
Technical Appendices

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Appendix A: Demographic Information on Focus Group
Participants

Table A-1
Demographic Information on Focus Group Discussants
Elderly FSP Participants

Discus. No.	Age	Gender	Country of Birth	Education Completed	Length of Current FSP Participation
Seattle					
1	71	Female	United States	Some College	1.5 months
2	66	Female	United States	High School	6 months
3	69	Female	United States	High School	1 year
4	61	Female	United States	High School	5 years
5	78	Female	United States	High School	NA
6	76	Male	United States	Below 3rd Grade	3 years
Tacoma					
1	75	Male	Korea	High School	7 months
2	74	Male	Korea	College	2 years
3	74	Male	Korea	High School	5 years
4	72	Female	Korea	High School	Over 10 years
5	74	Male	Korea	Middle School	8 years
6	66	Male	Korea	Elementary School	5 years
7	77	Female	Korea	Middle School	10 years
8	71	Male	Korea	High School	2 years
9	79	Male	Korea	Elementary School	NA
10	81	Male	Korea	College	Over 10 years
11	66	Male	Korea	College	4 years
12	69	Female	Korea	High School	2 years
13	73	Male	Korea	College	3 years
14	75	Female	Korea	Elementary School	4 years
15	75	Male	Korea	Elementary School	7 years
16	67	Male	Korea	Elementary School	1.5 years
17	70	Female	Korea	Elementary School	7 years
18	69	Female	Korea	Middle School	2 months
19	67	Male	Japan	Middle School	2 years
20	65	Male	Korea	High School	4 months
Central Washington					
1	67	Female	United States	None	1 year
2	68	Male	Mexico	Below 3rd Grade	1 year
3	68	Female	United States	Middle School	10 years
4	64	Female	El Salvador	Below 3rd Grade	3 years
5	79	Female	United States	Middle School	3 years
6	67	Female	Mexico	None	NA
7	66	Female	Mexico	Below 3rd Grade	4 months
8	72	Male	Mexico	Below 3rd Grade	3 months
9	65	Female	Mexico	Middle School	12 years
10	64	Female	United States	Elementary School	Over 10 years

NA = Not Available

Table A-2
Demographic Information on Focus Group Discussants
Elderly FSP Eligible Non-participants

Discus. No.	Age	Gender	Country of Birth	Education Completed	Ever Considered Applying?	Been to FS Office?	Ever Received FS?
Seattle							
1	65	Female	United States	Middle School	Yes	Yes	Yes
2	67	Male	England	Masters	Yes	Yes	Yes
3	78	Female	United States	High School	Yes	Yes	Yes
4	60	Female	United States	Some College	Yes	Yes	Yes
5	69	Male	United States	Some College	Yes	Yes	Yes
6	63	Male	United States	High School	Yes	Yes	Yes
7	76	Female	United States	Middle School	No	No	No
8	NA	Male	United States	High School	Yes	Yes	Yes
9	60	Female	United States	High School	Yes	Yes	Yes
10	71	Male	United States	College	Yes	Yes	Yes
11	78	Female	United States	High School	Yes	Yes	Yes
12	71	Female	United States	High School	Yes	Yes	No
13	66	Female	United States	High School	Yes	Yes	Yes
Tacoma							
1	67	Male	Korea	College	No	No	No
2	73	Female	Korea	High School	Yes	Yes	Yes
3	61	Male	Korea	High School	No	No	No
4	67	Female	Korea	High School	No	No	No
5	64	Female	Korea	High School	Yes	No	No
6	66	Female	Korea	High School	Yes	No	No
7	72	Female	Korea	High School	Yes	No	No
8	68	Female	Japan	Middle School	Yes	No	No
9	66	Female	N. Korea	None	No	No	No

**Table A-2 (cont.)
Demographic Information on Focus Group Discussants
Elderly FSP Eligible Non-participants**

Discus. No.	Age	Gender	Country of Birth	Education Completed	Ever Considered Applying?	Been to FS Office?	Ever Received FS?
Central Washington							
1	65	Male	Mexico	NA	Yes	Yes	No
2	73	Female	United States	Below 3rd Grade	Yes	Yes	Yes
3	69	Male	United States	None	Yes	Yes	Yes
4	61	Male	Mexico	College	Yes	Yes	Yes
5	64	Female	Mexico	Below 3rd Grade	Yes	Yes	Yes
6	63	Female	Mexico	Middle School	Yes	Yes	Yes
7	90	Male	United States	NA	Yes	Yes	Yes
8	72	Female	Mexico	Middle School	Yes	Yes	Yes
9	68	Female	Mexico	Middle School	Yes	Yes	No
10	79	Female	Mexico	Below 3rd Grade	Yes	Yes	No
11	62	Female	United States	Below 3rd Grade	Yes	Yes	Yes
12	60	Female	Mexico	None	No	No	No
13	71	Female	United States	Some College	No	Yes	No
14	66	Female	Mexico	None	No	No	No
15	75	Female	Mexico	Middle School	Yes	Yes	No
16	66	Female	United States	Middle School	No	No	No
17	68	Male	United States	Elementary School	No	No	No
18	69	Female	Cuba	High School	Yes	Yes	Yes
19	64	Male	Cuba	Some College	Yes	Yes	Yes
20	74	Male	United States	None	Yes	Yes	Yes
21	71	Female	Mexico	None	Yes	Yes	Yes
22	60	Male	Mexico	Elementary School	Yes	Yes	Yes
23	71	Female	Mexico	NA	Yes	Yes	Yes
24	60	Female	Mexico	Some College	Yes	Yes	Yes

NA = Not Available

Table A-3
Demographic Information on Focus Group Discussants
Staff From Local Food Stamp Offices and Community-Based Organizations

Discus. No.	Age	Gender	Job Title	Name of Organizational Affiliation	How long worked with FS?
Seattle					
Food Stamp Office					
1	38	Female	Financial Services Specialist	State Dept. Of Social and Health Services (DSHS)	1.5 years
2	38	Female	Financial Services Specialist IV	DSHS	10 years
3	30	Female	Financial Services Specialist II	DSHS	5.5 years
4	32	Female	TOPS Worker	DSHS	10 years
5	42	Female	Financial Services Specialist V	DSHS	17 years
6	32	Female	Financial Services Specialist III	DSHS	11 years
7	48	Female	Financial Services Specialist III	DSHS	30 years
8	30	Female	Financial Services Specialist III	DSHS	1.5 years
Community Based Organizations					
1	62	Female	Aging & Disability Planner	Aging and Disability Services (Regional Office)	25 years
2	49	Female	Community Advocate	International Community Health Services	8 years
3	49	Female	Nutrition Consultant	Seattle/King County Department of Public Health	8-10 years
4	39	Female	Program Assistant	Hopelink/FS Education Program	4 years
5	37	Male	Advocate	Senior Services	6 years
6	44	Female	Asst. Director Nutrition Projects	Senior Services	23 years
7	30	Female	FS Education Ad	Fremont Public Association	2 years
8	29	Female	Health and Well Being Coordinator	Seattle Housing Authority	1 years
9	26	Female	Senior Nutrition Site Manager	International District Preservation and Development Authority	3 years
Tacoma					
Food Stamp Offices					
1	50	Female	Financial Services Specialist III	DSHS	20 years
2	32	Female	Financial Services Specialist III	DSHS	2.5 years
3	61	Female	Financial Services Specialist IV	DSHS	15 years
4	34	Female	Financial Services Specialist II	DSHS	1.5 years
5	41	Female	Financial Services Specialist III	DSHS	10 years
6	54	Female	Financial Services Specialist Supervisor	DSHS	19 years
7	56	Male	Financial Services Specialist	DSHS	10 years
8	46	Female	Financial Services Specialist III	DSHS	18 years
9	37	Male	Financial Services Specialist IV	DSHS	15 years

Table A-3 (cont.)
Demographic Information on Focus Group Discussants
Staff From Local Food Stamp Offices and Community-Based Organizations

Discus. No.	Age	Gender	Job Title	Name of Organizational Affiliation	How long worked with FS?	Languages Spoken in Addition to English
Tacoma (cont.)						
Community Based Organizations						
1	29	Female	Office Manager	Senior Outreach Services	10 years	French
2	33	Female	FS Outreach	Korean Women's Association (KWA)	1 year	Korean
3	45	Female	Executive Director	KWA	22 years	Samoan, Korean
4	42	Female	FS Outreach	KWA	1.5 years	Korean
5	44	Female	Program Manager	KWA	4 years	Korean
Central Washington						
Food Stamp Office						
1	NA	Female	Financial Services Specialist III	DSHS	12 Years	Spanish
2	NA	Female	Financial Services Specialist	DSHS	21 years	None
3	NA	Female	Financial Services Specialist III	DSHS	13 years	Spanish
4	39	Female	Financial Supervisor	DSHS	11 years	Spanish
5	39	Female	Financial Supervisor	DSHS	11 years	Spanish
6	39	Female	Financial Supervisor	DSHS	20 years	None
7	32	Female	Leadworker/Trainer	DSHS	3 years	None
8	36	Male	Financial Services Specialist III	DSHS	9 years	None
9	NA	Female	Financial Services Specialist III	DSHS	NA	Tagalog
Community Based Organizations						
1	27	Female	Client Services Coordinator	Yakima Co. Coalition for the Homeless	1 year	Spanish, Portugese
2	61	Female	Senior Peer Counselor	Nueva Esperanza Counseling Center	4 months	Spanish
3	40	Male	Agency Director	La Clinica	16 years	Spanish
4	26	Female	Executive Director	Benton Franklin Volunteer Center	5 years	Spanish
5	51	Male	Director	Yakima Co. Food Services Senior Nutrition	3.5 years	None
6	28	Male	Credit Manager	YVFWC	1 year	Spanish
7	66	Female	Information Specialist	Aging and Long Term Care	12 years	Spanish
8	29	Male	Family Self Sufficiency/Resident Initiative Coordinator	Yakima Housing Authority	2 years	Spanish and French
9	55	Female	Executive Director	Yakima Co. Coalition for the Homeless	10 years	None

Appendix B: Senior Focus Group Discussant Screening
Questionnaires

Screening Questionnaire for Food Stamp Program Participants

**ELDERLY FOOD STAMP FOCUS GROUP
SCREENING PROTOCOL**

CURRENT FOOD STAMP PARTICIPANTS

Introduction

Hello. My name is ____ and I'm calling from _____. May I please speak to Ms. or Mr. _____?

If an individual is not home, and you are speaking with someone else, please ask when would be a good time to reach the person. If they ask who is calling tell them your name and that you are calling from _____ about a discussion group that the person signed up for.

I am calling you, Mr./Mrs./Ms. _____ because 1) you signed up at _____ as being interested in participating in a group discussion (or) 2) or you called me and left a message that you were interested in coming to the discussion group. The U.S. Department of Agriculture has hired a research firm to conduct a study about how the elderly view the Food Stamp Program and why they do, or do not participate in the program.

The researchers will be conducting group discussions with people from _____. If you qualify to participate in this study, you will receive a grocery voucher for \$35 from _____ for your time.

May I ask you some questions to see if you qualify for the study?

- Yes Continue
- No Thank and Terminate

-
1. Are you currently enrolled in the Food Stamp Program?
- Yes
 - No SWITCH TO THE NON-PARTICIPANT SCREENER

Did you receive Food Stamp benefits for this month or last month?

- Yes
- No THANKS AND TERMINATE

How old are you? _____ (TERMINATE IF UNDER AGE 60)

**Confirm that the person lives alone or
is the head of the food stamp household if living with non-elderly adults.**

Do you live alone?

- Yes GO TO QUESTION 10
 No

Are you the person in the household who applied for food stamps when you got on the program?

- Yes GO TO QUESTION 10
 No

6. Who applied for food stamps for you?

- A non-household member on their behalf
 Another household member age 60 or older DETERMINE WHETHER THIS PERSON MAY WANT TO PARTICIPATE AND GET CONTACT INFORMATION; IF NOT, THANK AND TERMINATE
 Another household member under age 60 THANK AND TERMINATE

7. Are all the adult members of your household age 60 or older?

- Yes GO TO QUESTION 9
 No

1. Do the people age 60 and older in your home buy your own food separately from the non-elderly adults in your household?

- Yes
 No THANK AND TERMINATE

2. Do the people age 60 and older in your home fix or cook your own meals separately from the non-elderly adults in your household?

- Yes
 No THANK AND TERMINATE

ONLY ASK QUESTION 10 IF NECESSARY.

3. What language are you most comfortable speaking?

- English
- Other (please specify) _____

Determine if the individual can come to the scheduled group.

Thank you for answering my questions. I would like to tell you a little more about the discussion group now. The group will last about two hours and you will be asked a variety of questions about your experiences on the Food Stamp Program. The group will consist of about 8 people like yourself and a group discussion leader. Your comments will be confidential. Your name will not be associated with anything you say in the group. At the end of the group, you will receive a \$35 voucher from _____, which can be used to purchase groceries in appreciation for your participation.

The group takes place on _____ (date) at _____ (time) at _____ (give location and address).

4. Now that you know more about the discussion group, will you be able to attend?

- Yes GO TO CLOSING
- No

5. Would you be able to attend if the group was held at a different time?

- Yes Availability: _____
- No TERMINATE

13. Do you have transportation to the group?

- Yes
- No EXPLAIN THAT YOU HAVE OR ARE PLANNING TRANSPORTATION ASSISTANCE AND WILL GET BACK TO THE PERSON ABOUT THIS.

Closing

We are counting on your participation, so please call me if something comes up and you are n longer able to attend. Again, my name is _____ and you can reach me at _____.

Before we hang up, let me get the correct spelling of your name, your address and phone number so that I can send you a confirmation letter with directions to our office (or information on transportation assistance) . Also, I will call you the day before the group to remind you.

First Name: _____

Last Name: _____

Home Phone: _____

Best Time to Reach You: _____

Street Address: _____

Town/City: _____

Zip Code: _____

Thanks again for your time. We look forward to seeing you at the group.

