# Feasibility and Accuracy of Record Linkage To Estimate Multiple Program Participation

## Volume II, Survey of Food Assistance Information Systems—Survey Instruments

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## Abstract

Administrative data from USDA's food assistance and nutrition programs (FANPs) provide statistics on the number and characteristics of program participants. However, policymakers and researchers often want more information than these administrative data provide about participation in multiple programs or the characteristics of families who choose to participate in some, but not all, programs for which they are eligible. This study investigates the feasibility of linking administrative data across FANPs to provide statistics on multiple-program participation. The first phase of the study included a Survey of Food Assistance Information Systems, taken in 26 States from directors of the Food Stamp Program (FSP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Child Nutrition Programs. The survey collected information about the characteristics and content of FANP information systems, including system architecture, participant identifiers, integration with other programs, and research uses of administrative data. This report includes the instruments for the survey.

Survey findings are reported in *Feasibility and Accuracy of Record Linkage To Estimate Multiple Program Participation: Volume I, Record Linkage Issues and Results of the Survey of Food Assistance Information Systems*, E-FAN-03-008-1.

# Table of Contents

## Survey of Food Assistance Information Systems

The *Survey of Food Assistance Information Systems* collected data from food assistance nutrition programs (FANPs) in 26 States. The survey was designed to collect information about the characteristics and content of FANP information systems that are relevant to data linkage across programs.

The *Survey of Food Assistance Information Systems* was conducted as a mail survey, with mailings in December 2001; all surveys were complete by March 2002. Four survey instruments were designed with questions tailored to each of the four respondent agencies. The respondents were:

- State Food Stamp Program (FSP) directors
- State WIC Program directors
- State Child Nutrition Program (CNP) directors
- School Food Authority (SFA) directors

The first three respondents were surveyed in each of 26 States. The SFA survey was targeted to three SFA directors in each of the 26 States. The 26 States included in the survey were: Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington.

This volume contains the survey instruments. Survey results are presented in Volume I: "Record Linkage Issues and Results of the Survey of Food Assistance Information Systems."

# Survey of Food Assistance Information Systems
# State Food Stamp Directors

## Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

## Introduction

This is a survey of Food Stamp Program directors in 26 states. The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain client certification data for the Food Stamp Program. The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Child Nutrition Programs (school meals) and the Special Supplemental Nutrition program for Women, Infants, and Children (WIC).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

Jesse Valente
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

617-520-3061 (*voice*)
617-520-2954 (*fax*)
jesse_valente@abtassoc.com *(email)*

Please return the completed survey in the envelope provided by the date indicated in the cover letter. If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address. You may also fax the completed survey.

## Instructions

All of the questions on this survey are about the food stamp client eligibility database, and do not pertain to the benefit issuance system, which may or may not operate on the same system as the eligibility data.

We understand that data systems may be in a period of development.  For all questions, you should report the current status of your system.  At the end of the instrument, there is space to report on system changes planned for the future.

Please respond to all questions.  The responses do not need to be typed.  Please feel free to add explanatory notes in the margins, if needed.  If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page.  Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank.

## Office of Management and Budget (OMB)

The Paperwork Reduction Act of 1995 requires that all persons who respond to this collection  of information be informed that they are not required to respond unless it displays a currently valid OMB control number.  (See 5 CFR 1320.5(b)(i)).  The time required to complete this collection of information is estimated to average 45 minutes per response, including the time to review instructions and complete the information collection.  Comments on the burden or content of this collection of information may be sent to the U.S. Department of Agriculture, Economic Research Service, Food Assistance and Nutrition Research Program, Attn: Parke Wilde, 1800 M Street, Room S2092, N.W. Washington, DC  20036.

## Question Format

All questions require a single-response, unless **(CHECK ALL THAT APPLY)** appears above response categories.  The survey contains three types of questions:

| Type of Question | Sample Question |
|---|---|
| ▪ Questions with pre-specified response categories.<br>→ Answer question by placing an X in the box next to the correct response. | 1. During what year did you receive this survey?<br><br>\|___\|  1.  2000<br>\| X \|  2.  2001<br>\|___\|  3.  2002 |
| ▪ Questions requiring numeric open-end response.<br>→ Answer question by providing response in specified format. | 2. During what calendar month did you receive this survey?<br>MONTH (ENTER 1-12):       \| 0 \| 9 \| |
| ▪ Questions requiring open-end response.<br>→ Answer question by writing response in space provided. | 3. Provide respondent name.<br><br>Jane Doe |

## A. Information System Architecture

These questions are about the hardware and software used to maintain the central client database for the Food Stamp Program (FSP) at the central state computer facility. These questions refer only to the food stamp client certification database, and do not pertain to the food stamp benefit issuance or EBT systems, which may or may not operate on the same system as the certification data.

A1. Does the central client database for the FSP reside on a mainframe, UNIX minicomputer, PC server, or some other computer hardware?

|__| 1. Mainframe
|__| 2. Unix minicomputer
|__| 3. PC server
|__| 4. Other, specify below:

_____

_____

_____

A2. What type of software is used to maintain the client database?

(CHECK ALL THAT APPLY)

|__| 1. DB2
|__| 2. LEGACY SYSTEM
|__| 3. ORACLE
|__| 4. SAS
|__| 5. SYBASE
|__| 6. IMS DB/DC
|__| 7. Other, specify below:

_____

_____

_____

A3. Is the file structure for the client database best described as a relational database, a flat file, a hierarchical file, or something else?

|__| 1. Relational database
|__| 2. Flat file
|__| 3. Hierarchical file
|__| 4. Other, specify below:

_____

_____

A4. Is your client database maintained by the state or by an outside contractor?

|__| 1. State
|__| 2. Contractor
|__| 3. Both
|__| 4. Other, specify: _____

_____

A5. Is the state planning any significant **hardware** upgrades or replacements to the FSP client certification database or system during the next two years?

|__| 1. Yes
|__| 2. No

A6. Is the state planning any significant **software** upgrades or replacements to the FSP client certification database or system during the next two years?

|__| 1. Yes
|__| 2. No

## B. Record Retention and Archival

B1. With your current computer system, do you ever take client records offline for archival? We are not concerned with regular archiving for backup purposes. We would like to know about archiving that takes data offline to free up online resources.

|__| 1. Yes, archive
|__| 2. No, never archive → **GO TO PAGE 3**

B2. What triggers the archival of client records? For example, is archival triggered by the number of months a client has been out of active status, the date that their participation started or ended, or something else?

|__| 1. Number of months inactive
|__| 2. Start date of participation
|__| 3. End date of participation
|__| 4. Other, specify below:

_____

_____

_____

_____

**ANSWER FOLLOW-UP QUESTION INDICATED BY ARROW, THEN GO TO PAGE 3**

B2a. How many months of inactive status triggers archival?

|__|__|__| MONTHS

**GO TO PAGE 3**

B2b. How is the participation start date used as a trigger for archiving records?

_____

_____

_____

**GO TO PAGE 3**

B2c. How is the participation end date used as a trigger for archiving records?

_____

_____

_____

_____

_____

**GO TO PAGE 3**

## C. Enrollment History

C1. The FSP usually reports caseload in terms of monthly enrollment or participation. If you had to recalculate past monthly caseload totals from individual case records, could you do this with online data?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION C3**

C2. How far back in time could you recalculate monthly caseload using **online data**? What would be the first month and year?

MONTHS:          |__|__|__|     OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C3. How far back in time have you retained records of program participants **for active cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records?

MONTHS:          |__|__|__|     OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C4. How far back in time have you retained records of program participants **for inactive cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records?

MONTHS:          |__|__|__|     OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C5. In terms of the file structure for certification records, if you wanted to determine the participation of clients prior to their current certification period, is this information found on their current record, in a separate history file, or only available through special programming to link records from different time periods?

(CHECK ONE)

|__| 1. On current record
|__| 2. In history file
|__| 3. Need special programming

## D. Integration with Other Programs

D1. Is the food stamp client database integrated with any other public assistance client database, such as Medicaid, TANF,[1] Child Support Enforcement, Foster Care, or others? Integration with a program means that the program shares the same computer system with the FSP or that FSP has real-time access to the records of the other program.

|__| 1. Yes
|__| 2. No → **GO TO PAGE 4**

D2. What other public assistance client databases is the FSP integrated with?

(CHECK ALL THAT APPLY)

|__|  1. Child Abuse System
|__|  2. Child Support Enforcement
|__|  3. Child Protective Services
|__|  4. Child Welfare
|__|  5. Children's Health Insurance (CHIP)
|__|  6. Commodity Supplemental Food Program (CSFP)
|__|  7. Employment Security Commission wage records
|__|  8. Foster Care
|__|  9. Head Start
|__| 10. JOBS
|__| 11. Low Income Home Energy Assistance (LIHEAP)
|__| 12. Medicaid eligibility
|__| 13. Medicare
|__| 14. Refugee assistance program
|__| 15. TANF[1]
|__| 16. WIC
|__| 17. Other, specify below

_____

_____

_____

**[1] TANF may be known by another name in your state. Please see the cover letter.**

## E. State Master Index of Public Assistance Recipients

E1. To your knowledge, does any agency in your state maintain a master file or index of clients from multiple public assistance programs?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

E2. What is the name of the master file or index?

