

Appendix E3.3 Connecticut 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:

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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

- Yes
- No
- Not applicable

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
- No

[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
- Public transportation (for example, bus or train)
- Taxi/Rideshare
- Bike
- Walking
- Something else (SPECIFY)

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
- No

What is your current living arrangement?

- Rent
- Own
- Staying with family
- Some other arrangement (SPECIFY)

Do you have a resume?

- Yes
- No

Have you ever interviewed for a job before?

- Yes
- No

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
- No

Have you ever been employed?

- Yes
- No

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

- Yes
- No

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
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

- Yes
- No

In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

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

Yes (SPECIFY)

No

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]?

The [assessment/intake process] helped you better understand your own needs or goals

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

The [assessment questions/questions asked during intake] were easy for you to understand and answer

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

It was easy for you to find a time to connect with your coach to complete the [assessment/intake process]

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

The [assessment/intake process] was a good use of your time

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

It was clear to you what your next steps were after completing the [assessment/intake process]

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

You felt comfortable sharing information about your needs with your coach during the [assessment/intake process]

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

After [discussing the assessment/the intake process] with your coach, you felt motivated to focus on your needs and goals

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

- Yes
- No

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
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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
- No

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

- Yes
- No

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

The text message made you want to reach out to [REFERRAL SERVICES].

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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

The text message helped remind you to reach out to [REFERRAL SERVICES].

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Have you received any services from [REFERRAL SERVICES]?

- Yes
- No

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

- Yes
- No

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

Select all that apply

- The service didn't match your needs
- You had housing issues or moved
- You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- You haven't had the time
- You had physical or mental health challenges (including a disability)
- You couldn't get in touch with the service provider
- You started receiving other services
- Some other reason (SPECIFY)

Are you still receiving services from [REFERRAL SERVICES]?

- Yes
- No

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

Select all that apply

- The service didn't match your needs
- You no longer need the services
- You didn't have the time
- You had physical or mental health challenges (including a disability)
- You started receiving other services
- The program/services have ended
- You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- You had housing issues or moved
- Some other reason (SPECIFY)

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

- Very satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Not satisfied

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

- You are currently enrolled
- You are not currently enrolled

Have you attended any classes or received **any** services from [COLLEGE] in the last 3 months?

- Yes
- No

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

Select all that apply

- To get a raise
- To get help with the costs of training or employment
- To learn a new skill/industry
- To find a better job
- To get promoted
- To gain job search skills
- To get a job
- To keep SNAP benefits
- To earn a certification/credential/license
- Some other reason (SPECIFY)

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

Select all that apply

- You got a job
- The courses didn't match your needs
- You didn't feel prepared for the course work
- You had physical or mental health challenges (including a disability)
- You needed to care for a child or family member
- You did not have access to a computer or the Internet
- You didn't think the courses would help you find a job
- You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- You had housing issues or moved
- You lacked information about [COLLEGE]
- You had difficulty speaking, reading, and/or writing English
- Some other reason (SPECIFY)

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

Select all that apply

- You needed to care for a child or family member
- You didn't think the courses would help you find a job
- The courses were too difficult
- You had physical or mental health challenges (including a disability)
- You completed the program
- You did not have access to a computer or the Internet
- You had transportation issues or problems
For example: no car or public transportation available, transportation costs too much, public transportation takes too much time
- You got a job
- You had housing issues or moved
- The courses didn't match your needs
- You had difficulty speaking, reading, and/or writing English
- Some other reason (SPECIFY)

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

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

Class location and times

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

Online course 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

The number of staff at [COLLEGE] 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 [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
- More likely to enroll
- Unlikely to affect your enrollment

More online course options

- Much more likely to enroll
- More likely to enroll
- Unlikely to affect your enrollment

More support with career planning or job placement services

- Much more likely to enroll
- More likely to enroll
- Unlikely to affect your enrollment

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

- Much more likely to enroll
- More likely to enroll
- Unlikely to affect your enrollment

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

- Much more likely to enroll
- More likely to enroll
- Unlikely to affect your enrollment

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

- Yes
- No

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

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.