistance.  | How your NAP agency addresses civil rights complaints regarding language access.  | How your NAP agency trains staff to work with individuals needing language assistance. |
| Contact name |  |  |  |  |
| Contact job title |  |  |  |  |
| Contact email |  |  |  |  |
| Contact phone |  |  |  |  |
| Contact preferred language |  |  |  |  |

1. Does your NAP agency have documents related to language access policy, operations, civil rights, or training that you could share with us? (Select all that apply)

□ Yes, these are publicly available on our website

□ Yes, I can send them via email

□ Yes, but I can only upload them to a secure site

□ No, I cannot share them

□ No, we do not have any

□ Don’t know

If you indicate you have documents related to language access that you can share with us, we will send you an email with instructions for submitting the materials directly to Mathematica.

B. Language Access Policy and Operations

1. How can people apply for NAP? (Select all that apply)

□ In person at a local agency

□ In person at a partner organization

□ Online

□ By telephone

□ Other [specify]

1. How can individuals needing language assistance services apply for NAP in their primary language? (Check all that apply)

□ In person at a local agency

□ In person at a partner organization

□ Online

□ By telephone

□ Other [specify]

1. Can most people in [Territory] visit a local agency to apply for or participate in NAP in person?

□ Yes, most people can visit a local agency

□ Most people who live in urban areas can visit a local agency

□ There are few local agencies in urban or rural areas

□ Other [specify]

1. What language assistance services does your NAP agency offer to ensure meaningful access for applicants and participants? (Select all that apply)

□ Translated documents

□ Interpreter services (for example, telephonic, internet/video, in person)

□ Bilingual speakers

□ Recorded voice services with English and non-English options (for example, voicemail, customer service numbers, other telephone services)

□ Multilingual online services (for example, NAP agency website, online applications, account management platforms)

□ What language options does your State SNAP agency offer for translated documents, interpreter services, bilingual speakers, recorded voice services, and online services?

1. What language options does your NAP agency offer for translated documents, interpreter services, bilingual speakers, recorded voice services with English and non-English options, and multilingual online services? (Select all that apply)

|  | Translated documents | Oral or Interpreter services (e.g., telephone, Internet/video, in-person) | Bilingual speakers | Recorded voice services with English and non-English options (e.g., voicemail, customer service numbers, other telephone services) | Multilingual online services (e.g., State website, online applications, account management platforms) |
| --- | --- | --- | --- | --- | --- |
| a. [Spanish/Chamorro/Samoan] | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| b. English | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| c. Chinese | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| d. French | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| e. Tagalog | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| f. Vietnamese | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| g. Korean | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| h. German | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| i. Russian | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| j. Italian | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| k. Portuguese | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
| l. Other (specify) | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 |
|  |  |  |  |  |  |

1. Do all local NAP agencies provide language assistance services?

□ All local NAP agencies provide language assistance services

□ Some local NAP agencies provide language assistance services

□ Few local NAP agencies provide language assistance services

□ Don’t know

□ Other [specify]

1. Do you have NAP agency frontline staff who speak multiple languages?

□ Yes, most staff speak multiple languages

□ Yes, some staff speak multiple languages

□ No, staff generally speak one language only

1. What languages do frontline staff commonly speak? (Select all that apply)

□ English

□ [Spanish, Chamorro, or Samoan; customized to Territory]

□ [Other languages as indicated by the language landscape analysis]

1. Which type of staff does your NAP agency use for translation? (Select all that apply)
*Translation is the replacement of written text from one language (source language) into an equivalent written text in another language (target language).*

□ Bilingual staff

□ Translators on staff

□ Contracted translators

□ Friends or family

□ Advocacy organizations that provide translation

1. Which type of staff does your NAP agency use for interpretation? (Select all that apply)
*Interpretation is the process by which the spoken word is used when transferring meaning between languages. Interpretation involves listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.*

□ Bilingual staff

□ Interpreters on staff

□ Contracted interpreters

□ Friends or family

□ Advocacy organizations that provide interpretation

1. We will be conducting an analysis of the language options offered on your NAP agency’s customer service line. Please list all of the customer service phone numbers available to your NAP applicants and participants.
2. We will also be conducting an analysis of the languages offered on your NAP agency’s web-based portals. What is the URL of the web-based portal where customers can access their application for NAP benefits?
3. What is the URL of the web-based portal where customers can access their EBT account information?