

Appendix B. Final State SNAP Agency Survey Instrument

OMB No. 0584-[NEW]

Assessing SNAP Participants' Fitness for Work

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Introduction

The U.S. Department of Agriculture's Food and Nutrition Service (FNS) seeks to learn more about how States assess physical or mental limitations when screening for exemptions from work requirements or determining good cause. FNS hired MEF Associates and Mathematica to conduct a study to understand the processes for determining physical or mental limitations. FNS is interested in understanding how States implement guidance on determining exemptions from work requirements or good cause due to a physical or mental limitation.

As part of this study, MEF Associates is conducting a survey of all State-level SNAP agencies. There are no right or wrong answers, and the purpose of this survey is not to audit or identify actions that may be correct or incorrect, but to help FNS understand how States make determinations about whether a SNAP applicant is fit for work.

The survey link may be shared with other staff in your agency who can contribute to your State's response. This survey should take no more than 60 minutes to complete.

Your participation in this survey is voluntary. We will use all data we collect only for the purposes we describe. In the final report we will not link individual States to their responses, but instead will present aggregated survey data. However, the raw survey data will be submitted to FNS at the end of the study.

If you need additional information about the purpose of the study, please contact Eric Williams at eric.williams@usda.gov. If you have questions about or need assistance with the web survey, call [study phone number] or email us at [study email].

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.

By selecting the text below, you indicate that you have read this statement in its entirety and that you voluntarily agree to participate in the study.

- I have read this statement in its entirety and voluntarily agree to participate in the study.

MODULE A. Work Requirements

We are interested in learning how your State makes determinations about whether an applicant's physical or mental limitations exempts them from work requirements, your State's policies around exemptions due to a physical or mental limitation, and whether there's any variation in those policies. We understand there may be instances where the policies related to exemptions from **general work requirements (sometimes thought of as registering for work, or being a work registrant)** may be different than the policies related to exemptions from **ABAWD work requirements.** In those instances, we will first ask about **general work requirements**, and then ask the same question again but for **ABAWD work requirements.**

- A.1. **When are applicants *first* asked about physical or mental limitations that may exempt them from general work requirements or ABAWD work requirements? Please select the appropriate response for each type of work requirement in the grid below.**

General work
requirements

ABAWD work requirements

- On the application
- In the eligibility interview
- After the eligibility interview
- Other

- A.2. **Which applicants are asked in the eligibility interview about physical or mental limitations? *Select all that apply.***

- Applicants who indicated on the application that they or others in their household have a physical or mental limitation
- Applicants who mention during the interview that they or others in their household have a physical or mental limitation
- Applicants who are not exempt from work registration for another reason
- Applicants who are age 18-49 and don't have dependents
- Other (please specify):

- A.3. **Does your State currently require face-to-face interviews as part of the SNAP application process?**

- Yes
- No
- Only for certain households (please specify):

A.4.

A.1. PROGRAMMING NOTE: If yes, skip to A.5.. If no or “only for certain households”, go to A.4.

Are the

processes for screening individuals for mental or physical limitations different for individuals who have in-person interviews and those who don't?

- Yes (explain how so):
- No

A.5.

Does your State's policies allow for local variation in the populations that must be screened for exemptions from general work requirements due to a physical or mental limitation?

- Yes (please specify):
- No

A.6.

Does your State's policies allow for local variation in the populations that must be screened for exemptions from ABAWD work requirements due to a physical or mental limitation?

- Yes (please specify):
- No

A.7.

Which of the following physical or mental limitations are considered in your State when determining whether someone is exempt from general work requirements? *Select all that apply.*

- Mental illness
- Cognitive or developmental disabilities
- Long-term physical illness
- Short-term physical illness
- Long-term physical disability
- Short-term physical injury
- Physical disability
- Pregnancy
- Lack of stable housing
- Other (please specify):

A.8.

Are the same physical or mental limitations considered when determining whether someone is exempt from ABAWD work requirements as those selected above for general work requirements?

