

GENERAL INFORMATION SYSTEM
DIVISION: Employment & Transitional Supports

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TO: Commissioners; TA Directors; FS Directors

FROM: Russell Sykes, Deputy Commissioner, Division of Employment & Transitional Supports

SUBJECT: NYSNIP Client Satisfaction Survey

EFFECTIVE DATE: Immediately

CONTACT PERSON: Food Stamp Bureau at (518)-473-1469

This is to advise districts that in early March the Office of Temporary and Disability Assistance (OTDA) will mail approximately 2,000 Customer Satisfaction Surveys to active NYSNIP recipients. This random mailing includes 1,320 NYC recipients and 680 in Rest of State Districts (100 combined in Nassau and Suffolk Counties). The survey will be a one-page laser letter (English on Front/ Spanish on Reverse) with an enclosed pre-printed, postage-paid, return-envelope.

This survey is required by the Federal Government as a mandated component of an overall evaluation of the effectiveness of NYSNIP in New York State. A Microsoft Word version of the survey is attached to this GIS.

No action is required by local districts for this activity. Any NYSNIP recipients that contact local districts requesting additional information on the NYSNIP Customer Satisfaction Survey should be directed to contact OTDA at 1-800-342-3009 for further information and assistance.

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NYS OFFICE OF TEMPORARY
 AND DISABILITY
 ASSISTANCE PO. BOX 1660
 ALBANY, NEW YORK 12201-1660
 ATT. DENIS SHEEHAN

Case Number:
 Loc.
 Off./Unit/Wrk:

Dear Food Stamp Recipient

As a single SSI recipient living in New York State, you are receiving food stamp benefits as a participant in a State-sponsored demonstration project called the "New York State Nutrition Improvement Project", also known as NYSNIP.

Some NYSNIP participants were automatically converted into NYSNIP from the regular Food Stamp Program. Other single SSI recipients, who were not getting food stamp benefits, automatically had a NYSNIP food stamp case opened for them.

In order to continue this project, the federal government is requiring the State to evaluate the success of the project. Part of that evaluation is this survey. Please complete it and return it in the enclosed, postage-paid envelope.

NYSNIP Participant Survey (Please Circle the Correct Answer)

1. Did you receive food stamp benefits prior to participating in NYSNIP?

Yes No Don't Know

2. If you answered "No" to question #1 above, had you ever applied for food stamp benefits before?

Yes No Don't Know

If you had never applied for food stamp benefits before, why not? Please select a response(s) from below.

- _____ • I am homebound and didn't know I could apply by mail.
- _____ • Applying was too much trouble.
- _____ • I didn't think I qualified for food stamp benefits.
- _____ • I thought I would only get \$10 or so in benefits.
- _____ • I didn't want to go to the Social Services office to apply.
- _____ • Other

3. Did you know that the amount of food stamp benefits that you get are calculated based on your income, on the costs you pay for shelter (rent, mortgage, taxes, homeowners insurance), and your utility expenses?

Yes, I knew. No, I didn't know.

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4. Did you know that NYSNIP participants who are found to qualify for a higher benefit outside of the NYSNIP project can request to leave NYSNIP for the regular Food Stamp Program?
_____ (Generally, only people living in public or subsidized housing with heat included might qualify for more benefits outside of NYSNIP.)

Yes No

IF YOU HAVE QUESTIONS ABOUT HOW TO FILL OUT THIS FORM CALL THE STATE FOOD STAMP HOTLINE AT 1-800-342-3009 OR, IF YOU RESIDE IN NYC, CALL THE NYC SSI-FS CENTER HELPLINE AT 718-722-4009.