

Appendix G1. Second Survey Reminder Letter (English)



Resident of [COUNTY] County
[IF AVAILABLE, SNAP Name]
[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

The Study of
**Food and
Well-Being**



Bolivar County

Dear [resident/SNAP NAME]:

We have been trying to reach you about the Study of Food and Well-Being! **This study is ending soon – we want to make sure you have all the details you need to participate before it's too late.**

- **If eligible, you'll get a \$35 gift card for completing the survey.** The survey will take about 35 minutes to complete. The survey should be completed by the adult who does most of the planning or preparing of meals or most of the food shopping.
- **You can take the survey online or over the phone.** You may start the survey at any time and finish it later at your convenience. The survey will ask you questions about your food-related experiences, benefits you may receive, and your overall health and well-being.
- **If we don't hear from you, a representative from Mathematica will visit you at your home to assist you in completing the survey.** Prefer to complete the survey on your own? Use the link below or call us toll-free to participate now.

Please see the enclosed brochure for more information. Your participation is voluntary, but very important. Your decision to participate will not affect any benefits that you or your household receives.

Participate NOW Online

Scan this QR
Code with
your phone



www.surveylink.com

Username: [USERNAME]

Password: [PASSWORD]

Participate NOW by Phone



Call toll-free at:
1-XXX-XXX-XXXX

**Participate Later - with
Community Worker**



**A representative from
Mathematica will visit you**

Sincerely,

---insert signature image here---

Kim McDonald
Survey Director

This information is being collected to assist the Food and Nutrition Service (FNS) in understanding the interrelated factors that affect food insecurity and poverty. This is a voluntary collection and FNS will use the information to aid in the administration of the Supplemental Nutrition Assistance Program. 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 2 minutes (0.0334 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.