

## **Appendix F1**

### **Invitation call script**

## Evaluation of Child Support Cooperation Requirements in SNAP

### INDIVIDUALS/HOUSEHOLDS – PARENTS AND CARETAKERS

### IN-DEPTH INTERVIEW INVITATION CALL SCRIPT

[RECRUITER: ASK FOR THE PERSON NAMED ON THE RECRUITMENT LIST. IF THE RECRUITED RESPONDENT IS NOT IN, ASK ABOUT A GOOD TIME TO REACH [HER/HIM]. LEAVE A MESSAGE (WITH THE PERSON WHO ANSWERS THE PHONE OR ON A VOICE MESSAGE) WITH YOUR NAME AND CONTACT INFORMATION AND SAY IT IS ABOUT AN INTERVIEW FOR A STUDY ON THE EXPERIENCES OF FAMILIES RECEIVING BENEFITS THROUGH [STATE SNAP PROGRAM NAME].

Hello. My name is \_\_\_\_\_. I'm calling from [Mathematica or MEF Associates], a private research organization in [LOCATION]. May I please speak with [MR./MS. FIRST NAME, LAST NAME]?

Hi, [MR./MS. LAST NAME]. We are assisting the U.S. Department of Agriculture's Food and Nutrition Service on a study that is examining a policy, which requires certain individuals to cooperate with the child support agency in order to keep the full amount of their [STATE SNAP PROGRAM NAME] benefit. This research will help the government better understand the effect of child support cooperation requirements on individuals and families. [RECRUITER: SUMMARIZE PUBLIC BURDEN STATEMENT.]

- [IF IN A STATE WITH A CHILD SUPPORT COOPERATION REQUIREMENT IN SNAP]: We are interested in speaking with individuals with children who participate in the [NAME OF STATE PROGRAM] to better understand their experiences with this requirement. There are no known risks to your participation.
- [IF IN A STATE THAT IS CONSIDERING HAVING A CHILD SUPPORT COOPERATION REQUIREMENT IN SNAP]: [STATE SNAP PROGRAM NAME] does not have a child support cooperation requirement. We are interested in speaking with individuals who receive [STATE SNAP PROGRAM NAME] to understand their views about this type of policy and what it might mean for you and your family. There are no known risks to your participation.

If you choose to participate in the voluntary interview, be assured there will be no penalties if you decide not to participate in whole or to any particular questions. If you participate, you will receive a \$50 gift card as a token of our appreciation which can be used to offset any cost associated with telephone airtime or for childcare while you participate in this interview.

#### 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 0584-0671. The time required to complete this information collection is estimated to average five 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 to 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 (0584-0671) Do not return the completed form to this address.

In speaking with you today, I would like to explain the purpose of the interview and, if you can participate, schedule a date and time for the interview. We will not be holding the interview today. It will be held in person on another day.

May I continue to explain the purpose of the interview?

Yes **SKIP TO "PURPOSE OF THE STUDY"**

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No **CONTINUE**

Is there a better time to call you back to see whether you might be interested in participating in the interview?

Yes **CONTINUE**

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No **THANK THE PERSON AND TERMINATE**

Great! At what numbers can I reach you and when is the best time to call?

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OTHER GOOD CONTACT PHONE NUMBER (for example, a relative, friend):

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BEST TIMES TO CALL: \_\_\_\_\_

**THANK THE PERSON AND TERMINATE.**

**Purpose of the Study:** The purpose of this study is to assess the how child support cooperation requirement policies are carried out and the impact of these requirements on families who participate in [STATE SNAP PROGRAM NAME]. As part of this broad examination, the study aims to learn more about families' participation in [STATE SNAP PROGRAM NAME] and the child support program], and their views on and experiences with the requirement to cooperate with child support in order to receive the full amount of their [STATE SNAP PROGRAM NAME].

**Legal authority:** This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2018. Disclosure of the information is voluntary. The information is being collected to evaluate Child Support Cooperation Requirements in United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP).

**Benefits:** Your contribution to this study is very important and will help improve our understanding of what this type of requirement [may] mean for families like yours. Following the interview, you will receive a \$50 gift card as a token of appreciation which can be used to offset any childcare or transportation cost.

**Participation:** You are being asked to participate in one *in-person* interview. Your participation in this study is voluntary and you may decline to participate as a whole or decline to answer any question you do not want to answer. Be assured there will be no penalties if you decide not to participate in whole or to any particular questions. The interview will last approximately 90 minutes and occur at a time and place of your choosing during the month of [MONTH]. The interview will be led by a colleague from my company, [Mathematica/MEF].

**Protection of Privacy:** The responses you give will not be shared with anyone outside of our research team except as required by law. Your participation or answers to questions will **not** affect any benefits you receive from the government. Nobody from [NAME OF STATE SNAP PROGRAM] or the child support agency will be at the discussion. We won't use your name or any other identifying information when we report the results of our study. In other words, no one will know who you are, but a lot of people will hear what you have to say.

Do you have any other questions about participating in an interview?

Are you willing and able to participate in an interview?

- YES  
 NO

**SKIP TO "INTERVIEW SCHEDULING"  
CONTINUE**

Could you help me understand the nature of your concerns? **[RECRUITER: RECORD THEIR CONCERNS AND ATTEMPT TO ADDRESS THEM]:**

**[IF RESPONDENT DOES NOT HAVE A WAY TO GET TO THE INTERVIEW OR HAS CONCERNS ABOUT PARTICIPATING IN THE INTERVIEW IN PERSON]:** Would you be interested in doing a virtual interview instead, that is a telephone interview or videoconference that you can participate in from wherever you are?

