

Appendix E1.3 Colorado Participant Survey Screenshots

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

To begin, enter your login ID and password in the fields below, and then click the "OK" button.

[Para completar en español, haga clic aquí.](#)

Username:

Password:

OK

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 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 15 minutes (0.25 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.

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.

[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
Electronic Signature

- ☐ I do **not agree** to participate in the study

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

Month	Day	Year

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.

The first questions are about current or recent jobs.

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

Some people have challenges that make it hard to find a new job or keep a current job. First, please think about the challenges you may have had finding or qualifying for a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Could not find work or lack of jobs available in the area

- ☐ No
☐ Yes

Some people have challenges that make it hard to find a new job or keep a current job. First, please think about the challenges you may have had finding or qualifying for a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Do not have the right schooling

- ☐ No
☐ Yes

Some people have challenges that make it hard to find a new job or keep a current job. First, please think about the challenges you may have had finding or qualifying for a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Do not have the right job search skills or experience
For example: resume writing, interviewing, or networking

- ☐ No
☐ Yes

Some people have challenges that make it hard to find a new job or keep a current job. First, please think about the challenges you may have had finding or qualifying for a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Have difficulty speaking, reading, and/or writing English

- ☐ No
☐ Yes

Next, consider any circumstances that might have made it hard for you to find or keep a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Physical or mental health challenges (including a disability)

- ☐ No
☐ Yes

Next, consider any circumstances that might have made it hard for you to find or keep a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Housing problems
For example: homelessness, unstable housing or no regular place to stay, or no affordable housing

- ☐ No
☐ Yes

Next, consider any circumstances that might have made it hard for you to find or keep a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Transportation issues or problems
For example: no car or no public transportation available, transportation costs too much, public transportation takes too much time

- ☐ No
☐ Yes

Next, consider any circumstances that might have made it hard for you to find or keep a job. Did any of the following make it hard for you to find or keep a job **in the last year**?

Family responsibilities, like caring for children, spouse, or a parent

- ☐ No
☐ Yes

Are there any other challenges that made it hard for you to find a new job or keep a current job **in the last year**?

- ☐ Yes
☐ No

What other challenges made it hard for you to find a new job or keep a current job **in the last year**?

Next, we're going to ask you some questions about communication you might have received about the [SNAP Employment & Training program/E&T PROGRAM NAME], encouraging you to enroll and participate.

If you are now participating in the [SNAP E&T program/E&T PROGRAM NAME], please answer the following questions thinking about the information you received about the program **before** you joined.

The [SNAP E&T program / E&T PROGRAM NAME] helps SNAP participants gain skills and find work, providing participants access to employment training and support services.

In the last [FILL BY SITE: e.g., two months], did you receive any messages encouraging you to enroll in the [SNAP E&T program/E&T PROGRAM NAME]?

Text message

- ☐ Yes, received message
☐ No, did not receive message

In the last [FILL BY SITE: e.g., two months], did you receive any messages encouraging you to enroll in the [SNAP E&T program/E&T PROGRAM NAME]?

Email

- ☐ Yes, received message
☐ No, did not receive message

In the last [FILL BY SITE: e.g., two months], did you receive any messages encouraging you to enroll in the [SNAP E&T program/E&T PROGRAM NAME]?

Mailed postcard

- ☐ Yes, received message
☐ No, did not receive message

In the last [FILL BY SITE: e.g., two months], did you receive any messages encouraging you to enroll in the [SNAP E&T program/E&T PROGRAM NAME]?

Phone call

- ☐ Yes, received message
☐ No, did not receive message

[The SNAP E&T program/E&T PROGRAM NAME] recently [texted you at XXX-XXX-XXXX / emailed you at name@email.com / called you at XXX-XXX-XXXX / sent you mail at [address]].

Is that the correct [phone number / email address / address] for you?

- ☐ Yes
☐ No

Have you heard of the [SNAP E&T program/E&T PROGRAM NAME]?

- ☐ Yes
☐ No

[The SNAP E&T program/E&T PROGRAM NAME] helps SNAP participants gain skills and find work, providing SNAP participants access to employment training and support services. To set up an appointment, please call XXX-XXX-XXXX.

These next few questions are about the [call/text messages/emails/INTERVENTION_DESC] you received.

Did you know about [the SNAP E&T program/E&T PROGRAM NAME] before you received any [calls/text messages/emails/INTERVENTION_DESC]?

- ☐ Yes
☐ No

How did you hear about [the SNAP E&T program/E&T PROGRAM NAME]?

Select all that apply

- ☐ Referral from SNAP staff member (eligibility worker)
☐ Family member, friend, or colleague
☐ Another organization in your community
☐ Flyer
☐ Community event
☐ Somewhere else (SPECIFY)

Did you understand that the [calls/text messages/emails/INTERVENTION_DESC] were from [the SNAP E&T program/E&T PROGRAM NAME]?

☐ Yes

☐ No

Did the [call/text messages/emails/INTERVENTION_DESC] help you understand what next steps you could take to participate in [the SNAP E&T program/E&T PROGRAM NAME]?

☐ Yes

☐ No

Did you feel like you were contacted by [the SNAP E&T program/E&T PROGRAM NAME]...

☐ Not frequently enough

☐ Just the right amount

☐ Too frequently

Did you reach out to [the SNAP E&T program/E&T PROGRAM NAME] in response to the [call/texts/emails/INTERVENTION_DESC] you received?

☐ Yes

☐ No

How did you reach out to [the SNAP E&T program/E&T PROGRAM NAME]?