_____

_____

_____

E3. What agency maintains the master file or client index?

_____

_____

_____

E4. What programs are represented in this master file or client index?

(CHECK ALL THAT APPLY)

|__| 1. Child Abuse System
|__| 2. Child Support Enforcement
|__| 3. Child Protective Services
|__| 4. Child Welfare
|__| 5. Children's Health Insurance (CHIP)
|__| 6. Commodity Supplemental Food Program (CSFP)
|__| 7. Employment Security Commission wage records
|__| 8. Food Distribution Program on Indian Reservations (FDPIR)
|__| 9. Foster Care
|__| 10. Head Start
|__| 11. JOBS
|__| 12. Low Income Home Energy Assistance
|__| 13. Medicaid eligibility
|__| 14. Medicare
|__| 15. Refugee assistance program
|__| 16. TANF
|__| 17. WIC
|__| 18. Food stamps
|__| 19. Other, specify: _____

E5. Is the FSP represented in this client index?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

E6. When the FSP transfers data to this index database, what method of transfer is used?

(CHECK ALL THAT APPLY)

|__| 1. Electronic transfer over internet
|__| 2. Electronic transfer over dedicated network
|__| 3. Send tapes
|__| 4. Send CD-ROM
|__| 5. Other, specify below:

_____

_____

_____

E7. How often are data transferred?

(CHECK ONE)

|__| 1. Daily
|__| 2. Weekly
|__| 3. Every two weeks
|__| 4. Monthly
|__| 5. Quarterly
|__| 6. Other, specify: _____

_____

_____

## F.   Primary Identifiers

F1.  What is the primary identifier (ID) for households certified for food stamps?

|__|  1. Social Security Number of household head
|__|  2. System-generated ID unique to FSP
|__|  3. System-generated ID shared with other programs
|__|  4. Other, specify: _____

_____

_____

F2.  Does each household member have an individual client ID different fromthe household case number?

|__|  1. Yes
|__|  2. No → **GO TO QUESTION F5**

F3. What is the primary ID for individual household members certified for food stamps?

|__|  1. Social Security Number
|__|  2. System-generated ID unique to FSP
|__|  3. System-generated ID shared with other programs
|__|  4. Other, specify: _____

_____

_____

F4.  Does the participant ID for the head of household follow the participant through multiple spells of participation, even if there is a break in participation?

|__|  1. Yes
|__|  2. No, only if spells are continuous
|__|  3. No, new ID assigned for each certification
|__|  4. Other, specify below:

_____

_____

_____

F5.  When applicants apply to the FSP, is the system searched for a current or past record for that client?

|__|  1. Yes
|__|  2. No → **GO TO PAGE 6**

F6.  What information may be used to search for a current or past record for an applicant?

(CHECK ALL THAT APPLY)

|__|  1. Name
|__|  2. SSN
|__|  3. FSP ID number
|__|  4. Date of birth
|__|  5. Other, specify: _____

_____

_____

F7. How far back in time is the system searched?

|__|  1. All available data
|__|  2. Limited number months  = |__|__|__|
|__|  3. Limited number years    = |__|__|
|__|  4. Other, specify below:

_____

_____

_____

## F. Primary Identifiers (cont.)

Questions 8 and 9 contain a list of data items. For each item in the list, indicate whether your client certification database contains a data field for the item (in question 8) and whether the data item is a required field (question 9).

Separately indicate if the database contains a field for the item for the **head of household** and for **other household members**. Place an "X" in the box if your database contains the field, regardless of whether it is a required field.

F8. Place an X in the column if your database contains a field for the data item, regardless of whether you require that the data field be filled.

F9. For the same data fields, indicate if the information is REQUIRED to be filled for all participants.

| Identifier | Head of household | Other household members | Required Data Field | Head of household | Other household members |
|---|---|---|---|---|---|
| First name | \|__\| | \|__\| | a. First name | \|__\| | \|__\| |
| a. Last name | \|__\| | \|__\| | b. Last name | \|__\| | \|__\| |
| b. Residential address | \|__\| | \|__\| | c. Residential address | \|__\| | \|__\| |
| c. Mailing address | \|__\| | \|__\| | d. Mailing address | \|__\| | \|__\| |
| d. Phone number | \|__\| | \|__\| | e. Phone number | \|__\| | \|__\| |
| e. County | \|__\| | \|__\| | f. County | \|__\| | \|__\| |
| f. Date of birth | \|__\| | \|__\| | g. Date of birth | \|__\| | \|__\| |
| g. Social Security Number | \|__\| | \|__\| | h. Social Security Number | \|__\| | \|__\| |
| h. Gender | \|__\| | \|__\| | i. Gender | \|__\| | \|__\| |
| i. Race/Ethnicity | \|__\| | \|__\| | j. Race/ethnicity | \|__\| | \|__\| |
| j. Primary language | \|__\| | \|__\| | k. Primary language | \|__\| | \|__\| |
| k. First date of participation | \|__\| | \|__\| | l. First date of participation | \|__\| | \|__\| |
| l. Start and end dates of each participation period | \|__\| | \|__\| | m. Start and end dates of each participation period | \|__\| | \|__\| |
| m. Indicators of each month of participation | \|__\| | \|__\| | n. Indicators of each month of participation | \|__\| | \|__\| |

F10. When identifying information changes - for example due to a name change, change in address, or to correct data that was in error - are the old data overwritten or retained in a separate data field? Please indicate for each data field.

| Data Field | Overwrite | Retained |
|---|---|---|
| a. Participant's name? | \|__\| | \|__\| |
| b. Address? | \|__\| | \|__\| |
| c. Phone number? | \|__\| | \|__\| |
| d. Date of birth? | \|__\| | \|__\| |
| e. Social Security Number? | \|__\| | \|__\| |

## G. Data Verification/Standardization

G1. Are Social Security numbers verified by your system for authenticity?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION G3**

G2. What method is used to verify Social Security numbers?

(CHECK ALL THAT APPLY)

|__| 1. Computer look-up
|__| 2. On-line interface through SVES
|__| 3. Batch search of SSN database
|__| 4. Other, specify: _____

_____

_____

_____

G3. Address information is sometimes standardized during data entry with data entry screens that permit entry of only valid or properly spelled information. Please check the types of address data that are standardized by your system during data entry.

(CHECK ALL THAT APPLY)

|__| 1. Street address
|__| 2. City
|__| 3. County
|__| 4. ZIP code
|__| 5. None

G4. Does your system validate phone numbers during data entry to confirm that area codes are valid and/or to confirm the validity of local exchanges within area codes?

|__| 1. Yes, both area code and local exchange are validated
|__| 2. Only area code validated
|__| 3. Only local exchange validated
|__| 4. Neither validated

## H. Participation in Other Programs

H1. Does the food stamp client database contain data fields to indicate whether FSP households participate in each of the following public assistance programs?

| Public Assistance Program | Yes | No |
| --- | --- | --- |
| a. Child and Adult Care Food Program (CACFP) | |__| | |__| |
| b. Commodity Supplemental Food Program (CSFP) | |__| | |__| |
| c. Child Abuse System | |__| | |__| |
| d. Child Support Enforcement | |__| | |__| |
| e. Child Protective Services | |__| | |__| |
| f. Child Welfare | |__| | |__| |
| g. Food Distribution Program on Indian Reservations (FDPIR) | |__| | |__| |
| h. Foster Care | |__| | |__| |
| i. Head Start | |__| | |__| |
| j. JOBS | |__| | |__| |
| l. Low Income Energy Assistance (LIHEAP) | |__| | |__| |
| m. Medicaid | |__| | |__| |
| n. Medicare | |__| | |__| |
| o. National School Lunch Program (NSLP) | |__| | |__| |
| p. Refugee Assistance Program | |__| | |__| |
| q. State Children's Health Insurance (SCHIP) | |__| | |__| |
| r. TANF[1] | |__| | |__| |
| s. WIC | |__| | |__| |
| t. Other, specify below: | |__| | |__| |

_____

_____

_____

**[1] TANF may be known by another name in your state. Please see the cover letter.**

## I. Local Office Connections

I1. Do local offices send certification information to the central facility via a wide-area network, internet connection, periodic file submission, or some other method?

(CHECK ALL THAT APPLY)

|__| 1. Wide-area network → **GO TO PAGE 9**
|__| 2. Internet connection
|__| 3. File submissions
|__| 4. Other, specify: _____

_____

_____

_____

**IF WIDE-AREA NETWORK IS THE ONLY RESPONSE, THEN GO TO PAGE 9**

I2. What percent of offices send records to the state via file submission?

|__|__|__|%

I3. For local offices sending records to the state via file submission, **approximately** what percent of offices upload data nightly, what percent upload less frequently than nightly, but at least once per week, and what percent upload data less often than once per week?