- YES                      **SKIP TO “INTERVIEW SCHEDULING”**
  - NO                         **CONTINUE**
- 

**[IF YOU ARE UNABLE TO ADDRESS THEIR CONCERNS, THEN SAY]:** Thank you for your time today! Have a great day. Goodbye.

**INTERVIEW SCHEDULING**

Great! We're thrilled to have you participate in the interview! We would like to schedule the interview now, which will take place during the week of [MONTH, DAY].

1. **Interview time.** What day and time is best for you?
  - Respondent provides a day and time..... **CONTINUE TO 1a**
  - Respondent is not available that week..... **SKIP TO 1c**
- 1a. **RECRUITER: CHECK THE SCHEDULE FOR AVAILABILITY. WORK WITH THE RESPONDENT TO FIND A CONVENIENT TIME, DAY, AND LOCATION.**
  - Appointment available..... **CONTINUE**
  - Appointment not available..... **SKIP TO 1c**
- 1b. [IF RESPONDENT IS AVAILABLE]: Great! That time is available and I've added you to the schedule. You will be meeting with an interviewer from [Mathematica/MEF] on **[REPEAT DAY AND TIME]. GO TO 2: "Location."**
- 1c. [IF RESPONDENT IS NOT AVAILABLE DURING THIS TIME FRAME]: I'm sorry that week is not convenient for you. Right now, I'm scheduling appointments only for that week. If we conduct more interviews during another week, would you be interested in participating? The interviews would take place between [DATES 1-2 WEEKS AFTER IN-PERSON INTERVIEW DATES]
 

[IF YES]: Great, we may call you back to schedule an interview. Thank you very much for your time today. **[NOTE ON CONTACT SHEET THAT RESPONDENT MAY BE INTERESTED IN A FUTURE INTERVIEW.]**

[IF NO]: OK, I understand. Thank you for your time.
2. **Location.**

[FOR IN-PERSON INTERVIEWS]: We will meet you at [NAME AND ADDRESS OF INTERVIEW LOCATION]. Do you know where that is and how to get there?  
**[RECRUITER: IF RESPONDENT SAYS 'NO' PROVIDE THEM WITH THE LOCATION INFORMATION AND DETAILS].**

[FOR VIRTUAL INTERVIEWS]: After this phone call we will send you an invitation to join the interview at [DATE, TIME] by videoconference or telephone. If you have access to the internet you will be able to click on the link in the message to join the interview by videoconference. The invitation will also include a telephone number you can use to call into the interview by telephone. You can use this option if you don't have access to the internet.
3. **Contact confirmation and consent to text:**  
We would like to send you a confirmation text that will include the details of your interview, including the day, time, and location. We can also text you right before the interview with a reminder that includes these details. Do we have your permission to text you?

“ YES .... I would just like to take a moment to make sure we have the best phone number for you. [RECRUITER: CONFIRM ALL INFORMATION ON THE CONTACT SHEET AND MAKE CORRECTIONS ON IT IF NECESSARY.]

“ NO .... How would you prefer that we contact you instead? [RECRUITER: IDENTIFY THEIR PREFERRED APPROACH TO COMMUNICATION AND COLLECT ANY ADDITIONAL NECESSARY CONTACT INFORMATION].

[FOR IN-PERSON INTERVIEWS]: We will mail you a confirmation letter that you should receive in a few days. I would just like to take a moment to make sure we have the correct contact information for you. **[RECRUITER: CONFIRM ALL INFORMATION ON THE CONTACT SHEET AND MAKE CORRECTIONS ON IT IF NECESSARY.]**

[FOR VIRTUAL INTERVIEWS]: We will send you an email invitation to join the interview by videoconference. Can you please tell me your email address? [IF RESPONDENT DOES NOT HAVE AN EMAIL ADDRESS OR INTERNET ACCESS]: We will send you a text message invitation to join the interview.

#### 4. **Wrap-up.**

[FOR IN-PERSON INTERVIEWS]: A member of our team will meet with you on [MM/DD @ HH:MM – HH:MM] at [LOCATION]. [HE/SHE] will call you a day or two before the interview to introduce [HERSELF/HIMSELF] and reconfirm the day, time, and location. Before then, please contact us at our toll-free number [XXX-XXX-XXXX] if you need to reschedule or have any additional questions. We are counting on your participation, so please be sure to call if you can't attend. Thank you very much for your time today. We look forward to meeting with you and learning about your experiences. We'll see you soon!

[FOR VIRTUAL INTERVIEWS]: Please join the videoconference on [MM/DD @ HH:MM – HH:MM]. A member of our team will call you a day or two before the interview to introduce [HERSELF/HIMSELF] and reconfirm the day and time of the interview. Before then, please contact us at our toll-free number [XXX-XXX-XXXX] if you need to reschedule or have any additional questions. We are counting on your participation, so please be sure to call if you can't attend. Thank you very much for your time today. We look forward to meeting with you and learning about your experiences. We'll see you soon!

**END CALL**

#### Privacy Act Statement

**Authority:** This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018). Disclosure of the information is voluntary.

**Purpose:** The information is being collected to evaluate Child Support Cooperation Requirements in United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP).

**Routine Use:** The information may be shared with SNAP contract researchers and USDA SNAP research and administrative staff.

**Disclosure:** Disclosure of the information is voluntary. If all or any part of the information is not provided, interviews may not be admissible in data sets.

The Systems of Records Notices relevant to this collection are FNS-8 FNS Studies and Reports located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> and FNS-10 Persons Doing Business with the Food and Nutrition Service (FNS) located at <https://www.federalregister.gov/documents/2000/03/31/00-8005/privacy-act-proposed-new-system-of-records>.