**Appendix E3.1 Connecticut Participant Survey Specifications**

# Rapid Cycle Evaluation of Operational Improvements in SNAP E&T Programs

## Participant Survey:

## Connecticut

*2022*

# I. Introduction

| ALL |
| --- |
| [SNAP E&T RCE INTERVENTION SITE] |

**I0.** **[SNAP E&T RCE INTERVENTION SITE] is participating in a study that the U.S. Department of Agriculture, Food and Nutrition Service (FNS) is sponsoring. This study will help the agency learn more about ways to improve the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs for participants. E&T programs are intended to help SNAP participants gain skills and find work. [SNAP E&T RCE INTERVENTION SITE] is one of eight sites seeking to understand the impact of changes to SNAP E&T program processes on SNAP participants' engagement with E&T services. Mathematica is leading this study on behalf of FNS. Please read the information below and confirm whether you are willing to participate in the study.**

**By giving permission to be in the study, you agree to take a short 15 minute survey. The survey asks about barriers to engaging with services and seeking employment, program satisfaction, and reasons for engagement decisions.**

**Here are some other things to know about the study:**

- **The study will use your data for research purposes only.**
- **Study reports will summarize all participants' findings and will not identify you. None of the reports prepared for this study will include information that identifies you. All confidential information will be stored safely and destroyed at the end of the study.**
- **Taking the survey is completely voluntary. You can skip any question that you don't want to answer. If you are unsure of how to answer a question, please give the best answer you can, rather than leaving it blank.**
- **Participating in the study has no known risks and will not affect your benefits. Your participation will help us learn about how to improve SNAP E&T programs and services to help SNAP participants gain skills and find work.**
- **You will receive a $30 gift card to thank you for your time completing the survey.**

**Please indicate below whether you agree to be in the study. If you have any questions about the study or would like a copy of the above information, please contact Mathematica's survey director, [SURVEY DIRECTOR], at XXX-XXX-XXXX or email [him/her] at XXX@mathematica-mpr.com.**

- ❍ I understand the study description and I **agree** to participate in the study............1
  *Electronic Signature* [                    ]
- ❍ I **do not agree** to participate in the study...........................................................2

| PROGRAMMER: |
| --- |
| IF I0 = 2, STATUS NON-CONSENT AND EXIT SURVEY |

| I0 = 1 |
| --- |
|  |

**I1.** **First, we'd like to verify that we are reaching the correct person. What is your date of birth?**

|___|___| / |___|___| / |___|___|___|___|

| VALIDATION CHECK: |
| --- |
| 2 OF 3 FIELDS AT I1 MUST MATCH RECORDS TO CONTINUE |

| IF WEB AND I1_validation check not passed *(web mode and DOB does not match)* |
| --- |
|  |

**I1b.** **Thank you for your time. We need to check our records before continuing. Please contact us at 1-XXX-XXX-XXXX to complete the survey.**

| PROGRAMMER: |
| --- |
| STATUS 1380 FOR SUP REVIEW AND EXIT WEB INTERVIEW |

| IF PHONE AND I1_validation check not passed *(telephone mode and DOB does not match)* |
| --- |
|  |

**I1c.** **Thank you for your response. I need to check our records before continuing the interview. Please hold on a moment while I get my supervisor.**

SUPERVISOR: PLEASE ENTER YOUR ID TO CONTINUE

|___|___|___|___|

| IF PHONE AND I1_validation check not passed *(telephone mode and DOB does not match)* |
| --- |
|  |

**I1d.** SUPERVISOR: PLEASE VALIDATE THE RESPONDENT IDENTIY USING ADDRESS OR OTHER CONTACT INFORMATION AVAILABLE

CORRECT RESPONDENT.................................................................................1     GO TO I1f

WRONG RESPONDENT....................................................................................0     GO TO I1e

**I1e.** **Thank you for your response. There may be a problem with some of our records. A representative from Mathematica will give you a call to verify our information.**

