

## **Appendix F2**

### **Confirmation letter**

## Evaluation of Child Support Cooperation Requirements in SNAP

### INDIVIDUALS/HOUSEHOLDS – PARENTS AND CARETAKERS

### IN-DEPTH INTERVIEW CONFIRMATION LETTER

[CONFIRMATION LETTER FOR IN-PERSON INTERVIEWS]:

DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear [RESPONDENT'S NAME],

Thank you for agreeing to participate in this voluntary 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. Some States currently have this policy in place and other States do not. [STATE] currently [HAS/DOES NOT HAVE] this requirement. The U.S. Department of Agriculture's Food and Nutrition Service has hired two private research firms, Mathematica and MEF Associates, to assist with the study.

- [IN STATES THAT HAVE A CHILD SUPPORT COOPERATION REQUIREMENT IN SNAP]: As part of this study, we are talking to [PARENTS/CARETAKERS] like yourself to better understand your experiences with this requirement and what you think about those experiences, and about child support cooperation requirement more generally. You will also be asked to talk about any effects that you think the requirement has had on your participation in [NAME OF STATE SNAP PROGRAM] and in the child support program, or on the well-being of your family.
- [IN STATES THAT ARE CONSIDERING HAVING A CHILD SUPPORT COOPERATION REQUIREMENT IN SNAP]: As part of this study, we are talking to [PARENT/ CARETAKERS] like yourself to better understand your experiences with [OBTAINING/ PROVIDING] child support and your views about having a child support cooperation requirement in [NAME OF STATE SNAP PROGRAM]. You will also be asked to talk about any effects that you think this type of requirement would have on your participation in [NAME OF STATE SNAP PROGRAM] and in the child support program, or on the well-being of your family.

This research will help the government better understand how the child support cooperation requirement affects families.

**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 seven 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.

You are receiving this letter because you agreed to participate in an interview for this study. You signed up to participate in an interview on [MM/DD @ HH:MM – HH:MM] at [LOCATION]. A member of the research team will meet with you in person on this day and time for the interview. This letter is a reminder and confirmation of your scheduled appointment. The interviewer will call you a day or two before the interview to reconfirm the day, time, and location of the interview. Before that time, please contact [NAME] at our toll-free number [XXX-XXX-XXXX] if you have any questions or need to reschedule. Your participation in this study is voluntary and you may decline to participate in this study as a whole or decline to answer any question you do not want to answer. The responses you give will not be shared with anyone outside of our research team except as required by law. Your participation, answers to questions or if you decline to participate in whole or part will not affect any benefits you receive from the government. Nobody from [STATE SNAP PROGRAM NAME] or the child support agency will attend 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.

Sincerely,

[NAME]

**[CONFIRMATION TEXT FOR VIRTUAL INTERVIEWS]:**

Thank you for agreeing to participate in a virtual interview for the Evaluation of Child Support Cooperation Requirements in the Supplemental Nutrition Assistance Program (SNAP). You are receiving this text because you signed up to participate in an interview on [MM/DD @ HH:MM – HH:MM]. When it is time for the interview you can join by videoconference using this link: [WEBEX/MICROSOFT TEAMS LINK] or this telephone number: [WEBEX/MICROSOFT TEAMS MEETING PHONE NUMBER]. The interviewer will call you a day or two before the interview to reconfirm the day and time of the interview and introduce themselves. Before that time, please contact [NAME] at our toll-free number [XXX-XXX-XXXX] if you have any questions or need to reschedule. Your participation in this study is voluntary and you may decline to participate in this study as a whole or decline to answer any question you do not want to answer. Thank you for participating!

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