- Yes
- No

A.2. PROGRAMMING NOTE: If yes, skip to Error: Reference source not found. If no, go to A.9.

- A.9. Which of the following physical or mental limitations are considered in your State when determining whether someone is exempt from ABAWD work requirements? *Select all that apply.*
- Mental illness
 - Cognitive or developmental disabilities
 - Long-term physical illness
 - Short-term physical illness
 - Long-term physical disability
 - Short-term physical injury
 - Physical disability
 - Pregnancy
 - Lack of stable housing
 - Other (please specify):
- A.10. Do staff have discretion in the types of physical or mental limitations that can be considered when determining exemptions?
- Yes (please specify):
 - No
- A.11. Do your State's policies allow for local variation in the physical or mental limitations that can be considered when determining whether someone is exempt from general work requirements?
- Yes (please specify):
 - No
- A.12. Do your State's policies allow for local variation in the physical or mental limitations that can be considered when determining whether someone is exempt from ABAWD work requirements?
- Yes (please specify):
 - No
- A.13. In response to COVID-19, did your State make any changes to the physical or mental limitations that can be considered when determining exemptions from either general work requirements or ABAWD work requirements?
- Yes (please specify):
 - No
- A.14. Are individuals that participate in face-to-face interviews required to provide verification of their physical or mental limitation?
- Always
 - Sometimes
 - Never

A.15.

A.3. PROGRAMMING NOTE: If sometimes, go to A.15.. If always, skip to Error: Reference source not found. If never, skip to A.17..

**When
are**

individuals who participate in face-to-face interviews required to provide verification of their physical or mental limitation? *Select all that apply.*

- For specific physical or mental limitations
- If severity of limitation or functional limitations of client's condition is unclear
- It's up to staff when to ask for signed documentation
- Under other circumstances (please specify):

A.16. **What documentation may be used to verify a limitation for individuals that participate in face-to-face interviews? *Select all that apply.***

- Proof of receipt of disability benefits
- Signed documentation from a qualified professional (e.g., licensed physician, licensed therapist, vocational or other rehab provider, etc.)
- Verbal verification from a qualified professional
- Written verification from a personal contact
- Verbal verification from personal contact
- Applicant's personal written or verbal attestation
- Other (please specify):

A.17. **Are individuals who *do not* participate in face-to-face interviews required to provide verification of their physical or mental limitation?**

- Always
- Sometimes
- Never

A.18.

A.4. PROGRAMMING NOTE: If sometimes, go to A.18.. If always, skip to A.19.. If never, skip to A.20.

When are

individuals who *do not* participate in a face-to-face interview required to provide verification of their physical or mental limitation?

- For specific physical or mental limitations
- If severity of limitation or functional limitations of client's condition is unclear
- It's up to staff when to ask for signed documentation
- Under other circumstances (please specify):

A.19. **What documentation may be used to verify a limitation for individuals that *do not* participate in a face-to-face interview? *Select all that apply.***

- Proof of receipt of disability benefits
- Signed documentation from a qualified professional (e.g., licensed physician, licensed therapist, vocational or other rehab provider, etc.)

- Verbal verification from a qualified professional
- Written verification from a personal contact
- Verbal verification from personal contact
- Applicant's personal written or verbal attestation
- Other (please specify):

A.20. **Are there differences in when an individual is required to provide verification for their physical or mental limitations when they are screened for exemptions from ABAWD work requirements as opposed to general work requirements?**

- Yes (please specify):
- No

A.21. **Do your State's policies allow for local variation in the information required to verify whether an applicant is exempt from general work requirements due to a physical or mental limitation?**

- Yes (please specify):
- No

A.22. **Do your State's policies allow for local variation in the information required to verify whether an applicant is exempt from ABAWD work requirements due to a physical or mental limitation?**

- Yes (please specify):
- No

A.23. **In response to COVID-19, did your State make any changes to the information required to verify a physical or mental limitation?**

- Yes (please specify):
- No

A.24. **Who is involved in determining whether an individual is exempt from general work requirements due to a physical or mental limitation?**

Always Sometimes Never

Eligibility frontline staff

Eligibility supervisors

Quality assurance staff

Other (please specify):

A.25. **Are the same staff involved in determining whether an individual is exempt from ABAWD work requirements as those selected above for general work requirements?**

- Yes
- No

A.5. PROGRAMMING NOTE: If yes, see programming logic for A.27.. If no, go to A.26..