Questions for Screener:

Date of call: _____

Name of person making the call: _____

Language screening interview conducted in: _____

Does the respondent have trouble communicating? Yes No

Is he/she easy to understand? Yes No

Can they express themselves and their ideas relatively clearly? Yes No

Date of confirmation letter: ___/___/___

Date of reminder phone call: ___/___/___

Screening Questionnaire for Eligible Food Stamp Program
Non-Participants

**ELDERLY FOOD STAMP FOCUS GROUP
SCREENING PROTOCOL**

ELIGIBLE NON-PARTICIPANTS

Introduction

Hello. My name is ____ and I'm calling from _____. May I please speak to Ms. or Mr. _____?

If an individual is not home, and you are speaking with someone else, please ask when would be a good time to reach the person. If they ask who is calling tell them your name and that you are calling from _____ about a discussion group that the person signed up for.

If another elderly person answers the phone, you may continue with the phone call and invite them to the focus group.

I am calling you, Mr./Mrs./Ms. _____ because 1) you signed up at _____ as being interested in participating in a group discussion (or) 2) or you called me and left a message that you were interested in coming to the discussion group. The Washington State Department of Social and Health Services (DSHS) hired a research firm to conduct a study about how the elderly view the Food Stamp Program and why they do, or do not participate in the program.

The researchers will be conducting group discussions with people from _____. If you qualify to participate in this study, you will receive a grocery voucher for \$35 from _____ for your time.

Because I have to figure out whether or not you might be eligible to participate in the Food Stamp Program, I will have to ask you a couple of questions related to your income and your household resources. May I ask you some questions to see if you qualify for the study?

- Yes
- No THANK AND TERMINATE

1. Are you currently receiving food stamps?

- Yes SWITCH TO CURRENT PARTICIPANT SCREENER
- No

2. How old are you? ____ (If under age 60, THANK AND TERMINATE)

3. Have you applied for Food Stamps in the last 6 months?

- Yes
 No GO TO QUESTION 5

4. Were you told that you did not qualify?

- Yes THANK AND TERMINATE
 No (Clarify why they did not enroll in Food Stamp Program and that they have not been on the program for the past six months)

**Confirm that the person lives alone or
is part of an elderly adult household buying and preparing food separately from others**

5. Do you live alone or with others?

- Live Alone GO TO QUESTION 10
 With Others

6. How many adults in your household are age 60 or over? _____

7. Are all the people you live with age 60 or over?

- Yes GO TO QUESTION 10
 No

8. Do you (and the other adults age 60 or over) buy your own food, separately from the younger people in the house?

- Yes
 No THANK AND TERMINATE

9. Do you (and the other adults age 60 or over) fix or cook your own meals, separately from the younger people in the house?

- Yes
 No THANK AND TERMINATE

Assess probable eligibility

10. Are you receiving Supplemental Security Income (SSI)?

- Yes GO TO TEXT ABOVE QUESTION 13
 No

11. Do your assets (bank account, other savings, investments) total more than \$3,000-- not including the value of your home?

- Yes THANK AND TERMINATE
 No

12. What is the total gross monthly income of the people age 60 and over in your household, (who buy and prepare food together)?

See response to question #6 for number of seniors living in the household

NUMBER OF SENIORS LIVING IN HOUSEHOLD	MONTHLY INCOME CEILING
Living alone	\$905
2 seniors	\$1,219
3 seniors	\$1,533
4 seniors	\$1,848

ONLY ASK QUESTION 13 IF NECESSARY.

13. What language are you most comfortable speaking?

- English
 Other (please specify) _____

Determine if the individual can come to the scheduled group.

Thank you for answering my questions. I would like to tell you a little more about the discussion group now. The group will last two hours and you will be asked a variety of questions about your activities in the community, cooking and preparing meals, and the Food Stamp Program. The group will consist of about 6 to 8 people like yourself and a group discussion leader. Your comments will be confidential. Your name will not be associated with anything you say in the group. At the end of the group, you will receive a \$35 voucher from _____, which can be used to purchase groceries in appreciation for your participation.

The group takes place on _____ (date) at _____ (time) at _____ (give location and address).

14. Now that you know more about the discussion group, will you be able to attend?

- Yes GO TO QUESTION 16
- No

15. Would you be able to attend if the group was held at a different time?

- Yes Availability: _____
- No THANK AND TERMINATE

16. Do you have transportation to the group?

- Yes
- No EXPLAIN THAT YOU HAVE OR ARE PLANNING TRANSPORTATION ASSISTANCE AND WILL GET BACK TO THE PERSON ABOUT THIS.

Closing

We are counting on your participation, so please call me if something comes up and you are no longer able to attend. Again, my name is _____ and you can reach me at _____.

Before we hang up, let me get the correct spelling of your name, your address and phone number so that I can send you a confirmation letter with directions (or transportation assistance if applicable) to the focus group location. Also, I will call you the day before the group to remind you about it.

First Name: _____

Last Name: _____

Home Phone: _____

Best Time to Reach You: _____

Street Address: _____

Town/City: _____

Zip Code: _____

Do you have any questions you would like to ask me about the study or the group discussion?

Thanks again for your time. We look forward to seeing you at the group.

Questions for Screener:

Date of call: _____

Name of person making the call: _____

Language screening interview conducted in: _____

Does the respondent have trouble communicating? Yes No

Is he/she easy to understand? Yes No

Can they express themselves and their ideas relatively clearly? Yes No

Date of confirmation letter: ___/___/___

Date of reminder phone call: ___/___/___

Appendix C: Focus Group Moderator Guides

Food Stamp Participants

Elderly Food Stamp Participation in Washington State
Participants
Moderator's Guide

A. INTRODUCTION
Minutes)

(10

Welcome to this group discussion. Thank you for taking the time to participate in today's discussion about the Food Stamp Program in Washington State and in _____ specifically. My name is _____ and I work for Health Systems Research, a public policy research firm in Washington, DC. A great deal of our work is involved in helping public and private agencies plan and implement improved services for low-income vulnerable populations. My partner's name is _____. Our company was hired by the US Department of Agriculture to talk to Senior Citizens about what they think about the Food Stamp Program. We are interested in your thoughts and comments, and we will use them to improve the program and tell other Senior Citizens about it.

As you can see, we are taping this session. We are doing this only so that we don't have to take detailed notes. Everything you say is important to us and we do not want to miss anything than any of you say. But nothing you say will ever be associated with your name—your names and opinions will be kept strictly confidential

I would like to review the ground rules for our discussion:

- There are no right or wrong answers. Remember that I don't work for the Food Stamp Program, so please feel free to tell me your thoughts, whether they are positive or negative.
- It is okay to disagree with one another. We want to hear everyone's point of view. If you disagree, please remember to be respectful of each other.
- Only one person should talk at a time. We are tape recording this session so that we don't miss anything important. If two people talk at once, we can't understand what anyone is saying. I may remind you of this during the group.
- We would like everyone to participate. But, you each don't have to answer every question.
- We have a lot that we want to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts before we change subjects.

- We will be using first names only today. Everything you say is confidential. After we conduct several of these group discussions across the state, we will write a report for groups in your area, the State and for the US Department of Agriculture. Your name will not appear anywhere in the report. What you say today will not be attached to your name at any point. **Nothing you say today will affect your eligibility for the Food Stamp Program, or any other programs through the Department of Social and Health Services.**
- Don't worry about offending us. We really want to learn from you and find out what you think about the issues we talk about tonight. Please tell us your honest opinions.
- I want to make a couple more points related to the tape recording. Please speak up. If you speak too quietly, it will be too hard to hear you later on the tape. Also, please don't bump the table or tap your fingers on the table. Anything close to the microphones will sound much louder later on the tapes and it will drown out your voices.
- _____ is taking notes in case the tapes don't come out clearly, and (s)he will be handling the tape recorders. At the end of the session, (s)he will provide a brief summary of what you all said today, so that you can correct anything we have misunderstood, or clarify important points.

The group will last between an hour and a half and two hours. You will not get out any later than _____. We will not be taking a formal break. If you need to leave for a restroom break, the bathrooms are _____. Don't feel that it is necessary to let us know that you are leaving. Just quietly leave the table.

At the end of the session, we will give you a food voucher from _____ for your time and expenses associated with coming tonight.

Well, if there aren't any other questions, let's get started! I'd like to begin by going around the table and having each of you tell us a little about yourself. Why don't you share your name, how many children/grandchildren you have, and what your favorite activity is? I'll start. My name is _____, I have _____ children, and I love to _____.

Start with the person on your right, and have them respond in a round robin fashion.

B. LEARNING ABOUT THE FSP AND DECIDING TO APPLY (15 MINUTES)

We want to start by discussing how you learned about the Food Stamp Program.

1. How did you hear about the Food Stamp Program? When did you hear about the Food Stamp Program?

2. What steps did you take to get more information about the Food Stamp Program after you heard about it?

PROBE: Did you call...
A state hotline?
A community organization?
Another social service office?

3. What kinds of problems did you have when you tried to get more information?

4. Before you talked to someone about the program, did you think you were eligible? (If not) Why not?

5. Did anyone talk to you before you applied for food stamps to figure out if you might be eligible for the program? If so, please tell me about that process.

PROBE: How did this process of screening you for the program ahead of time affect your decision to apply for Food Stamps?

6. What made you decide to apply for food stamps?

PROBE: What circumstances/events/reasons led you to consider applying for food stamps?

7. How long did it take you to apply for food stamps after you heard about the program?

8. What made you act right away? What made you wait awhile?

9. For those of you who are immigrants and not yet citizens, how did you think applying for food stamps would affect your ability or your children's ability to become a citizen?

C. APPLYING FOR THE FOOD STAMP PROGRAM (30 MINUTES)

Now we would like to hear about your experiences applying for the Food Stamp Program.

1. How did you get an application?
2. What did you think of the application?

PROBES: Was it difficult to read or understand?
How helpful were the written and/or verbal directions you received with the application?

Did you have difficulty or feel uncomfortable providing any of the information requested on the application?

If so, what questions were difficult to answer or made you feel uncomfortable?

3. How many of you applied for food stamps at the food stamp office? (*Ask for a show of hands*).
4. How many applied through the mail? (*Ask for a show of hands*).

Next, I am going to ask some questions about applying at the office. Then I will ask those of you who applied through the mail a different set of questions.

Questions for clients who applied at the food stamp office:

1. How easy was it for you to get to the food stamp office?
2. How helpful was the staff at the food stamp office?
PROBE: What could the staff have done to help you more?
3. Did you bring someone with you to help you apply for the program? If yes, in what ways was it helpful to bring someone with you?
4. How long did you have to wait in the food stamp office?
5. How did you feel while you were waiting in the reception area?
6. What are some good things about applying for food stamps at the CSO? What are some bad things about applying for food stamps at the office?

[For Non-English Speaking Groups]

1. How were you able to communicate with the staff and apply once you got to the office?
PROBE: Was there someone at the office who spoke your language and who could translate the forms and information for you?
2. Did you bring a translator with you?
3. What else helped you overcome the language barrier so that you could apply for the program and communicate with the office staff?

Questions for clients who submitted their application by mail:

1. Who helped you complete the application by mail?
2. Did anyone else beside the food stamp office staff help you with the application? If so, who offered you assistance?
3. What are some good things about applying for food stamps through the mail?
What are some bad things about applying for food stamps through the mail?

Thank you very much. Now the rest of the questions about applying for the program are for everyone to answer.

Questions for all clients:

1. How would you describe the eligibility interview?
PROBES: What were some good things about the interview?
What were some bad things about the interview?
2. Were you asked about your medical expenses at any point during the application process?
3. What kind of documents did you have to provide to complete the application process? What kind of difficulties, if any, did you have getting these papers?
4. Was there anything (else) that made it difficult for you to complete the application process?
5. What do you think should be changed to make it easier to apply for food stamps?
6. If you and other seniors like yourself could apply for food stamps somewhere other than the community service office, where would you like to be able to apply?

D. PERCEPTIONS OF THE FSP (15 MINUTES)

Now we would like to ask you what you thought of the Food Stamp Program before you applied and what you think of it now.

1. What did you think about the Food Stamp Program before you applied?
2. Who did you think the Food Stamp Program was for?

3. Once you applied for and received food stamps, what things surprised you about the program?
4. Please tell us how receiving food stamps has helped you?
PROBES: How have food stamps affected your daily life?
How have they affected the way you buy groceries?
5. What do you like best about receiving food stamps?
6. What don't you like about the Food Stamp Program?
7. What are some of the things you expected to get from the Food Stamp Program that you haven't?

E. USING THE FOOD STAMP PROGRAM

(10-15 MINUTES)

Now we want to hear about your experiences using the Food Stamp Program.

1. How easy is it to use the Food Stamp Program?
2. What is difficult or uncomfortable about using food stamps when you go shopping?
3. Did you know that if you have difficulty getting to the store to buy food you can appoint someone, such as a personal care assistant, to shop for you?
PROBE: Have you used this option?
If so, please tell me how it worked for you.
4. Please tell us what you think of the Quest Card (EBT)
PROBES: What do you like about the Quest card?
What don't you like about the Quest card?
5. How did you learn to use the Quest card?
6. (Question for Seattle groups only). In Seattle there is a Gold Card that seniors can get to obtain meals at congregate sites. Would you prefer it if the food stamps and senior meals benefits were on one computer benefit card or does it work well to have them on separate cards?

F. REAPPLYING

(7 MINUTES)

Now we want to hear about how you reapply for food stamps.

1. Since you have been on the Food Stamp Program, have you ever had to fill out a form to reapply? (*Ask for a show of hands.*)
2. Was there anything that almost kept you from reapplying for food stamps?

PROBES: What made you consider not reapplying?

What made you reapply?

3. What would you like to change about the re-application process?
4. The State of Washington is thinking of making some changes in how people who receive SSI re-apply for food stamps. For those of you who receive SSI benefits, would you like to be automatically signed up for food stamps each year when you are recertified for SSI? This would mean you would not have to go to the separate community service office to reapply for food stamps.