Nightly:   |__|__|__|%

Weekly:   |__|__|__|%

Less than weekly:  |__|__|__|%

## J. Direct Certification for the National School Lunch Program (NSLP)

The next questions are about data sharing arrangements between the state food stamp agency and school districts for purposes of direct certification for the National School Lunch Program.

J1. To establish direct certification for NSLP, different school districts may ask for different types of assistance from the FSP. Indicate all methods of assistance provided by FSP to school districts for purposes of direct certification.

| Method | Yes | No |
|---|---|---|
| a. FSP sends letters to food stamp participants | \|__\| | \|__\| |
| b. FSP sends data files to school districts for computer matching | \|__\| | \|__\| |
| c. FSP sends data files to State Dept. of Ed. for computer matching | \|__\| | \|__\| |
| d. FSP receives data files from school districts and matches student records to FSP records | \|__\| | \|__\| |
| e. FSP receives data files from State Dept. of Ed. and matches student records to FSP records | \|__\| | \|__\| |

**IF NO TO a, b, c, d, AND e THEN GO TO PAGE 11.**

J2. When FSP data were used for direct certification last year, what calendar month of FSP data was used for each direct certification method?

[If different months of FSP data were sent to different school districts, indicate the month most often used. Enter month as 01-12, or enter NA if not applicable.]

| Method | Month |
|---|---|
| a. FSP sends letters to food stamp participants | \|__\|__\| |
| b. FSP sends data files to school districts for computer matching | \|__\|__\| |
| c. FSP sends data files to State Dept. of Ed. for computer matching | \|__\|__\| |
| d. FSP receives data files from school districts and matches student records to FSP records | \|__\|__\| |
| e. FSP receives data files from State Dept. of Ed. and matches student records to FSP records | \|__\|__\| |

---

**If FSP sends data to school districts or Dept. of Education (question J1b=Yes or J1c=Yes) then answer next questions; otherwise go to page 10.**

---

J3. When sending food stamp data to school districts or the Department of Education for direct certification matching, does the food stamp file contain only currently active food stamp participants or some other universe of food stamp participants?

\|__\| 1. Currently active
\|__\| 2. Other, specify: _____

_____

_____

J4. Indicate all data fields from FSP records included on files sent to school districts or the Department of Education for direct certification matching.

(CHECK ALL THAT APPLY)

\|__\| 1. Student first name
\|__\| 2. Student last name
\|__\| 3. Student date of birth
\|__\| 4. Student SSN
\|__\| 5. Student gender
\|__\| 6. Student race/ethnicity
\|__\| 7. County of residence
\|__\| 8. Street address
\|__\| 9. City
\|__\| 10. Zip
\|__\| 11. Phone number
\|__\| 12. Parent/guardian name
\|__\| 13. Parent/guardian SSN
\|__\| 14. Case number
\|__\| 15. Other, specify: _____

_____

_____

> **If FSP receives data from school districts or Dept. of Education (question J1d=Yes or J1e=Yes) then answer next questions; otherwise go to page 11.**

J5. When the food stamp agency receives data from school districts or the Dept. of Education, and matches student records to FSP records, are student records matched to currently active food stamp participants or some other universe of food stamp participants?

|__| 1. Currently active
|__| 2. Other, specify: _____

_____

_____

J6. In performing the match, does your agency use probabilistic matching techniques?

|__| 1. Yes
|__| 2. No

J7. Indicate all identifiers used to establish a match between student records and food stamp records.

(CHECK ALL THAT APPLY)

|__| 1. Student first name
|__| 2. Student last name
|__| 3. Student date of birth
|__| 4. Student SSN
|__| 5. Student gender
|__| 6. Student race/ethnicity
|__| 7. County of residence
|__| 8. Street address
|__| 9. City
|__| 10. Zip
|__| 11. Phone number
|__| 12. Parent/guardian name
|__| 13. Parent/guardian SSN
|__| 14. Other, specify: _____

_____

_____

J8. Does the matching criteria require that certain identifiers match exactly in order to establish a match?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 11**

J9. Which identifiers are required to match exactly?

(CHECK ALL THAT APPLY)

|__| 1. Student first name
|__| 2. Student last name
|__| 3. Student date of birth
|__| 4. Student SSN
|__| 5. Student gender
|__| 6. Student race/ethnicity
|__| 7. County of residence
|__| 8. Street address
|__| 9. City
|__| 10. Zip
|__| 11. Phone number
|__| 12. Parent/guardian name
|__| 13. Parent/guardian SSN
|__| 14. Other, specify: _____

_____

_____

## K.  Research Uses of Administrative Data

K1. Are you aware of whether the state, or any other public or private agencies, have used FSP administrative data from your state for the following research purposes?

| Research Purpose | Yes | No |
|---|---|---|
| a. To examine the duration of participation. | |__| | |__| |
| b. To examine rates of re-certification or re-enrollment. | |__| | |__| |
| c. To examine rates of enrollment by FSP participants in other public assistance programs using linked administrative data? | |__| | |__| |
| d. To examine employment patterns of FSP clients after they leave the food stamp program? | |__| | |__| |

**IF NO TO a, b, c, AND d IN K1, THEN GO TO K3.**

K2. What types of organizations have used FSP adminis-trative data your state for the research purposes indicated above?

(CHECK ALL THAT APPLY)

|__| 1. Responding agency
|__| 2. Other state agency
|__| 3. University
|__| 4. Research organization
|__| 5. Other, specify below:

_____

_____

_____

K3. Does your agency maintain relationships, such as research partnerships, with universities or other organizations who conduct research using the FSP program's administrative data?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 12**

K4. What type of organization is that?

(CHECK ALL THAT APPLY)

|__| 1. Other state agency
|__| 2. University
|__| 3. Research organization
|__| 4. Other

K5. What are the names of those organizations?

_____

_____

_____

**L. Confidentiality and Release of Records**

L1. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of client participation. Are there any special procedural requirements that must be met when government agencies request copies of administrative data from your department?

|__| 1. Yes, specify below
|__| 2. No → **GO TO QUESTION L2**

Specification of requirements:

_____

_____

_____

_____

_____

_____

_____

_____

_____

L2. Did the State Food Stamp Director answer these questions or designate someone else to answer?

|__| 1.  Answering himself/herself → Please provide email address for follow-up purposes:

  Email: _____

|__| 2.  Someone else → Please provide respondent's name and contact information for follow-up purposes.

  Respondent: _____

  Phone number: _____

  Email address: _____

**This completes our survey.  Thank you very much for your cooperation!**

# Survey of Food Assistance Information Systems
# State WIC Directors

## Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

## Introduction

This is a survey of state WIC directors. The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain client certification data for the WIC Program. The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Child Nutrition Programs (school meals) and the Food Stamp Program (FSP).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

Jesse Valente
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

617-520-3061 (*voice*)
617-520-2954 (*fax*)
jesse_valente@abtassoc.com (*email*)

Please return the completed survey in the envelope provided by the date indicated in the cover letter. If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address. You may also fax the completed survey.

## Instructions

All of the questions on this survey are about the client certification database for the WIC Program, maintained by the state WIC agency.  These questions refer only to the WIC client certification database, and do not pertain to the WIC voucher issuance and redemption system, which may or may not operate on the same system as the certification data.

We understand that data systems may be in a period of development.  For all questions, you should report the current status of your system.

Please respond to all questions.  The responses do not need to be typed.  Please feel free to add explanatory notes in the margins, if needed.  If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page.  Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank.

## Office of Management and Budget (OMB)

The Paperwork Reduction Act of 1995 requires that all persons who respond to this collection  of information be informed that they are not required to respond unless it displays a currently valid OMB control number.  (See 5 CFR 1320.5(b)(i)).  The time required to complete this collection of information is estimated to average 67 minutes per response, including the time to review instructions and complete the information collection.  Comments on the burden or content of this collection of information may be sent to the U.S. Department of Agriculture, Economic Research Service, Food Assistance and Nutrition Research Program, Attn: Parke Wilde, 1800 M Street, Room S2092, N.W. Washington, DC  20036.

## Question Format

All questions require a single-response, unless **(CHECK ALL THAT APPLY)** appears above response categories.  The survey contains three types of questions:

| Type of Question | Sample Question |
|---|---|
| ▪ Questions with pre-specified response categories.<br>→ Answer question by placing an X in the box next to the correct response. | 1. During what year did you receive this survey?<br>\|___\|  1.  2000<br>\|_X_\|  2.  2001<br>\|___\|  3.  2002 |
| ▪ Questions requiring numeric open-end response.<br>→ Answer question by providing response in specified format. | 2. During what calendar month did you receive this survey?<br>MONTH (ENTER 1-12):      \| 0 \| 9 \| |
| ▪ Questions requiring open-end response.<br>→ Answer question by writing response in space provided. | 4. Provide respondent name.<br><br>Jane Doe |

## A. Information System Architecture

These questions are about the hardware and software used by the state WIC agency to maintain the central client database for the WIC program.

A1. Does the client certification database for the WIC program reside on a mainframe, UNIX minicomputer, PC server, or some other computer hardware?

(CHECK ONE)

|__|  1. Mainframe
|__|  2. Unix minicomputer
|__|  3. PC server
|__|  4. Other, specify below:

_____

_____

_____

A2. What type of software is used to maintain the client database?