**What is the best number to reach you?**

☐    The caller does not have a phone number.................................0

**When is the best time to reach you?**

*Select one only*

Anytime....................................................................................................1

Weekday mornings.................................................................................2

Weekday afternoons..............................................................................3

Weekday evenings.................................................................................4

Weekend mornings................................................................................5

Weekend afternoons..............................................................................6

Weekend evenings.................................................................................7

**What is your personal email address that you check most often? Please do not provide a school email address, unless it is the only email address you use.**

☐   The caller does not have an email address.................................0

**We need to review and confirm our records before continuing with the interview. Thank you for your help.**

> PROGRAMMER:
>
> STATUS 1400 FOR LOCATING (WRONG RESPONDENT) AND EXIT INTERVIEW

**I1f.** **Thank you for your response. I will hand the phone back to the interviewer to continue the interview.**

CONTINUE.....................................................................................................1     GO TO A1

# A. Employment

**A1.** **The first questions are about current or recent jobs.**

**Are you currently working at a job for pay, or self-employed?**

Yes...................................................................................................................1

No....................................................................................................................0

**A2.** **Were you working at a job for pay, or self-employed, in [MONTH]?**

Yes...................................................................................................................1

No....................................................................................................................0

**A3.** **How many children under the age of 18 live with you?**

**A4.** **These next questions ask about things that make it easier or harder to find or keep a job. Do you have childcare?**

Yes...................................................................................................................1

No....................................................................................................................0

Not applicable..................................................................................................2

**A5.** **Do you have back-up childcare?**

*For example, if your main source of childcare were unavailable, would you have back-up or other arrangements in place?*

Yes...................................................................................................................1

No....................................................................................................................0

FILL "These next questions ask about things that make it easier or harder to find or keep a job." IF NUMBER OF CHILDREN UNDER 18 IN A3 = 0

**A6.** **[These next questions ask about things that make it easier or harder to find or keep a job.]**

**What modes of transportation do you use?**

*Select all that apply*

Car..............................................................................................................1

Public transportation (for example, bus or train)....................................................2

Taxi/Rideshare...............................................................................................3

Bike..............................................................................................................4

Walking.........................................................................................................5

Something else (SPECIFY)...............................................................................99

**A7.** **In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?**

Yes...............................................................................................................1

No.................................................................................................................0

**A8.** **What is your current living arrangement?**

Rent..............................................................................................................1

Own..............................................................................................................2

Staying with family..........................................................................................3

Some other arrangement (SPECIFY)..................................................................99

**A9.** **Do you have a resume?**

Yes...............................................................................................................1

No.................................................................................................................0

**A10.** **Have you ever interviewed for a job before?**

Yes......................................................................................................1

No.......................................................................................................0

**A11.** **Do you have documents and valid forms of identification needed for employment?**

*For example, a Social Security card, driver's license, photo identification card, or a birth certificate?*

Yes......................................................................................................1

No.......................................................................................................0

**A12.** **Have you ever been employed?**

Yes......................................................................................................1

No.......................................................................................................0

FILL "have you been employed at your current job" if A1 = 1

FILL "were you employed at your most recent job" if A1 = 0 AND A2 = 1

**A13.** **How long [have you been employed at your current job/were you employed at your most recent job]?**

**A14.** **How would you describe your ability to manage your money and budget? Would you say it's…**

Excellent............................................................................................1

Very good...........................................................................................2

Good...................................................................................................3

Fair.....................................................................................................4

Poor....................................................................................................5

**A15.** **How much do you agree or disagree with the following statement about your preparation for academic classes?**

**You feel prepared for your classes.**

Strongly disagree..........................................................................................1

Disagree......................................................................................................2

Neither agree nor disagree...........................................................................3

Agree..........................................................................................................4

Strongly agree.............................................................................................5