A.26. **Who is involved in determining whether an individual is exempt from ABAWD work requirements due to a physical or mental limitation?**

Always Sometimes Never

Eligibility frontline staff

Eligibility supervisors

Quality assurance staff

Other (please specify):

A.27.

A.6. PROGRAMMING NOTE: Only respondents that select “sometimes” for eligibility staff in A.24. receive A.27..

When might eligibility frontline staff be involved in determining whether an individual is exempt from general work requirements due to a physical or mental limitation? Select all that apply.

- OPEN ENDED

A.28. **Are the circumstances when eligibility frontline staff would be involved in determining whether an individual is exempt from ABAWD work requirements the same as those selected above for general work requirements?**

A.9. PROGRAMMING NOTE: Only respondents that select “sometimes” for eligibility staff in A.24. and A.26. receive A.28..

A.29.

When might eligibility frontline staff be involved in determining whether an individual is exempt from ABAWD work requirements due to a physical or mental limitation?

• OPEN ENDED

A.30.

A.8. PROGRAMMING NOTE: If yes, see programming logic for A.30.. If no, go to A.29.

When might eligibility supervisors be involved in determining whether an individual is exempt from

A.10.PROGRAMMING NOTE: Only respondents that select “sometimes” for eligibility supervisors in A.24. receive A.30..

general work requirements due to a physical or mental limitation?

- OPEN ENDED

A.31. **Are the circumstances when eligibility supervisors would be involved in determining whether an individual is exempt from ABAWD work requirements the same as those selected above for general work requirements?**

A.11.PROGRAMMING NOTE: Only respondents that select “sometimes” for eligibility supervisors in A.24. and A.26. receive A.31..

A.32.

A.12.PROGRAMMING NOTE: If yes, see programming logic for A.33.. If no, go to A.32..

**When
might**

eligibility supervisors be involved in determining whether an individual is exempt from ABAWD work requirements due to a physical or mental limitation?

- **OPEN ENDED**

A.33.

When might quality assurance staff be involved in determining whether an individual is exempt from general work requirements due to a physical or mental limitation?

- **OPEN ENDED**

A.34.

A.13.PROGRAMMING NOTE: Only respondents that select “sometimes” for quality assurance staff in A.24. receive A.33..

**Are
the**

circumstances when quality assurance staff are involved in determining whether an

A.16.PROGRAMMING NOTE: Only respondents that select “sometimes” for quality assurance staff in A.24. and A.26. receive A.34..

individual is exempt from ABAWD work requirements the same as those selected above for general work requirements?

- **Yes**
- **No**

A.14.PROGRAMMING NOTE: If yes, see programming logic for A.36.. If no, go to A.35.. Respondents that select “sometimes” for quality assurance staff in A.26 receive A.35.

A.35. **When might quality assurance staff be involved in determining whether an individual is exempt from ABAWD work requirements due to a physical or mental limitation? Select all that apply.**

- OPEN ENDED

A.36. **When might *[text piped in from A.24.]* staff be involved in determining whether an individual is exempt from general work requirements due to a physical or mental limitation? Select all that apply.**

A.37.

A.17.PROGRAMMING NOTE: Only respondents that select “sometimes” for “other” staff in A.24. receive A.36..

**When
might
*[text
piped
in
from***

A.18.PROGRAMMING NOTE: Only respondents that select “sometimes” for “other” staff in A.26. receive A.37..

