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.)

2. Was your recent SNAP application or recertification approved? Please choose only one.

* Yes
* No
* I don't know
* Decline to answer

3. If your recent application was approved, have you received the SNAP benefits (funds loaded on EBT card)? Please choose only one.

* Yes
* No
* Not applicable (application not approved or status unknown)
* Decline to answer

4. 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.

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5. Which group best describes your application type and participation history with SNAP? Please choose only one.

* 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 you answered that your application was a recertification (Group A) or declined to answer, you have completed the survey. Thank you!

6. After your recent application, for how long have you currently been receiving the SNAP benefits? Please choose only one.

* 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 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? Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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? Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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. Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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)? Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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)? Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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). Please choose only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O |
| 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!