(CHECK ALL THAT APPLY)

|__|  1. DB2
|__|  2. Legacy System
|__|  3. ORACLE
|__|  4. SAS
|__|  5. SYBASE
|__|  6. Other, specify below:

_____

_____

_____

A3. Is the file structure for the client database best described as a relational database, a flat file, a hierarchical file, or something else?

(CHECK ONE)

|__|  1. Relational database
|__|  2. Flat file
|__|  3. Hierarchical file
|__|  4. Other, specify below:

_____

_____

A4. Is your client database maintained by the state or by an outside contractor?

|__|  1. State
|__|  2. Contractor
|__|  3. Both
|__|  4. Other, specify: _____

_____

_____

A5. Is the state planning any significant **hardware** upgrades or replacements to the WIC client database or system during the next two years?

|__|  1. Yes
|__|  2. No

A6. Is the state planning any significant **software** upgrades or replacements to the WIC client database or system during the next two years?

|__|  1. Yes
|__|  2. No

## B.  Record Retention and Archival

B1. With your current computer system, do you ever take client records offline for archival?  We are not concerned with regular archiving for backup purposes. We'd like to know about archiving that moves data offline to free up online resources.

|__|  1. Yes, archive
|__|  2. No, never archive  → **GO TO PAGE 3**

B2. What triggers the archival of client records?  For example, is archival triggered by the number of months a client has been out of active status, the date that their participation started or ended, or something else?

|__|  1. Number of months inactive
|__|  2. Start date of participation
|__|  3. End date of participation
|__|  4. Other, specify below:

_____

_____

_____

_____

_____

_____

**ANSWER FOLLOW-UP QUESTION INDICATED BY ARROW, THEN GO TO PAGE 3**

B2a. How many months of inactive status triggers archival?        |__|__|__|  MONTHS

**GO TO PAGE 3**

B2b. How is the participation start date used as a trigger for archiving records?

_____

_____

_____

**GO TO PAGE 3**

B2c. How is the participation end date used as a trigger for archiving records?

_____

_____

_____

_____

_____

**GO TO PAGE 3**

## C. Enrollment History

C1. The WIC program usually reports caseload in terms of monthly enrollment or participation. If you had to recalculate past monthly caseload totals from individual case records, could you do this with online data?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION C3**

C2. How far back in time could you recalculate monthly caseload using **online data**? What would be the first month and year?

MONTHS:         |__|__|__|   OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C3. How far back in time have you retained records of program participants **for active cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records.

MONTHS:         |__|__|__|   OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C4. How far back in time have you retained records of program participants **for inactive cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records.

MONTHS:         |__|__|__|   OR
DATE (MM/YYYY): |__|__| / |__|__|__|__|

C5. In terms of the file structure for certification records, if you want to determine the participation of clients prior to their current certification period, is this information found on their current record, in a separate history file, or only available through special programming to link records from different time periods?

(CHECK ONE)

|__| 1. On current record
|__| 2. In history file
|__| 3. Need special programming

## D. Integration with Other Programs

D1. Is the WIC client database integrated with any other public assistance client database such as Medicaid, TANF,[1] Child Support Enforcement, Foster Care, or others? Integration with a program means that either the program shares the same computer system with WIC, or that WIC has real-time access to the records of the other program.

|__| 1. Yes
|__| 2. No → **GO TO PAGE 4**

D2. With what other public assistance client databases is WIC integrated?

(CHECK ALL THAT APPLY)

|__| 1. Child Abuse System
|__| 2. Child Support Enforcement
|__| 3. Child Protective Services
|__| 4. Child Welfare
|__| 5. Children's Health Insurance (CHIP or SCHIP)
|__| 6. Commodity Supplemental Food Program (CSFP)
|__| 7. Employment Security Commission wage records
|__| 8. Food Distribution Program on Indian Reservations (FDPIR)
|__| 9. Food Stamp Program
|__| 10. Foster Care
|__| 11. Head Start
|__| 12. JOBS
|__| 13. Low Income Home Energy Assistance (LIHEAP)
|__| 14. Medicaid eligibility
|__| 15. Medicare
|__| 16. Refugee assistance program
|__| 17. TANF[1]
|__| 18. Other, specify below:

_____

_____

_____

[1] **TANF may be known by another name in your state. Please see the cover letter.**

**E. State Master Index of Public Assistance Recipients**

E1. To your knowledge, does any agency in your state maintain a master file or index of clients from multiple public assistance programs?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

E2. What is the name of the master file or index?

_____

_____

_____

E3. What agency maintains the master file or client index?

_____

_____

_____

E4. What programs are represented in this master file or client index?

(CHECK ALL THAT APPLY)

|__| 1. Child Abuse System
|__| 2. Child Support Enforcement
|__| 3. Child Protective Services
|__| 4. Child Welfare
|__| 5. Children's Health Insurance (CHIP)
|__| 6. Commodity Supplemental Food Program (CSFP)
|__| 7. Employment Security Commission wage records
|__| 8. Food Distribution Program on Indian Reservations (FDPIR)
|__| 9. Foster Care
|__| 10. Head Start
|__| 11. JOBS
|__| 12. Low Income Home Energy Assistance
|__| 13. Medicaid eligibility
|__| 14. Medicare
|__| 15. Refugee assistance program
|__| 16. TANF
|__| 17. WIC
|__| 18. Food stamps
|__| 19. Other, specify: _____

E5. Is the WIC program represented in this client index?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

E6. When the WIC program transfers data to this index database, what method of transfer is used?

(CHECK ALL THAT APPLY)

|__| 1. Electronic transfer over internet (email or web-based file upload)
|__| 2. Electronic transfer over dedicated network (email or other file transfer)
|__| 3. Mail data on tapes
|__| 4. Mail data on CD-ROM or diskettes
|__| 5. Other, specify below:

_____

_____

_____

E7. How often are data transferred?

(CHECK ONE)

|__| 1. Daily
|__| 2. Weekly
|__| 3. Every two weeks
|__| 4. Monthly
|__| 5. Quarterly
|__| 6. Other, specify: _____

_____

_____

## F.  Primary Identifiers

F1.  What is the primary identifier (ID) for individuals in the WIC certification database?

|__|  1. Social Security Nu mber
|__|  2. System-generated ID unique to WIC
|__|  3. System-generated ID shared with other programs
|__|  4. Other, specify: _____

_____

_____

F2.  Does this ID follow the participant through multiple spells of participation, even if there is a break in participation?

|__|  1. Yes, same ID used
|__|  2. Same ID is used only if client re-enrolls through same local agency
|__|  3. No, same ID is used only if spells are continuous
|__|  4. No, new ID assigned at each certification
|__|  5. Other, specify below:

_____

_____

F3.  When applicants apply to the WIC program, is the system searched for a current or past record for that client?

|__|  1. Yes
|__|  2. No → **GO TO QUESTION 6**

F4.  What information may be used to search for a current or past record for an applicant?

(CHECK ALL THAT APPLY)

|__|  1. Name
|__|  2. SSN
|__|  3. WIC ID number
|__|  4. Date of birth
|__|  5. Other, specify: _____

_____

_____

F5.  How far back in time is the system searched?

|__|  1. All available data
|__|  2. Limited number months  = |__|__|
|__|  3. Limited number years    = |__|__|
|__|  4. Other, specify below:

_____

_____

F6.  For the following list of data items, indicate whether your client certification database contains a data field for the item.

Indicate separately if the database contains the field for certified women (pregnant, breastfeeding, post-partum) and for certified infants and children.  Place an "X" in the box if your database contains the field, regardless of whether you require the field be filled.

| Identifier | Women | Infant/Child |
|---|---|---|
| a.  First name | |__| | |__| |
| b.  Last name | |__| | |__| |
| c.  Residence address | |__| | |__| |
| d.  Mailing address | |__| | |__| |
| e.  Phone number | |__| | |__| |
| f.  County | |__| | |__| |
| g.  Date of birth | |__| | |__| |
| h.  Social Security Number | |__| | |__| |
| i.  Gender | |__| | |__| |
| j.  Race/ethnicity | |__| | |__| |
| k.  Primary language | |__| | |__| |
| l.  First date of certification | |__| | |__| |
| m.  Start and end dates of each certification period | |__| | |__| |
| n.  Indicators of each month of participation | |__| | |__| |
| o.  Food Stamp case number | |__| | |__| |
| p.  Medicaid case number | |__| | |__| |
| q.  TANF[1] case number | |__| | |__| |

**[1] TANF may be known by another name in your state. Please see the cover letter.**

## F. Primary Identifiers (cont.)

F7. For the same data fields, indicate if the information is REQUIRED.

| Required Data Field | | Women | Infant/ Child |
|---|---|---|---|
| a. | First name | \|__\| | \|__\| |
| b. | Last name | \|__\| | \|__\| |
| c. | Residence address | \|__\| | \|__\| |
| d. | Mailing address | \|__\| | \|__\| |
| e. | Phone number | \|__\| | \|__\| |
| f. | County | \|__\| | \|__\| |
| g. | Date of birth | \|__\| | \|__\| |
| h. | Social Security Number | \|__\| | \|__\| |
| i. | Gender | \|__\| | \|__\| |
| j. | Race/ethnicity | \|__\| | \|__\| |
| k. | Primary language | \|__\| | \|__\| |
| l. | First date of certification | \|__\| | \|__\| |
| m. | Start and end dates of each certification period | \|__\| | \|__\| |
| n. | Indicators of each month of participation | \|__\| | \|__\| |
| o. | Food Stamp case number | \|__\| | \|__\| |
| p. | Medicaid case number | \|__\| | \|__\| |
| q. | TANF[1] case number | \|__\| | \|__\| |

**[1] TANF may be known by another name in your state. Please see the cover letter.**

F8. When identifying information changes — for example due to a name change or change in address — are the old data overwritten or retained in a separate data field? Please indicate for each of the following data fields.

| Data Field | | Overwrite | Retained |
|---|---|---|---|
| a. | Participant's name? | \|__\| | \|__\| |
| b. | Address? | \|__\| | \|__\| |
| c. | Phone number? | \|__\| | \|__\| |
| d. | Date of birth? | \|__\| | \|__\| |
| e. | Social Security Number? | \|__\| | \|__\| |

F9. Does your system assign a family ID to individual WIC participants?