PROBE (for those who answered yes):

What if automatic re-application through the SSI program would mean you would receive slightly fewer food stamps each month, would you still prefer to be automatically signed up through the SSI reapplication process?

G. OUTREACH STRATEGIES AND MATERIALS MINUTES)

(20

Many seniors who are eligible to receive Food Stamps have not applied for the program.

1. SHORT GROUP EXERCISE

So let's imagine that we have made some of the changes to the Food Stamp Program that you all have suggested. Let's talk about some ways to get seniors interested in the program and let them know how to go about applying.

INSTRUCTIONS TO MODERATOR: Divide the group into two sections--the right hand side of the table and the left hand side of the table. Ask the people on the right hand side of the table to convince those on the left hand side to apply for the program:

- If you were trying to convince these people to apply for food stamps, how would you do that?

INSTRUCTIONS TO MODERATOR: Then ask the people on the left-hand side of the table:

- Which of the reasons for applying mentioned by the others was the most persuasive?
- What makes you say that was the most persuasive?
- What is the most important information a person should know about the Food Stamp Program?
- What do you think would motivate other seniors to apply for food stamps?

Now we want to talk about how we can tell more seniors about the Food Stamp Program.

2. What do you think would be the best way to help other seniors like you find out about the Food Stamp Program so that they can get help paying for their groceries every month?

PROBE: If they haven't mentioned these ask, "What about..
 TV? What channels?
 Radio? What stations?
 Newspapers? Which ones?
 Billboards? Where in your town would you put them?
 Posters? Where should they be placed?
 Brochures? Where should they be placed?
 Transit Ads? (e.g. on Buses)
 Direct Mail (e.g. as part of value-pack coupon mailings or along with Social Security check)

3. Which organizations do you think could provide the best information about the Food Stamp Program?
4. Which places are important to visit to inform seniors about the program?
5. Who do you think the seniors in your community trust most? Who would be the best people to provide information about the Food Stamp Program?

PROBES: Doctors and nurses?
 Nutritionists?
 Social Workers?
 Ministers?
 Other senior citizens?
 Others?

6. Have you received information about the Food Stamp Program through the

mail? If so, please tell us about it.

7. Have you attended presentations on the Food Stamp Program? If so, what did you think of the presentation? Where did they take place?
8. How do you keep up with the news? Where do you get information about community events?

**H. CLOSING
MINUTES)**

(10

Thank you very much for coming today. We enjoyed meeting with you and have learned a lot about how to improve participation in the Food Stamp Program.

1. Is there anything I haven't asked about that you would like to share about your experience with the Food Stamp Program? Any additional comments you want to make may be very helpful.

INSTRUCTIONS TO MODERATOR:

Ask the co-moderator to give a brief summary of participants' main ideas

Ask the participants if they have any brief comments or questions. Stress that we don't have much time left.

Have the co-moderator distribute the food vouchers.

Encourage participants to take home whatever food remains.

After participants leave, debrief with the co-moderator while the tape recorder is on.

Eligible Non-Participants

Elderly Food Stamp Participation in Washington State
Eligible Non-participants
Moderator's Guide

B. INTRODUCTION

(10 Minutes)

Welcome to this group discussion. Thank you for taking the time to participate in today's discussion about the Food Stamp Program in Washington State and in _____ specifically. My name is _____ and I work for Health Systems Research, a public policy research firm in Washington, DC. A great deal of our work is involved in helping public and private agencies plan and implement improved services for low-income vulnerable populations. My partner's name is _____. Our company was hired by the US Department of Agriculture to talk to Senior Citizens about what they think about the Food Stamp Program. We are interested in your thoughts and comments, and we will use them to improve the program and tell other Senior Citizens about it.

As you can see, we are taping this session. We are doing this only so that we don't have to take detailed notes. Everything you say is important to us and we do not want to miss anything than any of you say. But nothing you say will ever be associated with your name—your names and opinions will be kept strictly confidential.

I would like to review the ground rules for our discussion:

- There are no right or wrong answers. Remember that I don't work for the Food Stamp Program, so please feel free to tell me your thoughts, whether they are positive or negative.
- It is okay to disagree with one another. We want to hear everyone's point of view. If you disagree, please remember to be respectful of each other.
- Only one person should talk at a time. We are tape recording this session so that we don't miss anything important. If two people talk at once, we can't understand what anyone is saying. I may remind you of this during the group.
- We would like everyone to participate. But, you each don't have to answer every question.
- We have a lot that we want to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts before we change subjects.
- We will be using first names only today. Everything you say is confidential. After we conduct several of these group discussions across the state, we will write a report for groups in your area, the State and for the US Department of Agriculture. Your name

will not appear anywhere in the report. What you say today will not be attached to your name at any point. **Nothing you say today will affect your eligibility for the Food Stamp Program, or any other programs through the Department of Social and Health Services.**

- Don't worry about offending us. We really want to learn from you and find out what you think about the issues we talk about tonight. Please tell us your honest opinions.
- I want to make a couple more points related to the tape recording. Please speak up. If you speak too quietly, it will be too hard to hear you later on the tape. Also, please don't bump the table or tap your fingers on the table. Anything close to the microphones will sound much louder later on the tapes and it will drown out your voices.
- _____ is taking notes in case the tapes don't come out clearly, and (s)he will be handling the tape recorders. At the end of the session, (s)he will provide a brief summary of what you all said today, so that you can correct anything we have misunderstood, or clarify important points.

The group will last between an hour and a half and two hours. You will not get out any later than _____. We will not be taking a formal break. If you need to leave for a restroom break, the bathrooms are _____. Don't feel that it is necessary to let us know that you are leaving. Just quietly leave the table.

At the end of the session, we will give you a food voucher from _____ for your time and expenses associated with coming tonight.

Well, if there aren't any other questions, let's get started! I'd like to begin by going around the table and having each of you tell us a little about yourself. Why don't you share your name, how many children/grandchildren you have, and what your favorite activity is? I'll start. My name is _____, I have _____ children, and I love to _____.

Start with the person on your right, and have them respond in a round robin fashion.

B. COMMUNITY LIFE (25 minutes)

We are interested in finding out a little bit of background about your living situation, your social life, and your use of community-based services.

1. Do you live with anyone now?
2. Who cooks your meals?
3. Who do you usually eat with?
4. How do you meet or spend time with other people in your community?

PROBES: What community centers or other community-based services do you utilize? How often do you use these services?

Are you involved in any clubs or other activities?

5. We all need help from time to time. What kinds of help do you need now that you are older?

PROBES: Special transportation, or shopping assistance?

In-home services, such as homemaker services, home-health aides, or visiting nurses?

I am going to present you with a scenario to help get the conversation going. We are going to assume that it is towards the end of the month and you realize that you don't have enough money to cover all your bills and you don't have enough for food for the rest of the month.

I am going to give each of you a set of cards. Each card represents a place where you could get help in this situation. Please rearrange the cards to show where you would turn for help so that you could pay your bills and make your budget last longer in the future. Please put the place you are most likely to go for help as the first card and the place you are least likely to go as the last card. **I have included two blank cards so that you can write where you would turn for help if this place you are thinking of is not already included on the other cards.** I will ask the group some questions after you are done putting the cards in order.

(The cards might include things like: 1. My family 2. My friends 3. My church 4. The Food Stamp Program 5. The Food Bank. 6. Community Centers and two blank cards.)

1. Which card did you put first? What made you put that one first?
2. Which card did you put last? What made you put that one last?
3. What did you write on your blank cards?
4. Where in your set of cards did you put the Food Stamp Program? What made you put it in that order?
5. What keeps senior citizens in your community from getting the help they need?

C. FOOD CONSUMPTION/ FOOD SECURITY

(10 Minutes)

Now we would like to talk with you about your patterns of eating at home and diet.

1. Do you ever skip a meal when you are hungry? How often would you say you skip meals?
2. What causes you to miss meals?

3. How has this changed since you have gotten older?
4. Why is it important for seniors like you to get enough food every day?
5. Do you think that you are regularly eating the right foods?
6. What kinds of things keep you and other seniors from eating the right foods?

D. HOW PEOPLE HEAR ABOUT THE FSP (10 Minutes)

Now I'd like to find out how you heard about the Food Stamp Program.

1. In what ways have you heard about the Food Stamp Program?

PROBES: Have you seen or heard any commercials, Posters, etc.?
 Do your neighbors talk about it?
 Do the people at the (outreach center) talk about it?
 Have you ever received information about the Food Stamp Program in the mail?

Have certain organizations or people given you information about the program? Tell me about it.

E. PERCEPTIONS OF FSP (30 minutes)

Now we would like to talk with you about what you know about the Food Stamp Program, as well as what you think of it.

1. What do you know about the Food Stamp Program?

PROBES: What are food stamps?
 Who is eligible?
 How are food stamps given out?
 Where do you apply and get food stamps?

2. Of the senior citizens you know, how many of them, do you think, are on the Food Stamp Program?

3. Why aren't you getting food stamps now?

PROBES: Do you think you don't have problems getting enough food to eat and so you don't need food stamps?

What about the benefits? How much do you think you could get in food stamps each month? What do you think of that amount (e.g. is that a lot or a little)? Is this amount worth your while to apply for them and to be on the program?

How hard is it for you to get and pay for transportation to the office?

What other responsibilities do you have (e.g. taking care of grandchildren) that make it difficult to get to the food stamp office?

There is a lot of attention paid to why families with children are not participating in public programs today.

4. We would like to know what you think are the reasons that might keep seniors in your community from applying for the program?

Now I would like to turn to what you have experienced or heard about the offices where people apply for food stamps. How many of you have ever been to the office where seniors in your community apply for food stamps? (*Ask for a show of hands*)

5. For those of you who have been to a food stamp office, how would you describe it?

PROBES: Is the office easy to get to?

What are the workers like?

How, if at all, are seniors treated differently than other people applying for food stamps?

How many other people were there?

What was the waiting room like?

(For Non-English Groups) Could any of the staff speak _____? Was it difficult to speak to the caseworkers?

6. For those of you who have NOT been to the Food Stamp Office, what else have you heard people say about it?

7. We would like to know what you think are the reasons that might keep seniors in your community from not completing the application process once they contact the food stamp office to apply?

PROBES: Are documentation requirements a barrier?

What about confidentiality issues, such as the need to share information about their children with whom they hold joint checking accounts?

8. Is being a non-citizen a barrier for legal immigrants?
- PROBE:** Can someone become a U.S. citizen if they have been on the program?
9. What are some of the good things about getting food stamps?
- PROBES:** How does it help people make ends meet?
What types of food can you purchase with food stamps?
How could it improve the health and diet of seniors like you?
10. What are some of the bad things about using food stamps?
- PROBE:** How do you feel about the fact that Food Stamps are paid for by the government?
11. What have you heard about the Quest (EBT) computer cards that hold the food stamp benefits that people take to the grocery store instead of paper stamps?
- PROBE:** If the Quest card had other services or benefits on it, would that make you more or less likely to apply and participate in the Food Stamp Program? Why do you say that?
12. Did you know that if someone has difficulties going to the store to shop for food (for example if someone is homebound or has a personal shopping assistant) they can authorize someone to use their Quest card to shop for them?
- PROBE:** How did you know this? For those of you who know this, does it make a difference in whether or not you apply for the program?
13. Do you think people in your neighborhood or community look down on people who use food stamps?
14. What types of things would have to change about the program before you would ever consider applying for the Food Stamp Program?
15. Would you be more willing to participate in the Food Stamp Program if you could automatically enroll when you apply for other benefits like SSI or other disability benefits?
16. Would you be more willing to apply and participate if you could have your interview for eligibility conducted over the phone or at your home?

F. OUTREACH STRATEGIES AND MESSAGES
minutes)

(20

2. SHORT GROUP EXERCISE

So let's imagine that we have made some of the changes to the Food Stamp Program that you all have suggested. Let's talk about some ways to get people interested in the program and let them know how to go about applying.

INSTRUCTIONS TO MODERATOR: Divide the group into two sections--the right hand side of the table and the left-hand side of the table. Ask the people on the right hand side of the table to convince those on the left-hand side to apply for the program:

- If you were trying to convince these people to apply for food stamps, how would you do that?

INSTRUCTIONS TO MODERATOR: Then ask the people on the left-hand side of the table:

- Which of the reasons for applying mentioned by the others was the most persuasive?
- What makes you say that was the most persuasive?
- What is the most important information a person should know about the Food Stamp Program?
- What do you think would motivate other seniors to apply for food stamps?

Now we want to talk about how we can tell more seniors about the food stamp program.

2. What do you think would be the best way to help other seniors like you find out about the Food Stamp Program so that they can get help paying for their groceries every month?

PROBES: If they haven't mentioned these ask, "What about..
TV? What channels?
Radio? What stations?
Newspapers? Which ones?
Billboards? Where in your town would you put them?
Posters? Where should they be placed?
Brochures? Where should they be placed?
Transit Ads? (e.g. on buses)
Direct Mail (e.g. as part of value-pack coupon mailings or along with Social Security check)

3. Which organizations do you think could provide the best information about the Food Stamp Program?
4. Which places are important to visit to inform seniors about the program?
5. Who do you think the seniors in your community trust most? Who would be the best people to provide information about the Food Stamp Program?

PROBES: Doctors and nurses?

Nutritionists?
Social Workers?
Ministers?
Other senior citizens?
Others?

6. Have you received information about the Food Stamp Program through the mail? If so, please tell us about it.
7. Have you attended presentations on the Food Stamp Program? If so, what did you think of the presentation? Where did they take place?
8. How do you keep up with the news? Where do you get information about community events?

G. CLOSING

(10 minutes)

Well, that is the end of my questions. I really want to thank you all for coming today. I think we have had a really good discussion, and we have learned a lot about how to tell more seniors about the program, how to encourage them to apply, and what types of things need to be fixed or explained better.

1. Is there anything I haven't asked about that you would like to tell me about your thoughts on the Food Stamp Program or how to tell more seniors about the program?
2. When you go home, what will you tell your spouse or friends about the discussion tonight?