**A16.** **Do you have access to the technology you need for class, such as a computer, or active internet service?**

Yes.............................................................................................................1

No...............................................................................................................0

**A17.** **How much do you agree or disagree with the following statement?**

**You have the basic computer skills you need for your classes (for example, you know how to use email, internet, and Microsoft Word).**

Strongly disagree..........................................................................................1

Disagree......................................................................................................2

Neither agree nor disagree...........................................................................3

Agree..........................................................................................................4

Strongly agree.............................................................................................5

**A18.** **Do you have any felonies that would prevent you from getting a job?**

Yes.............................................................................................................1

No...............................................................................................................0

**A19.** **In general, would you say your health is…**

Excellent...............................................................................................1

Very good.............................................................................................2

Good.....................................................................................................3

Fair.......................................................................................................4

Poor......................................................................................................5

**A20.** **Do you have other barriers that would hinder your employment or completion of training?**

Yes (SPECIFY)....................................................................................1

No.........................................................................................................0

# B. Intervention Information

<table>
<tr><td>ALL</td></tr>
<tr><td>FILL "The assessment asked you some questions about life and education-related skills under four broad areas: basic needs, health and wellness, school readiness, and career planning. You worked with [COACH] to figure out which areas were most important to you and where support would be the most helpful" IF INTERVENTION = STEPPING STONES.

FILL "During the intake process, you answered some questions about potential obstacles and challenges that you could encounter in pursuing your career goals. These challenges related to transportation, childcare, disability, or other areas. You may have answered these questions on your application form and/or by talking with [COACH]" IF INTERVENTION = CONTROL.

FILL "assessment you completed", "assessment you took", "assessment", and "discussing the assessment" IF INTERVENTION = STEPPING STONES.

FILL "intake process you completed", "intake process, which may have been a form or a conversation with your coach," "the intake process," and "intake process" IF INTERVENTION = CONTROL.

FILL "COACH" with SNAP admin data

FILL "DATE" with RAPTER fields</td></tr>
</table>

**B1.** **Next, we're going to ask you some questions about the [assessment you took/intake process you completed] with your SNAP E&T coach. Our records show that you completed this [assessment/intake process, which may have been a form or a conversation with your coach,] on [DATE].**

IF INTERVENTION = STEPPING STONES: **The assessment asked you some questions about life and education-related skills under four broad areas: basic needs, health and wellness, school readiness, and career planning. You worked with [COACH] to figure out which areas were most important to you and where support would be the most helpful.**

IF INTERVENTION = CONTROL**: During the intake process, you answered some questions about potential obstacles and challenges that you could encounter in pursuing your career goals. These challenges related to transportation, childcare, disability, or other areas. You may have answered these questions on your application form and/or by talking with [COACH].**

**How much do you agree or disagree with the following statements regarding the [assessment you completed/intake process]?**

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|---|---|---|---|
| a. The [assessment/intake process] helped you better understand your own needs or goals | 1 | 2 | 3 | 4 | 5 |
| b. The [assessment questions/questions asked during intake] were easy for you to understand and answer | 1 | 2 | 3 | 4 | 5 |
| c. It was easy for you to find a time to connect with your coach to complete the [assessment/intake process] | 1 | 2 | 3 | 4 | 5 |
| d. The [assessment/intake process] was a good use of your time | 1 | 2 | 3 | 4 | 5 |
| e. It was clear to you what your next steps were after completing the | 1 | 2 | 3 | 4 | 5 |

| | [assessment/intake process] | | | | | |
|---|---|---|---|---|---|---|
| f. | You felt comfortable sharing information about your needs with your coach during the [assessment/intake process] | 1 | 2 | 3 | 4 | 5 |
| g. | After [discussing the assessment/the intake process] with your coach, you felt motivated to focus on your needs and goals | 1 | 2 | 3 | 4 | 5 |

PROGRAMMER BOX B1:

