

N.4. Template for document reminder email

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To: SNAP State administrator

Subject: Reminder! Please provide documents for the SNAP Language Access Survey

Dear [SNAP State administrator FN LN],

Thank you for completing the SNAP Language Access Survey!

You indicated in the survey that you could provide us with additional documentation about your language access programs and policies. Based upon this, we would like you to provide the following documents:

- **Language access plan**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]
 - Method for sending document(s): [Email/Secure File Transfer Site]
- **State guidance or policy documents related to language access**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]
 - Method for sending document(s): [Email/Secure File Transfer Site]
- **Informational materials on how the State SNAP agency operates language access policies and procedures**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]
 - Method for sending document(s): [Email/Secure File Transfer Site]
- **State guidance or policy documents related to submitting and/or addressing civil rights complaints**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]
 - Method for sending document(s): [Email/Secure File Transfer Site]
- **Informational materials you provide to SNAP participants on submitting civil rights complaints**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]
 - Method for sending document(s): [Email/Secure File Transfer Site]
- **Training materials for frontline staff on language access obligations**
 - [If blank: We do not have this on file./We have this document on file: [FILL]]
 - Section respondent: [FIRST NAME] [LAST NAME]

- o Method for sending document(s): [Email/Secure File Transfer Site]

Please [email/upload] your documents as soon as possible. [IF NEED SECURE FILE TRANSFER SITE: To upload your documents please [INSERT INSTRUCTIONS]. If you need to use your State's approved file transfer site, please let us know and we can coordinate with you on accessing these documents.]

If you have any questions or are having trouble sharing the documents, please call us at 1-800-XXX-XXXX or email us at [emailinbo]@mathematica-mpr.com. Thank you for your time and participation in this important study!

Sincerely,

Maria Boyle

Project Director, SNAP Language Access Study

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 0.0334 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.