\|__\|  1. Yes
\|__\|  2. No → **GO TO PAGE 7**

F10. Indicate, yes or no, if the family ID is used for each of the following functions.

| Function | | Yes | No |
|---|---|---|---|
| a. | Coordinate appointment scheduling for multiple family members | \|__\| | \|__\| |
| b. | Coordinate voucher issuance for multiple family members | \|__\| | \|__\| |
| c. | Coordinate certification for multiple family members | \|__\| | \|__\| |
| d. | Report the number families participating in the program? | \|__\| | \|__\| |
| e. | Any other functions? If YES, specify below: | \|__\| | \|__\| |

_____

_____

_____

F11. For most families, would the family ID provide a reliable link between all currently participating family members, some currently participating family members, or all family members who ever partici-pated in the program?

(CHECK ONE)

\|__\|  1. All currently participating family members
\|__\|  2. Some currently participating family members
\|__\|  3. All family members who ever participated
\|__\|  4. Family ID is not a reliable link between family members

## G. Data Verification/ Standardization

G1. Are Social Security numbers verified by your system for authenticity?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION G3**

G2. What method is used to verify Social Security numbers?

(CHECK ALL THAT APPLY)

|__| 1. Computer look-up
|__| 2. Batch search of SSN database
|__| 3. Other, specify: _____

_____

_____

G3. Address information is sometimes standardized during data entry with data entry screens that permit entry of only valid or properly spelled information. Please indicate the types of address data that are standardized by your system during data entry.

(CHECK ALL THAT APPLY)

|__| 1. Street address
|__| 2. City
|__| 3. County
|__| 4. ZIP code
|__| 5. None

G4. Does your system validate phone numbers during data entry to confirm that area codes are valid and/or to confirm the validity of local exchanges within area codes?

|__| 1. Yes, both area code and local exchange are validated
|__| 2. Only area code validated
|__| 3. Only local exchange validated
|__| 4. Neither validated

## H. Local Office Connections

H1. Do local offices send certification information to the central facility via a wide-area network, internet connection, periodic file submission, or some other method?

(CHECK ALL THAT APPLY)

|__| 1. Wide-area network
|__| 2. Internet connection
|__| 2. File submissions
|__| 3. Other, specify: _____

_____

_____

**IF WIDE-AREA NETWORK IS THE ONLY RESPONSE, GO TO PAGE 8**

H2. What percent of offices send records to the state via file submission?

|__|__|__| %

H3. For local offices sending records to the state via file submission, approximately what percent of offices upload data nightly, what percent upload less frequently than nightly but at least once per week, and what percent upload data less often than once per week?

Nightly: |__|__|__| %

Weekly: |__|__|__| %

Less than weekly: |__|__|__| %

## I.  Adjunct Eligibility

I1. Does the WIC information system contain fields for entering an applicant's case number for TANF, food stamps, and Medicaid?

WIC data contains
| Case Number for: | Yes | No |
|---|---|---|
| a. TANF[1] | \|__\| | \|__\| |
| b. Food Distribution Program on Indian Reservations (FDPIR) | \|__\| | \|__\| |
| c. Food Stamp Program (FSP) | \|__\| | \|__\| |
| d. Medicaid | \|__\| | \|__\| |

**[1] TANF may be known by another name in your state. Please see the cover letter.**

I2. For the following methods of verifying adjunct program participation, please indicate with a checkmark whether your program uses that method to verify TANF, food stamp, or Medicaid participation.

| Verification Method | TANF | FSP | Medicaid |
|---|---|---|---|
| a. Require documentation from applicants | \|__\| | \|__\| | \|__\| |
| b. Phone link to adjunct program | \|__\| | \|__\| | \|__\| |
| c. Real-time computer link with adjunct program | \|__\| | \|__\| | \|__\| |
| d. Batch computer matching with adjunct program | \|__\| | \|__\| | \|__\| |
| e. Other, specify below: | \|__\| | \|__\| | \|__\| |

_____

_____

_____

_____

## J.  Record Linkage Activities

J1.  Does your state WIC agency match WIC certification records with other state agencies to detect dual participation?

|__|  1. Yes
|__|  2. No → **GO TO QUESTION J4**

J2.  How many other state WIC agencies do you collaborate with to match records to detect dual participation?

Number states:    |__|__|

J3.  When matching WIC records to detect dual WIC participation across states, which data fields are used to determine a match?

Data Field

a.  First name           |__|
b.  Last name            |__|
c.  Residence address       |__|
d.  Mailing address        |__|
e.  Phone number         |__|
f.  County             |__|
g.  Date of birth          |__|
h.  Social Security Number     |__|
i.  Gender              |__|
j.  Race/ethnicity         |__|
k.  Primary language        |__|
l.  Food Stamp case number   |__|
m.  Medicaid case number     |__|
n.  TANF[1] case number     |__|

**[1] TANF may be known by another name in your state.  Please see the cover letter.**

J4.  Does your state WIC agency match WIC certification records with the Commodity Supplemental Food Program (CSFP) to detect dual participation?

|__|  1. Yes
|__|  2. No → **GO TO PAGE 10**

J5.  When matching WIC records to CSFP records to detect dual participation, which data fields are used to determine a match?

Data Field

a.  First name           |__|
b.  Last name            |__|
c.  Residence address       |__|
d.  Mailing address        |__|
e.  Phone number         |__|
f.  County             |__|
g.  Date of birth          |__|
h.  Social Security Number     |__|
i.  Gender              |__|
j.  Race/ethnicity         |__|
k.  Primary language        |__|
l.  Food Stamp case number   |__|
m.  Medicaid case number     |__|
n.  TANF[1] case number     |__|

## K. Research Uses of Administrative Data

K1. Are you aware of whether the state, or any other public or private agencies, have used WIC administrative data from your state for the following research purposes?

| Research Purpose | Yes | No |
|---|---|---|
| a. To examine the duration of participation. | \|__\| | \|__\| |
| b. To examine rates of re-certification or re-enrollment. | \|__\| | \|__\| |
| c. To examine rates of enrollment by WIC participants in other public assistance programs using linked administrative data? | \|__\| | \|__\| |
| d. To examine rates of enrollment by multiple members of the same family? | \|__\| | \|__\| |

**IF NO TO a, b, AND c THEN SKIP TO K3**

K2. What types of organizations have used WIC administrative data from your state for the research purposes indicated above?

(CHECK ALL THAT APPLY)

|__| 1. State WIC agency
|__| 2. Other state agency
|__| 3. University
|__| 4. Research organization
|__| 5. Other, specify below:

_____

_____

_____

K3. Does your agency maintain relationships, such as research partnerships, with universities or other organizations who conduct research using the WIC program's administrative data?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 11**

K4. What type of organization is that?

(CHECK ALL THAT APPLY)

|__| 1. Other state agency
|__| 2. University
|__| 3. Research organization
|__| 4. Other, specify: _____

_____

_____

K5. What are the names of those organizations?

_____

_____

_____

_____

**L. Confidentiality and Release of Records**

L1. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of client participation. Are there any special procedural requirements that must be met when government agencies request copies of administrative data from your department?

|__| 1. Yes, specify below
|__| 2. No → **GO TO QUESTION L2**

Specification of requirements:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

L2. Did the state WIC director answer these questions or designate someone else to answer?

|__| 1. Answering himself/herself → Please provide email address for follow-up purposes:

Email: _____

|__| 2. Someone else → Please provide respondent's name and contact information for follow-up purposes.

Respondent: _____

Phone number: _____

Email address: _____

**This completes our survey. Thank you very much for your cooperation!**

# Survey of Food Assistance Information Systems Child Nutrition Program Directors

## Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

## Introduction

This is a survey of child nutrition program directors in 26 states.  The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain data **at the state level** for the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP).  The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Food Stamp Program (FSP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

Jesse Valente
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

617-520-3061 (*voice*)
617-520-2954 (*fax*)
jesse_valente@abtassoc.com (*email)*

Please return the completed survey in the envelope provided by the date indicated in the cover letter.  If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address.  You may also fax the completed survey.