***A.26.]* staff be involved in determining whether an individual is exempt from ABAWD work requirements due to a physical or mental limitation? Select all that apply.**

- OPEN ENDED

A.38. **What data are staff required to enter into your State’s eligibility and benefit determination system when determining whether an individual is exempt from general or ABAWD work requirements due to a physical or mental limitation? Please select the appropriate response for each type of work requirement from the grid below?**

	General work requirements	ABAWD work requirements
Whether or not the individual is exempt from the work requirement due to a physical or mental limitation		
The specific physical or mental limitation		
A description of the physical or mental limitation		
The verification provided		
Demographic data on the individual		
Other		

A.39.

PROGRAMMING NOTE: Only respondents that select “Demographic data on the individual” in A.38. receive A.39.A.39..

**What
type
of**

demographic data does your State require staff enter (e.g., race, ethnicity, gender, marital status)?

- OPEN ENDED

A.40. **What kind of training do staff receive about how to determine exemptions due to a physical or mental limitation? Please note any differences in the training received for determining exemptions from registering for work versus determining exemptions from ABAWD work requirements.**

- OPEN ENDED

A.41. **Besides training, what other ways are staff informed about how to determine exemptions due to a physical or mental limitation? *Select all that apply.***

- Standard Operating Procedures (SOP)
- Policy Manuals
- Memoranda
- Other (please specify):

A.42. **Can participants appeal the decision determining whether they are exempt from general or ABAWD work requirements due to a physical or mental limitation? *Select all that apply.***

- Participants can appeal the decision determining whether they are exempt from general work requirements
- Participants can appeal the decision determining whether they are exempt from ABAWD work requirements
- Participants cannot appeal the decision determining whether they are exempt from either type of work requirement

A.43. **For individuals determined to be exempt from general work or ABAWD requirements, due to a physical or mental limitation, at what point(s) can the initial exemption be reassessed? Please select the appropriate responses for each type of work requirement from the grid below.**

General work requirement ABAWD work requirement

When individuals recertify for their benefits

Based on information contained in the initial medical assessment (e.g., time for recovery)

Other

A.44. **For individuals determined to be subject to general or ABAWD work requirements, at what point(s) can the initial determination be reassessed? Please select the appropriate responses for each type of work requirement from the grid below.**

General work requirement

ABAWD work requirement

When individuals recertify for their benefits

When a good cause determination is made

When a suitable E&T component is not available

When an E&T participant receives a provider determination

When requested by individual

Other

- A.45. **Acknowledging that federal regulations establish policies regarding exemptions due to a physical or mental limitations, who at the State is responsible for codifying the following policies?**

	State legislature	State SNAP Agency	Other
The criteria for determining whether someone is exempt from general work requirements due to a physical or mental limitation			
The information required to verify a physical or mental limitation that can exempt someone from general work requirements			
Staff procedures for determining exemptions from general work requirements due to a physical or mental limitation			

- A.46. **Describe the "Other" way(s) your State established policies regarding the criteria that determines exemptions due to a physical or mental limitation.**

A.2.1. OPEN ENDED

- A.47. **Describe the "Other" way(s) your State established policies regarding the information required to verify a physical or mental limitation for purposes of determining exemptions due to a physical or mental limitation.**

A.3.1. OPEN ENDED

- A.48. **Describe the "Other" way(s) your State established policies regarding staff procedures to determine exemptions due to a physical or mental limitation.**

A.4.1. OPEN ENDED

- A.49. **How often does your State review policies regarding exemptions due to a physical or mental limitation?**

- On a regularly set schedule - less frequent than every year
- On a regularly set schedule - every year
- On a regularly set schedule - more frequent than every year
- Only when changes in Federal regulation, statute, or guidance occur
- Other (please specify):

A.50. **Who is involved in reviewing and updating policies related to exemptions due to a physical or mental limitation? *Select all that apply.***

- State SNAP administrator
- Local office administrators
- State SNAP policy staff
- Other (please specify):

A.51. **What information do staff consult when updating policies related to exemptions due to a physical or mental limitations? *Select all that apply.***

B.1.1. Administrative data on determinations

B.1.2. Administrative data on appeals

B.1.3. Feedback from local administrators or supervisors

B.1.4. Federal regulation, statute, or guidance

B.1.5. Other (please specify):

A.52. **In the last three years, has your State received technical assistance from FNS regarding your State's policies on exemptions due to a physical or mental limitation?**

- Yes (please specify):
- No

Module B. Mandatory E&T

The questions below pertain to the mandatory portion of your E&T program **only**. By “mandatory”, we mean the portion of your E&T program where participants are required to participate in SNAP E&T. This does not refer to programs where participants may fulfill their work requirements by participating in a variety of activities, of which SNAP E&T is one option.

