Date: 01/08/2025

For: Senior SNAP Enrollment Initiative Grantees

From: NCOA Center for Economic Well-Being

Subject: 2025-2026 SNAP Client Follow-Up Survey and Guidance

Thank you for taking part in this new effort to conduct follow-up surveys as part of the grant.

# Part 1: Guidance on Survey Administration

* Who should be invited to take the survey?
	+ SECs should make their best effort to conduct the follow-up survey only with clients age 60+ who were assisted by SEC staff in completing an initial application or recertification for SNAP benefits using the grant funds.
* When should this be done?
	+ The survey invitation should be made approximately three months after the date of application. Since the grant cycle began in November, this means surveys would begin in February. Please do not begin the surveys until February. This will allow time for NCOA and the SECs to address any questions and concerns in a consistent manner by email or during the scheduled call on January 21.
* Should we send reminders to clients?
	+ SECs may wish to follow up with clients to remind them to complete the survey if they know or suspect the client has not responded, but they should only do so within 1 month after that client was sent the survey and they should not remind any clients the SEC knows declined to participate.
* How do we administer the survey?
	+ In the grant applications, many SECs described plans to administer the surveys using a variety of methods (and even multiple languages) based on what they felt were best suited to reach and engage their clients. As such, SECs may administer the survey online, over the phone, by mail, or in person, as long as the questions are asked consistently (see below). Some SECs reported extensive experience conducting surveys, whereas others reported little to none. We encourage SECs to share lessons learned with their peers throughout this process.
	+ Please note that all multiple-choice questions are single-response questions (i.e. respondents should only pick one answer). For this reason, a Decline to Answer option is included, because some online survey tools force respondents to answer single-response multiple choice questions once the respondent selects one of the options. The Decline to Answer option avoids that issue. If you intend to administer the survey on paper, we recommend adding “Please choose only one:” at the end of the question to prevent multiple answers.
	+ The next section contains the survey questions with some additional notes about survey administration. Some of the latter questions are only applicable for certain respondents. If you are using an online survey tool that has skip logic, the notes describe that logic. If you are not administering the survey online (or the online tool does not allow for skip logic), the notes describe language you can use when administering the survey (e.g. If you answered X, you have completed the survey. Thank you!).
* May SECs change the questions?
	+ No, while SEC survey administrators may use different methods to administer the survey, it is important to convey all questions as written (unless otherwise noted in this guidance, such as when using multiple languages). First, if SECs ask different questions, it will not be possible to aggregate results. Second, the goal is not to say anything extra that might unintentionally introduce bias. For example, if the administrator added, “Those SNAP benefits helped you, right?” that would be a leading question, and the respondent may answer yes to satisfy the perceived wishes of the questioner. Survey administrators and SEC staff may assist respondents if they have questions of a factual nature (e.g., the SEC could confirm the respondent was a recertification vs. an initial application), but administrators should take care not to convey opinions or encouragement that could lead respondents to answer differently than they otherwise would.
* May SECs ask additional questions?
	+ SECs may wish to use the follow-up contact with the respondent to ask additional questions of their own, but if so, it is important to do the following: Any extra questions should only be asked **after** the conclusion of the NCOA survey (to avoid impacting the response rate), and it should be clearly communicated to clients that the NCOA survey has ended and any subsequent questions are from the SEC (to avoid confusion and respect informed consent).
* Is there anything else?
	+ SEC survey administrators and staff must conduct the surveys in a manner that will keep the follow-up survey information confidential, and any data shared with NCOA must not contain personally identifiable information.

In the survey attached, there are some notes about survey administration in *italics* and within borders.

# Part 2: Survey Questions and Additional Guidance

**SNAP Enrollment Center Client Follow-Up Survey 2025-2026**

[INSERT SEC NAME] and the National Council on Aging (NCOA) would like to invite you to participate in a 5- to 10-minute survey to learn about your experiences applying for Supplemental Nutrition Assistance Program (SNAP) benefits.

NCOA supports a network of SNAP Enrollment Centers (SECs), including [INSERT SEC NAME], who assist older adults in enrolling in SNAP benefits.

The purpose of this survey is to inquire about SNAP application results, learn about any barriers, and ask about the outcomes of receiving benefits. Results from this survey will be shared to inform the work of the SECs and others in the benefits enrollment and aging services fields. Any questions about the survey may be directed to NCOA’s Center for Economic Well-Being at Center4EWB@ncoa.org with “SNAP Survey Question” in the subject line.

