

OMB NUMBER: 0970-0531
EXPIRATION: DATE XX/XX/2025

Questionnaire about Pandemic-Related Changes to the TANF Program

Questionnaire for State TANF Agencies

Month 2022

Public Burden Statement

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 0970-0531. The time required to complete this information collection is estimated to average 20 minutes 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 the following address: rselekman@mathematica-mpr.com. Do not return the completed form to this address.

Introduction

Welcome to the Questionnaire about Pandemic-Related Changes to the TANF Program!

This questionnaire is part of a study sponsored by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families at the U.S. Department of Health and Human Services (HHS). The goal of this study is to better understand how TANF programs changed programmatic policies, activities, and practices to continue serving clients during the pandemic and what lessons programs have learned from this experience. This questionnaire is not part of any HHS monitoring or auditing activities. The results of the questionnaire will be used for research purposes only.

It will take approximately 20 minutes to respond to this questionnaire; this includes the time it will take to read instructions, gather resources, and search existing data sources. You may complete the questionnaire yourself or assign other agency staff to respond to any specific questions.

Your participation in this questionnaire is voluntary. Please note that a high level of response to this questionnaire is critical for the study and our findings will help the field better understand the changes that TANF programs across the country made in response to the pandemic. We will incorporate findings from this study into public documents, based on information collected through this questionnaire and other data collection activities. In these documents, we may identify your state as a contributor to the study, but we will not include the names of individual respondents in any reporting. Personally identifiable information will not be used to retrieve survey records or data and will not be disclosed publicly.

If you consent to participate in this questionnaire, you can click 'next' to begin.

For more information

If you have any questions or concerns about the questionnaire, please contact the Mathematica study team at rselekman@mathematica-mpr.com or the OPRE project officer, Lisa Zingman at Lisa.Zingman@acf.hhs.gov.

Thank you in advance for your assistance in completing this questionnaire and for your participation in this important study.

Questionnaire instructions

[To be populated later]

- ° Can only select one option
- Can select multiple options

Respondent state and contact information

1. For which state are you completing this questionnaire?
 - [Drop down list of states]
2. Who should we contact if we have any questions about the responses in this questionnaire?
 - Name:
 - Title:
 - Phone number:
 - Email address:

Pandemic-related changes to TANF

The COVID-19 pandemic caused considerable interruptions to program operations, activities, and processes. We know that TANF programs found different ways of responding to these interruptions. We are interested in capturing how your TANF agency responded to the COVID-19 pandemic. First, we need to understand what, if any, changes were in place prior to the pandemic, what was accelerated or expanded during the pandemic, and what was a new change made at some point during the pandemic (March 2020 – now).

3. Did your state implement changes to the following? Please select only one response for each row.

	No	Yes, change fully impleme d prior to COVID-19	Yes, change accelerated and/or expanded during COVID-19	Yes, change newly impleme d in response to COVID-19
Eligibility criteria and determination process				
Income thresholds or benefit amount calculations with relation to cash assistance	°	°	°	°
Income source(s) used to determine eligibility	°	°	°	°
Inclusion of other cash assistance benefits to determine eligibility	°	°	°	°
Recertification requirements or processes	°	°	°	°
Life-time limits for TANF cash assistance	°	°	°	°
Child support cooperation requirements	°	°	°	°
TANF cash assistance				
Cash assistance benefit levels	°	°	°	°
Short-term, non-recurrent TANF emergency assistance grants (i.e., NRSTs)	°	°	°	°
Grants for kinship caregivers with child only cases	°	°	°	°