B.1. Which of the following populations are required to participate in SNAP E&T in your State?

- All Participants subject to general work requirements
- All ABAWDS
- A subset of participants (please specify):

B.2. Does your State have State exemptions for any of the listed physical or mental limitations in determining if a participant is required to participate in a mandatory E&T program? Select all that apply.

- Mental illness
- Cognitive or developmental disabilities
- Long-term physical illness
- Short-term physical illness
- Long-term physical disability
- Short-term physical injury
- Physical disability
- Pregnancy
- Lack of stable housing
- Other (please specify):

B.3. What verification is needed to provide a good cause determination for participants who do not comply with mandatory E&T program requirements due to a physical or mental limitation? Select all that apply.

- Proof of receipt of disability benefits
- Signed documentation from a qualified professional (e.g., licensed physician, licensed therapist, vocational or other rehab provider, etc.)
- Verbal verification from a qualified professional
- Written verification from a personal contact
- Verbal verification from personal contact

- Applicant's personal written or verbal attestation
- Other (please specify):

B.4. How does your State communicate to staff its policies on exemptions from mandatory E&T and providing good cause for mandatory E&T participants? *Select all that apply.*

- Standard Operating Procedures (SOP)
- Policy Manuals
- Memoranda
- Letters
- Guidelines
- Trainings
- Other (please specify):
- There is no formal mechanism for communicating this information

B.5. What staff are responsible for deciding whether the lack of an available and appropriate E&T component, due to physical or mental limitations, results in an exemption from general or ABAWD work requirements?

Always Sometimes Never

- Eligibility frontline staff
- Eligibility supervisors
- Quality assurance staff
- Other (please specify):

MODULE C. Good Cause

We will first ask questions about your State's policies regarding **good cause for not meeting general work requirements due to a physical or mental limitation**. We understand there may be instances where the policies regarding good cause for not meeting general work requirements (sometimes thought of as registering for work, or being a work registrant) may be different than the policies regarding **good cause for not meeting ABAWD work requirements due to a physical or mental limitation**. In those instances, we will first ask about general work requirements, and then ask the same question again but for ABAWD work requirements.

C.1. Which of the following physical or mental limitations does your State consider when determining whether someone has good cause for not meeting general work requirements? **Select all that apply.**

- Mental illness
- Cognitive or developmental disabilities
- Long-term physical illness
- Short-term physical illness
- Long-term physical disability
- Short-term physical injury
- Physical disability
- Pregnancy
- Lack of stable housing
- Other (please specify):

C.2. Are the same physical or mental limitations considered when determining whether someone has good cause for not meeting ABAWD work requirements as those selected above for general work requirements?

- Yes
- No

A.19.PROGRAMMING NOTE: If yes, skip to C.4.. If no, go to C.3..

C.3. Which of the following physical or mental limitations does your State consider when determining whether someone has good cause for not meeting ABAWD work requirements? *Select all that apply.*

- Mental illness
- Cognitive or developmental disabilities
- Long-term physical illness
- Short-term physical illness
- Long-term physical disability
- Short-term physical injury
- Physical disability
- Pregnancy
- Lack of stable housing
- Other (please specify):

C.4. How long would a good cause determination for not meeting general work requirements based on a physical or mental limitation last? *Select all that apply.*

- Until the participant's benefits are recertified
- Based on a medical professional's assessment
- Based on eligibility worker's assessment
- For a standard period of time (please explain, including if a standard period of time varies by physical or mental limitation):

C.5. Is there a difference between the length of a good cause determination for not meeting ABAWD work requirements and the length of a good cause determination for not meeting general work requirements?

