Appendix M3

Participant Focus Group Screening Survey



OMB Control No: 0584-XXXX Expiration Date: XX/XX/20XX

SNAP Mobile Payment Pilots Evaluation Focus group screening survey

SNAP Mobile Payment Pilots Evaluation:

Focus group participant screening survey

Introduction: Thank you for taking the time to talk with me today. My name is [NAME], and I am from Mathematica, an independent research firm hired by the United States Department of Agriculture, which runs the SNAP program. I do not work for the [SNAP/name of State program] agency, the U.S. Department of Agriculture, or another governmental agency. I am working on a project that allows people to use a mobile device (such as a smartphone, smartwatch, or tablet) to pay for food with their [EBT/SNAP card]. I'll call this [SNAP] mobile payment. As part of the project, we will hold focus groups to learn more about your experience using mobile payments to pay with your SNAP benefits. I have four questions to ask you on this call to determine if you are eligible to participate in a SNAP Mobile Payment Pilot focus group.

1. Do you currently receive SNAP benefits in [STATE]?			
	1	\mathbf{c}	Yes
	2	O	No
2. /	٩re	you	the main food shopper, or one of the main food shoppers, at [ADDRESS]?
	1	\mathbf{C}	Yes
	2	O	No
3.	Have you ever used a mobile device (such as a smartphone, smartwatch, or tablet) to p with your [EBT/SNAP card] at a store in [STATE]?		
	1	O	Yes
	2	O	No
4.			e do you shop for food most frequently? Please list the stores where you regularly for food.

Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in evaluating the Supplemental Nutrition Assistance Program (SNAP) Mobile Payment Pilot (MPP). This is a voluntary collection and FNS will use the information to evaluate the implementation, adoption, and scalability of the SNAP MPP. This collection does request 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 3 minutes (0.0501 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 22314 ATTN: PRA (0584-XXXX). Do not return the completed form to this address.

Privacy Act Statement

Authority: This information is being collected under the authority of Section 4006(e) of the Agricultural Act of 2018. Disclosure of the information is voluntary.

Purpose: The information is being collected to evaluate the implementation, adoption, and scalability of Supplemental Nutrition Assistance Program (SNAP) Mobile Payment Pilot projects.

Routine Use: Information may be disclosed for any of the routine uses listed in the published System of Record notice titled FNS-8 USDA/FNS Studies and Reports published in the Federal Register April 25, 1991, Volume 56, Number 80 (pages 19078–19080).

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