INSTRUCTIONS TO MODERATOR:

Ask the co-moderator to give a brief summary of participants' main ideas

Ask the participants if they have any brief comments or questions. Stress that we don't have much time left.

Have the co-moderator distribute the food vouchers.

Encourage participants to take home whatever food remains.

After participants leave, debrief with the co-moderator while the tape recorder is on.

Community Based Organizations (Seattle)

Elderly Food Stamp Participation in Washington State
Focus Groups with Staff from Community Based Organizations
Seattle
Moderator's Guide

A. INTRODUCTION (10 MINUTES)

Welcome to our group discussion. Thank you for taking the time to participate in today's discussion about elderly food stamp participation in Seattle. My name is _____ and I work for Health Systems Research. My co-worker's name is _____. Our company was hired by the Economic Research Service of the U.S. Department of Agriculture to talk with the elderly themselves and with program staff who work with the elderly to find out more about their experiences in the program. We are particularly interested in what you think can be done to improve program participation. We will use the information provided to us in the focus groups to work with the State food stamp agency and organizations like yours to improve outreach and access to the Food Stamp Program for eligible seniors in the area. The information will also be made available to other States and communities who are trying to increase food stamp participation among the elderly.

As you can see, we are taping this session. We are doing this only so that we don't have to take detailed notes. Everything you say is important to us and we do not want to miss anything than any of you say. But nothing you say will ever be associated with your name—your names and opinions will be kept strictly confidential.

I would like to review the ground rules for our discussion:

- # There are no right and wrong answers. Remember, I don't work for the Washington State Food Stamp Program, so please tell me your thoughts, whether they are positive or negative.
- # It is ok to disagree with one another. We want to hear everyone's point of view. If you disagree, please do so respectfully.
- # Only one person should talk at a time. We are tape recording this session so that we don't miss anything important. If two people talk at once, we can't understand what anyone is saying. I may remind you of this during the discussion.
- # We would like everyone to participate. But, you each don't have to answer every question. If, however, some of you are shy or I really want to know what you think about a particular question, I may call on you.
- # We have a lot that we want to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But, don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts in before we change subjects.

- # We will be using first names only today. Everything you say is confidential. After we conduct several of these group discussions across the state, we will write a report that will be submitted to the Economic Research Service and an advisory panel here in the State. Your name will not appear anywhere in the report. What you say today will not be attached to your name at any point.
- # Don't worry about offending us. We don't work for the Food Stamp Program. We really want to learn from you and find out what you think about the issues we talk about tonight. Please tell us your honest opinions.
- # I want to make a couple more points related to the tape recording. Please speak up. If you speak too quietly, it will be too hard to hear you later on the tape. Also, please don't bump the table or tap your hands on the table. Anything close to the microphones sounds incredibly loud later on and it will drown out your voices.
- # _____ is taking notes in case the tapes don't come out clearly and he/she will be handling the tape recorders. At the end of the session, he/she will provide a brief summary of what you all said tonight, so that you can correct anything we have misunderstood or clarify important points.

The group will last an hour and a half to two hours. You will not get out any later than _____. We will not be taking a formal break. If you need to leave for a restroom break, the bathrooms are _____.

Let's get started. I'd like to start out by going around the table and having each of you tell us a little about yourself. Again, my name is _____.

Start with the participant to your right. Have them respond in round robin fashion.

1. Please tell me your name, the organization that you represent, what your responsibilities are regarding food stamp outreach to the elderly, and how long you have been working with elderly food stamp recipients/persons eligible for food stamps.

B. HOW ELDERLY CLIENTS HEAR ABOUT THE FSP (10 MINUTES)

Let's talk about how the individuals you work with find out about the Food Stamp Program.

1. How do the elderly individuals you work with hear about the Food Stamp Program?
2. In your opinion, what motivates the elderly to apply for food stamps?

C. BARRIERS TO PARTICIPATION

(20-25 MINUTES)

Now I would like to hear about your views on barriers to participation for the elderly.

1. In your opinion, why don't more elderly participate in the Food Stamp Program?

PROBE: How do the reasons for nonparticipation vary for different age segments within the elderly population? For those in their sixties, for those in their seventies, and for those eighty and above?

2. In your opinion, to what degree do the elderly feel a welfare stigma associated with applying for food stamps? What makes you say that?

3. What about using the food stamps? How many of the elderly that you work with do you think are embarrassed to use their food stamps?

PROBES: Why do you think they feel embarrassed?
What, if anything, can your organization do to reduce the elderly's feelings of embarrassment?
What could other people or agencies do to help?

4. To what extent do your elderly clients have transportation difficulties in getting to the Food Stamp Office or other application sites to apply?

PROBES: How have you tried to alleviate this problem?
What else do you think could be done to help the elderly get to places where they can apply for food stamps?

3. While working with the elderly, what kinds of myths or misinformation do you encounter that prevent them or have prevented them from applying for food stamps?

PROBES: What about fears that they must give up their home, car, or other assets to get food stamps?
What about fears that their children will have to repay any aid that they may receive?
What about the belief that they are only eligible to receive a very small amount of food stamps each month such as \$10?
How does the misinformation among seniors differ from the kinds of myths or misinformation you hear from the general population?

D. EXPERIENCES WITH THE APPLICATION PROCESS (10-15 MINUTES)

Now let's talk about the elderly's experiences with the Food Stamp Program application process.

1. What role does your agency play in helping the elderly to apply for the Food Stamp Program?
2. In your experience, what difficulties do elderly applicants have when applying for food stamps in the office?

PROBES: What about completing the application itself?
What about problems obtaining documentation?
What about use of the excess medical deduction, specifically?
What about being afraid to share information required for the application, such as their social security number or their checking account number if they hold an account jointly with their children?
What about confusion with the eligibility rules?
What about immigrants believing that participation may affect their future immigration status?

3. Federal regulations say that local food stamp offices can conduct the food stamp eligibility interview by telephone or in their home if this is requested by a client who has hardship getting to the office. Would you say that the clients you work with know about this option and if so are the local offices conducting the interviews by mail or in their homes upon request?
4. What kinds of special assistance does your local food stamp office give to the elderly who are applying for food stamps?

PROBES: To what extent has this assistance been helpful?

5. In your opinion, how are the elderly treated by food stamp office staff?

PROBES: Do you think the elderly clients are treated the same as younger clients? Do you think they should be treated the same or differently?

6. In your experience, what are the elderly's attitudes towards the Food Stamp Office?

PROBES: What about the staff?
How do you think the elderly feel about the staff in your organization?

7. Do the elderly ask others to apply for them instead of going to the office themselves?

PROBE: Is this option of an "authorized representative" applying for someone discouraged or encouraged by the local food stamp office?

8. What changes would you like to see made to the food stamp application process for seniors?

9. Washington State is now designing an effort with the Social Security Administration to automatically enroll seniors in food stamps if they are receiving SSI. For seniors who receive SSI, there will be only a very short application form mailed to them and no visits to the community service offices will be required for certifications or recertifications. What are your views on this effort?

10. How do you think this coordination of benefit enrollment could be expanded for food stamp eligible seniors not participating in SSI, but who do participate in other government assistance programs, such as veterans disability or Social Security Disability Insurance (SSDI)?

E. USING THE FOOD STAMP PROGRAM (10 MINUTES)

Now let's talk about the elderly and their experience using the Food Stamp Program.

9. To what extent do the elderly know how to use their food stamp benefits?

PROBES: What are some of the problems that they elderly have in using their benefits?
What can be done to better educate the elderly on how to use food stamps?
Do they know that they can have an authorized representative shop for them?

2. When elderly apply for food stamps for the first time, how many of them are aware of the fact that benefits are provided on the Quest (EBT) cards?
3. To what extent do the elderly know how to use their QUEST cards?

PROBES: What do the elderly think of QUEST?
What can be done to better educate the elderly on how to use QUEST?

4. In Seattle, seniors use an on-line Gold Card to get their meals at congregate meal sites. Do you think that this card is well accepted and used by seniors? How could this model be expanded or modified for food stamps?
5. In addition to what you have already discussed about changes to the application process, are there any other ways that you think the Food Stamp Program could better serve the elderly?

F. OUTREACH

(20 MINUTES)

Now I would like to get your views on outreach methods to increase the participation of the elderly in the Washington State Food Stamp Program.

1. What does your agency do to make sure that the elderly know about the program and how to apply?
2. What other agencies are currently involved in conducting outreach to the elderly about the Food Stamp Program and what do they do?

PROBE: What, exactly, do these agencies do with respect to food stamp outreach?

3. What agencies are not currently involved in food stamp outreach efforts that you think should be? What should these agencies do?
4. If you had a very large outreach budget (think big!), what do you think would be the best way to help the elderly to find out about the Food Stamp Program and get them to apply? Here we are interested in very specific food stamp outreach methods you would suggest.

PROBES: If they haven't mentioned these, ask, AWhat about...≡

TV? What channels?
Radio? What stations?
Newspapers? Which ones?

Billboards? Where in your town would you put them?
Posters? Where should they be placed?
Brochures? Where should they be placed?
Transit Ads? (e.g. on Buses)
Direct Mail (e.g. as part of "valu-pack" coupon packages,
along Social Security Checks?)

5. Who do you think the seniors in your community trust most? Who would be the types of people who could be successful in encouraging the elderly to apply for food stamps?

PROBES: Doctors and nurses?
Nutritionists?
Social Workers?
Ministers?
Other senior citizens?
Others?

6. Earlier we talked a lot about barriers and things that keep the elderly who are eligible from applying for food stamps. What should the main message of an outreach campaign/materials be to convince the elderly that they can/should overcome these barriers?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

7. We also talked about what motivates the elderly to apply. Building on some of the things you said earlier (provide summary to refresh their memories), what positive things should an outreach campaign/materials focus on?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

G. CLOSING

(10 MINUTES)

Thank you very much for giving us your input. We enjoyed the discussion and have learned a lot about how to improve elderly food stamp participation.

1. Is there anything I haven't asked about that you would like to tell me about your experiences working with elderly food stamp recipients and persons eligible but not participating in the program?

INSTRUCTIONS TO MODERATOR:

Ask the co-moderator to give a brief summary of participants' main ideas.

Ask participants if they have any brief comments or questions. Stress that we don't have much time left.

Have participants complete short demographic form.

Encourage them to take home whatever food remains.

After participants leave, debrief with moderator while the tape recorder is on.

Community Based Organizations (Tacoma and Central Washington)

Elderly Food Stamp Participation in Washington State
Focus Groups with Staff from Community Based Organizations
Tacoma and Central Washington
Moderator's Guide

A. INTRODUCTION (10 MINUTES)

Welcome to our group discussion. Thank you for taking the time to participate in today's discussion about elderly food stamp participation in Seattle. My name is _____ and I work for Health Systems Research. My co-worker's name is _____. Our company was hired by the Economic Research Service of the U.S. Department of Agriculture to talk with the elderly themselves and with program staff who work with the elderly to find out more about their experiences in the program. We are particularly interested in what you think can be done to improve program participation. We want to focus today's discussion on the (Korean/Spanish-speaking Hispanic) seniors who are eligible for the program, but don't apply and those who are currently enrolled in the program. We will use the information provided to us in the focus groups to work with the State food stamp agency and organizations like yours to improve outreach and access to the Food Stamp Program for (Korean/Spanish-speaking Hispanic) eligible seniors in the area. The information will also be made available to other States and communities who are trying to increase food stamp participation among the elderly.

As you can see, we are taping this session. We are doing this only so that we don't have to take detailed notes. Everything you say is important to us and we do not want to miss anything than any of you say. But nothing you say will ever be associated with your name—your names and opinions will be kept strictly confidential.

I would like to review the ground rules for our discussion:

- # There are no right and wrong answers. Remember, I don't work for the Washington State Food Stamp Program, so please tell me your thoughts, whether they are positive or negative.
- # It is ok to disagree with one another. We want to hear everyone's point of view. If you disagree, please do so respectfully.
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- # We would like everyone to participate. But, you each don't have to answer every question. If, however, some of you are shy or I really want to know what you think about a particular question, I may call on you.

- # We have a lot that we want to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But, don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts in before we change subjects.
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Let's get started. I'd like to start out by going around the table and having each of you tell us a little about yourself. Again, my name is _____.

Start with the participant to your right. Have them respond in round robin fashion.

1. Please tell me your name, the organization that you represent, what your responsibilities are regarding food stamp outreach to the elderly, and how long you have been working with elderly food stamp recipients/persons eligible for food stamps.

C. HOW ELDERLY CLIENTS HEAR ABOUT THE FSP (10 MINUTES)

Let's talk about how the individuals you work with find out about the Food Stamp Program.

1. How do the (Korean/Spanish-speaking Hispanic) elderly individuals you work with hear about the Food Stamp Program?

2. In your opinion, what motivates the (Korean/Spanish-speaking Hispanic) elderly to apply for food stamps?

C. BARRIERS TO PARTICIPATION

(20-25 MINUTES)

Now I would like to hear about your views on barriers to participation for the elderly.

1. In your opinion, why don't more (Korean/Spanish-speaking Hispanic) elderly participate in the Food Stamp Program?
2. In your opinion, to what degree do the (Korean/Spanish-speaking Hispanic) elderly feel a welfare stigma associated with applying for food stamps? What makes you say that?
3. What about using the food stamps? How many of the (Korean/Spanish-speaking Hispanic) elderly that you work with do you think are embarrassed to use their food stamps?

PROBES: Why do you think they feel embarrassed?
What, if anything, can your organization do to reduce the elderly's feelings of embarrassment?
What could other people or agencies do to help?

4. To what extent do your (Korean/Spanish-speaking Hispanic) elderly clients have transportation difficulties in getting to the Food Stamp Office or other application sites to apply?

PROBES: How have you tried to alleviate this problem?
What else do you think could be done to help the elderly get to places where they can apply for food stamps?

5. Before they even get to the food stamp office to apply, what kinds of problems related to language or culture do the eligible (Korean, Hispanic) elderly experience?