Yes

A.20.PROGRAMMING NOTE: If yes, go to C.6.. If no, skip to C.7.

C.6. How long would a good cause determination for not meeting ABAWD work requirements based on a physical or mental limitation last? *Select all that apply.*

- Until the participant's benefits are recertified
- Based on a medical professional's assessment
- Based on eligibility worker's assessment
- For a standard period of time (please explain, including if a standard period of time varies by physical or mental limitation):

C.7. Might a participant's good cause determination related to physical or mental limitations result in an exemption from general work requirements?

- Yes
- No

C.8. Explain

A.21.PROGRAMMING NOTE: If yes, go to C.8.. If no, skip to C.9..

under what

circumstances a participant's good cause determination related to a physical or mental limitation would exempt them from general work requirements.

- OPEN ENDED

C.9. Might a participant's good cause determination related to physical or mental limitations result in an exemption from ABAWD work requirements?

- Yes
- No

C.10.

A.22.PROGRAMMING NOTE: If yes, go to C.10.. If no, skip to Error: Reference source not found.

Explain under what

circumstances a participant's good cause determination related to a physical or mental limitation would exempt them from ABAWD work requirements.

- OPEN ENDED

C.11. Who is involved in deciding whether a good cause determination related to physical or mental limitations results in an exemption from general work requirements?

Always Sometimes Never

Eligibility frontline staff

Eligibility supervisors

Quality assurance staff

Other (please specify):

C.12. Are the same staff responsible involved in deciding whether good cause determination related to a physical or mental limitation results in an exemption from ABAWD work requirements as those selected above for general work requirements?

- Yes
- No

A.23.PROGRAMMING NOTE: If yes, skip to C.14. . If no, go to C.13.

C.13. Who is involved in deciding whether a good cause determination related to physical or mental limitations results in an exemption from ABAWD work requirements?

Always Sometimes Never

Eligibility frontline
staff

Eligibility supervisors

Quality assurance
staffOther (please
specify);**C.14. How does your State communicate the policies regarding good cause due to a physical or mental limitation? *Select all that apply.***

- Standard Operating Procedures (SOP)
- Policy Manuals
- Memoranda
- Trainings
- Other (please specify):
- There is no formal mechanism for communicating this information

C.15. How often does your State review policies for good cause related to physical or mental limitations?

- On a regularly set schedule - less frequent than every year
- On a regularly set schedule - every year
- On a regularly set schedule - more frequent than every year
- Only when changes in Federal regulation, statute, or guidance occur
- Other (please specify):

C.16. Who is involved in reviewing and updating policies for good cause related to physical or mental limitations? *Select all that apply.*

- State SNAP administrator
- Local office administrators
- State SNAP policy staff
- Other (please specify):

C.17. What information do staff consult when updating policies for good cause related to physical or mental limitations? *Select all that apply.*

- Administrative data on determinations
- Administrative data on appeals

- Feedback from local administrators or supervisors
- Federal regulation, statute, or guidance
- Other (please specify):

C.18. In response to COVID-19, did your State make any of the following changes to its good cause policies related to physical or mental limitations? *Select all that apply.*

- The criteria for determining whether someone has good cause due to a physical or mental limitation
- The information required to verify whether someone has good cause due to a physical or mental limitation
- The process for determining whether someone has good cause due to a physical or mental limitation
- Other (please specify):
- Our State did not make any changes to its good cause determination policies related to physical or mental limitations in response to COVID-19

Survey Close

Thank you for participating in our survey! To help us better understand your State's process for determining whether an individual is exempt from work requirements due to a physical or mental limitation, please upload the following documents using the link below:

- *{Outstanding Document 1 Based off Document Review}*
- *{Outstanding Document 2 Based off Document Review}*
- *{Outstanding Document 3 Based off Document Review}*



[Upload documents here](#)