# R. Administrative Data Participation Reminder Phone Script

OMB Number: 0584-### Expiration Date: MM/DD/20YY

## Administrative Data Participation Reminder Phone Script

#### Introduction

Good [morning/afternoon], [SNAP State Director name (or designated point of contact)]. My name is [contact name], and I work for Westat, a private research company that the U.S. Department of Agriculture's Food and Nutrition Service (FNS) hired to conduct the SNAP Risk Assessment, or SNAP RA, study.

Thank you again for your support for the SNAP RA study. As a reminder, we requested some additional data about your SNAP State agency's case-profiling tool via email on [date]. Did you receive that email?

- [If yes] Are you having any trouble providing the data? [If needed] We can resend the instructional memo to you. You may share the memo with your colleagues to assist in completing this request.
- [If never received] Sorry about that! We'll resend the request and the instructional memo to you via email. Could you please give me your email address? [Check address against the email we have on file] Thank you. You may share the memo with your colleagues to assist in completing this request.

[If needed] Your input is valuable in helping FNS complete this research study. Please keep in mind this is not an audit or monitoring visit.

[If needed] This request does not include any personally identifying data and is not part of an audit or monitoring visit. We will report data in aggregate and at the individual State level. Please know that your responses will be kept private as required by law and will not be shared with anyone outside the study team. We will not use your name or any other information about your identity in any reports.

#### **Questions**

Do you have any questions? [Answer all questions]

#### Thank You

Thank you. Will you be able to provide the requested data by [date]?

- [If yes] Thank you. We really appreciate receiving your support for the SNAP RA study.
- [If no] What date would be reasonable? We'd really like to make sure we have your input. [Record the date]

#### Closing

As a reminder, participation in this request is voluntary. Refusal to participate will not have any impact on your position, your State agency, or your programs. You may also skip pieces you do not wish to provide. There is no cost to you to participate apart from the time you spend to complete the request, and there is no compensation. The request should take about 75 minutes.

If you have any questions about this request or the study, please contact the FNS Project Officer, Eric Williams, at <a href="mailto:eric.williams@usda.gov">eric.williams@usda.gov</a> or our Quantitative Analysis Lead, Kevin Baier, at 301.279.4593 or <a href="mailto:kevinbaier@westat.com">kevinbaier@westat.com</a>. Thank you for your participation in this important FNS study. Good-bye.

### Voicemail Script

Good [morning/afternoon], [SNAP State Director name (or designated point of contact)]. My name is [contact name], and I work for Westat, the research company FNS hired to conduct the SNAP Risk Assessment study.

Thank you again for your support for the SNAP Risk Assessment study. As a reminder, we requested some additional data about your SNAP State agency's case-profiling tool via email on [date]. At your earliest convenience, please notify the Quantitative Analysis Lead for the study, Kevin Baier, at <a href="kevinbaier@westat.com">kevinbaier@westat.com</a> or 301.279.4593 to confirm receipt or request the information be resent via email; and, to ask any questions about this request or the study. Once again, that's Kevin Baier, at <a href="kevinbaier@westat.com">kevinbaier@westat.com</a> or 301.279.4593. Please also provide the requested data by [date]. Note this request does not include any personally identifying data and is not part of an audit or monitoring visit. As a reminder, participation in this request is voluntary. Refusal to participate will not have any impact on your position, your State agency, or your programs. You may also skip pieces you do not wish to provide. There is no cost to you to participate apart from the time you spend to complete the request, and there is no compensation. The request should take about 75 minutes.

Thank you for your participation in this important FNS study. Good-bye.

This information is being collected to provide the Food and Nutrition Service (FNS) with key information on case-profiling tools used by SNAP State agencies. This is a voluntary collection, and FNS will use the information to examine risk assessment tools in SNAP. This collection requests 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-###. The time required to complete this information collection is estimated to average 0.033 hours (2 minutes) per response. 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-###). Do not return the completed form to this address. If you have any questions, please contact the FNS Project Officer for this project, Eric Williams, at eric.williams@usda.gov.