PROBES: What about complaints from the elderly that they cannot understand the Food Stamp Office phone system or the phone system in your agency? How can the phone system be improved?

3. While working with the (Korean/Spanish-speaking Hispanic) elderly, what kinds of myths or misinformation do you encounter that prevent them or have prevented them from applying for food stamps?

PROBES: What about fears that they must give up their home, car, or other assets to get food stamps?
What about fears that their children will have to repay any aid that they may receive?
What about the belief that they are only eligible to receive a very small amount of food stamps each month such as \$10?
How does the misinformation among seniors differ from the kinds of myths or misinformation you hear from the general population?

D. EXPERIENCES WITH THE APPLICATION PROCESS (10-15 MINUTES)

Now let's talk about the (Korean, Hispanic) elderly's experiences with the Food Stamp Program certification process.

1. What role does your agency play in helping the (Korean, Hispanic) elderly to apply for the Food Stamp Program?
2. In your experience, what difficulties do (Korean, Hispanic) elderly applicants have when applying for food stamps in the office?

PROBES: What about completing the application itself?
What about problems obtaining documentation?
What about the use of the excess medical deduction, specifically?
What about being afraid to share information required for the application, such as their social security number or their checking account number if they hold an account jointly with their children?
What about confusion with the eligibility rules?
What about immigrants believing that participation may affect their future immigration status?

3. What kinds of barriers related to language or culture do the (Korean or Spanish speaking) elderly experience when they go to the office to apply for food stamps?

PROBES: What about problems with understanding their name when it is called by staff members who may not know how to pronounce their name?
What about communicating with staff during the interview?

Other problems?

4. What kinds of special assistance does your local food stamp office give to the (Korean, Hispanic) elderly who are applying for food stamps?

PROBES: To what extent has this assistance been helpful?

5. In your opinion, how are the (Korean, Hispanic) elderly treated by Food Stamp Office staff?

PROBES: Do you think the elderly clients are treated the same as younger clients?
Do you think they should be treated the same or differently?

6. In your experience, what are the (Korean, Hispanic) elderly's attitudes towards the Food Stamp Office?

PROBES: What about the staff?
How do you think the elderly feel about the staff in your organization?

7. Do the elderly ask others to apply for them instead of going to the office themselves?

PROBES: Is this option of "authorized representatives" applying for someone discouraged or encouraged by the local food stamp office?

8. What changes would you like to see made to the food stamp application process for seniors?

9. Washington State is now designing an effort with the Social Security Administration to automatically enroll seniors in food stamps if they are receiving SSI. For seniors who receive SSI, there will be only a very short application form mailed to them and no visits to the community service offices will be required for certifications or recertifications. What are your views on this effort?

10. How do you think this coordination of benefit enrollment could be expanded for food stamp eligible seniors not participating in SSI, but who do receive other government benefits such as veterans disability or Social Security Disability Insurance (SSDI)?

E. USING THE FOOD STAMP PROGRAM

(10 MINUTES)

Now let's talk about the elderly and their experience using the Food Stamp Program.

1. To what extent do the (Korean, Hispanic) elderly know how to use their food stamp benefits?

PROBES: What are some of the problems that they elderly have in using their benefits?
What can be done to better educate the elderly on how to use food stamps?

2. When (Korean, Hispanic) elderly apply for food stamps for the first time, how many of them are aware of the fact that benefits are provided on the Quest cards (EBT)?
3. To what extent do the (Korean, Hispanic) elderly know how to use their Quest cards?

PROBES: What do the elderly think of the Quest Card?
What can be done to better educate the elderly on how to use Quest Card?

4. We have talked about a few different aspects of the Food Stamp Program. Overall, how do you think the program could better serve the (Korean, Hispanic) elderly?

F. OUTREACH

(20 MINUTES)

Finally, we want to get your opinions on outreach methods to increase the participation of the elderly in the Washington State Food Stamp Program.

1. What does your agency do to make sure that the (Korean, Hispanic) elderly know about the program and how to apply?
2. What other agencies in your community are currently involved conducting outreach to the (Korean, Hispanic) elderly about the Food Stamp Program?

PROBES: What, exactly, do these agencies do with respect to food stamp outreach?
What agencies are not currently involved that you think should be? What should these agencies do?

3. What agencies are not currently involved in food stamp outreach efforts that you think should be? What should these agencies do?
4. If you had a very large outreach budget (think big!), what do you think would be the best way to help the (Korean, Hispanic) elderly to find out about the Food Stamp Program and get them to apply?

PROBES: If they haven't mentioned these, ask, AWhat about...≡
 TV? What channels?
 Radio? What stations?
 Newspapers? Which ones?
 Billboards? Where in your town would you put them?
 Posters? Where should they be placed?
 Brochures? Where should they be placed?
 Transit Ads? (e.g. on buses)
 Direct Mail? (e.g. as part of "valu-pack" coupon packages, along with Social Security Checks)

5. Who do you think the (Korean, Hispanic) seniors in your community trust most? Who would be the types of people who could be successful in encouraging the elderly to apply for food stamps?

PROBES: Doctors and nurses?
 Nutritionists?
 Social Workers?
 Ministers?
 Other senior citizens?
 Others?

6. Earlier we talked a lot about barriers and things that keep the elderly who are eligible from applying for food stamps. What should the main message of an outreach campaign/materials to convince the elderly that they can/should overcome these barriers?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

7. We also talked about what motivates the elderly to apply. Building on some of the things you said earlier (provide summary to refresh their memories), what positive things should an outreach campaign/materials focus on?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

G. CLOSING

(10 MINUTES)

Thank you very much for giving us your input. We enjoyed the discussion and have learned a lot about how to improve elderly food stamp participation.

1. Is there anything I haven't asked about that you would like to tell me about your experiences working with elderly food stamp recipients and persons eligible but not participating in the program?

INSTRUCTIONS TO MODERATOR:

Ask the co-moderator to give a brief summary of participants' main ideas.

Ask participants if they have any brief comments or questions. Stress that we don't have much time left.

Have participants complete short demographic form.

Encourage them to take home whatever food remains.

After participants leave, debrief with the co-moderator while the tape recorder is on.

Food Stamp Office Staff (Seattle)

Elderly Food Stamp Participation in Washington State
CSO/Food Stamp Office Staff
Seattle
Moderator's Guide

A. INTRODUCTION (10 MINUTES)

Welcome to our group discussion. Thank you for taking the time to participate in today's discussion about elderly food stamp participation in Washington. My name is _____ and I work for Health Systems Research. My co-worker=s name is _____. Our company was hired by the Economic Research Service of the U.S. Department of Agriculture to talk with the elderly themselves and with program staff who work with the elderly to find out more about their experiences in the program. We are interested in your thoughts and comments. We will use them to improve outreach efforts in your area and to provide information to other States who are developing elderly outreach programs.

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The group will last an hour and a half to two hours. You will not get out any later than _____. We will not be taking a formal break. If you need to leave for a restroom break, the bathrooms are _____.

Let's get started. I'd like to start out by going around the table and having each of you tell us a little about yourself. Again, my name is _____.

Start with the participant to your right. Have them respond in round robin fashion.

1. Please tell me your name, how long you have worked with the Food Stamp Program, and what your responsibilities are with respect to the Food Stamp Program.

B. HOW ELDERLY CLIENTS HEAR ABOUT THE FSP (5-10 MINUTES)

Let's talk about how the individuals you work with find out about the Food Stamp Program.

1. How do the elderly individuals that you work with hear about the Food Stamp Program?
2. In your opinion, what motivates the elderly to apply for food stamps?

C. BARRIERS TO PARTICIPATION

(25 MINUTES)

Now I would like to hear about your views on barriers to participation for the elderly.

1. In your opinion, why don't more elderly participate in the Food Stamp Program?
2. In your opinion, to what degree do the elderly feel a welfare stigma associated with applying for food stamps? What makes you say that?
3. What about using the food stamps? How many of the elderly that you work with do you think are embarrassed to use their food stamps?

PROBES: Why do you think they feel embarrassed?
What, if anything, can you do as food stamp staff to reduce the elderly's feelings of embarrassment?
What could other people or agencies do to help?

4. To what extent do your elderly clients have transportation difficulties in getting to the Food Stamp Office or other application sites to apply?

PROBES: How have you tried to alleviate this problem?
What else do you think could be done to help the elderly get to places where they can apply for food stamps?

3. While working with the elderly, what kinds of myths or misinformation do you encounter that prevent them or have prevented them from applying for food stamps?

PROBES: What about fears that they must give up their home, car, or other assets to get food stamps?
What about fears that their children will have to repay any aid that they may receive?
What about the belief that they are only eligible to receive a very small amount of food stamps each month such as \$10?
How does the misinformation among seniors differ from the kinds of myths or misinformation you hear from the general population?

D. EXPERIENCES WITH THE CERTIFICATION PROCESS
MINUTES)

(45

Now let's talk about the elderly's experiences with the Food Stamp Program certification process. First, I am going to ask you about the elderly's experience in applying at the office, then I will turn to other options, such as applying over the phone, in their home, or using an authorized representative.

1. Please describe the steps that an elderly applicant must usually take when applying for food stamps in your office?
2. How long, from the time they walk through the door, to the time they go home, are elderly applicants in the office?

PROBES: When they come to complete the entire process?
When they just come for an interview (e.g. they have initiated their application through the mail)?

3. In your experience, what difficulties do elderly applicants have when applying for food stamps in the office?

PROBES: What about completing the application itself?
What about problems obtaining documentation?
What about use of the excess medical deduction, specifically?
What about being afraid to share information required for the application, such as their social security number or their checking account number if they hold an account jointly with their children?
What about confusion with the eligibility rules?
What about immigrants believing that participation may affect their future immigration status?

4. Of the problems you just described, how are the problems that seniors have applying for the program different from those experienced by the general population you serve in this office?
5. What kinds of special assistance does your office give to the elderly who are applying for food stamps?

PROBES: To what extent has this assistance been helpful?
How can the certification process be made even easier for the elderly?

6. In your experience, what are the elderly's attitudes towards the food stamp Office?

PROBES: What about the staff? How do you think the elderly feel about the staff in this office?

7. In some offices around the country the elderly can have an authorized representative apply for them. How often is this practice used at your office?

PROBE: Why do you think it is used/not used very often?

8. Please describe other ways that the elderly can apply for food stamps without coming to the food stamp office themselves.

PROBE: What is your office's policy on telephone and in-home application interviews?

If telephone or home interviews are an option upon client request: Would you say that the clients you work with know about this option and if so, how often do you conduct the interviews by mail or in their homes upon request?

9. In your opinion, how can the application process be made easier for the elderly?

E. USING THE FOOD STAMP PROGRAM (10 MINUTES)

Now let's talk about the elderly and their experience using the Food Stamp Program.

1. When elderly apply for food stamps for the first time, how many of them are aware of the fact that benefits are provided on Quest (EBT) cards?

2. To what extent do the elderly know how to use their QUEST cards?

PROBE: What do the elderly think of QUEST?
What can be done to better educate the elderly on how to use QUEST?

3. We have talked about the different aspects of the Food Stamp Program from applying to using the benefits. Overall, how do you think the program could better serve the elderly?

F. OUTREACH

(20 MINUTES)

Finally, we want to get your opinions on outreach methods to increase the participation of the elderly in the Food Stamp Program.

1. What do you think would motivate other seniors to apply for food stamps?
2. What does this food stamp office or other community agencies in this area do to make sure that the elderly know where to go to apply for food stamps?
3. If you had a very large outreach budget (think big!), what do you think would be the best way to help the elderly to find out about the Food Stamp Program and get them to apply?

PROBE: If they haven't mentioned these, ask, AWhat about...≡
TV? What channels?
Radio? What stations?
Newspapers? Which ones?
Billboards? Where in your town would you put them?
Posters? Where should they be placed?
Brochures? Where should they be placed?
Transit Ads? (e.g. on Buses)
Direct Mail (e.g. as part of "valu-pack" coupon packages,
along Social Security Checks?)

4. Who do you think the seniors in your community trust most? Who would be the best people to provide information about the food stamp program?

PROBE: Doctors and nurses?
Nutritionists?
Social Workers?
Ministers?
Other senior citizens?
Others?

5. Earlier we talked a lot about barriers and things that keep the elderly who are eligible from applying for food stamps. What should the main message of an outreach campaign/materials be to convince the elderly that they can/should overcome these barriers?

PROBE: How might this differ for the younger elderly (60-70), middle group of elderly (ages 70-80) and the very old elderly (over 80)?

6. We also talked about what motivates the elderly to apply. Building on some of the things you said earlier (provide summary to refresh their memories), what positive things should an outreach campaign/materials focus on?

PROBE: How might this differ for the younger elderly (60-70), middle group of elderly (ages 70-80) and the very old elderly (over 80)?

H. CLOSING

(10 MINUTES)

Thank you very much for sharing your input with us. We enjoyed the discussion and have learned a lot about how to improve elderly food stamp participation.

1. Is there anything I haven't asked about that you would like to tell me about your experiences working with elderly food stamp recipients and eligibles?

INSTRUCTIONS TO MODERATOR:

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Food Stamp Office Staff (Tacoma and Central Washington)

Elderly Food Stamp Participation in Washington State
CSO/Food Stamp Program Staff
Tacoma and Central Washington
Moderator's Guide

B. INTRODUCTION

(10 MINUTES)

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2. In your opinion, what motivates the (Korean/Hispanic) elderly to apply for food stamps?

C. BARRIERS TO PARTICIPATION

(25 MINUTES)

Now I would like to hear about your views on barriers to participation for the elderly.

1. In your opinion, why are more eligible elderly (Koreans/Hispanics) not participating in the Food Stamp Program?
2. In your opinion, to what degree do the (Korean/Hispanic) elderly feel a welfare stigma associated with applying for food stamps? What makes you say that?
3. What about using the food stamps? How many of the (Korean/Hispanic) elderly that you work with do you think are embarrassed to use their food stamps?

PROBES: Why do you think they feel embarrassed?
 What, if anything, can you do as food stamp staff to reduce the elderly's feelings of embarrassment?
 What could other people or agencies do to help?