## Instructions

Most questions on this survey are about the information systems maintained by the offices of State Child Nutrition Directors. The survey contains four main sections corresponding to CN programs: NSLP for public schools, NSLP for private schools, CACFP, and SFSP. In some states, different directors oversee different programs. Please complete the sections of the questionnaire that are within your administration.

In addition to questions about the child nutrition programs, some questions broadly relate to student information maintained by the state Department of Education. Please complete these questions if you are a CN administrator of NSLP for public schools.

We understand that data systems may be in a period of rapid development. For example, some states are in the process of implementing web-based technology. For all questions, you should report the current status of your system.

Please respond to all questions. The responses do not need to be typed. Please feel free to add explanatory notes in the margins, if needed. If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page. Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank.

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| Type of Question | Sample Question |
| --- | --- |
| ▪ Questions with pre-specified response categories.<br>→ Answer question by placing an X in the box next to the correct response. | 1. During what year did you receive this survey?<br>\|___\| 1. 2000<br>\|_X_\| 2. 2001<br>\|___\| 3. 2002 |
| ▪ Questions requiring numeric open-end response.<br>→ Answer question by providing response in specified format. | 2. During what calendar month did you receive this survey?<br>MONTH (ENTER 1-12): \| 0 \| 9 \| |
| ▪ Questions requiring open-end response.<br>→ Answer question by writing response in space provided. | 5. Provide respondent name.<br>Jane Doe |

# Part I - To Be Completed by CN Directors of NSLP for Public Schools

## A. Statewide Student Information System

A1. Does the state Department of Education maintain a statewide student information system (SIS) containing student records?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 3**

A2. Which of the following types of student records are maintained in the statewide student information system?

(CHECK ALL THAT APPLY)

|__| 1. Student demographics
|__| 2. Student transcripts
|__| 3. Student transfer records
|__| 4. Student immunization records

A3. What type of software runs the student information system?

(CHECK ALL THAT APPLY)

|__| 1. DB2
|__| 2. Legacy system
|__| 3. ORACLE
|__| 4. SAS
|__| 5. SYBASE
|__| 6. Other, specify below:

_____

_____

A4. Is the file structure for the student information system best described as a relational database, a flat file, a hierarchical file, or something else?

(CHECK ONE)

|__| 1. Relational database
|__| 2. Flat file
|__| 3. Hierarchical file
|__| 4. Other, specify below:

_____

_____

A5. Which of the following data items are maintained in the state's information system for individual students?

(CHECK ALL THAT APPLY)

|__| 1. Name
|__| 2. Grade level
|__| 3. Address
|__| 4. Phone number
|__| 5. Gender
|__| 6. Date of birth
|__| 7. Social Security number
|__| 8. Race or ethnicity
|__| 9. Primary language
|__| 10. NSLP certification date
|__| 11. NSLP certification type (free versus reduced-price meals)
|__| 12. Parent or guardian name

A6. Is the state student information system maintained through computer networking of school districts or through periodic file submissions by districts to the state?

|__| 1. Computer network → **GO TO PAGE 2**
|__| 2. File submission
|__| 3. Combination of both
|__| 4. Other, specify below:

_____

A7. What methods do districts use to submit files?

(CHECK ALL THAT APPLY)

|__| 1. Web-based file upload
|__| 2. Email file
|__| 3. Mail physical media (Disk/CD-ROM/Tape/)
|__| 4. Other, specify: _____

_____

A8. How often do districts submit files to the state?

|__| 1. Monthly
|__| 2. Each quarter/semester
|__| 3. Twice per year
|__| 4. Once per year → in Fall |__| or Spring |__|
|__| 5. Other, specify:_____

_____

# Part I - To Be Completed by CN Directors of NSLP for Public Schools

**A.   Statewide Student Information System (continued)**

A9.  Is the state Department of Education planning upgrades to the statewide student information system in the next two years?

|__|  1. Yes
|__|  2. No

If Yes, briefly explain planned upgrade or attach a description.

_____

_____

_____


**GO TO PAGE 4**

# Part I - To Be Completed by CN Directors of NSLP for Public Schools

**B. Questions for States with No Statewide Student Information System**

B1.  Is the state Department of Education planning to
implement a statewide student information system in
the next five years?

    |__|  1. Yes
    |__|  2. No → **GO TO QUESTION B3**

B2.  What is the expected year of implementation?

    Year:  |__|__|__|__|

B3.  Does your department currently have access to student
records identifying students certified for free or
reduced-price meals?

    |__|  1. Yes
    |__|  2. No

    If yes, please describe the means of access to student
records?

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

# Part I - To Be Completed by CN Directors of NSLP for Public Schools

## C. National School Lunch Program (NSLP)

C1. Does your department have a system in place to accept electronic submission of meal claims from school food authorities at public schools?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION C4**

C2. What methods of electronic submission are used by public school SFAs in your state?

(CHECK ALL THAT APPLY)

|__| 1. Web-based forms
|__| 2. Email reports
|__| 3. Electronic file transfer that is not email
|__| 4. Other, specify below:

_____

_____

C3. Approximately what percent of public school SFAs submit school meal reports electronically?

|__|__|__| %

C4. Do any public school districts in your state use direct certification to establish eligibility for school meals?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

C5. Indicate the methods of direct certification used by public school districts in your state.

(CHECK ALL THAT APPLY)

|__| 1. Letter from FSP to students
|__| 2. Computer match by the SFA/district or its contractor
|__| 3. Computer match by the state FSP
|__| 4. Computer match by the state Dept. of Education or other state agency administering school meals
|__| 5. Other, specify: _____

_____

C6. How many public school districts use the FSP letter method?

|__|__|__|

C7. How many public school districts do the match themselves or by contractors?

|__|__|__|__|

C8. How many public school districts have their data matched by the state FSP?

|__|__|__|__|

C9. How many public school districts have their data matched by the state Dept of Education or another state agency?

|__|__|__|__| → **IF ZERO, GO TO PAGE 5**

C10. Which of the following data items are used when the Dept. of Education (or other state CN agency) matches public school student records to food stamp records for direct certification?

(CHECK ALL THAT APPLY)

|__| 1. Student first name
|__| 2. Student last name
|__| 3. Student date of birth
|__| 4. Student SSN
|__| 5. Student gender
|__| 6. Student race/ethnicity
|__| 7. Parent/guardian name
|__| 8. Family's food stamp case number
|__| 9. Family's TANF[1] case number
|__| 10. County of residence
|__| 11. Street address
|__| 12. City
|__| 13. Zip
|__| 14. Phone number
|__| 15. Other, specify below:

_____

_____

[1] TANF may be known by another name in your state. Please see the cover letter.

# Part I - To Be Completed by CN Directors of NSLP for Public Schools

## D. Point-of-Sale (POS) Systems For School Meal Programs

D1. Are point-of-sale (POS) systems used by any public school SFAs in your state?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 6**

D2. How many public school districts in your state use POS systems?

NUMBER DISTRICTS: |__|__|__|__|

Check here if number is an estimate |__|

Check here if statistics not available |__|

D3. How many public schools in your state use POS systems?

NUMBER SCHOOLS: |__|__|__|__|

Check here if number is an estimate |__|

Check here if statistics not available |__|

D4. We are interested in interviewing three public school districts in your state that have implemented a district-wide information system that includes student data on NSLP application, certification, and participation. Which public school districts in your state are likely to have an information system that comprehensively tracks NSLP data?

Please indicate the name of the school system; name, title and address of contact person; and phone number. If you do not know of any public school districts that are likely to have an information system that tracks NSLP data, please provide information for the three largest school systems in your state.

1. School system _____

   Contact name _____

   Contact title _____

   Contact address _____

   _____

   Contact phone _____

2. School system _____

   Contact name _____

   Contact title _____

   Contact address _____

   _____

   Contact phone _____

3. School system _____

   Contact name _____

   Contact title _____

   Contact address _____

   _____

   Contact phone _____

D5. Does your department maintain a list of public school SFAs using POS systems? If yes, please include list when returning survey.

|__| 1. Yes, will include list with survey
|__| 2. No, do not have a list

# Part II - To Be Completed by CN Directors of NSLP for Private Schools

## E. National School Lunch Program (NSLP)

E1. Does your department have a system in place to accept electronic submission of meal claims from SFAs at private schools?

|__| 1. Yes
|__| 2. No → **GO TO QUESTION E4**

E2. What methods of electronic submission are used by private school SFAs in your state?

(CHECK ALL THAT APPLY)

|__| 1. Web-based forms
|__| 2. Email reports
|__| 3. Electronic file transfer that is not email
|__| 4. Other, specify below:

_____

_____

_____

E3. Approximately what percent of private school SFAs submit school meal reports electronically?

|__|__|__| %

E4. Do **any** private school districts in your state use direct certification to establish eligibility for school meals?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 7**

E5. Indicate the methods of direct certification used by private school districts in your state.