IF NO REFERRAL RECEIVED, GO TO SECTION C

ELSE, GO TO B2

IF REFERRAL RECEIVED

Fill [REFERRAL SERVICES] with RAPTER fields

**B2.** **Our records show that [COACH] referred you to [REFERRAL SERVICES]. Do you remember receiving a referral to [REFERRAL SERVICES]?**

Yes......................................................................................................1     GO TO B3

No......................................................................................................0     GO TO B4

IF B2 = 1

**B3.** **How much do you agree or disagree with the following statement regarding the referral process?**

**It was clear to you what your next steps were after you received the referral.**

Strongly disagree................................................................................1

Disagree.............................................................................................2

Neither agree nor disagree.................................................................3

Agree..................................................................................................4

Strongly agree....................................................................................5

IF REFERRAL RECEIVED AND TEXT MESSAGE SENT

**B4.** **Our records show that you received a text message reminding you to reach out to [REFERRAL SERVICES]. Do you remember getting this text message?**

Yes......................................................................................................1     GO TO B5

No......................................................................................................0     GO TO B7

IF B4 = 1

**B5.** **Had you already reached out to [REFERRAL SERVICES] before you received the text?**

Yes.....................................................................................................1    GO TO B7

No......................................................................................................0    GO TO B6

**B6.** **How much do you agree or disagree with the following statements about the text message?**

|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|---|---|---|---|
| a. The text message made you want to reach out to [REFERRAL SERVICES]. | 1 | 2 | 3 | 4 | 5 |
| b. The text message helped remind you to reach out to [REFERRAL SERVICES]. | 1 | 2 | 3 | 4 | 5 |

**B7.** **Have you received any services from [REFERRAL SERVICES]?**

Yes.....................................................................................................1    GO TO B8

No......................................................................................................0    GO TO B9

**B8.** **Was [REFERRAL SERVICES] able to help you meet your needs?**

Yes.....................................................................................................1    GO TO B10

No......................................................................................................0    GO TO B10

**B9.** **Why haven't you received any services from [REFERRAL SERVICES]?**

*Select all that apply*

The service didn't match your needs....................................................................1

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs
too much, public transportation takes too much time*...........................................2

You started receiving other services...................................................................3

You had physical or mental health challenges (including a disability).................4

You had housing issues or moved......................................................................5

You haven't had the time....................................................................................6

You couldn't get in touch with the service provider.............................................7

Some other reason (SPECIFY) ........................................................................99

```
┌──────────────────────────────────────────────────┐
│                                                    │
└──────────────────────────────────────────────────┘
```

---

IF B7 = 1

```
┌──────────────────────────────────────────────────────────────────────────┐
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
```

**B10.** **Are you still receiving services from [REFERRAL SERVICES]?**

Yes...........................................................................................................1      GO TO B12

No.............................................................................................................0      GO TO B11

---

IF B10 = 0

**B11.** **Why are you no longer receiving services from [REFERRAL SERVICES]?**

*Select all that apply*

The program/services have ended.......................................................................1

The service didn't match your needs...................................................................2

You no longer need the services.........................................................................3

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs
too much, public transportation takes too much time*...........................................4

You started receiving other services...................................................................5

You had physical or mental health challenges (including a disability).................6

You had housing issues or moved......................................................................7

You didn't have the time.....................................................................................8

Some other reason (SPECIFY) ........................................................................99

```
┌──────────────────────────────────────────────────┐
│                                                    │
└──────────────────────────────────────────────────┘
```

| B7 = 1 | |
|---|---|
| FILL "are" if B10 = 1<br>FILL "were" if B10 = 0 | |

**B12.** **How satisfied or unsatisfied [are/were] you with [REFERRAL SERVICES] overall?**

Very satisfied.............................................................................................1

Somewhat satisfied....................................................................................2

Somewhat unsatisfied.................................................................................3

Not satisfied...............................................................................................4

# C. Program Participation

**C1a.** **Which of the following describes your status with [COLLEGE]?**

You are currently enrolled ...................................................................................1     GO TO C2

You are not currently enrolled............................................................................2     GO TO C1b
............................................................................................................................