4. To what extent do your (Korean/Hispanic) elderly clients have transportation difficulties in getting to the Food Stamp Office or other application sites to apply?

PROBES: How have you tried to alleviate this problem?
 What else do you think could be done to help the elderly get to places where they can apply for food stamps?

5. Before they even get to the food stamp office to apply, what kinds of problems related to language or culture do the eligible (Korean, Hispanic) elderly experience?

PROBES: What about complaints from the elderly that they cannot understand the Food Stamp Office phone system? How can the phone system be improved?

6. While working with the (Korean/Hispanic) elderly, what kinds of myths or misinformation do you encounter that prevent them or have prevented them from applying for food stamps?

PROBES: What about fears that they must give up their home, car, or other assets to get food stamps?
What about fears that their children will have to repay any aid that they may receive?
What about the belief that they are only eligible to receive a very small amount of food stamps each month such as \$10?
How does the misinformation among seniors differ from the kinds of myths or misinformation you hear from the general population?

D. EXPERIENCES WITH THE CERTIFICATION PROCESS (45 MINUTES)

Now let's talk about the elderly's experiences with the Food Stamp Program certification process. First, I am going to ask you about the (Korean/Hispanic) elderly's experience in applying at the office, then I will turn to other options, such as applying over the phone, in their home, or using an authorized representative.

1. Please describe the steps that an elderly applicant must usually take when applying for food stamps in your office?
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PROBES: When they come to complete the entire process?
When they just come for an interview (e.g. they have initiated their application through the mail)?

3. In your experience, what difficulties do (Korean/ Spanish Speaking Hispanic) elderly applicants have when applying for food stamps in the office?

PROBES: What about completing the application itself?
What about problems obtaining documentation?
What about use of the excess medical deduction, specifically?
What about being afraid to share information required for the application, such as their social security number or their checking account number if they hold an account jointly with their children?
What about confusion with the eligibility rules?

What about immigrants believing that participation may affect their future immigration status?

4. Of the problems you just described, how are the problems that (Korean/Hispanic) seniors have applying for the program different from those experienced by the general population you serve in this office?

5. What kinds of special assistance does your office give to the (Korean or Spanish-speaking Hispanic) elderly who are applying for food stamps?

PROBES: To what extent has this assistance been helpful?
How can the certification process be made even easier for the elderly?

6. What kinds of barriers related to language or culture do the (Korean or Spanish speaking) elderly experience when they come to the office to apply for food stamps?

PROBES: What about problems with understanding their name when it is called by staff members who may not know how to pronounce their name?
What about communicating with staff during the interview?
Other problems?

7. What kinds of special assistance are given to the immigrant elderly who speak Korean (or Spanish) that come to the food stamp office to apply?

PROBES: To what extent has this assistance been helpful?
How can the certification process be made easier for this group of elderly?

8. In your experience, what are the elderly's attitudes towards the food stamp office?

PROBES: What about the staff? How do you think the elderly feel about the staff in this office?

9. In some offices around the country the elderly can have an authorized representative apply for them. How often is this practice used at your office? Why do you think it is used/not used very often?

10. Please describe other ways that the elderly can apply for food stamps without coming to the food stamp office themselves.

PROBES: What is your office's policy on telephone and in-home application interviews?

If telephone or home interviews are an option upon client request: Would you say that the clients you work with know about this option and if so, how often do you conduct the interviews by mail or in their homes upon request?

11. In your opinion, how can the application process be made easier for the elderly?

E. USING THE FOOD STAMP PROGRAM (10 MINUTES)

Now let's talk about the (Korean/Spanish-speaking Hispanic) elderly and their experience using the Food Stamp Program.

1. When (Korean or Spanish speaking) elderly apply for food stamps for the first time, how many of them are aware of the fact that benefits are provided on Quest Cards (EBT)?
2. To what extent do the (Korean or Spanish speaking) elderly know how to use their QUEST cards?

PROBES: What do the elderly think of QUEST?
What can be done to better educate the elderly on how to use QUEST CARDS?

3. We have talked about the different aspects of the Food Stamp Program from applying to using the benefits. Overall, how do you think the program could better serve the (Korean/Spanish-speaking Hispanic) elderly?

F. OUTREACH (20 MINUTES)

Finally, we want to get your opinions on outreach methods to increase the participation of the (Korean/Spanish-speaking) elderly in the Food Stamp Program.

1. What do you think would motivate other (Korean/Hispanic) seniors to apply for food stamps?

2. What does this food stamp office or other community agencies in this area do to make sure that the (Korean/Hispanic) elderly know where to go to apply for food stamps?
3. If you had a very large outreach budget (think big!), what do you think would be the best way to help the (Korean/Hispanic) elderly to find out about the Food Stamp Program and get them to apply?

PROBES: If they haven't mentioned these, ask, AWhat about...≡

TV? What channels?

Radio? What stations?

Newspapers? Which ones?

Billboards? Where in your town would you put them?

Posters? Where should they be placed?

Brochures? Where should they be placed?

Transit Ads? (e.g. on Buses)

Direct Mail (e.g. as part of "valu-pack" coupon packages, along Social Security Checks?)

4. Who do you think the (Korean/Hispanic) seniors in your community trust most? Who would be the best people to provide information about the food stamp program?

PROBES: Doctors and nurses?

Nutritionists?

Social Workers?

Ministers?

Other senior citizens?

Others?

5. Earlier we talked a lot about barriers and things that keep the elderly who are eligible from applying for food stamps. What should the main message of an outreach campaign/materials be to convince the elderly that they can/should overcome these barriers?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

6. We also talked about what motivates the elderly to apply. Building on some of the things you said earlier (provide summary to refresh their memories), what positive things should an outreach campaign/materials focus on?

PROBE: How might this differ for the younger elderly (ages 60-70), middle group of elderly (ages 70-80) and the very old elderly (over age 80)?

G. CLOSING

(10 MINUTES)

Thank you very much for sharing your input with us. We enjoyed the discussion and have learned a lot about how to improve elderly food stamp participation.

11. Is there anything I haven't asked about that you would like to tell me about your experiences working with (Korean/Spanish-speaking) elderly food stamp recipients and persons who are eligible but not participating in the program?

INSTRUCTIONS TO MODERATOR:

Ask the co-moderator to give a brief summary of participants' main ideas.

Ask participants if they have any brief comments or questions. Stress that we don't have much time left.

Have participants complete short demographic form.

Encourage them to take home whatever food remains.

After participants leave, debrief with the co-moderator while the tape recorder is on.

Appendix D: Focus Group Coding Scheme

Coding Scheme for Washington State Elderly Focus Group Study

Community Life

homelife	Respondents current living situation, whether they cook, etc.
community	Describes seniors' community involvement (e.g. Bingo, social gatherings)

Seniors Self-Perception of Need and Food Security Related Issues

Needhelp	Types of help the respondent felt s/he needs on a regular basis, <u>excluding food assistance</u>
where4food	Where they go for food assistance now AND how it compares to FSP
skipmeal	Comments about if and why seniors skip meals
diet	Respondent describes seniors' diets, including whether they are getting enough to eat and regularly eating the right foods
barriereat	What keeps seniors from eating proper foods

How Elderly Hear About the FSP

howhear	How elderly hear about the food stamp program
getinfoapp	How/where elderly get more information about the food stamp program and the FS application before they apply
whyapply	Why seniors decide to apply for the food stamp program or what motivates them to apply
howlongwait	How long do seniors wait before they apply for food stamps and why

Perceptions of the FSP/Satisfaction

eligben	Passages about the elderly's understanding about who is eligible for the FSP and what affects benefit levels
fsgood	What are the good things about the FSP
fsbad	What are the bad things about the FSP
change	How seniors' perceptions of the FSP changed before and after applying for benefits
misdir	Discussion about program benefits being misdirected/misallocated to younger individuals, non-citizens/immigrants and result in the elderly not getting enough

Barriers to Seeking Food Stamps

b_stigma	Issues of stigma, pride, and embarrassment surrounding <u>the receipt</u> of FS (typically non-participants)
b_office	Characteristics of/Contact with FSP office as barriers (e.g., CSO phone system, office structure) before visiting the office
b_lowben	Discussion about how the expected low benefit amount keeps elderly from applying for FS
b_langcult	language and cultural barriers to applying for FS
b_noncit	Issues surrounding non-citizens and the FSP
b_other	Other reasons elderly do not apply, including transportation, misinformation, fear of government, etc.

Completing the Application Form

appform	General comments about how seniors view the application form and other related forms
---------	--

Experiences of the Application Process

csosteps	Detailed descriptions from CSO staff about the steps necessary in the FS application process
cboassist	How CBOs assist elderly with the application form and process
friendassist	Discussion about seniors bringing a friend/relative to the CSO to help negotiate the application process, provide translation, or assist with transportation needs.
treatment	How elderly view the FS workers and their treatment at the CSO, including how treatment of elderly clients is different to treatment of general public

language	Passages related to <u>spoken</u> language and cultural barriers experienced by seniors at the CSO (e.g., ability to communicate with caseworkers, experiences with translators) <i>If <u>written</u> language/culture barrier, code passage in appropriate topic area even if not defined to capture language as a barrier. For example, if talking about poor translation on the letters explaining their EBT benefits, code the passage as ebt.</i>
waitroom	Comments about the waiting room at the CSO and waiting time
authreapp	Passages related to what seniors know and understand about using an authorized representative to apply for food stamps
phonehome	Discussions about the availability/usefulness of telephone or home interviews
mailapp	General comments about the applying for FS through the mail
interview	How seniors view the eligibility interview
verify	Discussion about the verification documentation and required time/cost to complete
medexp	Comments about use of the Medical Expense deduction for food stamps
specassist	Special assistance provided to elderly at the CSO (not CBO related)
timeall	Amount of time seniors must spend completing the process
privacy	Discussion of privacy issues/concerns related to their situation or their family's
otherconc	Discussion about other difficulties or concerns when seniors apply for FS (as expressed by seniors, CBOs or CSOs)

Experiences Re-applying for food Stamps

whynotreapp	Reasons that make seniors not re-apply for food stamps
reapply	General comments about the reapplication process
reappchange	Changes needed to the reapplication process

Using the Food Stamp Program

ebt	Discussion about seniors' (participants and non-participants) use of EBT in the FSP
ebtinfo	Knowledge about EBT (info, misinformation, and discussions about training received)
stigma	Passages related to embarrassment surrounding use of EBT card at the grocery store
authrepebt	Do they want/choose authorized reps to shop for them
homemeals	Use of EBT benefits for home delivered meals

Current and Potential Outreach/Program Information

currout	Passages about outreach currently conducted by CBOs and CSOs
convince	Passages from the persuasion exercise
message	Suggested focus of messages to motivate elderly to apply for FS
channels	Suggestions for the best methods to get information to eligible seniors
outplaces	Suggested organizations/locations to involve in outreach who are not now conducting outreach or to visit to inform seniors about the FSP
trust	Persons in the community who seniors trust the most
wherenews	Where do seniors get information about community news

Recommendations for Program Improvements

r_appsite	More convenient sites for elderly to apply for food stamps besides the CSO
r_appimprove	Comments about how the application process at the CSO can be made easier for the elderly
r_coordSSA	Discussion about how seniors could apply for food stamps while applying for SSI or other programs offered by Social Security
r_benefits	Recommendations for changes in the benefits (amount/cash, EBT vs. stamps) and communication about benefits.
r_ebt	Recommendations for improvements in EBT (client education, other)
r_eligrules	Recommendations for changes in eligibility rules
r_other	Discussion about other ways the program can be improved to better serve the elderly.

Appendix E: Washington State Food Stamp Application
Forms (Current and Pending)

Current Food Stamp Application Form



APPLICATION FOR BENEFITS
Part 1

IDENTIFICATION OR CASE NUMBER

Form with fields for Name (First, Middle Initial, Last), Signature, Address (Where you live, Mailing address), City, State, ZIP Code, Phone number, and I am (we are) applying for (Cash, Nursing Care, Food Stamps, Drug and Alcohol Treatment, Medical, Other).

7. If you want another person to get and use your food stamp benefits for you, complete the following:

Their name: Telephone number:

After completing above information, please read the following before completing the application.

This application is a statement of facts about the people who need help. If you are applying for someone else, complete the questions as they relate to those people. You will need to answer all questions before we will know if we can help you.

NON-DISCRIMINATION

Discrimination is prohibited in all programs and activities administered by the Department of Social and Health Services (DSHS). No one shall be excluded from these programs on the basis of race, color, creed, political beliefs, national origin, religion, age, sex, or disability.

If you need help completing any part of the form, let us know.

Part 1

Part 1 of the application begins your request for help. THE SOONER YOU COMPLETE AND RETURN PART 1, THE QUICKER WE CAN HELP YOU IF YOU ARE ELIGIBLE.

A. You may complete Part 1 and take it to the receptionist NOW if:

- 1. You have an emergency (see questions 13 and 14), or
2. You cannot or do not want to answer all of the questions in Part 2 while you are here.

B. If you want Food Stamp benefits:

- 1. We will base the amount of your Food Stamp benefits on the date we get Part 1.
2. You need to complete at least questions 1, 2, and 3 above before we will accept Part 1.
3. You may get Food Stamp benefits within 5 days if you complete question 13 and:
a. You have very little income or resources, or
b. Your income and resources are not enough to cover your monthly rent/mortgage and utilities, or
c. You have no place of your own to live, or
d. Your household includes a migrant or seasonal farm worker.
4. You must give us a Social Security number or apply for one for each household member as required by law.

Part 2

Part 2 contains the rest of the information we need to determine if you are eligible for help. If you have the time and can answer all the questions now, please complete the entire form and give it to the receptionist.

If you only complete Part 1 now, you must complete the rest of the application before your appointment. If you need help, let us know. You may give us Part 2 of the application before or at your appointment.