(CHECK ALL THAT APPLY)

|__| 1. Letter from FSP to students
|__| 2. Computer match by the SFA/district or its contractor
|__| 3. Computer match by the state food stamp agency
|__| 4. Computer match by the state Dept. of Education
|__| 5. Other, specify below:

_____

E6. How many private school districts use the FSP letter method?

|__|__|__|__|

E7. How many private school districts do the match themselves or by contractors?

|__|__|__|__|

E8. How many private school districts have their data matched by the state FSP?

|__|__|__|__|

E9. How many private school districts have their data matched by the state Dept. of Education?

|__|__|__|__| **IF ZERO, GO TO PAGE 7**

E10. Which of the following data items are used when the Dept. of Education matches private school student records to food stamp records for direct certification?

(CHECK ALL THAT APPLY)

|__| 1. Student first name
|__| 2. Student last name
|__| 3. Student date of birth
|__| 4. Student SSN
|__| 5. Student gender
|__| 6. Student race/ethnicity
|__| 7. Parent/guardian name
|__| 8. Family's food stamp case number
|__| 9. Family's TANF[1] case number
|__| 10. County of residence
|__| 11. Street address
|__| 12. City
|__| 13. Zip
|__| 14. Phone number
|__| 15. Other, specify below:

_____

_____

[1] TANF may be known by another name in your state. Please see the cover letter.

# Part II - To Be Completed by CN Directors of NSLP for Private Schools

## F. Point-of-Sale (POS) Systems For School Meal Programs

F1. Are point-of-sale (POS) systems used by any private school SFAs in your state?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 8**
|__| 3. Don't know → **GO TO PAGE 8**

F2. How many private school districts in your state use POS sale systems?

NUMBER DISTRICTS |__|__|__|__|

Check here if number is an estimate |__|

Check here if statistics not available |__|

F3. How many private schools in your state use POS systems?

NUMBER SCHOOLS |__|__|__|__|

Check here if number is an estimate |__|

Check here if statistics not available |__|

F4. INTENTIONALLY LEFT BLANK

F5. Does your department maintain a list of private school SFAs using POS systems? If yes, please include list when returning survey.

|__| 1. Yes, will include list with survey
|__| 2. No, do not have a list

# Part III - To Be Completed by CN Directors of SFSP

## G. Summer Food Service Program (SFSP)

G1. Does your department maintain an electronic database of SFSP sponsors?

|__|  1. Yes
|__|  2. No

G2. Do you maintain SFSP site information in an electronic database?

|__|  1. Yes
|__|  2. No

**IF NO TO BOTH QUESTIO NS G1 AND G2, GO TO QUESTION G5.**

G3. On what type of computer does the SFSP database reside?

(CHECK ALL THAT APPLY)

|__|  1. Single PC
|__|  2. PC network server
|__|  3. Mainframe
|__|  4. UNIX minicomputer
|__|  5. Other, specify below:

_____

_____

G4. What type of software is used to maintain the SFSP database?

(CHECK ALL THAT APPLY)

|__|  1. MS-Word
|__|  2. WordPerfect
|__|  3. Ms Excel
|__|  4. Lotus 123
|__|  5. MS Access
|__|  6. FoxPro
|__|  7. Paradox
|__|  8. Rbase
|__|  9. Oracle
|__| 10. DB2
|__| 11. SAS
|__| 12. Custom mainframe software
|__| 13. Other, specify below:

_____

G5. Does your department have a system allowing SFSP sponsors to electronically submit applications or claims reports?

(CHECK ONE)

|__|  1. Yes, applications only
|__|  2. Yes, claims reports only
|__|  3. Yes, both applications and claims
|__|  4. No, neither

G6. Is your department planning any system changes or implementation of new technology for administering the SFSP in the next two years?

|__|  1. Yes
|__|  2. No

If yes, please describe planned changes:

_____

_____

_____

_____

_____

_____

# Part IV - To Be Completed by CN Directors of CACFP

## H.  Child And Adult Care Food Program (CACFP)

H1. Does your department maintain an electronic database of CACFP sponsors?

|__| 1. Yes
|__| 2. No

H2. Do you maintain CACFP site information in an electronic database?

|__| 1. Yes
|__| 2. No

**IF NO TO BOTH QUESTIO NS H1 AND H2, GO TO QUESTION H5.**

H3. On what type of computer does the CACFP database reside?

(CHECK ALL THAT APPLY)

|__| 1. Single PC
|__| 2. PC network server
|__| 3. Mainframe
|__| 4. UNIX minicomputer
|__| 5. Other, specify below:

_____

_____

H4. What type of software is used to maintain the CACFP database?

(CHECK ALL THAT APPLY)

|__| 1. MS-Word
|__| 2. WordPerfect
|__| 3. Ms Excel
|__| 4. Lotus 123
|__| 5. MS Access
|__| 6. FoxPro
|__| 7. Paradox
|__| 8. Rbase
|__| 9. Oracle
|__| 10. DB2
|__| 11. SAS
|__| 12. Custom mainframe software
|__| 13. Other, specify below:

_____

H5. Does your department have a system allowing CACFP sponsors to electronically submit applications or claims reports?

(CHECK ONE)

|__| 1. Yes, applications only
|__| 2. Yes, claims reports only
|__| 3. Yes, both applications and claims
|__| 4. No, neither

H6. Does your department maintain any information about CACFP participants (individual children or adults) or do you have access to records of CACFP participants?

|__| 1. Maintain participant records
|__| 2. Have access to participant records
|__| 3. Neither

H7. Is your department planning any system changes or implementation of new technology for administering the CACFP in the next two years?

|__| 1. Yes
|__| 2. No

If yes, please describe planned changes:

_____

_____
_____

_____

_____

_____

## Part IV - To Be Completed by CN Directors of CACFP

**I. Confidentiality and Release of Records**

I1. This question is about use of student records for research purposes. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of participation in their programs. Are there any special procedural requirements that must be met when government agencies request student records from your state?

|__| 1. Yes → **SPECIFY BELOW**
|__| 2. No → **GO TO QUESTION I2**

Specification of requirements:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I2. Did the state Child Nutrition Director answer these questions or designate someone else to answer?

|__| 1. Answering himself/herself → Please provide email address for follow-up purposes:

Email: _____

|__| 2. Someone else → Please provide your name and contact information for follow-up purposes.

Respondent: _____

Phone number: _____

Email address: _____

**This completes our survey. Thank you very much for your cooperation!**

# Survey of Food Assistance Information Systems
# School Food Authorities

## Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

## Introduction

This is a survey of school food service directors in 26 states. The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain client data for the National School Lunch program (NSLP) and School Breakfast Program (SBP). The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Food Stamp Program (FSP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

Jesse Valente
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

617-520-3061 (*voice*)
617-520-2954 (*fax*)
jesse_valente@abtassoc.com (*email*)

Please return the completed survey in the envelope provided by the date indicated in the cover letter. If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address. You may also fax the completed survey.

## Instructions

Most survey questions are about the computer system used to manage the school meals programs. In addition, there are a few general questions about the school district's information system. To be clear about the purpose of all questions, we define the following terms:

School food authority (SFA)       Responsible for USDA school meals programs

School district       Responsible for education curriculum

Student information system (SIS)       Computer system maintained by the school district, containing student records, attendance, and transcript information

SFA computer system       Computer system for managing the school meals programs

Please respond to all questions. The responses do not need to be typed. If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page. Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank. Please feel free to add explanatory notes in the margins, if needed.

## Office of Management and Budget (OMB)

The Paperwork Reduction Act of 1995 requires that all persons who respond to this collection of information be informed that they are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(i)). The time required to complete this collection of information is estimated to average 15 minutes per response, including the time to review instructions and complete the information collection. Comments on the burden or content of this collection of information may be sent to the U.S. Department of Agriculture, Economic Research Service, Food Assistance and Nutrition Research Program, Attn: Parke Wilde, 1800 M Street, Room S2092, N.W. Washington, DC 20036.

## Question Format

All questions require a single-response, unless **(CHECK ALL THAT APPLY)** appears above response categories. The survey contains three types of questions:

| Type of Question | Sample Question |
|---|---|
| ▪ Questions with pre-specified response categories. <br> → Answer question by placing an X in the box next to the correct response. | 1. During what year did you receive this survey? <br> \|___\| 1. 2000 <br> \|___\| 2. 2001 <br> \|_X_\| 3. 2002 |
| ▪ Questions requiring numeric open-end response. <br> → Answer question by providing response in specified format. | 2. During what calendar month did you receive this survey? <br> MONTH (ENTER 1-12):    \| 0 \| 1 \| |
| ▪ Questions requiring open-end response. <br> → Answer question by writing response in space provided. | 6. Provide respondent name. <br><br> Jane Doe |

## A. SFA SCHOOL MEALS INFORMATION SYSTEM

A1. What is the name of the computer software package(s) used by your SFA for managing the school meals programs?