Use of unobligated TANF funds	o	o	o	o
Work participation requirements				
Allowable activities for fulfilling work participation requirements (i.e., mental health counseling, IPV services, homeschooling)	o	o	o	o
Suspension of work participation requirements				
Qualifications for good cause exemptions	o	o	o	o
Up-front job search requirements	o	o	o	o
Virtual/remote work activities	o	o	o	o
Service delivery				
Provide computers, high-speed internet service, or other devices to customers	o	o	o	o
Deliver services virtually	o	o	o	o
Utilize text messaging or instant messaging through social media to communicate with customers	o	o	o	o
Use pre-recorded videos	o	o	o	o
Online or by phone application systems	o	o	o	o
Information gathered in customer assessments	o	o	o	o
Web-based tools designed to help TANF customers find employment	o	o	o	o
Opening cases online or by phone	o	o	o	o
Flexible service hours (e.g., extended hours or different hours)	o	o	o	o
Suspension of in-person services	o	o	o	o
Online appointment scheduler	o	o	o	o
Digital documentation (i.e., scans or photos of hard copies)	o	o	o	o
Electronic signatures	o	o	o	o
Office operations				
Offer telework or remote work	o	o	o	o
Provide computer or other devices to support remote work for staff	o	o	o	o
Provide high-speed internet or hotspots to support remote work for staff	o	o	o	o
Provide phones/phone software to support remote work for staff	o	o	o	o
Establish VPNs to support remote work for staff	o	o	o	o
Staggered in-office schedules for staff	o	o	o	o
Flexible staff working hours	o	o	o	o
Electronic case systems	o	o	o	o
Reassign staff to support other programs (e.g., unemployment insurance or SNAP)	o	o	o	o
Staffing levels (e.g., laid-off, furloughed without pay, reduced pay/benefits, newly hired)				

Sanctions				
Sanctions for failure to comply with TANF work requirements	◦	◦	◦	◦
Sanctions for failure to comply with other TANF requirements				
Coordination with other human services				
TANF funds supplementing other programs	◦	◦	◦	◦
Coordination with other publicly-funded partners that focus on training, career development, and job placement	◦	◦	◦	◦
Referral processes with other programs (childcare, SNAP, housing assistance)	◦	◦	◦	◦

[Notes: IPV: Intimate partner violence. VPN: virtual private network. WIOA: Workforce Innovation and Opportunity Act. SNAP: Supplemental Nutrition Assistance Program]

4. Are there any other program operations, activities, and processes that were **newly implemented or expanded in your program at some point during the pandemic** that we did not ask about? If so, please describe them in the box below.

[OPEN TEXT FREE RESPONSE]

5. [Populate response options where respondent checked ‘Yes, change newly implemented in response to COVID-19’ or ‘Yes, change accelerated and/or expanded during COVID-19’]

We want to understand the extent to which newly implemented or expanded changes made by your program during COVID-19 are still in place (as of [MONTH] 2022) and whether they are likely to stay in place in the foreseeable future. We understand that circumstances change all the time; however, to the best of your ability, please indicate which operations, policies, or activities, if any, that you listed in Question 3 or 4 do you expect to be sustained or continued for the foreseeable future?

	No longer in place	Currently in place, but not likely to be sustained	Currently in place and likely to be sustained
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
[POPULATE RESPONSES FROM Q3]	◦	◦	◦
Other [open text field]	◦	◦	◦

6. [Populate response option categories where respondent checked ‘Currently in place and likely to be sustained’]

Of the changes your program implemented and are likely to continue, please rank the categories of changes by how important they are to your agency’s ability to serve customers during the pandemic. Give the highest number to the category that you think is the most important and the lowest number to the category that you think is the least important.

	Rank changes in order of most central to least central to your program’s ability to serve customers during the pandemic
Eligibility criteria and determination process	•
TANF cash assistance	•
Work participation requirements	•
Service delivery	•
Office operations	•
Sanctions	•
Coordination with other human services	•
Other [open text field]	•

Learning more about your TANF program’s experiences through staff interviews

This study includes speaking to a subset of leadership and/or frontline staff from county or local programs that expanded or newly implemented program changes in response to the COVID-19 pandemic. This will allow us to understand a fuller range of COVID-19 experiences, disruptions, and program responses that may exist within a state.

Please list up to 3 local or county offices that you recommend we contact for an interview if your state is selected to participate in the interviews with staff.

7. *Open Text Field. Ask respondents to list up to 3 local or county offices*

Conclusion

Thank you so much for completing this questionnaire. We appreciate your time.

We will reach out in [TIMELINE] to schedule an interview to learn more about what was reported in this questionnaire. If your state is selected for additional study components, we will also use the interview time to discuss the local and county offices you recommend and the preferred approach for conducting interviews with those staff members.