**APPLICATION FOR BENEFITS
Part 1**

GENERAL INFORMATION

8. Do you have trouble speaking, reading, or writing English? YES NO
 Do you need an interpreter? YES NO
 If yes, we will provide one.
 What language do you speak? _____

9. I am having problems with this form:
 because I am visually impaired.
 because I am hearing impaired.
 I need help filling out this form.

10. We ask that you voluntarily show your race or ethnic background. This information will not be used in considering your eligibility for benefits.

Caucasian Hispanic Black Vietnamese/Laotian/Cambodian Other Asian or Pacific Islander
 American Indian/Alaskan Native; tribe name: _____ Other: _____

11. List yourself and everyone living at your address. Use legal names - **DO NOT USE NICKNAMES**. If you do not know a Social Security Number, leave it blank. Check a box in the "APPLYING FOR BENEFITS" section for each person listed.

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO YOU	BIRTHDATE (MO/DA/YR)	APPLYING FOR BENEFITS YES NO	SOCIAL SECURITY NUMBER	SEX M or F	U.S. CITIZEN? YES NO	QUALIFIED ADULT? YES NO	IN SCHOOL? YES NO
a. _____	SELF		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
g. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
h. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
i. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
j. _____			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

12. If anyone in your household has used another name (maiden or married name) or Social Security number, please list other names and/or Social Security numbers:

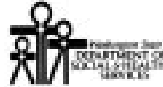
13. If you are applying for Food Stamp benefits and need them within five days, complete this section for everyone in the household.

	YES	NO	IF YES, GIVE AMOUNT
I (we) have money in cash, checking, or savings.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
I (we) received money, cash, checks (income) this month.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
I (we) expect to get money, cash, checks (income) this month.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
I (we) have a rent or mortgage cost each month.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
I (we) have utility costs (e.g., gas, oil, electric) this month.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
My (our) money, cash, checks (income) recently stopped.....	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when? _____
I am (we are) a migrant or seasonal farm worker.....	<input type="checkbox"/>	<input type="checkbox"/>	
I am (we are) homeless.....	<input type="checkbox"/>	<input type="checkbox"/>	

14. Check any of the following situations which apply to anyone in your household <input type="checkbox"/> Pregnancy (due date): _____ <input type="checkbox"/> No food or food money <input type="checkbox"/> Medical emergency <input type="checkbox"/> Utility shut-off notice Name of pregnant household member: _____	<input type="checkbox"/> Domestic violence victim <input type="checkbox"/> No place to live <input type="checkbox"/> No heat <input type="checkbox"/> Eviction notice	15. How many persons in your household do you buy and prepare food for? _____
---	--	--

FOR OFFICE USE ONLY - EXPEDITED SERVICE SCREEN - Household eligible for expedited service
 Yes No Expedited Service Screener's Signature: _____ Date: _____

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**APPLICATION FOR BENEFITS
Part 2**

NAME	FIRST	MIDDLE INITIAL	LAST	GENERAL INFORMATION
<p>If you completed and turned in Part 1, you must complete the rest of your application before your appointment. If you need help, let us know. You may give us Part 2 before or at your appointment.</p>				
16. I (we) have lived in Washington since _____ MONTH/DAY/YEAR. I (we) intend to live in Washington _____				YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Marital status - I am now: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
18. I am (we are) living in: <input type="checkbox"/> Own home <input type="checkbox"/> Adult family home <input type="checkbox"/> Congregate care facility <input type="checkbox"/> Group home <input type="checkbox"/> Adult residential treatment facility <input type="checkbox"/> Other _____				
19. I (we) have applied for or received assistance before in Washington or another state _____				<input type="checkbox"/> <input type="checkbox"/>
If yes, where _____ Dates _____				
20. A member of my household is disabled (including children) _____				<input type="checkbox"/> <input type="checkbox"/>
21. A. I am (we are) a veteran of the armed services _____				<input type="checkbox"/> <input type="checkbox"/>
B. I am (we are) the dependent or spouse of a veteran or a deceased veteran _____				<input type="checkbox"/> <input type="checkbox"/>
22. A family member is temporarily out of the home _____				<input type="checkbox"/> <input type="checkbox"/>
23. I am (we are) a boarder (pay someone to provide my (our) meals) _____				<input type="checkbox"/> <input type="checkbox"/>
24. I am (we are) a sponsored alien _____				<input type="checkbox"/> <input type="checkbox"/>
If yes, name and address of sponsor _____				
25. I (we) get food from an Indian food distribution program _____				<input type="checkbox"/> <input type="checkbox"/>
26. I (we) have been disqualified for food stamps now or in the past for providing incorrect information _____				<input type="checkbox"/> <input type="checkbox"/>
27. I or a member of my household is fleeing from the law to avoid going to court or jail for a crime considered a felony, or breaking a condition of parole or probation _____				<input type="checkbox"/> <input type="checkbox"/>
28. I (we) am temporarily staying at someone's home _____				<input type="checkbox"/> <input type="checkbox"/>
29. I or a member of my household was convicted of a felony involving possession, use, or distribution of a controlled substance after August 21, 1996 _____				<input type="checkbox"/> <input type="checkbox"/>
30. I or a member of my household was convicted of fraud in obtaining cash assistance _____				<input type="checkbox"/> <input type="checkbox"/>
31. I or a member of my household was convicted of misrepresentating my/our residence to receive public assistance benefits in two or more states at the same time _____				<input type="checkbox"/> <input type="checkbox"/>
32. My household is or has been living on an Indian reservation _____				<input type="checkbox"/> <input type="checkbox"/>
33. I (we) expect changes in my (our) situation in the next two months _____				<input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____				
MEDICAL INFORMATION				
34. A. I (we) have unpaid medical bills (dates) _____ (amounts) \$ _____				YES <input type="checkbox"/> NO <input type="checkbox"/>
B. I (we) need help with medical bills incurred in the last 3 months _____				<input type="checkbox"/> <input type="checkbox"/>
C. I am (we are) in, or recently left, or plan to enter a medical facility (such as a hospital, nursing home, etc.) _____				<input type="checkbox"/> <input type="checkbox"/>
If yes, what facility(ies) _____				
(1) DATE ENTERED		(2) DATE DISCHARGED		(3) DATE WILL ENTER
_____		_____		_____
_____		_____		_____
D. I (we) have Medicare _____				<input type="checkbox"/> <input type="checkbox"/>

MEDICAL INFORMATION (CONTINUED)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| E. I (we) need help paying Medicare premiums..... | YES | NO | |
| F. I (we) have CHAMPUS (military) coverage available..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I (we) have health insurance.....
(This includes any insurance you or someone else pays for, such as private insurance, long term care insurance, group insurance through your employer or union, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. I (we) had/have medical insurance through employment anytime in the last 3 years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. I (we) have turned down medical coverage through employment because of its cost..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. I (we) have had an accident requiring medical care..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESOURCES

35. A. I (we), including children, own or have a share in one or more of the following (check yes or no for each item):

	YES	NO	TOTAL AMOUNT/VALUE	PERSON WITH RESOURCE	WHERE
Money on hand (cash).....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Checking account.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Savings account/certificates of deposit.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Credit union.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Retirement fund, IRA, KEOGH, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Money held by others.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Stocks/bonds/mutual funds.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Trust or annuity account.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Life insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Prepaid funeral plan (not life insurance).....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Money for funeral/burial.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Burial plots.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Sales contract.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Property on which you live.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Property on which you are not living.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Business equipment (tools, machinery).....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Livestock (horses, cattle, sheep).....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Timber/crops.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	\$		

B. I (we) own or am (are) buying a car or other vehicle (truck, boat, motor home, snowmobile, motorcycle, etc.) or camper and/or trailer (list even if not running or in your possession). YES NO

ITEM	YEAR	MODEL	VALUE	OWE
			\$	\$
			\$	\$
			\$	\$

- C. I (we) use a vehicle for medical purposes.....
- D. I (we) use a vehicle for employment.....
- E. I (we) have sold, traded, given away, or transferred a resource (see A and B above), including a transfer into a trust in the last 5 years.....
- If yes, explain:
 What? _____ To whom? _____ Date: _____

EMPLOYMENT

36. A. I am (we are) working (include self-employment)..... YES NO

IF YES:			IF NO:		
PERSON	EMPLOYER	AMOUNT	IRGMO	PERSON	DATE LAST WORKED
		\$			
		\$			

EMPLOYMENT (CONTINUED)

B. I am (we are) able to work YES NO

IF NO:

PERSON	REASON

C. Within the last sixty (60) days I (we) left a job YES NO

If yes, person's name: _____ Employer _____
 Reason: Laid off Fired Refused work On leave of absence Injury
 Quit work On strike Refused training Illness

D. For a family applying with both parents (married or unmarried) in the home, list the parent who earned the most money in the last 24 months: _____

INCOME

37. I (we) receive or have applied for money from the following sources (check yes or no for each item):

	YES	NO	PERSON WITH INCOME	AMOUNT	PERSON WITH INCOME	AMOUNT
Public assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Unemployment compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Social Security benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Railroad benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Retirement/Pension	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Child support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Trust or annuity	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Money from roomers/boarders/renters	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Veteran's benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Labor and Industries	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Military allotment	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Income tax refund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
School grants or loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Cash Prizes (Bingo, Lottery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Other loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____
Other income	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____	\$ _____

EXPENSES

38. A. Shelter: 1. I (we) have a housing cost (if yes, give amount below) YES NO

RENT	SPACE COST	PROPERTY ASSESSMENTS	MORTGAGE	PROPERTY TAXES	HOMEOWNERS INSURANCE
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. Someone pays all or part of my (our) housing costs or utilities YES NO

If yes, what do they pay for and how much do they pay: _____

3. I am (we are) responsible for: Heating/cooling costs YES NO

Other utilities YES NO

ELECTRICITY	TELEPHONE	SEWER	WATER
\$ _____	\$ _____	\$ _____	\$ _____
HEATING FUEL (OIL, GAS, WOOD, ETC.)		GARBAGE	OTHER
\$ _____		\$ _____	\$ _____

B. I (we) pay for dependent care or babysitting expenses YES NO

C. I (we) make court ordered child support payments YES NO

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT:

- **I must immediately report changes** to the DSHS Community Services Office. Changes must be reported in writing for financial or medical assistance. Late reporting may cause incorrect benefits.
- I must provide proof I am eligible. DSHS may help me get the proof or contact other persons or agencies for it.
- **The information I (we) give here is subject to verification by federal and state officials to decide if I am eligible for benefits and the amount I will receive. This may include unannounced contacts by the Division of Fraud Investigations.**
- My (our) Social Security number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (e.g., Social Security Administration, Internal Revenue Service, employers, and banks) to verify eligibility.
- By receiving Temporary Assistance for Needy Families (TANF) or Food Stamp benefits, persons age 16 to 60 may be required to participate in an employment or training activity.
- By receiving cash benefits, I assign to the State of Washington all rights to any support, including child support.
- By receiving medical care benefits, I (we) assign to the State of Washington my (our) rights to medical care support and any third party payments to pay for covered medical services while receiving medical care benefits.
- The department may recover from my estate the cost of long-term medical care services when I am 55 or older. Long term care includes COPEs, Medicaid Personal Care, and Nursing Home Services plus related hospital and prescription drug costs.
- I (we) may be restricted to one physician and pharmacy if I misuse my medical benefits.

FOOD STAMP PENALTY WARNING

I understand I (we) may be removed from the Food Stamp Program for:

- One year for intentionally breaking a Food Stamp rule;
- Two years for a second such violation; or a first conviction for buying, selling, or trading food stamps for a controlled substance;
- Ten years for giving false identify or residence information to get duplicate benefits.
- Lifetime for intentionally breaking a Food Stamp rule a third time; or a second conviction for buying, selling, or trading food stamps for a controlled substance; or conviction for buying, selling, or trading food stamps for firearms, ammunition, or explosives; or conviction for buying, selling, or trading food stamps worth \$500 or more.

In addition, I (we) may be removed by a court for an additional 18 months; or prosecuted and fined up to \$250,000 or imprisoned up to 20 years or both.

FOOD STAMP WORK REQUIREMENTS PENALTY WARNING

I (we) may be removed from the Food Stamp Program if I (we) are 16 - 59 years of age, physically and mentally fit, and refuse without good cause to: 1) provide information to determine work status or job availability; 2) accept any offer to work; 3) register for employment; 4) participate in an employment and training program; or 5) voluntarily quit a job or reduce work hours. **I understand that I (we) can be disqualified for:**

- one (1) month and until I comply with program requirements for the first time;
- three (3) months and until I comply with program requirements for the second time; and
- six (6) months and until I comply with program requirements for the third time and each time thereafter.

CASH ASSISTANCE PENALTY WARNING

If I am (we are) convicted by a court of illegally receiving cash assistance, I understand I (we) will be removed from cash and medical programs for the period determined by the court. I (we) may be removed from TANF for ten (10) years for giving false residence information to get benefits in two or more states at the same time.

DECLARATION AND SIGNATURE

I have read (or had explained to me) and understand the information in this application. I declare under penalty of perjury, information I gave in this application is true, correct and complete to the best of my knowledge. I understand that I (we) can be criminally prosecuted if I (we) incorrectly receive cash, food stamps, or medical, because I have made a willful false statement or because I have willfully failed to report something I should report. **Only the applicant must sign if applying for Food Stamps. If applying for cash or medical help, all adult household members must sign.**

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER	DATE
SIGNATURE OF WITNESS IF APPLICANT SIGNED WITH AN "X"	DATE	SIGNATURE OF WITNESS IF SPOUSE SIGNED WITH AN "X"	DATE
SIGNATURE OF HELPER	DATE	SIGNATURE OF HELPER	DATE



STATEMENT FROM LANDLORD/MANAGER

LOCAL OFFICE	TELEPHONE NUMBER
CASE NUMBER	DATE

SECTION 1	SECTION 2
APPLICANT/RECIPIENT NAME	LANDLORD/MANAGER NAME
<p>The Department of Social and Health Services is in the process of determining the above-named person's eligibility. I would appreciate your providing the information requested below.</p>	<p>I authorize the above-named Landlord/Manager to provide the information requested below to the Department of Social and Health Services.</p>
FINANCIAL SERVICES SPECIALIST SIGNATURE	APPLICANT/RECIPIENT SIGNATURE
X	X
	DATE

SECTION 3 LANDLORD/MANAGER: COMPLETE ALL SECTIONS BELOW. COMPLETE ONLY THE INFORMATION YOU PERSONALLY KNOW TO BE TRUE. WRITE "UNKNOWN" TO QUESTIONS YOU CANNOT ANSWER.