You are invited to participate in this survey if you are age 60 or older and were assisted in completing a SNAP initial application or recertification by one of the SECs. Only complete this survey once for your household. If you decide to participate, please do so within 30 days of receiving this survey. Please do not include any personally identifiable information like names or contact information in your answers. If you still need SEC assistance with SNAP benefits, you are encouraged to follow up with the SEC directly. Thank you for considering this request!

**Confidentiality and Consent**

Your participation is voluntary; you may decline to answer any or all questions and you may terminate your involvement at any time. All data is kept completely confidential, and all information submitted to NCOA will not have any names or personal contact information attached. Information shared publicly will be aggregated and de-identified to protect your privacy. There is no harm, including impact on services, associated with your participation. We estimate the survey may take approximately 5 to 10 minutes to complete.

1. Do you consent to participate in this survey?
	* Yes, I agree.
	* No, I do not agree. (If you choose this response, the survey will end.)

*If using online survey with skip logic, skip to End of Survey for those who answer “No, I do not agree.”*

1. Was your recent SNAP application or recertification approved?
	* Yes
	* No
	* I don’t know
	* Decline to answer
2. If your recent application was approved, have you received the SNAP benefits (funds loaded on EBT card)?
	* Yes
	* No
	* Not applicable (application not approved or status unknown)
	* Decline to answer
3. Thinking about the entire process of applying for SNAP benefits, from the start of the application to being issued benefits, please describe any challenges you encountered.
4. Which group best describes your application type and participation history with SNAP?
	* An **initial application** is when someone applies for SNAP benefits for the first time or applies to participate in SNAP again after exiting the program for at least 30 days.
	* **Recertification** is when an active SNAP participant confirms their eligibility to continue to receive benefits; however, if your recertification was submitted more than 30 days after the recertification deadline, states are required to consider it as an **initial application**, not a recertification. If you suspect your application to recertify was likely submitted more than 30 days after the recertification deadline, which would have led to a lapse of benefits of at least 30 days, please select B.
	* Group A: My application was a recertification.
	* Group B: My application was an initial application, and I previously received SNAP as an adult over age 18.
	* Group C: My application was an initial application, and I never previously received SNAP as an adult over age 18.
	* Decline to answer

*If using skip logic, skip to End of Survey for those who answer “Group A…” and “Decline to answer.”*

*If not using skip logic, use this:*
“If you answered that your application was a recertification (Group A) or declined to answer, you have completed the survey. Thank you!”

1. After your recent application, for how long have you currently been receiving the SNAP benefits?
	* 30 days or longer.
	* Less than 30 days.
	* Not applicable; I did not receive the SNAP benefits.
	* Not applicable; I received expedited SNAP benefits for a short period, but then the benefits ended.
	* Decline to answer

*If using skip logic, skip to End of Survey for all answers except “30 days or longer.”*

*If not using skip logic, use this:*

“If you answered that you received the benefits less than 30 days ago, Not Applicable, or declined to answer, you have completed the survey. Thank you!”

The following questions are only applicable for individuals who have been receiving benefits for at least 30 days following an initial application (Groups B and C).

The following questions will ask you to consider if receiving benefits led to changes in your life. Please consider your experience in the 30 days **before** you received SNAP benefits. Then, compare that to your experience in the past 30 days.

7a. Think about the 30 days **before** receiving SNAP benefits. How often did you or your household have to choose between paying for food and paying for other basic needs including, but not limited to, medicine/medical care (including devices and home health products), utilities, housing, and transportation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Never | Rarely | Sometimes | Often | Always | Decline to answer |

7b. Think about the past 30 days. How often did you or your household have to choose between paying for food and paying for other basic needs including, but not limited to, medicine/medical care (including devices and home health products), utilities, housing, and transportation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Never | Rarely | Sometimes | Often | Always | Decline to answer |

7c. How true is the following statement for you? SNAP benefits changed how often my household or I had to choose between paying for food and paying for other basic needs including, but not limited to, medicine/medical care (including devices and home health products), utilities, housing, and transportation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Decline to answer |

The following questions focus only on tradeoffs between paying for food and paying for medicine/medical care.

8a. Think about the 30 days **before** receiving SNAP benefits. How often did you or your household have to choose between paying for food and paying for medicine/medical care (including devices and home health products)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Never | Rarely | Sometimes | Often | Always | Decline to answer |

8b. Think about the past 30 days. How often did you or your household have to choose between paying for food and paying for medicine/medical care (including devices and home health products)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Never | Rarely | Sometimes | Often | Always | Decline to answer |

8c. How true is the following statement for you? SNAP benefits changed how often my household or I had to choose between paying for food and paying for medicine/medical care (including devices and home health products).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |  |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Decline to answer |

*End of Survey*

We thank you for your time taking this survey!

Your response has been recorded.