C1a = 2

**C1b.** **Have you attended <u>any</u> classes or received any services from [COLLEGE] in the last 3 months?**

Yes .....................................................................................................................1     GO TO C2

No.......................................................................................................................0     GO TO C3

IF C1a = 1 or C1b = 1

PROGRAMMER: Randomize response options

**C2.** **What were the main reasons you enrolled at [COLLEGE]?**

*Select all that apply*

To keep SNAP benefits......................................................................................1

To get help with the costs of training or employment........................................2

To gain job search skills....................................................................................3

To earn a certification/credential/license...........................................................4

To learn a new skill/industry..............................................................................5

To get promoted.................................................................................................6

To get a raise.....................................................................................................7

To get a job........................................................................................................8

To find a better job.............................................................................................9

Some other reason (SPECIFY) ........................................................................99

| IF C1a = 2 and C1b = 0 |
|---|
| PROGRAMMER: Randomize response options |

**C3.** **What were the main reasons you haven't enrolled at [COLLEGE]?**

*Select all that apply*

You lacked information about [COLLEGE] ..........................................................1

The courses didn't match your needs.................................................................2

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs too much, public transportation takes too much time*..........................................3

You didn't think the courses would help you find a job.......................................4

You got a job.....................................................................................................5

You had physical or mental health challenges (including a disability).................6

You had housing issues or moved.....................................................................7

You needed to care for a child or family member...............................................8

You did not have access to a computer or the Internet......................................9

You had difficulty speaking, reading, and/or writing English...............................10

You didn't feel prepared for the course work.......................................................11

Some other reason (SPECIFY) ..........................................................................99

| |
|---|
| |

| IF C1b = 1 | 17 |
|---|---|
| PROGRAMMER: Randomize response options | |

**C4.** **What were the main reasons you stopped attending [COLLEGE]?**

*Select all that apply*

The courses didn't match your needs....................................................................1

You didn't think the courses would help you find a job.......................................2

You got a job.......................................................................................................3

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs too much, public transportation takes too much time*...........................................4

You had physical or mental health challenges (including a disability)..................5

You needed to care for a child or family member...............................................6

You had housing issues or moved.......................................................................7

You completed the program................................................................................8

You did not have access to a computer or the Internet.......................................9

You had difficulty speaking, reading, and/or writing English...............................10

The courses were too difficult..............................................................................11

Some other reason (SPECIFY) ............................................................................99

| |
|---|

**C5a.** **The next questions are about [COLLEGE]'s program offerings.**

**For each category, please rank your satisfaction with [COLLEGE].**

**Class location and times**

Very satisfied...............................................................................................1

Satisfied.......................................................................................................2

Neither satisfied nor dissatisfied....................................................................3

Dissatisfied..................................................................................................4

Very dissatisfied...........................................................................................5

**C5b.** **Online course options**

Very satisfied...............................................................................................1

Satisfied.......................................................................................................2

Neither satisfied nor dissatisfied....................................................................3

Dissatisfied..................................................................................................4

Very dissatisfied...........................................................................................5

**C5c.** **Support with career planning or job placement services**

Very satisfied...............................................................................................1

Satisfied.......................................................................................................2

Neither satisfied nor dissatisfied....................................................................3

Dissatisfied..................................................................................................4

Very dissatisfied...........................................................................................5

**C5d.** **Additional support services, for example transportation assistance or child care**

Very satisfied...................................................................................................1

Satisfied..............................................................................................................2

Neither satisfied nor dissatisfied......................................................................3

Dissatisfied.........................................................................................................4

Very dissatisfied.................................................................................................5

**C5e.** **The number of staff at [COLLEGE] who look like you or who speak your preferred language**

Very satisfied...................................................................................................1