A. Information regarding the rental or leased unit, tenant, and rental amount. Is this subsidized housing? Yes No

ADDRESS _____ APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____

TENANT'S NAME	DATE MOVED IN	MONTHLY RENT AMOUNT	DATE RENT STARTED
		\$	

B. Other adults and children who live at the above address are:

C. Name(s) of employed persons: _____

D. Name of person(s) who pay(s) the rent: _____

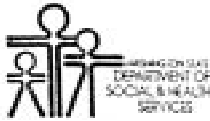
E. A rental or lease application was filed out by the tenant. YES NO
 A rental or lease application was signed by the tenant.
 The tenant pays only a portion of the total rent. If yes, the tenant's portion of the rent is: _____
 The tenant works for part of the rent. If yes, the portion of rent worked for is: _____
 The rent is paid by personal check. If no, the method of payment is: _____

F. Is tenant responsible for heat and/or cooling costs separate from the rent? Yes No
 Is there a separate meter for the tenant? Yes No
 What is the principle source of heat? _____
 What heat sources does the tenant pay for? _____
 Is there a cooling system other than fans? Yes No If yes, specify: _____

G. Is the tenant responsible for other utility costs separate from the rent? Yes No
 If yes, specify: _____

LANDLORD/MANAGER NAME	PROPERTY OWNER INFORMATION (IF DIFFERENT FROM LANDLORD/MANAGER)
STREET ADDRESS OR P.O. BOX NUMBER	PROPERTY OWNER NAME
CITY STATE ZIP CODE	STREET ADDRESS OR P.O. BOX NUMBER
WORK TELEPHONE NUMBER HOME TELEPHONE NUMBER	CITY STATE ZIP CODE
LANDLORD/MANAGER SIGNATURE DATE	WORK TELEPHONE NUMBER HOME TELEPHONE NUMBER
X	

SSHS 14-25603 (REV. 03/95) (AC 871191) TRANSLATED



**AUTHORIZATION TO
OBTAIN/RELEASE
INFORMATION**

CASE NAME	CASE NUMBER
LOCAL OFFICE ADDRESS 1949 So. State 1004 E.Main/1301 E.72nd	DATE

SECTION I

I hereby authorize the Department of Social & Health Services to use this form to obtain the following information:

A. INFORMATION TO BE OBTAINED: To represent and assist me in completing the but not limited to:
food stamp, medical coupons, Copes, etc. and all DSHS application, processed with the
Community Service Office, to provide program, income, resources and shelter costs Verification
and any other items that may be needed to complete the application and certification process.
I understand the information, as they will present it, will be used to determine my
eligibility.

B. FROM: NAME: _____
ADDRESS: _____

C. _____ DATE _____
SIGNATURE OF APPROVAL

SECTION II

I hereby authorize the Department of Social & Health Services to release the following information:

A. SPECIFIC INFORMATION TO BE RELEASED: Any additional verification required
to complete the application, status of the application, whether it is pending,
approved, or denied.

B. TO: NAME: Celeste Lee - Ethnic Mealsite Program Manager
ADDRESS: 125 E. 96th St. Tacoma, Wa 98445
(253) 535-4202 Fax (253) 535-4827

C. _____ DATE _____
SIGNATURE OF APPROVAL

**NOTE: THIS AUTHORIZATION FOR RELEASE OF INFORMATION IS
VALID FOR NINETY (90) DAYS FROM DATE OF SIGNATURE.**



STATEMENT OF SHARED LIVING ARRANGEMENT

COMMUNITY SERVICES OFFICE (CSO)	TELEPHONE NUMBER
ACCESS CLIENT IDENTIFICATION NUMBER	DATE

The Statement of Shared Living Arrangement explains how you and the other people living at your address share the costs for food, rent, and utilities. Attach additional pages if needed.

1. CLIENT'S NAME	2. TELEPHONE NUMBER () -	3. TOTAL NUMBER OF PERSONS LIVING AT THIS ADDRESS
4. STREET ADDRESS	CITY	STATE ZIP CODE

5. Complete the following information for all other ADULTS (age 18 and over) who live at your address:

	NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	RELATIONSHIP TO ME (SON, MOTHER, FRIEND, ETC.)	SHARES FOOD COST		COOKS OR EATS MEALS WITH ME	
					YES	NO	YES	NO
a.								
b.								
c.								
d.								

6. Complete the following information for all CHILDREN (under 18) who live at your address:

	NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	RELATED TO ME?			RELATED TO ANOTHER ADULT LIVING AT THIS ADDRESS?			
				YES	NO	HOW?	YES	NO	IF YES, WHO?	HOW?
a.										
b.										
c.										
d.										
e.										
f.										

7. Expense information

Current monthly rent for your address DO NOT INCLUDE ANY AMOUNT FOR DEPOSITS, BACK RENT, ETC. \$	Do you have heating or cooling costs not included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No • Heating costs: Costs to operate a device used to heat living quarters. • Cooling costs: Costs to operate an air conditioning system or room air conditioner. • Do not include costs for cooking stoves or ovens; gathering fuel for heating; or fans for cooling. Do you have other electrical, water, or garbage costs not included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have telephone costs not included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8. Complete the following to explain how you and the other adults living at your address divide monthly expenses.

On the first line, put the amount you pay for each expense. On the other lines, put the name of the other person and amount they pay for each expense:

NAME	EXPENSES				
	RENT	HEATING/COOLING	ELECTRICITY, WATER, GARBAGE	TELEPHONE	OTHER
I Pay	\$	\$	\$	\$	\$
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
c.	\$	\$	\$	\$	\$
d.	\$	\$	\$	\$	\$

All persons 18 and over must sign and date this form below.

I declare, under penalty of perjury, that these statements represent our current shared living arrangements.

CLIENT'S SIGNATURE	DATE	SIGNATURE	DATE
CLIENT'S SIGNATURE	DATE	SIGNATURE	DATE

TO BE COMPLETED BY FINANCIAL SERVICES SPECIALIST:

	YES	NO
Is this form completely filled out, signed, and dated by all adults living at the address?	<input type="checkbox"/>	<input type="checkbox"/>
If no, did you take any other actions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to determine the relationship of each child to adult household members?	<input type="checkbox"/>	<input type="checkbox"/>
If no, did you request additional verification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have sufficient information to process the change in household composition?	<input type="checkbox"/>	<input type="checkbox"/>
If no, did you request additional information/verification?	<input type="checkbox"/>	<input type="checkbox"/>
Is the total rent in section 3 equal the amount in section 7?	<input type="checkbox"/>	<input type="checkbox"/>
If no, did you request collateral information/statement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you forward a copy of this form to the FSS handling the other client reported on the form?	<input type="checkbox"/>	<input type="checkbox"/>

N/A



CLIENT RIGHTS AND RESPONSIBILITIES

FOR OFFICE USE ONLY	
CASE NAME	
CLIENT IDENTIFICATION NUMBER	

If you apply for or receive benefits from the Department of Social and Health Services (DSHS), there are certain things you must do in order to receive benefits. You are responsible for:

- Giving us the information we need to tell if you are eligible.
- Providing proof when it is needed. If you have trouble getting the information, we may be able to help you.
- Completing reports and reviews when you are asked.
- Applying for and taking any benefits you can get from other programs if you receive cash or medical assistance.
- Looking for and taking a job if required for cash or food assistance.
- If you receive benefits for a child:
 - For cash assistance, cooperating in getting child support unless you can show it will cause you or your child harm.
 - For medical assistance, cooperating in getting medical support unless you can show it will cause you or your child harm.
- Reporting changes for anyone living in your residence. For cash and food assistance, you must report within ten (10) days of when you learn of the change. For medical assistance, you must report within 20 days of when you learn of the change.
 1. You must report the following changes for all programs:
 - a. You move to a new residence, including any change in shelter expenses because of the move.
 - b. Someone moves into or out of the home even if the change is temporary.
 - c. Someone gets married, divorced, or separated (except for children's and pregnancy medical).
 - d. Any change in resources (except for children's and pregnancy medical). Resources include assets such as bank accounts, cash, vehicles, annuities, sales contracts, trusts, etc.
 - e. Someone starts getting money from any new source (except for children's and pregnancy medical).
 - f. The amount of unearned income you receive from a previously reported source changes by more than \$25 (except for children's and pregnancy medical).
 - g. Employment changes due to:
 - (1) Different/additional employer;
 - (2) Change in wage rate; or
 - (3) Change between part-time and full-time status.
 - h. Pregnancy begins or ends (except for food assistance).
 2. In addition to the changes listed in (1) above, if you receive medical assistance other than children's or pregnancy medical, you must report the following changes for yourself, your spouse, and your dependents:
 - a. Any change in income.
 - b. Any change in medical expenses.
 - c. Any change in shelter costs.

If you receive food assistance, it is your responsibility to report any increases in the following expenses if you want us to use the information to calculate your benefits.

- | | |
|--|---|
| • Rent or space rental | • Legally required child support payments |
| • Mortgage payments of property taxes or insurance | • Medical expenses |
| • Utility or telephone costs | • Self-employment expenses |
| • Costs for the care of a child or other dependent | |

You will be expected to provide proof when you report the change. If you don't report and provide proof for these expenses, the Department sees this as a statement that you do not want us to use these expenses to determine if you could get more food stamps.

I have read both sides of this form and have had my rights and responsibilities explained to me. I understand what they mean.

(Both husband and wife should sign if living together and applying for money or institutional medical.)

SIGNATURE	DATE
SIGNATURE OF WIFE/HUSBAND OR OTHER PARENT OF YOUR CHILD(REN) IF LIVING WITH YOU	DATE
FINANCIAL SERVICE SPECIALIST SIGNATURE	DATE

DSHS 14-110(X) (REV. 11/1999) (AC 01/0900) TRANSLATED

DISTRIBUTION: White - Client Yellow - Case File

Discrimination is prohibited in all program and activities administered by DSHS. No one shall be excluded from these programs on the basis of race, color, creed, political beliefs, national origin, religion, age, gender, disability, or birthplace.

If you apply for or receive benefits from DSHS, you have a right to:

- Turn in an application with your name, address, and signature the day you come in for any program DSHS offers.
- Have your application processed without delay if you have an emergency, such as no money or food, an eviction notice, medical care that cannot wait, or a pregnancy.
- Have an interview within five (5) days of the date you turn in your application if you are pregnant and ask for an interview.
- Ask for extra help to fill out forms and obtain required verification.
- Get a receipt when you leave an application or other materials with the department.
- Get a written decision in most cases within 30 days. Medical and some disability cases may take 45 to 60 days. Pregnancy medical will be authorized within 15 working days. You will get food stamps within 30 days if you are eligible. If you are eligible and have little or no money, you may get food stamps within five (5) days.
- Receive continued medical assistance while eligibility for another medical program is being redetermined, when your current medical assistance is terminated.
- Have information you give to the department kept private. We may share some facts with other agencies for efficient management of federal programs.
- Ask us not to collect child support if you think the absent parent will harm you or your child.
- Ask for extra money to help in an emergency, such as an eviction or a utility shutoff, if you receive cash assistance.
- Get a written notice, in most cases, at least ten (10) days before we make changes to lower or stop your benefits.
- Ask for a fair hearing if you do not agree with us about a decision we make. Without affecting your rights to a fair hearing, you can also ask a supervisor or administrator to review an employee decision or action.
- Have interpreter or translator services at no cost or undue delay.
- Refuse to speak to a Fraud Early Detection (FRED) investigator from the Division of Fraud Investigation. You do not have to let the investigator into your home. You may ask the investigator to come back at another time. This will not affect your eligibility for benefits.
- Receive help from the Department to register to vote.

Pending Revised Food Stamp Application Form

Application for Benefits

Questions and Answers

If you need help reading this, please ask the receptionist for help.

DRAFT



Cash Assistance



Food Assistance



Medical Assistance



General Assistance for the Unemployable



Nursing Home Care or Assisted Living

Q. How do I apply for benefits?

A. It's easy - just fill out the application. If you are applying for someone else, complete the questions with that person's information. **You must give us your name, address, and signature before we can accept the application.** Once you're finished filling out the form, turn it in to the receptionist or mail it to your local Community Services Office (CSO). For long-term care services, mail the form to your local Home and Community Services Office. You will not need an interview if you are applying for medical only.

Q. When will my benefits begin?

A. If you are eligible for cash assistance, your benefits start on the date we get all the information to decide you are eligible. If you are eligible for food benefits, the amount of your benefits is usually based on the date we get the application. For medical, the date your coverage begins depends on which medical program you qualify for. You may ask for help with some past medical bills.

Q. What if I need food assistance right away?

A. In addition to giving us your name, address, and signature, complete Number 16 and take it to the receptionist now if you need food right now or if you cannot answer all of the questions. If you are not in the local office, you may mail this application or bring it into the local office.

You may get food assistance within five (5) days from the date we get your application if:

- You show proof of your identity; and
- Your household has very little income or resources; or
- Your household's income and resources are not enough to cover your monthly rent/mortgage and utilities; or
- Your household includes a destitute migrant or seasonal farm worker.

Important Information about Immigration Status and Social Security Numbers

- You can apply for benefits for part of your family even if some family members may be ineligible because of immigration status. Washington State has some medical programs for people without Social Security Numbers or proof of immigration status.
- If you need cash or food assistance, you need to provide Social Security numbers or immigration status only for people who are applying. You may still provide your Social Security number voluntarily and we will use it only to verify needed information to determine eligibility, such as your income. If you choose not to provide your Social Security number or immigration status, your income and resources must still be verified if needed to determine eligibility.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.