Select all that apply

☐ By phone

☐ By text

☐ By email

Were you able to connect with someone from [the SNAP E&T program/E&T PROGRAM NAME]?

☐ Yes

☐ No

Why did you not respond to the [call/texts/emails/INTERVENTION_DESC] you received?

Select all that apply

- ☐ You were too busy to respond
- ☐ You thought it was spam
- ☐ You meant to respond but forgot
- ☐ You didn't know what to say
- ☐ You already had the information they were sending you
- ☐ You weren't interested in participating in the program
- ☐ You didn't think program staff would be available to help you
- ☐ Something else (SPECIFY)

What is the best way to contact you or provide you with information about [the SNAP E&T program/E&T PROGRAM NAME]?

- ☐ Text message
- ☐ Email
- ☐ Phone call
- ☐ Mail
- ☐ Some other way (SPECIFY)

Which of the following describes your status with the [SNAP Employment & Training program/E&T PROGRAM NAME]?

- ☐ You are currently receiving services
- ☐ You are not currently receiving services

Have you received **any** services from the [SNAP E&T program/E&T PROGRAM NAME] in the last 3 months?

- ☐ Yes
- ☐ No

[Besides the [SNAP E&T program/E&T PROGRAM NAME] are/Are] you receiving services from any [other] providers to help you further your education or training or help you prepare for or find a job?

- ☐ Yes
- ☐ No

What were the main reasons you decided to receive [services from [the SNAP E&T program/E&T PROGRAM NAME]/those services]?

Select all that apply

- ☐ To find a better job
- ☐ To improve your English
- ☐ To receive help with child care
- ☐ To learn about self-employment (*for example: how to start your own business*)
- ☐ To gain job search skills
- ☐ To keep SNAP benefits
- ☐ To earn a certification/credential/license
- ☐ To get a raise
- ☐ To get promoted
- ☐ To get a job
- ☐ To gain work experience
- ☐ To get help with the costs of training or employment
- ☐ Some other reason (SPECIFY)

What were the main reasons you haven't received services from [the SNAP E&T program/E&T PROGRAM NAME]?

Select all that apply

- ☐ You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- ☐ The program didn't match your needs
- ☐ You lacked information about the program
- ☐ You got a job
- ☐ You didn't think the program would help you find a job
- ☐ You needed to care for a child or family member
- ☐ You had housing issues or moved
- ☐ You had physical or mental health challenges (including a disability)
- ☐ Some other reason (SPECIFY)

What were the main reasons you stopped receiving services from [the SNAP E&T program/E&T PROGRAM NAME]?

Select all that apply

- ☐ You had housing issues or moved
- ☐ You didn't think the program would help you find a job
- ☐ You had physical or mental health challenges (including a disability)
- ☐ You did not complete the program, but you no longer needed services
- ☐ You needed to care for a child or family member
- ☐ You got a job
- ☐ You completed the program
- ☐ The program didn't match your needs
- ☐ You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- ☐ Some other reason (SPECIFY)

The next questions are about the [SNAP E&T program/E&T PROGRAM NAME] program offerings.

For each category, please rank your satisfaction with the [SNAP E&T program/E&T PROGRAM NAME].

Training location and times

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Online training or meeting options

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Support with career planning or job placement services

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Additional support services, for example transportation assistance or child care

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Customer service and availability of [SNAP E&T program/E&T PROGRAM NAME] staff

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

The number of [SNAP E&T program/E&T PROGRAM NAME] staff who look like you or who speak your preferred language

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

The next questions are about the [SNAP E&T program/E&T PROGRAM NAME] program offerings.

For each category, please indicate whether the item would affect your decision to participate in the [SNAP E&T program/E&T PROGRAM NAME].

More convenient training location and times

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

More online training or meeting options

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

More support with career planning or job placement services

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

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

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

Additional [SNAP E&T program/E&T PROGRAM NAME] staff training and availability

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

More [SNAP E&T program/E&T PROGRAM NAME] staff who look like you or who speak your preferred language

- ☐ Much more likely to participate
- ☐ More likely to participate
- ☐ Unlikely to affect your participation

Are there any other program offerings or features not mentioned that would make you more likely to [consider/continue] participating in [the SNAP E&T program/E&T PROGRAM NAME]?

- ☐ Yes
- ☐ No

Tell us more about the program offerings or services that you feel would make you more likely to [consider/continue] participating in [the SNAP E&T program/E&T PROGRAM NAME].

Finally, we have some questions about your background.

What is your gender?

Select all that apply

☐ Male

☐ Female

☐ Non-binary/third gender

☐ You use another term (SPECIFY)

☐ You do not wish to answer

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

☐ No, not of Hispanic, Latino/a, or Spanish origin

☐ Yes, Hispanic, Latino/a or Spanish origin

What is your race?

Select all that apply

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other (SPECIFY)

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

- ☐ Less than 8th grade
- ☐ 8th to 12th Grade, no diploma
- ☐ High School Diploma or GED
- ☐ Adult Basic Education (ABE) certificate
- ☐ Some college but no degree
- ☐ Vocational/Technical degree or certificate (for example: cosmetology, automotive repair, Certified Nursing Assistant (CNA))
- ☐ Business degree/certificate
- ☐ Associate's degree (AA)
- ☐ Bachelor's degree or equivalent (for example: BA/BS)
- ☐ Master's degree (for example: MA/MS) or higher (for example: MD, PhD)
- ☐ Other (SPECIFY)

Thank you for participating in this survey.

We would like to collect 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:

Thank you for completing this survey.