(CHECK ALL THAT APPLY)

|__| 1. B.O.S.S. (Back Office Software Solutions)
|__| 2. Bon Appetit Software
|__| 3. CAFS (Computer Assisted Food Service)
|__| 4. CompuHelp
|__| 5. CNP Manager
|__| 6. Kyrus (Formerly Accu Series)
|__| 7. Lunchbox (Kyrus Corp.)
|__| 8. Mealtime (Energetics)
|__| 9. Mealtime (CLM Group, Inc.)
|__| 10. Meal Tracker (Accu-Scan)
|__| 11. Netel
|__| 12. Nutrition Data Systems
|__| 13. PCS Revenue Control Systems
|__| 14. Snap Systems
|__| 15. Other, specify below:

_____

_____

A2. For the following list of student identifying information, indicate whether the item is in your SFA database of students approved for school meals. NOTE: This question is about the SFA's school meals system, not the district's student information system.

(CHECK ALL THAT APPLY)

|__| 1. Student name
|__| 2. Student grade level
|__| 3. Student address
|__| 4. Student phone number
|__| 5. Student date of birth
|__| 6. Student Social Security Number
|__| 7. Student food stamp case number
|__| 8. Student TANF[1] case number
|__| 9. Student gender
|__| 10. Parent or guardian name
|__| 11. Parent or guardian SSN
|__| 12. Certification date
|__| 13. Type of certification: reduced-price vs. free

[1] TANF may be known by another name in your state. Please see the cover letter.

A3. Are all schools in your SFA connected (i.e., networked) to the same computer system for managing school meals, or does each school have a separate system?

(CHECK ONE)

|__| 1. All connected to single system
|__| 2. Some connected to single system
|__| 3. Each school has separate system

## B. DISTRICT STUDENT INFORMATION SYSTEM

B1. What is the name of the computer software package used by your district for the STUDENT INFORMATION SYSTEM (i.e. student attendance and transcript records)?

|__| 1. Mac school (Chancery Software)
|__| 2. Win school (Chancery Software)
|__| 3. SASIXP (National Computer Systems, Inc.)
|__| 4. Other, specify below:

_____

_____

B2. Does the district's STUDENT INFORMATION SYSTEM contain information identifying students who are approved for free and reduced-price meals?

(CHECK ONE)

|__| 1. Yes, identifies free and reduced-price approvals
|__| 2. No, identifies free meals approval only
|__| 3. No, identifies reduced-price approval only
|__| 4. No, does not identify school meals approval

B3. Is the computer system for managing the school meals programs separate from the Student Information System, in the sense that they use different software or reside on different computers?

|__| 1. Yes, separate
|__| 2. No, not separate

## C. POINT-OF-SALE SYSTEMS FOR SCHOOL MEALS PROGRAMS

C1. Do any schools in your district use point-of-sale (POS) systems for the school meals programs?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 3**

C2. How many elementary schools, middle schools, and high schools in your district use POS systems?

ELEM SCHOOLS:   |__|__|__|__|
MIDDLE SCHOOLS:  |__|__|__|__|
HIGH SCHOOLS:    |__|__|__|__|

C3. Is the same POS software used by all schools using POS?

|__| 1. Yes
|__| 2. No

C4. What are the name(s) of the POS software systems used by schools in your district?

(CHECK ALL THAT APPLY)

|__| 1. B.O.S.S. (Back Office Software Solutions)
|__| 2. Bon Appetit Software
|__| 3. CAFS (Computer Assisted Food Service)
|__| 4. Compuhelp
|__| 5. CNP Manager
|__| 6. Kyrus (Formerly Accu Series)
|__| 7. Lunchbox (Kyrus Corp.)
|__| 8. Mealtime (Energetics)
|__| 9. Mealtime (CLM Group, Inc.)
|__| 10. Meal Tracker (Accu-Scan)
|__| 11. Netel
|__| 12. Nutrition Data Systems
|__| 13. PCS Revenue Control Systems
|__| 14. Snap Systems
|__| 15. Other, specify below:

_____

_____

_____

_____

C5. POS systems are designed to report meal counts each day. Do the POS systems used in your district also have the capability to identify which students receive meals each day?

|__| 1. Yes, all systems do
|__| 2. Yes, some systems do
|__| 3. No → **GO TO PAGE 3**

C6. How long are participation data for individual students retained by the software system? For example, could you check whether a particular student received meals this week, this month, this semester, or back to the start of the school year?

_____

_____

_____

_____

C7. Do any schools in your district provide school breakfast under the USDA School Breakfast Program?

|__| 1. Yes
|__| 2. No

C8. For each of the types of meals listed below, indicate whether the POS system identifies students who **receive** meals.

(CHECK ALL THAT APPLY)

|__| 1. Breakfast
|__| 2. Lunch
|__| 3. After school snacks
|__| 4. Varies by school

## D. DIRECT CERTIFICATION FOR SCHOOL MEALS

D1. Does your district use Direct Certification to establish eligibility for the National School Lunch Program (NSLP)?

|__| 1. Yes
|__| 2. No → **GO TO PAGE 5**

D2. What method does your district use to establish Direct Certification for the NSLP?

(CHECK ALL THAT APPLY AND ANSWER FOLLOWUP QUESTIONS AS INDICATED, THEN GO TO PAGE 5)

|__| 1. Letter from FSA to students ® **ANSWER D3-D5**
|__| 2. Computer match by the SFA/district or its contractor ® **ANSWER D6-D9**
|__| 3. Computer match by state FSA ® **ANSWER D10-D12**
|__| 4. Computer match by state dept. of education ® **GO TO PAGE 5**
|__| 5. Other, specify below:

_____

_____

**BASED ON YOUR RESPONSE TO D2, PLEASE ANSWER THE APPROPRIATE SECTION OF FOLLOW-UP QUESTIONS BELOW.**

### 1. Letter from food stamp agency to students

D3. During what calendar month does the FSP send letters to students?

MONTH (ENTER 01-12): |__|__|

D4. Last year, did the FSP send one letter per child or one letter per family?

|__| 1. One letter per child
|__| 2. One letter per family

D5. Last year, how many letters were returned to your district?

|__|__|__|__|__|

### 2. Computer match by SFA/district

D6. Does the SFA/district perform the match in-house or use the services of a contractor?

|__| 1. SFA/district does match
|__| 2. Contractor does match

D7. During what calendar month does the SFA/district receive data from the FSP for computer matching?

MONTH (ENTER 01-12): |__|__|

D8. What is the name of the software program used for computer matching?

_____

_____

D9. Indicate all data items from district/SFA files that are used to match student records to FSP agency records.

(CHECK ALL THAT APPLY)

|__| 1. Student name
|__| 2. Student address
|__| 3. Student phone number
|__| 4. Student SSN
|__| 5. Student gender
|__| 6. Student date of birth
|__| 7. Student grade level
|__| 8. Student food stamp case number
|__| 9. Student TANF[1] case number
|__| 10. Parent or guardian name
|__| 12. Parent or guardian SSN
|__| 13. Other, specify below:

_____

_____

_____

[1] TANF may be known by another name in your state. Please see the cover letter.

**D.  DIRECT CERTIFICATION (continued)**

---

**3. Computer match by state food stamp agency**

---

D10.  During what calendar month does the food stamp agency perform the match?

MONTH (ENTER 01-12):  |__|__|

D11.  Does the SFA or district send data to the food stamp agency or does the state department of education coordinate the transfer of records to the food stamp agency?

(CHECK ONE)

|__|  1. District
|__|  2. SFA
|__|  3. State dept of education → **GO TO PAGE 5**

D12.  Indicate all data items sent by the district/SFA to the food stamp agency for direct certification matching.

(CHECK ALL THAT APPLY)

|__|  1. Student name
|__|  2. Student address
|__|  3. Student phone number
|__|  4. Student SSN
|__|  5. Student gender
|__|  6. Student date of birth
|__|  7. Student grade level
|__|  8. Student food stamp case number
|__|  9. Student TANF[1] case number
|__|  10. Parent or guardian name
|__|  12. Parent or guardian SSN
|__|  13. Other, specify below:

_____

_____

_____

[1] TANF may be known by another name in your state.
Please see the cover letter.

**GO TO PAGE 5**

## E. CONFIDENTIALITY AND RELEASE OF RECORDS

E1. This question is about use of student records for research purposes. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of participation in their programs. Are there any special procedural requirements that must be met when government agencies request student records from your district?

|__| 1. Yes → **SPECIFY BELOW**
|__| 2. No → **GO TO QUESTION 2**

Specification of requirements:

_____

_____

_____

_____

_____

_____

_____

E2. Did the SFA director answer these questions or designate someone else to answer?

|__| 1. Answering himself/herself → **PLEASE PROVIDE EMAIL ADDRESS FOR FOLLOW-UP PURPOSES:**

Email: _____

|__| 2. Someone else → **PLEASE PROVIDE YOUR NAME AND CONTACT INFORMATION FOR FOLLOW-UP PURPOSES.**

Respondent:

Phone number: _____

Email address: _____

E3. Approximate time to complete the survey (add time spent by all respondents).

|__|__|__| minutes

**This completes our survey. Thank you very much for your cooperation!**