

## **Appendix D1. SNAP Administrative Data Request**

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## SNAP administrative data request email

Dear [STATE SNAP DIRECTOR NAME],

The U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) has hired Mathematica, an independent research organization, to study different Supplemental Nutrition Assistance Programs (SNAP) employment and training (E&T) programs, such as [SNAP E&T Program Name]. This project, which is called the SNAP E&T Rapid Cycle Evaluation Study, will implement and evaluate small-scale interventions with the aim of improving SNAP E&T operations and service delivery. We are requesting participating sites to provide State SNAP administrative data to facilitate intervention implementation and address the study's research questions.

### Data request

Please provide the requested SNAP individual-level administrative data for [SPECIFY TIME PERIOD SPECIFIC TO SITE'S INTERVENTION PERIOD].

Table H.1. contains a list of the types of data elements we are requesting, pending their availability. The study team will discuss this data request with you to assess the availability of the administrative data your agency maintains and identify which data elements can be provided.

### Data delivery timeline

Please provide the data file by [DATE AGREED TO BY AGENCY].

### Data delivery and storage

We will provide a secure data transfer site to receive the data file. We can accept data in any standard format. We will store the data in a secure project directory to which only those working with the data will have access. Please let us know if you would like us to share with you our project and corporate data security plan.

#### 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 operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs using rapid cycle evaluation.

**Routine Use:** The information may be shared with SNAP contract researchers and United States Department of Agriculture (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.

#### Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in evaluating operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs that aim to improve delivery of services and program outcomes. This is a voluntary collection and FNS will use the information to assess the effectiveness of changes made to the SNAP E&T program. 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 minutes (0.0167 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.

**Table H.1. SNAP [Medicaid, and TANF] administrative data elements requested**

**SNAP administrative data**

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|     |   |
|-----|---|
| (a) | Person ID number  |
| (b) | Case/Unit identification number   |
| (c) | Full Name   |
| (d) | All addresses (current, permanent, mailing), including street address, city, state, zip |
| (e) | All phone numbers and type (home, work, cell)   |
| (f) | Email address   |
| (g) | Date of Birth   |
| (h) | SSI Benefit Receipt or Disability Status  |
| (i) | Certification date  |
| (j) | Date of most recent SNAP recertification  |
| (k) | County where application was processed (FIPS code)                                      |
| (l) | Primary language spoken (or language used to fill out application)                      |
| (m) | Gender of individual  |
| (n) | Education of individual   |
| (o) | Race/Ethnicity  |
| (p) | Number of other people in the unit  |
| (q) | Ages of other people in the unit  |
| (r) | ABAWD status  |
| (s) | Earned income   |
| (t) | Unearned income   |
| (u) | Net income  |
| (v) | Benefit amount  |

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