Satisfied..............................................................................................................2

Neither satisfied nor dissatisfied......................................................................3

Dissatisfied.........................................................................................................4

Very dissatisfied.................................................................................................5

**C6a.** **The next questions are about [COLLEGE]'s program offerings.**

**For each category, please indicate whether the item would affect your decision to enroll at [COLLEGE].**

**More convenient class location and times**

Much more likely to enroll.................................................................................1

More likely to enroll...........................................................................................2

Unlikely to affect your enrollment......................................................................3

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**C6b.**   **More online course options**

Much more likely to enroll...............................................................................1

More likely to enroll.......................................................................................2

Unlikely to affect your enrollment.................................................................3

**C6c.**   **More support with career planning or job placement services**

Much more likely to enroll...............................................................................1

More likely to enroll.......................................................................................2

Unlikely to affect your enrollment.................................................................3

**C6d.**   **Additional support services, for example transportation assistance or additional child care**

Much more likely to enroll...............................................................................1

More likely to enroll.......................................................................................2

Unlikely to affect your enrollment.................................................................3

**C6e.**   **More [COLLEGE] staff who look like you or who speak your preferred language**

Much more likely to enroll...............................................................................1

More likely to enroll.......................................................................................2

Unlikely to affect your enrollment.................................................................3

| ALL | 21 |
|---|---|

Fill "consider" IF C1a = 2
Fill "continue" IF C1a = 1

**C7.** **Are there any other program offerings or features not mentioned that would make you more likely to [consider/continue] enrolling at [COLLEGE]?**

Yes.......................................................................................................1

No.........................................................................................................2

| C7 = 1 |
|---|

Fill "consider" IF C1a = 2
Fill "continue" IF C1a = 1

**C8.** **Tell us more about the program offerings or services that you feel would make you more likely to [consider/continue] enrolling at [COLLEGE].**

[                                      ]

# D. Respondent Characteristics

**D0.** **Finally, we have some questions about your background.**

**D1.** **What is your gender?**

*Select all that apply*

Male..........................................................................................................1

Female......................................................................................................2

Non-binary/third gender...........................................................................3

You use another term (SPECIFY)...........................................................99

You do not wish to answer........................................................................r

D2**.** **Are you of Hispanic, Latino/a, or Spanish origin?**

No, not of Hispanic, Latino/a, or Spanish origin......................................1

Yes, Hispanic, Latino/a or Spanish origin................................................2

**D3.** **What is your race?**

*Select all that apply*

American Indian or Alaska Native..............................................................1

Asian.........................................................................................................2

Black or African American.........................................................................3

Native Hawaiian or Pacific Islander..........................................................4

White.........................................................................................................5

Other (SPECIFY).....................................................................................99

| IF NOT AVAILABLE IN SNAP ADMIN DATA |
|---|
|  |

**D4.** **What is the highest degree or level of school you have completed?**

*Select one only*

Less than 8th grade.....................................................................................................1

8th to 12th Grade, no diploma...................................................................................2

High School Diploma or GED.....................................................................................3

Adult Basic Education (ABE) certificate.....................................................................4

Some college but no degree.......................................................................................5

Vocational/Technical degree or certificate (for example: cosmetology,
automotive repair, Certified Nursing Assistant (CNA))..............................................6

Business degree/certificate........................................................................................7

Associate's degree (AA).............................................................................................8

Bachelor's degree or equivalent (for example: BA/BS).............................................9

Master's degree (for example: MA/MS) or higher (for example: MD,
PhD) .......................................................................................................................10

Other (SPECIFY)......................................................................................................99

|  |
|---|
|  |

**E. END**

E1. **Thank you for participating in this survey.**

**We would like to confirm your contact information so we can send you your $30 gift card. Please enter your name, address, phone number and email address so we may contact you if we have any questions.**

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Telephone:

Email Address: