

ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN
OLDER ADULTS

by

LAUREN ELISE BADGER

(Under the Direction of Jung Sun Lee)

ABSTRACT

Older adults have historically low food stamp program (also known as the Supplemental Nutrition Assistance Program, or SNAP) participation rates compared to other age groups. Several USDA-led application assistance demonstration research projects have successfully improved food stamp application among samples of older adults. Older Georgians have a high burden of poverty and food insecurity. This study developed, implemented, and evaluated food stamp advocate training materials to improve older adult food stamp participation in Athens-Clarke County, GA. Eighteen advocates (86%) completed the training. After the training, the advocates reported a significantly increased knowledge (mean \pm SD, 1.8 \pm 1.9 vs. 5.0 \pm 1.3 on a scale of 0-6) and confidence (mean \pm SD, 15.9 \pm 6.0 vs. 25.1 \pm 5.8 on a scale of 6-30) about the food stamp application assistance, respectively. This pilot program will serve as a model for the development and implementation of the food stamp advocate training across Georgia and the U.S.

INDEX WORDS: Food stamps, SNAP, Supplemental Nutrition Assistance Program, Older adults, Advocate training, Application assistance

ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN OLDER
ADULTS

by

LAUREN ELISE BADGER

BSFCS, University of Georgia, 2010

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial
Fulfillment of the Requirements for the Degree

MASTER OF SCIENCE

ATHENS, GEORGIA

2012

© 2012

Lauren Elise Badger

All Rights Reserved

ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN
OLDER ADULTS

by

LAUREN ELISE BADGER

Major Professor: Jung Sun Lee

Committee: Mary Ann Johnson
Elizabeth L. Address

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
August 2012

ACKNOWLEDGEMENTS

First, I would like to thank my friends and family for all of the support and love I receive on a daily basis. Without you, my life would not be the same, and I would not be where I am today.

Second, I would like to thank all of the advice, expertise, and support from my committee members. I would like to thank Dr. Jung Sun Lee for being such an inspiring and supportive advisor and for helping me select a research project that was tailored to my future career goals. Thank you for always believing in me throughout this process. I would also like to thank Dr. Mary Ann Johnson for not only her expertise advice and serving on my committee but for also being a mentor to me since my undergraduate career. Without her noticing my potential early on in my career and offering me research experience, I would not have been so inspired by aging issues and research that addresses these issues. I would like to thank Dr. Elizabeth Andress for also being a good source of support throughout my career, for serving on my committee, and for her unique insight into nutrition education and training programs that will help shape the future of Athens CAFÉ.

Third of all, this project would not have been successful without the support from all of our community partners and stakeholders. Many thanks to Nancy Lindbloom for all of her legal insight; food stamp program expertise; countless hours of meetings spent throughout the program development, implementation, and evaluation; and true passion

for serving vulnerable populations. Thanks to Lucy Smith, Angela Taylor, and Dana Singer for all of their support from the Georgia Division of Family and Children Services at both the state and local levels. Without their expertise, insight, and support, this program would not have gotten started. Also, thanks to Eve Anthony and everyone over at the Athens Community Council on Aging for providing recruitment assistance, facility space, helping reaching eligible older adults not participating in the food stamp program, and providing much insight into the needs of older adults in our community.

Additionally, I would also like to thank Dr. Geraldine Clarke and Marilyn Appleby from the Athens Housing Authority for also helping us to recruit potential advocates and reach eligible non-participating older adults and also for providing many useful resources to our advocates. Thanks to any other community partners who were helpful to our program throughout the process.

Next, I could not say enough thanks to our advocates for participating in the pilot of Athens CAFÉ! Your dedication and passion to serve older adults in our community showed throughout the process, and your time was very valuable, as it helped us validate our training program for future use in other areas.

Finally, thank you so much to all of those in the Department of Foods and Nutrition and the College of Family and Consumer Sciences at UGA, which have been my home-away-from-home throughout my undergraduate and graduate careers. To all of my officemates, classmates, friends, professors, staff members, and anyone else who has supported me, I thank you for a wonderful experience!

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	viii
CHAPTER	
I INTRODUCTION	1
II LITERATURE REVIEW	4
III METHODS	26
IV RESULTS	35
V DISCUSSION/CONCLUSIONS	55
REFERENCES	61
APPENDIX	
A RECRUITMENT MATERIALS	73
A-1 INFORMATIONAL HANDOUT	73
A-2 FAITH-BASED ORGANIZATION NEWSLETTER RECRUITMENT	
SCRIPT	74
A-3 EMAIL LISTSERV RECRUITMENT SCRIPT	75
A-4 RECRUITMENT FLYER	76
B ORALSCREENING SCRIPT.....	77
C TIMELINE	78
D LOGIC MODEL	79

E	INFORMED CONSENT FORM	80
F	QUESTIONNAIRES	82
	F-1 PRE-QUESTIONNAIRE	82
	F-2 POST-QUESTIONNAIRE	85
	F-3 FOLLOW-UP QUESTIONNAIRE	88
G	CHARACTERISTICS OF PARTICIPANTS REPORTING FS APPLICATION DIFFICULTY, 2009 AND 2010, WITH ROW STATISTICS.....	91
H	TRAINING MATERIALS	95

LIST OF TABLES

	Page
Table 1: Reported FS application barriers among older adults attending senior centers in NEGA, 2009-2010	21
Table 2: Demographic characteristics of Clarke, Greene, Jackson, and Walton Counties, Georgia.....	29
Table 3: FS application difficulty reported by senior center participants in Northeast Georgia, 2009 and 2010.....	35
Table 4: Characteristics of participants reporting FS application difficulty, 2009 and 2010	38
Table 5: Overview of the training manual	43
Table 6: Characteristics of the FS advocates (n=18)	44
Table 7: Knowledge, confidence, and satisfaction among advocates.....	47
Table 8: Participant comments on the training program.....	47
Table 9: Follow-up evaluation qualitative responses from FS advocates and community partners.....	51

CHAPTER I

INTRODUCTION

Although there are several types of food assistance programs, the food stamp program (FSP), also known as the Supplemental Nutrition Assistance Program (SNAP), is the largest and oldest food assistance program administered by the USDA (1). Its major goal is to alleviate hunger and malnutrition (2). In fiscal year 2011, an estimated 45 million people per month were receiving food stamps (FS), with more than \$70 billion in benefits annually (3). However, certain eligible groups are less likely to participate in the program than others.

FS participation has been historically lower among older adults than in other age groups due to many barriers (4-9). This is a critical issue because the U.S. older adult population is increasing in Georgia (10) and the U.S. (11). Furthermore, older adults also have a high prevalence of chronic diseases (10, 12) which leads to high levels of out-of-pocket medical expenses. Older adults spend more than twice the amount of their total expenditures on health than younger Americans (10), despite nearly universal Medicare coverage (13). Low-income older adults spend a higher ratio of their income on out-of-pocket health expenditures than higher income older adults (14). When increased out-of-pocket medical expenses are included in poverty measures, along with various other factors not considered in the current poverty measure, the prevalence of poverty among older adults nearly doubles and reaches the level of non-elderly adults (15). Excessive

medical expenses also take away from one's ability to pay for other necessities, such as food (16).

Although the prevalence of food insecurity is lower among older adults than younger populations, 7.9% of U.S. households with an older adult still experienced food insecurity in 2010 (17). Food insecurity is defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (18). Food insecurity is an issue among older adults in Georgia, where at 8.6% of the population from 2001-2007, it has the sixth highest prevalence in the U.S. (19). Furthermore, among older adults who are waiting for meals services in Georgia, the rate of food insecurity was as high as 60% (20). Various factors that may influence food insecurity among older adults include income level, poor health, functional limitation, disability, social isolation, community characteristics, marital status, race, and education level (19, 21). Food insecurity may result in lower nutrient intakes, fair or poor health, restricted activities of daily living, worsened chronic diseases, increased disability, decreased infection resistance, and prolonged hospital stays (21, 22).

One way to decrease food insecurity is through participation in the FSP, which gives monthly benefits to eligible families with lower incomes so that they are able to purchase food (1). Older adults, defined as 60 years or above for the FSP, have special criteria in determining eligibility. The FSP has been shown to decrease food insecurity (23, 24), as well as decrease poverty and its depth and severity (25). Among older adults, data is limited, but FSP participation may increase nutrient intakes among participants and help them buy more foods that they need (26).

The USDA Elderly Nutrition Demonstrations were designed and conducted to improve the historically low older adult FS participation rates and used three different models: a simplified eligibility model, an alternative FS commodities model, and an application assistance model. The models were all shown to be effective at different rates (27). However, there is scarce literature available about developing effective training materials in the area of FS application assistance, although papers have been published in other purposes and programs that can be used as training models (28-30).

To our knowledge, there has not been a FS application assistance program targeted at older adults in Georgia. The literature provides solid support for an effective FS assistance training program model and appropriate ways to develop and test the materials. The goal of this study is to develop, implement, and evaluate a training program in Athens, Georgia based on unique barriers to FS participation among eligible older adults in Northeast Georgia.

CHAPTER II

LITERATURE REVIEW

Increasing Older Adult Population

The U.S. older adult population is increasing. Currently, an estimated 40.2 million individuals are 65 years and over, and by 2025, an estimated 88.5 million individuals will be 65 years and over (11). Also, the older adult population is growing rapidly in Georgia. Between 2000 and 2010, the population of adults aged 65 years and older increased by approximately 31% (10).

One serious issue that affects older adults is chronic conditions. In 2007-2009, common conditions among older adults in the U.S. included hypertension, heart disease, cancer, and diabetes, which occurred at 34%, 32%, 23%, and 19%, respectively (10). Approximately 91% of older Americans have one chronic condition, and approximately 73% have at least two (12). Socioeconomic status impacts chronic disease prevalence. In the U.S., the lowest-income older adults are more likely to report hypertension compared to higher income levels (31, 32). Also, in NHANESIII data from 1988 to 1994, older adults in the lowest-income level were more likely to report diabetes, myocardial infarction, stroke, emphysema, and congestive heart failure than older adults in the higher-income level (32). Also, there are differences in chronic disease occurrence among races and ethnicities. Hypertension is more prevalent among non-Hispanic blacks

than non-Hispanic whites, and diabetes is more prevalent among Hispanics than non-Hispanic whites (33).

Along with increased chronic conditions come increased medical expenses. Approximately 98% of individuals 65 years and older had health insurance coverage in 2010 (10). However, from 1988 to 1994, when health care insurance coverage was also 98% among older adults, older adults in the lowest-income group were more likely to be uninsured compared to the highest income group (32). Older adult males in the lowest-income group were also significantly less likely to have a regular health care provider than other older males in higher income groups from 1988 to 1994 (32).

Furthermore, older Americans spend more than twice the amount of their total expenditures on health than younger Americans (10). Out-of-pocket healthcare expenses for older adults consist of insurance, medical services, medications, and medical supplies (10). Medicare covers approximately 93% of older adults (10). However, in 2010, Medicare only covered an average of \$8344 of its beneficiaries' average per capita expense of \$17231 in 2006, or approximately 48%. Beneficiaries paid 25% of this expense out-of-pocket (13). Low-income older adults spend a higher ratio of their income on out-of-pocket health expenditures than higher income older adults. In 2006, the median ratio of out-of-pocket expenses to household income for 100-199% of the poverty level was 19.6%, while it was 6.1% for those at 400% of the poverty level (14). Approximately one-half of older adults in the lowest third of income distribution in the U.S. spent more than 20% of their incomes on healthcare in 2006, while only 4% of older adults in the highest third of the income distribution spend more than 20% of their incomes on healthcare (14).

The older adult population shows a lower level of poverty than younger populations. According to the current U.S. poverty measure, 9% of adults 65 and older are estimated to be in poverty (15). It is important to understand these poverty data in the light of unique limitations of the traditional poverty measures in adequately reflecting the contemporary economic conditions of older adults. The traditional poverty measure does not take into account certain aspects of one's available income, including medical expenses and in-kind public benefit programs such as the food stamp program (FSP), which affect different age groups disproportionately. The Supplemental Poverty Measure of 2010 was proposed by the United States Census Bureau to take into account these various aspects of one's financial situation (15). Once these aspects were taken into account, the poverty level nearly doubled to 15.9% among adults aged 65 and older, while only it slightly increased to 15.2% among adults aged 18 to 64 years and decreased to 18.2% among children less than 18 years old (15). This suggests that a substantial number of older adults are living in poverty and that poverty is impacted by more than income level alone. Also, inadequate measure of poverty could negatively affect eligibility determination of public assistance programs in older adults.

Food Insecurity among Older Adults

Food insecurity is defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (18). Food security is measured through the Core U.S. Household Food Security Module, which consists of 18 questions in order to determine the severity of household food security. For households with only adults, the 10-item

U.S. Adult Household Food Security Survey Module or a shortened 6-item survey module is used (34, 35). Depending on the number of affirmative responses on the surveys, household food security status is characterized as high food security, where households did not experience problems or anxiety about having access to sufficient food on a consistent basis; marginal food security, where households had problems and anxiety about having access to sufficient food without changing diet quality, variety, or quantity; low food security, where changes in diet quality and variety occurred but quantity was not changed; and very low food security, where food intake was decreased (36).

Food insecurity is an issue among all age groups. Although the prevalence of food insecurity is lower than younger populations, 7.9% of U.S. households with an older adult still experienced food insecurity in 2010 (17). Of food insecure older adults, more than 38% have incomes below the poverty line, however approximately 15% have incomes above twice the poverty level, indicating that there are other factors that contribute to food insecurity (19). These factors consist of poor health, functional limitation and disability, social isolation, and community characteristics, all of which can affect an older adult's ability to purchase, prepare, and eat available food (21). Also, older individuals who are less educated, who live alone, who have never been married, and who live in the South are at an increased risk of higher food insecurity (19). Compared to Caucasian older adults, African-American older adults are 75% more likely to be food insecure (19).

In Georgia, food insecurity among older adults is a significant problem. Georgia has the sixth highest prevalence of food insecurity among older adults, averaging 8.6%

from 2001-2007 (19). In a sample of older adults in Georgia senior centers in 2007, approximately 18% were found to be food insecure (37). Furthermore, older adults who were on the waitlist to receive Older Americans Act Nutrition Program services in Georgia in 2008 were more likely to experience food insecurity than those already receiving meals. Of those receiving congregate meal services, 29.8% were food insecure, compared to 47.2% of those on the waiting list to receive meals. Also, 48.7% of those receiving home-delivered meals were food insecure, compared to 59.2% of those on the waiting list (20).

Individuals with food insecurity are significantly more likely to have lower energy, protein, vitamin C, thiamin, riboflavin, calcium, phosphorus, magnesium, and iron intakes (22). They are also significantly more likely to report fair or poor health and more likely to have restricted activities of daily living (22). Food insecurity can worsen chronic disease, increase disability, decrease infection resistance, and prolong the amount of time an older adult stays in a hospital (21). Thus, reducing the risk of food insecurity has important implications for overall health and wellbeing.

The Food Stamp Program (FSP)

The FSP is the largest nutrition assistance program administered by the USDA (1). In 1939, the first FSP was initiated to offer food relief to those in need, reaching a peak of 4 million individuals from 1939-1943 (2). Although the program has changed significantly since the first FSP, its major goal is to still to alleviate hunger and malnutrition (2). In fiscal year 2011, an estimated 45 million people per month were receiving FS, with more than \$70 billion in benefits annually (3).

The FSP gives monthly benefits to eligible families with lower incomes so that they are able to purchase food (1). It is an entitlement program, meaning that every eligible individual who applies will receive benefits (38). The federal government pays 100% of FSP benefits, and federal and state governments share the program's administrative costs (1). Every five years, the program is reauthorized as part of the Farm Bill by Congress (1). Therefore, eligibility criteria and benefit levels can undergo changes (1).

Eligibility

Currently, federal eligibility for FSP depends on resources and income levels, with consideration of certain deductions, such as the shelter deduction and standard deduction for all households (39). A FS household is defined as “everyone who lives together and purchases and prepares meals together” (39). Husbands and wives must be included in the same household, along with most children under 22 years old (39). If older adults, defined as 60 years or older, are unable to purchase and prepare their own meals due to a permanent disability, they may be a separate FS household if the others who they live with have an income less than 165% of the poverty level (39). In order to be eligible, most individuals who are able and between 16 and 60 years of age must register for work in order to receive benefits (39). Also, certain groups have special eligibility criteria. For instance, households with at least one older or disabled adult only need to meet the net income level (the level of income after certain deductions have been made) of 100% of the poverty level, while all other households must meet the gross income level (the level of income received, before any deductions have been made) of 130% of the poverty level (39, 40). Furthermore, households with at least one older or

disabled adult are allowed to have \$3250 in countable resources, such as a bank account and stocks, while all other households may have only \$2000 (39). Older and disabled adult households may also receive medical deductions, which is when allowable out-of-pocket medical costs above \$35 per month for the older or disabled household member are deducted from the household's gross income (39).

While eligibility is determined at the federal level, individuals apply for FS through their local FSP offices. Each state has its own application form. Currently, 32 states also offer online applications, including Georgia (41).

Benefits

In 2008, the federal FSP underwent a name change to the Supplemental Nutrition Assistance Program (SNAP) as a mandate from the U.S. Congress's Food, Conservation and Energy Act, also referred to as the Farm Bill (42). Along with the new name change came an increase in the minimum benefit from \$10 to \$14 for one- and two-person households, an increase in the standard deduction, and the elimination of the cap on dependent care deduction. Furthermore, education and retirement accounts would no longer be counted in countable resources (42, 43). Additionally, the name reflects a focus on nutrition, whereby low-income individuals can consume a healthier diet through supplementing their food budget (42). The name also reflects the current design of the program, because benefits are now provided through electronic benefits transfer (EBT) cards instead of food stamps (42). Through the new name and use of EBT cards, stigma is also reduced (42). However, states are not required to change their program name, and in states such as Georgia, SNAP is still referred to as FSP as of June 2012 (44).

In 2009, the American Recovery and Reinvestment Act (ARRA) further increased the minimum to \$16 by increasing the Thrifty Food Plan by 13.6% (43, 45). For a one-person household, the average increase in monthly benefits due to the ARRA was \$23 (43).

Impacts of the FSP

Although one of the main goals of the FSP is to alleviate food insecurity in the U.S., studies have faced challenges trying to evaluate its impact because a randomized design is not appropriate for entitlement programs, those who are at the most need of benefits are more likely to participate in the FSP, and it is difficult to identify comparable comparison groups (46, 47).

Recent changes in the FSP due to the ARRA's increased benefit levels and expanded program eligibility from 2008-2009 might highlight the overall effectiveness of the FSP on decreasing food insecurity. In FSP-eligible households, increased food expenditures and decreased food insecurity were seen, however households that were slightly above the eligibility level did not see these changes (23). In another study using data from the late 1900s to mid-2000s, the FSP was shown to decrease the likelihood of being food insecure and very food insecure by 31.2% and 20.2%, respectively (24). Furthermore, the FSP has been shown to decrease poverty and its depth and severity. From 2000 to 2009, FSP benefits led to a 4.4% decrease in poverty prevalence, 10.3% decrease in depth of poverty, and 13.2% decrease in severity of poverty (25).

There is limited research on the benefits of the FSP among low-income older adults. One study by Fey-Yensan et al (2003) compared the nutrition risk, nutrient

intake, and socioeconomic characteristic of older adults receiving FS (n=35), older adults eligible for but not participating in the FSP (n=65), and low-income older adults not eligible for FS due to other monetary resources (n=100) (26). Ninety-seven percent of those receiving FS believed that they needed benefits, while only 13% of individuals who were eligible but not receiving benefits believed that they needed them. Eighty percent of individuals receiving FS benefits stated that their FS helped them buy more needed foods, no matter their level of benefits. Compared to those eligible but not participating, the FS receiving group had a significantly lower income, significantly higher proportion with a body mass index greater than 27, significantly higher nutritional risk scores, and significantly higher percentage reporting that they did not always have enough money to buy the food that they need, at 53% compared to 8% of the eligible but not participating group (26). Nutrient intakes were similar among all groups, with energy, calcium, vitamin E, folate, magnesium, and fiber intakes below recommended levels. The authors speculated that the intakes were similar among all groups because FS helped raise the nutrient intake of its recipients, who were at the highest nutritional risk. Also, participating individuals reported that the FSP helped them buy more foods they needed, which is a positive outcome of FSP among older adults (26).

FS Application in Georgia

Although FS eligibility and the requirements to participate in the program are determined at the federal level, there are varied application procedures across states. In Georgia, individuals can apply for FS through a paper application that can be downloaded online or received through the local Division of Family and Children Services (DFCS)

office. Also, there is an online FS application form called “Georgia COMPASS” that can be used instead of a paper application (48). Assistance in filling out an application is offered at DFCS to those who are disabled or unable to understand English, if requested. Once the form is signed, dated, and submitted to DFCS, the application process begins (48). Individuals will then need to undergo an interview to prove their identity, citizenship, Social Security number, proof of income, and proof of expenses such as lease agreement and medical bills. Those who do not have all of the needed information when they first apply are given ten days from the interview date to gather the necessary information (48). Once an application is submitted, it takes approximately 30 days to get FS benefits (48).

One area in the Georgia FSP paper application that needs improvement is in the household definition. The paper form (Form 297: Application for Benefits) asks applicants to specify who their household members are, which is defined on the application form as individuals who live in their home (49). Information such as relation to the applicant, Social Security, and immigration status is also listed as required for household members (49). However, in informational materials available online through the Georgia Department of Human Services’ Form 47: Food Stamp Program in Georgia, a household is defined as only those who routinely purchase and prepare foods together (48). The materials also indicate that individuals who live in the same house but do not prepare and purchase food with the applicant do not need to provide Social Security information or immigration status (48). Therefore, the household definition is not clearly laid out in the paper application, which could be a potential source of confusion or household misinformation and could even prevent individuals from applying for FS.

FSP Participation in Older Adults

Despite the prevalence of food insecurity among older adults and size of the federal FSP, FS participation has been historically lower than in other age groups. In 2008, approximately 35% of eligible older adults participated in FS, compared to 67% of all eligible individuals. Georgia has a higher percentage of older adults who are eligible to receive benefits, at 21% compared to the national average of 16% (4).

According to a report by McConnell and Ponza for the USDA (1999), elderly households may have higher income, more assets, and more home ownership than other FS-eligible individuals that may prevent them from participating(50). However, when these factors were controlled for, participation was still significantly lower, which indicates that financial status alone cannot contribute to the lower participation among older adults (50).

In a report by Bartlett and Burstein for the USDA (2004), eligible non-participating older adult households were found to have a 60% higher income than eligible participating older adult households in 2000 (5). Therefore, non-participating older adult households may have different perceptions of need and a more optimistic outlook on their financial situations (5). Although still less than 130% of the poverty level, these households may feel that they can get by without FS benefits (5). However, in 2000, approximately 45% of these individuals reported food insecurity during the past year (5).

Barriers to FSP Participation in Older Adults

Various barriers for older adults in the FS application process have been identified and include mobility issues, technology, stigma, lack of knowledge of received benefits, confusion about eligibility, and a complicated application process (6). More specifically, confusion can be brought about by changes in policy and eligibility standards (7). Also, older adults are likely to perceive a lack of need of benefits (7). Lack of knowledge about eligibility was also a key barrier found in the Bartlett and Burnstein report (2004), even though almost all of the participants knew the program existed (5). Gabor et al (2002) reported that elderly nonparticipants were more likely to have negative views about FS and have less accurate information about asset and eligibility criteria than elderly participants (8).

Therefore, application assistance targeted at older adults could help overcome these barriers, increasing the participation rate of eligible older adults. According to the position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education on food and nutrition programs for community-residing older adults, increased attention on older adults in food assistance programs improves nutritional status, promotes healthy aging, and may help prevent or manage chronic disease (51).

Approaches to improve FS participation in older adults

The USDA Elderly Nutrition Demonstrations were designed and conducted to improve the historically low older adult FS participation rates. The demonstrations took place in 6 states to test 3 alternative ways to increase older adult participation (52). From

2001-2003, Florida implemented a simplified eligibility model; Arizona, Maine, and Michigan implemented an application assistance model; and Connecticut and North Carolina implemented an alternative FS commodities model (52).

Simplified eligibility model

With the simplified eligibility model, applicants did not have to submit proof of income and expenses, and the eligibility interview was also waived. The purpose of this is to minimize the time and effort older adults put in to apply for the FSP (27). In Florida where simplified eligibility was used, the participation increased by more than 20% in both counties (53). The primary reason for this model's success is that it reduced the burden of applying for older adults because it took away the need for documentation of income and other expenses, eliminated travel to the FSP office, and eliminated the telephone interview (27).

Alternative benefit model

In the alternative benefit model, older adult FSP recipients were given the option of receiving commodity packages instead of FSP benefits each month. In North Carolina, this model increased participation by almost 36%, however it increased by only 4% in Connecticut, where the same model was used (27). The success seen in North Carolina took place because many households received more in commodity foods than they would have in FS benefits. In North Carolina, clients who would have received the minimum benefit of \$10 a month at the time of the demonstration could receive a commodity package worth approximately \$65. The government would have paid approximately \$40 for the commodity packages (27). The reason why the Connecticut demonstration did not have the same improvements in older adult participation is due to

site-specific problems, such as an inability of staff to inform potential clients about the demonstration and a complicated and inconvenient method for clients to pick up their commodity packages (27).

Application assistance model

Focusing on application assistance, all three states using this model saw increases in participation, however at differing levels. In Arizona, application assistants provided one-on-one application assistance to low-income older adults who expressed interest in applying for benefits. The assistants were 50 years of age or older and were participants of the Senior Community Service Employment Program (SCSEP), which is federally run and helps low-income older adults find part-time employment. The assistants were monitored by the SCSEP quarterly. Also, the Department of Economic Security (DES), the department that handles FS applications in Arizona, helped oversee the application assistants (27). For this program, the low-income older adult clients were targeted at senior centers, food assistance organizations, churches, libraries, and health departments. The assistants helped to inform potential clients of what documents to bring prior to application assistance, screen for eligibility, fill out the applications, and deliver the applications to the local DES (27). One demonstration county saw an increase in participation by nearly 37%, while another demonstration county saw a decrease in participation by 2.4% (27). The reason that the one county did not match the success of the other is related to site-specific problems, mainly that the staff was unable to inform potential clients about the demonstration services. It was speculated that the less successful county had problems with a shortage of application assistants, retaining assistants, and varying skill levels among its assistants, which could have caused outreach

difficulties (27). Overall, when the program was successful, applicants were enrolled for and received benefits earlier than they would have if they had applied alone. It also decreased the workload of DES caseworkers, which was beneficial. Finally, application assistants seemed to help clients keep better documentation of their expenses, which may have increased those who were eligible and increased the benefit levels clients received (27).

In Maine, 3 application assistants from SCSEP were hired to spend 20 hours per week on the demonstration program. Assistants made home visits to interested older adult clients, where they established rapport and then begin discussing the programs the clients were eligible for. This demonstration was unique because clients could apply for more than just the FSP, such as the state's Medicare buy-in and pharmaceutical assistance programs. The reason this demonstration program did not only focus on FS applications is that seniors may be more worried about medical and prescription costs than food, and it would also reduce some of the stigma associated with the FSP (27). Application assistants also helped their clients gather necessary documents, such as pharmacy bills, to reduce the application burden. Once the applications and document gathering were complete, the program coordinator reviewed the materials and then sent it to the Department of Human Services, which processes the applications in Maine (27). In this demonstration program, a nearly 31% increase in participation was seen. Although the program did face some obstacles, these were overcome. For instance, the assistants had trouble retaining information about the various programs they were offering assistance for, therefore weekly meetings to offer technical assistance and mentoring took place. Also, all assistants took extended sick leaves due to health concerns (27).

In Michigan, the demonstration program helped eligible individuals apply for benefits at senior centers and senior housing complexes. A large partner in this program was the Elder Law of Michigan, Inc. Unlike the other application assistance demonstration models in Arizona and Maine, volunteers were used to offer application assistance in the state of Michigan (27). Also, an electronic FSP application was developed with this demonstration, however applications could not be submitted online to the Michigan Family Independence Agency (FIA), which processes FS applications in Michigan. At the sites, application assistants answered questions about the FSP, went through the on-line application with clients, helped photocopy verification documents, and submitted the applications. A call center was enacted for volunteers to call for technical assistance or to answer questions about the FSP. If a client did not bring verification documents, they were provided with a checklist of what items would need to be sent in to the FIA, the agency processing FS applications in Michigan, within 10 business days. The clients were also screened for other programs after the FS applications were completed. For promotion of this program, brochures, postcards, and posters were placed at places older adults frequent, such as senior centers, food banks, churches, and pharmacies. Presentations were also given in the community, and press releases and media coverage were used. For this demonstration, a 5.3% increase in participation occurred. One major reason why this rate was not higher is that a major senior center shut down during the demonstration, and the identified replacement site was not easily accessible to potential older adult clients (27). However, the online application was successful because it was interactive and made it easier for applicants to seek technical assistance. Also, the application assistance reduced workload for the FIA caseworkers.

Finally, the collaboration with the Elder Law helped make community connections, start-up new application centers, and problem-solve (27).

Overall, participant satisfaction was high, mainly because the clients did not have to go to the local FSP office to apply. The level of awareness of the program influenced participation. Also, marketing of the demonstrations that did not use the phrase “food stamps” in its terminology seemed to be successful (27). The overall impact of these pilots was affected by several factors, including staff motivation, a static eligible participant pool in rural areas, senior center availability, administrative issues, the age of participants, and possibly the implementation of EBT cards (53). These factors help explain the differences in impact among the programs and must be considered in future development of training materials for FS application assistants who may be involved in providing one-on-one food stamp application assistance for older adults. A gap in the literature exists for many issues related to training of FS application assistants, such as their knowledge about the FS eligibility and barriers to participation and the impact of training materials on overall participation rates (53).

Preliminary Studies

In 2009 and 2010, Dr. Mary Ann Johnson and colleagues collected data on FS use and included an open-ended question regarding barriers in the Annual Evaluation of Senior Centers in Northeast Georgia (9). The question read, “In the past year, have you wanted to apply for FS, but found the process too difficult? If yes, explain the difficulties.” From this question, similar key barriers were identified among older adults

in Northeast Georgia that were found in other studies (5-8), with lack of knowledge about the FS process and high application burden being common responses.

Table 1. Reported FS application barriers among older adults attending senior centers in NEGA, 2009-2010

Barrier category	Responses
Transportation Issues	<ul style="list-style-type: none"> • “No way to get there.” • “Transportation too difficult for too little benefits—\$10/month.”
Paperwork/Application Issues	<ul style="list-style-type: none"> • “Have to go through too many hoops—but for \$10, it wasn’t worth the hassle.” • “[The] man I stayed with messed my name up. I went back, they gave me \$10 a month, then cut back to \$2 a month. It costs more to travel to Greensboro.” • “Just didn’t apply. \$10.00 isn’t worth the hassle. Can’t stand for a long time.” • “Want to know too much. Do not provide enough stamps to make the process worth it.” • “Qualifications too high!” • “Paperwork, to get information together and denied, too hard!”
Misperception	<ul style="list-style-type: none"> • “Wouldn’t get them; wasn’t eligible (because of Social Security).” • “First applied but got \$10, but when got itty bitty Social Security raise, said we got too much.” • “Income too high.” • “Received disability and it ended food stamp benefits.”
Applied and Denied	<ul style="list-style-type: none"> • “Tried a few years ago and was turned down (does not know why). Will not apply again because of the initial rejection.” • “Applied but was rejected.”

As seen in Table 1, many participants indicated that the burden of applying for FS was not worth the little benefits they believed that they would receive. However,

participants had a misperception about the minimum benefits they would receive, because at the time the annual evaluations were conducted, the minimum was \$16 and not \$10.

There is scarce literature available about developing effective training materials in the area of FS application assistance, however other papers have been published for other purposes and programs that can be used as training models. Hiner et al (2009) developed a training program for HIV counseling and testing in the Caribbean Region that will be a useful model. The training methodology included competency-based learning in which trainers acquire knowledge, skills, and attitudes rather than solely knowledge (28). This training program also utilized mastery learning, where participants must demonstrate competencies in each learning objective before moving on. These models suggest that trainers can deliver high-quality services upon completion of the course and will be particularly helpful in creating high-quality food stamp application assistance in the proposed training program (28).

Formative and summative evaluation methodologies have been frequently used in developing and validating training materials in other purposes and programs (29, 54, 55). For example, Furstenberg et al (2002) used formative evaluation method in creating a multimedia program for cancer patients. The authors gathered a team of experts in pertinent areas to assess needs and then analyze accuracy, completeness, and appropriateness of materials throughout the development process. This model of a systematic formative evaluation will be helpful in ensuring the proposed materials are interpreted, understood, and implemented as intended among targeted application assistants (29). Also, Pirrallo et al (1995) assessed the effectiveness of a train-the-trainer program for international emergency medical services (EMS). The success of the

training was evaluated using a pretest, final examination, skill station testing in which individuals could not move on until they passed each level, and a retrospective self-assessment that measured self-reported competence before and after the training. This method of material validation can be used in the proposed research to evaluate the knowledge and skills of trained volunteers upon program completion (30).

Pilot testing is also imperative to this project. Although not a pilot test, in the Gabor et al (2002) report, focus groups indicated that one-on-one educational and application assistance is recommended to reach nonparticipating older adults. The focus groups also revealed that ideal places for application assistance are community places where older adults already seek information from, such as senior centers, churches, senior housing, health centers, clinics, and Veterans Association (8).

In the USDA Elderly Nutrition Demonstration program, one-on-one FS application assistance models using trained assistants were used in Arizona, Maine, and Michigan. The overall effectiveness in these demonstrations were increases in older adult participation by 37%, 31%, and 5.3%, respectively, in affected counties (27). Sing et al (2005) assessed the effects of the demonstrations on elderly FS participation, on the average value of benefits per elderly household, on client satisfaction, and on other participating agencies (52). The authors used a pre-and post-test methodology with demonstration sites and similar comparison sites to evaluate the outcomes in each state (52). To assess the effects on participation, the rate of change in elderly participation based on state electronic administrative case records in the demonstration sites was compared to a similar comparison site. Subgroups were examined to determine whether any differences existed among race or population density (52). Average benefits received

were also examined by comparing demonstration and comparison sites (52). Client satisfaction was assessed through client satisfaction surveys over the phone or through focus groups at the sites. Monetary incentives were provided, and only clients at demonstration sites and not comparison sites were interviewed (52). Interviews were also conducted with participating stakeholders, which included food stamp offices, nonprofit demonstration partners, and organizations that provide food assistance to low-income older adults to assess the effects of the demonstrations on other services they provide. These interviews took place on the phone or in person during site visits (52).

Together these studies provide solid support for an effective FS assistance training program model and appropriate ways to develop and test the materials. Our logical next step is to develop, implement, and evaluate relevant training materials among trained volunteers.

Rationale, Specific Aims, and Hypotheses

Food insecurity is a significant issue among older adult in Georgia, and FS participation among older adults is low in Georgia and nationally (4, 19). Preliminary data collected in senior centers in Northeast Georgia suggests that older adults may need more assistance (9, 21). FS application assistance in other states has improved participation among older adults (27). However, to our knowledge, no FS application assistance program is available for older adults in Georgia.

The purpose of this present study is to develop, implement, and evaluate a FSP advocate training program to help application assistance among eligible older adults based on the USDA's application assistance model (27, 52).

The first specific aim is to better understand the barriers that older adults face when applying for FS. The second specific aim is to develop and validate training materials that address the key barriers that older adults face when applying for FS. Formative evaluation approach was used to examine if the developed materials are interpreted, understood, and implemented as intended among targeted application assistants. The third specific aim is to design and conduct pilot testing of the advocate training and application assistance by trained assistants among eligible older adults.

CHAPTER III

METHODS

The present study involves the development, pilot-testing, and evaluation of FS advocate training among volunteer advocates in Athens-Clarke County, GA. All methods and procedures were approved by the University of Georgia Institutional Review Board before any procedures with human subjects were initiated (IRB# 2012-10042-2).

Athens-Clarke County, GA

In 2010, Athens-Clarke County had 14200 individuals aged 60 years and older, which represented 12.2% of the total county population (56). Of the total population, 63.7% were white and 27.5% were black, compared to the U.S. average of 72.4% and 12.6%, respectively (57, 58). From 2006-2010, the percentage of persons below the poverty threshold, defined as \$11344 for a one-person household in 2010 (59), was 33.5% for Athens- Clarke County, 15.7% for Georgia, and 13.8% for the U.S (57, 58). Despite the high prevalence of poverty in Athens-Clarke County, only 11.8% of the population received food stamps in 2009, compared to the Georgia average of 12.2%, and the Georgia county average of 16.2% (60). It is estimated that 21% of individuals in Athens-Clarke county are food insecure, with 61% of this population below 130% of the federal poverty line (61).

Brainstorming ways to address low FS participation rates among eligible older adults in Northeast Georgia

In December 2010, Nancy Lindbloom, JD, Dr. Jung Sun Lee, Dr. Mary Ann Johnson, and Lauren Badger met to discuss the historically low FS participation rates among older adults and how to address them in Athens, GA, where the burden of food insecurity and poverty are high. Nancy Lindbloom is a Food Stamp Specialist and is an expert on the food stamp program, food stamp policy, and food stamp advocate training. Dr. Lee is an expert on aging, food insecurity, and community nutrition, and Dr. Johnson is an expert on nutrition and aging. Regular meetings occurred throughout the spring of 2011 to learn more about the potential barriers to FS applications among older adults, gather expert opinions on past programs that have addressed FS participation, and plan for future programs in Northeast Georgia. Consensus was made to develop a well-validated training program to train volunteer FS advocate application assistants.

Identifying the barriers to the FS application process among older adults in Northeast Georgia

Barriers to older adult participation in the FSP that were previously identified in older American populations (6, 7) were looked into further in Northeast Georgia through conducting a secondary analysis of the data from the Annual Evaluation of Senior Centers in Northeast Georgia, 2009-2010 (9). In 2009, this study sample consisted of 71 participants from Clarke and Greene County Senior Centers, and in 2010, this study sample consisted of 125 participants from Clarke, Greene, Loganville (Walton), and Jackson County Senior Centers. Demographic characteristics of the counties are shown

in Table 2. Overall, Greene and Clarke counties are more diverse than Jackson and Walton counties, with a higher percentage of Black individuals (62). Greene County is unique in that it also has approximately twice the percentage of individuals 60 years and older compared to the other counties and the highest percentage of individuals 65 years and older with an income below the federal poverty level in the last 12 months (62,63). Greene County also had the highest percentage of households with at least one person 60 years and older receive FS in 2010, while Clarke County had the lowest percentage. In Clarke County in 2010, although 9.4% of the total households received FS, only 1.5% of households with at least one person 60 years and older received FS in the past 12 months (64). These factors could potentially affect food stamp participation and also the level of application assistance required in each county.

In order to confirm various barriers in FS application among older adults in Northeast Georgia, the open-ended responses to the following question were used: “In the past year, have you wanted to apply for food stamps, but found the process too difficult?” Participants’ open-ended responses were coded and then analyzed using STATA (Version 10, College Station, TX). A mixture of qualitative and quantitative analysis was conducted, and descriptive statistics were calculated to determine key characteristics of individuals who indicated that they did not currently receive FS because they encountered a problem with the application process (STATA, Version 10, College Station, TX). Various characteristics of participants that have been identified or considered as potential barriers to FS application were compared between those who had or did not have difficulty applying for FS, using Chi-square tests for categorical data and two-sample t-tests with equal variances for continuous data, $p < 0.05$. Also, based on thorough review

of available literatures and expert opinions on the barriers to FS participation, particularly significant barriers in older Georgians were identified. They included household definition and medical deduction.

Table 2. Demographic characteristics of Clarke, Greene, Jackson, and Walton Counties, Georgia (62-65)

Characteristic (%)	Clarke	Greene	Jackson	Walton
% of total population 60+ years ¹	12.2	30.4	17.5	17.7
% of population with households with one or more people 65+ years ¹	16.2	35.1	23.2	21.7
% of population 65+ years with income below the poverty level in the past 12 months ²	10.5	15.6	12.1	9.1
% of households receiving FS in the past 12 months ³	9.4	12.6	11.2	8.5
% of households receiving FS in the past 12 months, with at least one person in household 60+ years ³	1.5	4.5	3.2	2.3
Race, %, among total population ¹				
White	69.9	56.6	86.8	80.1
Black	26.6	38.2	6.8	15.6
Asian	4.2	0.3	1.7	1.1
Race, %, among population 60+ years ⁴				
White	73.8	N/A ⁵	91.9	89.9
Black	22.8	N/A ⁵	6.9	9.6
Asian	2.0	N/A ⁵	0.6	0.2
Hispanic ethnicity, %, among total population ¹	10.4	5.6	6.2	3.2
Hispanic ethnicity, %, among population 60+ years ⁴	2.7	N/A ⁵	1.5	0.2
¹ 2010 U.S. Census data (62); ² 2006-2010 American Community Survey (ACS) 5-year estimates (63); ³ 2006-2010 ACS 5-year estimates (64); ⁴ 2006-2010 ACS 5-years estimates (65); ⁵ Data is unavailable either because the number of cases is too small or the data is released on a flow basis and is currently unavailable for the geographic area selected.				

Development of FS advocacy training materials and training workshop

Keeping the identified barriers to the FS application in mind, a training program was developed to train advocates to help older adults apply. For the development of each section, expertise input was used. Federal program websites and State FS policy documents were also used (66, 67). Also, the Food Research and Action Center (FRAC's) Guide to the Food Stamp Program was used for key FS application information (68).

Recruitment of FS advocates

Starting in September 2011, volunteer FS advocates were recruited from local organizations that provide services to low-income older adults, such as the Athens Community Council on Aging (ACCA); the Athens Housing Authority (AHA); various academic units at the University of Georgia, including the Department of Foods and Nutrition, College of Public Health, the Institute of Gerontology, and the School of Social Work; the Food Bank of Northeast Georgia; Service Options Utilizing Resources in Community Environments (SOURCE) Care Management; Covenant Presbyterian Church in Athens; and the Northeast Georgia Area Agency on Aging. The ACCA was a large source of recruitment because it has numerous programs that target low-income older adults in Athens and its surrounding areas, and its mission includes advocacy, education, and support (69). Also, recruitment and outreach activities took place at the AHA, because the AHA serves low-income older adults in Athens-Clarke County through offering affordable housing and providing resources to help clients gain financial independence (70). Appendix A shows listserv recruitment and church newsletter scripts,

along with recruitment flyers. These flyers highlighted the goals of the training program, the time commitment to participate in the training, and also contact information for more information and to sign up to participate.

When individuals responded to the recruitment emails, contact information was exchanged, and screening phone calls were established. The oral screening script is shown in Appendix B. Inclusion criteria included: (a) being an adult, 18 years of age or older, (b) being able to understand and speak English, and (c) being interested in helping low-income older adults apply for food stamps. Once individuals were asked about the above inclusion criteria, they were also asked whether they would have about 7 hours, spread over three time periods, starting in October 2011 to participate in the advocacy training. Individuals were also asked their availability on weekdays and weekends. Finally, they were asked to explain their volunteer or service experiences, whether they had experiences working with low-income older adults, and whether they had experiences with the FS program. After this brief telephone interview, participants were asked the best way to contact them and then were told that they would be notified by October 2011 with more information.

Validation of training manual

Once the manual was created, two three-hour workshops were held. To validate the training materials and assess their effectiveness on knowledge and confidence of advocates, a pre-and post- test method was used. Before any data was collected, consent was sought from participants. The informed consent form is shown in Appendix E. The pre-test questionnaire was administered before the workshop, in which individuals were

asked to provide key demographic information such as their gender, race-ethnicity, years completed in school, age, and town of residence (which may be useful to determine any other community sites in future training programs). The questionnaire also asked advocates to answer basic knowledge questions about the food stamp application process, such as where to apply, eligibility interviews, the food stamp household definition, and medical deductions. Also, a Likert scale, as used by Pirallo et al (1995) in a medical training program (30), was used to assess confidence in key areas such as filling out the application, eligibility, medical deductions, the food stamp household definition, and filling out a referral form to Georgia DFCS on behalf of an older adult. The information in the pre-test questionnaire provided the baseline knowledge and confidence of the advocate. For knowledge, a total of 6 questions were asked, and the questions were scored as a 0 for an incorrect response and a 1 for a correct response for a total knowledge scale of 0-6. The knowledge questions contained three open-ended questions such as “Where can individuals apply for food stamps?” and three yes or no questions, such as “Before today, had you heard that when applying for food stamps, there is a medical deduction?” For confidence, a total of 6 questions with Likert scale responses of 1-5 were asked, with 1 being not at all able and 5 being extremely able, for a total confidence scale of 6-30. For example, advocates were asked “How able do you feel about helping an older adult determine if he/she is eligible to receive food stamps?” After the workshop, a similar post-questionnaire was administered to assess any changes in knowledge and confidence among the advocates. Advocates were also asked in the post-test to rank their satisfaction with the FS training workshop on a scale of 0-4. They

were also asked if they had any comments on how we can improve our training workshop or any additional comments. Copies of the questionnaires are shown in Appendix F.

For statistical analysis of the data collected, descriptive statistics including mean and standard deviation of years of education and age and proportions of gender, race/ethnicity, and town participants reside in were used to describe the characteristics of the FS advocate sample. To examine differences in knowledge and confidence after the training, paired t-tests were used. The level of statistical significance was defined at $p < 0.05$, and STATA, Version 10, College Station, TX was used to analyze the data.

Community FS application assistance

After the training workshop, advocates were asked to list any preferred community locations for FS application assistance. Advocates were asked to dedicate as many hours as they could or would like to FS application assistance. They were also reminded that follow-up sessions to collect verification materials such as Social Security Administration Proof of Income letters and medical bills were important.

Because follow-up was so essential to the efforts of the advocates, they were also instructed to use their Follow-Up Log in the training material binder. This follow-up log included important information such as client names and contact information (which were for the advocates' use only to aid in follow-up and were not used for research purposes), date of first meeting, total amount in medical deductions, calculated expected benefits, date of follow-up meeting(s), whether or not the client ended up receiving FS, and if the client did not receive them, the reason why.

Follow-up evaluation

A follow-up meeting took place to evaluate any initial outcomes of the program on application assistance and also to determine whether any sections needed to be changed or added to the training manuals and workshop. Also, future ideas for FS advocacy training were brought up and discussed, such as the possibility of three 3-hour training sessions instead of two, which was proposed by an advocate on the post-questionnaire in October 2011.

The responses were recorded on digital file using a digital recorder, and notes of their feedback and responses were also taken for use in the future. This data provided information to help evaluate the program and improve it when the materials are revised.

Evaluation of application assistance

As part of the follow-up evaluation questionnaire, the advocates were asked to provide the total number of older adults they assisted in applying for FS, how many of those assisted received FS benefits, how many of those assisted have not heard back from DFCS yet, and reasons why clients did not receive FS benefits, if this occurred.

Advocates were given the option to check “not sure” on the evaluation form. The total numbers of each question were added up to assess overall impact of application assistance, and the comments were used to provide insight to future improvements of the workshop.

CHAPTER IV

RESULTS

A timeline and logic model are shown in Appendices C and D, respectively, as an overview of the overall events and desired long-term outcomes of the program.

Identifying the barriers to the FS application process among older adults in Northeast Georgia

Table 3 shows the list and frequency of FS application difficulty categories reported among senior center participants in Northeast Georgia. In the study sample, 32.4% and 21.6% reported having a FS application difficulty in 2009 and 2010, respectively. The most common difficulty reported among participants was paperwork and application issues.

Table 3. FS application difficulty reported by senior center participants in Northeast Georgia, 2009 and 2010

Response n(%)	2009 (n=71)	2010 (n=125)
Transportation issues	2 (2.8%)	3 (2.4%)
Paperwork/application issues	13 (18.3%)	6 (4.8%)
Perception issues	3 (4.2%)	5 (4.0%)
Applied and denied	1 (1.4%)	3 (2.4%)
Both transportation and paperwork	0 (0.0%)	3 (2.4%)
Both paperwork and perception	0 (0.0%)	1 (0.8%)
Don't know	1 (1.4%)	2 (1.6%)

Response n(%)	2009 (n=71)	2010 (n=125)
Missing response	3 (4.2%)	4 (3.2%)
Did not have difficulties	48 (67.6%)	98 (78.4%)

Various characteristics were compared between those reporting and not reporting any difficulty applying for FS in 2009 and 2010, as seen in Table 4. For a table presenting the same results but in row statistics, see Appendix G. In 2009, those with and without FS application difficulty showed similar sociodemographic (gender, age, and years of education), health (body mass index, having diabetes, having high blood pressure, having heart disease, having arthritis, a history of depression, number of prescription medications, and physical function), social (how often participants get social and emotional support), economic (currently receiving FS), and other characteristics (having a current weight that affects participants' ability to do daily activities). However, 78.3% of participants who reported FS application difficulty were food insecure, compared to 37.5% of those who did not report difficulty ($p=0.001$).

Similar to the findings from 2009, there were no significant differences in most of the participant characteristics between those with and without having difficulty applying for FS. However, difficulties applying for FS differed significantly by participants' residing county, race, and economic and food assistance participation status. Of those who reported difficulty in FS application, 44.4% were from Greene County, 25.9% were from Clarke County, 22.2% were from Jackson County, and 7.4% were from Loganville, Walton County ($p=0.006$). Also, in 2010, race was associated with FS application difficulty. Among those reporting difficulty in FS application, 66.7% were Black, compared to 29.6% White ($p=0.005$). Also, 59.3% of those who reported difficulty in FS

application received food from a food pantry or food bank in the last month, while 40.7% did not ($p=0.004$). Among those who did not report difficulty in FS application, 77.7% reported that their assets and financial resources are sufficient to meet emergencies, compared to only 44.0% of participants who reported difficulty in FS application ($p=0.001$). There was a statistically significant relationship among how well participants' amount of money takes care of their needs and reported difficulty in FS application ($p=0.007$) and also at the present time, whether participants feel they will have enough for their needs in the future and reported difficulty in FS application ($p=0.006$).

Table 4. Characteristics of participants reporting FS application difficulty, 2009 and 2010

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
<i>SOCIODEMOGRAPHIC</i>								
Age, years	72.7±8.03	73.8±8.56	70.5±6.43	0.109	74.7±7.65	75.3±7.87	72.7±6.58	0.119
Education, years	9.6±3.54 ⁸	10.0±3.32	8.83±3.90	0.195	10.4±3.47 ⁴	10.7±3.44	9.3±3.43	0.073
Total # of people living in home ₁	N/A	N/A	N/A	N/A	1.8±1.40	1.9±1.48	1.7±1.07	0.570
Total # of children aged 17 and younger living in home ₁	N/A	N/A	N/A	N/A	0.1±0.48	0.1±0.53	0.03±0.19	0.360
Residing county				0.080				0.006
Greene	42 (59.2%)	25 (52.1%)	17 (73.9%)		27 (21.6%)	15 (15.3%)	12 (44.4%)	
Clarke	29 (40.8%)	23 (47.9%)	6 (26.1%)		33 (26.4%)	26 (26.5%)	7 (25.9%)	
Walton (Loganville)	N/A	N/A	N/A	---	27 (21.6%)	25 (25.5%)	2 (7.4%)	
Jackson	N/A	N/A	N/A	---	38 (30.4%)	32 (32.7%)	6 (22.2%)	
Female	63 (88.7)	43 (89.6%)	20 (87.0%)	0.743	94 (75.2%)	72 (73.5%)	22 (81.5%)	0.393
Race/Ethnicity				0.715				0.005
White	11 (15.5%)	8 (16.7%)	3 (13.0%)		69 (55.2%)	61 (62.2%)	8 (29.6%)	
Black	59 (83.1%)	39 (81.3%)	20 (87.0%)		53 (42.5%)	35 (35.7%)	18 (66.7%)	
Hispanic/Latino	1 (1.4%)	1 (2.1%)	0 (0.0%)		2 (1.6%)	2 (2.0%)	0 (0.0%)	
Asian	0 (0.0%)	0 (0.0%)	0 (0.0%)		1 (0.8%)	0 (0.0%)	1 (3.7%)	
Marital status								0.645
Other	N/A	N/A	N/A		7 (5.6%)	5 (5.1%)	2 (7.4%)	
Widowed	N/A	N/A	N/A		65 (52.0%)	50 (51.0%)	15 (55.6%)	
Divorced	N/A	N/A	N/A		32 (25.6%)	24 (24.5%)	8 (29.6%)	

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
Married	N/A	N/A	N/A		18 (14.4%)	16 (16.3%)	2 (7.4%)	
Unmarried	N/A	N/A	N/A		3 (2.4%)	3 (3.1%)	0 (0.0%)	
HEALTH								
# Prescription medications	4.8±3.18 ⁸	4.8±3.30	4.7±2.95	0.874	5.1±3.70 ⁹	5.2±4.07	4.9±1.97	0.740
Body mass index	31.8±7.12	30.9±6.48	33.8±8.07	0.102	30.9±6.55	31.0±6.62	30.4±6.40	0.706
Total physical performance score, out of 12	7.9±2.70	8.0±2.74	7.7±2.66	0.658	7.6±3.53 ⁴	7.7±3.64	7.1±3.56	0.394
Self-rated health				0.605				0.227
Poor	7 (30.4%)	6 (12.5%)	1 (4.4%)		9 (7.2%)	5 (5.1%)	4 (14.8%)	
Fair	23 (32.4%)	14 (29.2%)	9 (39.1%)		41 (32.8%)	33 (33.7%)	8 (29.6%)	
Good	25 (35.2%)	16 (33.3%)	9 (39.1%)		55 (44.0%)	46 (46.9%)	9 (33.3%)	
Very good	14 (19.7%)	11 (22.9%)	3 (13.0%)		13 (10.4%)	10 (10.2%)	3 (11.1%)	
Excellent	2 (2.8%)	1 (2.1%)	1 (4.4%)		7 (5.6%)	4 (4.1%)	3 (11.1%)	
Chronic diseases								
Diabetes	26 (36.6%)	18 (37.5%)	8 (34.8%)	0.824	45 (36.0%)	36 (36.7%)	9 (33.3%)	0.744
High blood pressure	61(85.9%)	40 (83.3%)	21 (91.3%)	0.366	90 (72.0%)	67 (68.4%)	23 (85.2%)	0.085
Heart disease	18 (25.3%)	12 (25.0%)	6 (26.1%)	0.922	38 (30.6%) ²	27 (27.8%)	11 (40.7%)	0.198
Arthritis	54 (76.1%)	37 (77.1%)	17 (73.9%)	0.770	78 (62.4%)	60 (61.2%)	18 (66.7%)	0.605
History of depression	15 (21.1%)	8 (16.7%)	7 (30.4%)	0.184	28 (23.1%) ⁴	22 (22.7%)	6 (25.0%)	0.809
SOCIAL								
How often get social and emotional support				0.423				0.610
Never	4 (5.8%) ¹	2 (4.4%)	2 (8.7%)		4 (3.4%) ³	2 (2.2%)	2 (7.7%)	
Rarely	5 (7.2%)	3 (6.5%)	2 (8.7%)		6 (5.0%)	5 (5.4%)	1 (3.8%)	
Sometimes	23 (33.3%)	13 (28.3%)	10 (43.5%)		28 (23.5%)	22 (23.7%)	6 (23.1%)	
Usually	8 (11.6%)	5 (10.9%)	3 (13.0%)		26 (21.8%)	22 (23.7%)	4 (15.4%)	

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
Always	29 (42.0%)	23 (50.0%)	6 (26.1%)		55 (46.2%)	42 (45.2%)	13 (50.0%)	
<i>ECONOMIC</i>								
Did not always have enough money to buy food needed	29 (40.8%)	12 (25.0%)	17 (73.9%)	0.000	31 (25.6%) ⁴	17 (17.7%)	14 (56.0%)	0.000
Received food from a food pantry or food bank in past month	49 (69.0%)	31 (64.6%)	18 (78.3%)	0.243	44 (35.4%) ²	28 (28.9%)	16 (59.3%)	0.004
Food insecure	36 (50.7%)	18 (37.5%)	18 (78.3%)	0.001	36 (28.8%)	17 (17.4%)	19 (70.4%)	0.000
Currently did not receive FS	47 (66.2%)	29 (60.4%)	18 (78.3%)	0.137	101 (80.8%)	78 (79.6%)	23 (85.2%)	0.514
Assets and financial resources are not sufficient to meet emergencies	N/A	N/A	N/A	N/A	35 (29.4%) ³	21 (22.3%)	14 (56.0%)	0.001
Expenses so heavy that cannot meet payments								0.151
Cannot meet payments	N/A	N/A	N/A		2 (1.6%) ⁵	1 (1.0%)	1 (4.0%)	
Can barely meet payments	N/A	N/A	N/A		34 (27.6%)	24 (24.5%)	10 (40.0%)	
Payments are no problem	N/A	N/A	N/A		87 (70.7%)	73 (74.5%)	14 (56.0%)	
How think are doing financially compared to people of same age								0.865
Worse	N/A	N/A	N/A		10 (8.5%) ⁶	8 (8.6%)	2 (8.3%)	

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
About the same	N/A	N/A	N/A		83 (70.9%)	65 (69.9%)	18 (75.0%)	
Better	N/A	N/A	N/A		24 (20.5%)	20 (21.5%)	4 (16.7%)	
How well amount of money have takes care of needs								0.007
Poorly	N/A	N/A	N/A		13 (10.6%) ⁵	7 (7.1%)	6 (24.0%)	
Fairly well	N/A	N/A	N/A		57 (46.3%)	43 (43.9%)	14 (56.0%)	
Very well	N/A	N/A	N/A		53 (43.1%)	48 (49.0%)	5 (20.0%)	
At present time, do not feel will have enough for needs in future	N/A	N/A	N/A		34 (29.8%) ⁷	21 (23.6%)	13 (52.0%)	0.006
<i>OTHER CHARACTERISTICS</i>								
Current weight affects ability to do daily activities, such as walk, do housework, shop, etc.	19 (26.8%)	13 (27.1%)	6 (27.3%)	0.987	19 (15.3%) ²	14 (14.4%)	5 (18.5%)	0.602
¹ n for variable column=69; ² n=124; ³ n=119; ⁴ n=121; ⁵ n=123; ⁶ n=117; ⁷ n=114; ⁸ n=70; ⁹ n=122								

Development of FS advocacy training materials and training workshop

Regular meetings between Nancy Lindbloom and Lauren Badger took place from January 2011 to May 2011 to review the key concepts of the FS application. Special areas of focus for older adults in the FS process included the household definition and medical deductions. Other areas of focus included eligibility criteria, FS budget calculation, and advocacy skills. Also, it was decided to name the program Athens CAFÉ: Community Advocacy to Access Food Stamps for the Elderly. The training program was unique in that the advocacy skills would include follow-up with clients to provide any needed documents to DFCS and also assist if any issues occurred during the application process.

Another crucial component of developing the training program was determining the model for application assistance. Lucy Smith, Georgia DFCS Food and Nutrition Unit Manager, helped the research team make contacts with local DFCS employees to determine how advocates could best assist older adult clients and also maintain communication with DFCS. On Thursday, September 2, 2011, a meeting was held with Athens CAFÉ leaders, Lucy Smith, and local DFCS employees who handle FS applications to determine the model for application assistance. It was decided that online applications would be the focus of the training and used whenever internet connection is available; however, if a paper application were to be used, then scanners could be used to scan in the application and important supporting documents. The information discussed at this meeting was crucial to the development of certain sections of the training materials, such as the Step-by-Step Guide. Table 5 shows an overview of the developed sections in the training manual and the desired outcomes for each.

Table 5. Overview of the training manual

Chapter	Outcome Purpose
1. Introduction to Food Insecurity Among Older Adults and the FS Program	Knowledge
2. Learn More about GA FS Policy	Knowledge
3. What does it Mean to be a FS Advocate?	Knowledge; confidence
4. Tips for Working with Low-Income Older Adults	Skills; confidence
5. Applying for FS: Filing a Paper Application	Skills
6. Food Stamp Household	Knowledge; skills
7. Medical Deductions	Knowledge; skills
8. Eligibility and Budget Calculation	Knowledge; skills
9. COMPASS	Knowledge; skills
10. Verification and the Interview	Knowledge
11. Client Education Once Clients Receive FS Benefits	Knowledge
12. Step-by-Step Guide to Your Work as an Advocate	Confidence
13. Skills (Training Activities) ¹	Skills
14. Advocacy Forms ²	Confidence
15. Client Follow-Up Log/Training Notes/Questions/References.	Confidence; evaluation
¹ Skills included two client examples that advocates used to determine their FS household situation, eligibility, medical deductions, and estimated amount of benefits they would receive. ² Forms included: “Authorization for Release of Information”, DHS; “How to Figure Out FS Eligibility and Amount of Stamps”, GA Legal Services; “Form 840-Medical Transportation Log”, GA DHS; “Medical Expense Questions to Ask Clients”, Athens CAFÉ ; “Pharmacy Release Form”, Athens CAFÉ ; “Client Education-How to Use FS Benefits”, Athens CAFÉ	

As the sections were drafted, they were sent off to Nancy Lindbloom, Dr. Lee, Dr. Johnson, Lucy Smith, Dr. Elizabeth Andress, and Temitope Walker, MS, for review and formative evaluation to ensure that the materials were interpreted, understood, and implemented as intended. Revisions were made as necessary before copies of the materials were created for advocates. Dr. Andress is an expert in the Expanded Food and Nutrition Education Program, as well as with designing, implementing, and evaluating a

web-based curriculum. Temitope Walker is a current graduate student in the Department of Foods and Nutrition who is conducting research related to FS barriers among older adults in Northeast Georgia. A copy of the Athens CAFÉ training manual is found in Appendix H.

Recruitment of FS advocates

Once the training materials were developed based on the barriers in Northeast Georgia, 21 advocates were recruited. All advocates who were recruited were screened through telephone interviews and were found to be eligible to participate. Three advocates dropped out due to personal reasons, therefore only 18 remained in the study. Characteristics of the study sample are shown in Table 6. Participants were mainly female, white, and had a mean age and education of 16.7 and 29.2 years, respectively. Almost all participants had prior experience working with low-income older adults, and only 27.8% had prior experience with the FSP. Also, 77.8% were students, with over half currently enrolled in a Masters degree program. Participants who dropped out were all females and had similar demographic characteristics as the study sample.

Table 6. Characteristics of the FS advocates (n=18)

Demographic Characteristic	% or Mean \pm SD
Female	14 (77.8%)
Race/ethnicity	
White	13 (72.2%)
Black	2 (11.1%)
Asian	2 (11.1%)
Other	1 (5.6%)
Education, years	16.7 \pm 1.18

Demographic Characteristic	% or Mean \pm SD
Age, years	29.2 \pm 10.2
Town/city of residence	
Athens	13 (72.2%)
Duluth	2 (11.1%)
Winterville	0 (0%)
Social Circle	1 (5.6%)
Sugar hill	1 (5.6%)
Bethlehem	1 (5.6%)
Had prior experience working with low-income or older adults	17 (94.4%)
Had prior experience with the food stamp program	5 (27.8%)
Had prior experience with the Grandparents Raising Grandchildren program	8 (44.4%)
Current student	14 (77.8%)
Current program enrolled in	
Bachelors	3 (16.7%)
Masters	10 (55.5%)
PhD	1 (5.6%)
Professional career	4 (22.2%)
Current major in program enrolled in	
Department of Foods and Nutrition, UGA	6 (33.3%)
School of Social Work, UGA	5 (27.8%)
College of Public Health, UGA	2 (11.1%)
Department of Communication Disorders & Science, UGA	1 (5.6%)
Professional career (non-student)	4 (22.2%)
Which training workshops did the participants attend?	
Original: Fri., Oct. 14 and Sat., Oct. 22	9 (50%)
Fri., Oct. 14 and make-up on Fri., Nov. 4	6 (33%)
Make-up Fri., Oct. 21 and make-up Fri., Nov. 4	1 (6%)
Make-up Wed., Nov. 11 (one-day training)	2 (11%)

Validation of training materials

Training workshops

Once the manual was created, 2 three-hour workshops were held in October 2011 at the Athens Community Council on Aging and also at Barrow Hall, UGA. One make-up date for each original workshop date was also set up to accommodate the advocates' needs.

Changes in knowledge and confidence, and overall satisfaction, among participants

Results of the changes in participants from pre- to post-questionnaire are shown in Table 7. Participants increased their FS knowledge from 1.8 ± 1.9 to 5.0 ± 1.3 after the training, on a scale of 0-6 ($p=0.000$). Also, participants increased their confidence from 15.9 ± 6.0 before the training to 25.1 ± 5.8 after the training, on a scale of 6-30 ($p=0.000$). Three of the knowledge questions were phrased as "Before today, had you heard that..." However, two of the advocates attended a one-day make-up training. Therefore, these questions were misinterpreted by one advocate in the post-questionnaire. This participant was excluded from the data analysis. Overall, clients were very satisfied with the training workshop.

Table 7. Knowledge, confidence, and satisfaction among advocates

Mean \pm SD	Pre-Test	Post-Test	T-score	p-value
Knowledge (n=17) ¹	1.8 \pm 1.9	5.0 \pm 1.3	-6.62	0.000
Confidence (n=18) ²	15.9 \pm 6.0	25.1 \pm 5.8	-6.73	0.000
Satisfaction (n=18) ³	N/A	3.4 \pm 0.61	N/A	N/A
¹ Knowledge was assessed based on correct responses to 6 FS knowledge-based questions, on a scale of 0-6. ² Confidence was assessed using 6 Likert scale questions based on FS skills, with 1 being not at all able and 5 being extremely able, for a total confidence range of 6-30. ³ Satisfaction was assessed using 1 Likert scale question about clients' overall satisfaction with the training workshop on a scale of 0-4, with 0 being poor and 4 being excellent.				

Participant feedback

Participants were also asked two open-ended questions about their training experiences, regarding whether they had any comments on how the training program could be improved and also whether they had any additional comments (Table 8). Many participants indicated that providing more examples and activities to practice skills would be useful. One participant indicated that he or she would be willing to undergo an additional training session for better comprehension of the materials and application of the skills. Also, participants indicated that the direction of the workshops should follow the manual in a more organized manner.

Table 8. Participant comments on the training program

Aspects participants found useful	Aspects to improve in the future
I was really glad I could go to the make-up session.	I would use more examples/calculations.
Great training. Also great to know that elder may qualify for more stamps.	The availability of training could be a little more flexible
I thought it was	Maybe show more demonstrations and practice

Aspects participants found useful	Aspects to improve in the future
helpful/comprehensive.	so we have the chance to try and use the tools.
I found it to be concise and helpful.	Maybe provide the Step-by-Step process at the beginning. That cleared up a lot of confusion about what was expected of us that we were wondering the whole time.
Great training program--would be excellent to provide similar program to community to establish knowledge with this population and their families/friends who can help.	There are MANY papers given out that are not in the binder. Maybe each paper should have a section number on it or a place for it to go.
Good information provided--very knowledgeable presenters. The contacts provided will be helpful.	There seems to be a lot of jumping around in the binder. I had a hard time following.
Very informative.	We should fill out one complete paper application together.
Loved the organization and materials provided.	Would have liked to have completed budget sheet to see complete process.
VERY well prepared! I'm impressed by the obviously large amount of work that has gone into preparing these sessions. The binders are an awesome resource!	Allow more time or perhaps a third session to practice more.
I thought it was very organized, especially with the binder we were given. Both leaders were very knowledgeable and helpful with questions.	Possibly going over more examples.
I liked the open communication format. It was nice to be able to interact to ask lots of questions.	The only improvement I would suggest is to make the meetings a little more organized. It seems we were crunched for time, which made it a little hectic, but I did learn a lot despite the slightly unorganized format.
Looking forward to the email updates!	Be sure to let the provided folder guide the training so we are familiar with the resources provided.
Great workshop!	Include component about reminding clients that food stamps are supplemental. Maybe a one paragraph statement that should always be read to the client.
	Consider encouraging clients to keep their medical receipts for future assessments if

Aspects participants found useful	Aspects to improve in the future
	needed by providing a form that they can write down their expenses or a zip-lock bag.
	Maybe having only one speaker per topic would be helpful, rather than having two speakers commenting together.
	I really learned a lot about this process, but the pre/post-test did not make a lot of sense as post-test, at least some parts didn't.

Community FS application assistance

Regular meetings and communication occurred with the ACCA and the AHA to get the advocates started with their community placements. For every advocate's initial FS application assistance sessions with clients, Lauren Badger was present to oversee the process and answer any questions that came up along the way. Also, Ms. Badger observed and evaluated how the trained FS advocates did, such as if they followed as the way taught during the training or if any other issues occurred that were related to the content for the training. For instance, some of the advocates needed assistance with determining client eligibility and also remembering to fill out the various forms. Advocates also were reminded about the proper methods to submit applications to DFCS and also to conduct follow-up with their clients. Several advocates began setting up regular hours in November 2011 at the ACCA and the AHA's Denney Tower, a high-rise living facility for low-income older adults. In early 2012, regular meetings with Dr. Geraldine Clarke, AHA Resident Support Director, took place to establish regular hours at the AHA's main administrative building to meet the needs of AHA clients. Although 18 advocates completed the training workshop, only 10 helped at least one older adult

client. Of these 10 active advocates, 5 had active community hours and availability to help clients.

Follow-up evaluation

Five advocates were able to attend the follow-up session, along with two community partners and four Athens CAFÉ leaders. Not all of the advocates who attended the follow-up session were the most active advocates. Upon arriving to the meeting, the advocates were given a questionnaire identical to the post-questionnaire to assess whether any changes had occurred in their knowledge of confidence after they had used the training with older adult clients. For the changes in knowledge and confidence on the follow-up questionnaires, the sample size was too small to make any meaningful statistical conclusions, so it was not analyzed. However, the five advocates reported a total of 19 older adult clients assisted in applying for FS, with 2 confirmed clients who received FS. One advocate also noted that the workshop was enjoyable but that he or she did not gain confidence until he or she worked with older adult clients. The majority of advocates did not know the result of their application assistance efforts.

After the questionnaires were completed, the entire group had a discussion using open questions and a white board to write key ideas. Questions such as what were the strengths and areas that could be changed about the program, the usefulness of possible additions in future training materials, and any surprising facts learned during the process were asked. After this main discussion, the group was split into advocates and community partners. The advocates were asked for feedback from each stage of the program, from their recruitment to the training to the application assistance. The

community partners were asked what could improve their relationship with Athens CAFÉ and their clients and any other useful information to the future of this program. Results from the follow-up evaluation are shown in Table 9.

Table 9. Follow-up evaluation qualitative responses from FS advocates and community partners

Categories	Responses
ADVOCATE INPUT (n=5)	
Strengths of the program	Liked the handouts about medical expense reminders and the budget calculation sheet
	The notebook was extremely helpful
	One-on-one interactions with clients were rewarding
	Wonderful teaching and learning experience
	Support from program leaders
Areas that could be strengthened	The manual is too bulky
	Divide into everyday information versus information sometimes need to know
	Mock video of how the process works
	Mock interview
	Assistance on where to begin process
	Watch or try it yourself
	Provide more information on potential sources of income clients may have (disability income/VA income, etc.)
Would the following additions be useful to you?	
Longer training sessions (e.g. three 3-hour sessions)	Would be willing to have 3 sessions, but maybe not three 3-hour sessions
A FAQ section	Yes
A mock interview	Yes
What surprised you about the process?	Every case is interesting; “not cookie cutter”
	How much time was spent with each client
	“Hard time reeling clients back in to topic”

Categories	Responses
	One-on-one work means you have a captive audience
	Individuals are lonely
	How willing clients were to give up personal information
	Unique household situations
	Client paying child support
	Disability payments
	Son with a conviction living with his older-adult mother
Recruitment	
Were expectations clear? Was the commitment level fine?	Expectations were clear in recruitment process
	Range of time (2 semesters) is fine for a commitment level
What made you participate?	Nice thing to do
	Wanted to learn more about FS
	Useful knowledge
	Gain more experience working with older adults
	Gain one-on-one interviewing skills
Training	
What areas do you think you were less prepared in?	Uneasy dealing with money situations
	Dealing with different income sources
Comment on format of training sessions	Liked the structure
	Spend less time on background information and more time on practice
Application assistance	
To prevent loss of future advocates, what commitment level should we ask for? Were we clear?	Say from the beginning that this will continue for the first 2 semesters
	Thought the commitment expectation was what it said it was
	Other advocates may not have been motivated
	Use e-mail updates
Follow-up	
What tools would help with client follow-up?	Many clients' phone numbers were out of order—lost contact
	Maintaining demographics with lower-income individuals

Categories	Responses
	Not sure how much the clients remembered (e.g. medications they take)
	The program may have seemed informal/casual...one confused client said "DFCS said it was a scam"
Communication	
What do you think about the communication system used? Were there any issues related to using scanners, emails, Internet...?	
	Email system failed
	No internet at Denney Tower
	Faxing might be more useful than scanners, because it was awkward to take scanners to homes
COMMUNITY PARTNERS (n=2)	
What do you think about the experiences and lessons learned from the Athens CAFÉ?	Appreciate that we did a lot of work
	Wanted to know more about our process
	E-mail updates for the community partners would be helpful/useful
	Have a meeting once with community partners, then email to keep them in the loop
	Want to know what happened
	Did we get more clients at walk-in times or at events?
	Individual follow-up results
	Potential places for future application assistance: Leisure Services, Rock Springs, East Athens Community Center at Thomas Lay Park

A separate follow-up meeting was conducted on April 11, 2012 with Nancy Lindbloom, Lauren Badger, and several DFCS workers: Dana Singer, who handled paper applications from the program, Angela Taylor, who handled COMPASS applications from the program, and Lucy Smith. The purpose of this meeting was to evaluate the program from the administrative end. They indicated that once communication was

established among Athens-Clarke County DFCS workers, the email format of communication worked well. Furthermore, the program's applications were some of the easiest applications for DFCS case workers, because most of the work had already been done by the advocates. However, on a couple of occasions, verification documents were received after the applications had already been processed. Ms. Taylor noted that advocates have 10 days to submit verification documents for applications submitted online. She also noted that clients who need assistance may be less able to answer telephone interview questions on their own and that advocates might want to communicate their availability to assist clients on these interviews when submitting application emails. The DFCS offices also agreed to conduct a status check with future advocates to let them know what documents are needed and the state of the application. They also indicated that they would train approximately 2 workers to focus on the program's applications in the future to reduce errors.

CHAPTER X

DISCUSSION/CONCLUSIONS

The purpose of the present study is to develop, implement, and evaluate a FSP advocate training program to help application assistance among eligible older adults based on the USDA's application assistance model. The findings and lessons learned from this study show that the training significantly increased the knowledge and confidence of the advocates, and the advocates also reported high satisfaction with the training program. This pilot program has a strong potential to serve as a model for the development and implementation of the food stamp advocate training across Georgia and the U.S.

Similarities between the USDA Elderly Nutrition Demonstrations and Athens CAFÉ

The development of Athens CAFÉ was based on the USDA Elderly Nutrition Demonstrations, therefore they share many key principles regarding the FS application assistance. Like with the USDA Elderly Nutrition Demonstration Application Assistance Models, Athens CAFÉ targeted community places where low-income older adults frequent, such as senior centers and other community centers. Also, both Athens CAFÉ and the USDA Demonstrations worked closely with their state offices that handle FS applications, and workload was decreased for case workers in both programs, which is seen as a positive aspect and leads to increased administrative support of programs (27)

Uniqueness of Athens CAFÉ

Athens CAFÉ is unique and creative in its strategies. First, Athens CAFÉ employed rigorous validation in the development and pilot-testing of the training materials. Previous USDA Demonstrations did not disclose/release actual training program materials as well as their validation information, which may hamper other organizations and states to develop similar programs while addressing unique FS application barriers of older adults in their communities. Process and validation evaluation are valuable to a program's success and were utilized in Athens CAFÉ. Process evaluation in the development of materials is useful because it helps to shape the program effectively and to make informed decisions during the development process by providing timely and concrete information about the program implementation, all of which could improve the program overall (29, 71). Validation of the training program in the form of impact assessment is important to show that the program has its desired effects on participants before expanding the program (71).

Second, Athens CAFÉ focused on improving the knowledge and confidence to assist FS application, all of which are critical for acquiring competent advocacy skills among FS advocates. Such focus would enable volunteers to not only file FS applications but also ensure that their clients receive the benefits they are entitled to.

Third, Athens CAFÉ used an online FS application available through COMPASS whenever internet access was available. This approach made the application get submitted to DFCS instantly and potentially get processed quicker than a paper application. At the time the USDA demonstrations were conducted, online applications were not available, therefore only paper applications were filled out (27).

Fourth, unlike the USDA Demonstrations, which used various types of FS application assistants (e.g., mostly low-income older adults who were volunteers or paid workers) (27), Athens CAFÉ recruited volunteers who were relatively young and not peers to their clients. Using younger volunteers might be beneficial when using online applications and other modern technologies, and the volunteers in Athens CAFÉ were unique in that they were highly educated, which is also beneficial. However, low-income older adults might feel more comfortable providing personal information needed for FS applications to other low-income older adult assistants.

Lastly, Athens CAFÉ may have less emphasis on the follow-up/outcome evaluation than the USDA Elderly Nutrition Demonstrations (27). This may have occurred because many advocates who completed the training did not go on to assist many older adults with FS applications. Also the expectations for volunteer time may have not been clear, although advocates who were able to attend the follow-up meeting indicated that expectations of commitment were clear. Also, the majority of advocates was student volunteers and therefore may not have been able to dedicate much time to application assistance.

Strengths

This pilot-test has many strengths. To our knowledge, this is the only application assistance program targeted to older adults in Georgia. The unique barriers experienced by a sample of older adults with a high prevalence of food insecurity in Northeast Georgia were assessed prior to developing the training materials. The training materials that were developed were validated for their ability to increase knowledge and confidence

of FS advocates prior to beginning community application assistance. Also, the materials included advocacy and follow-up skills to aid assistants not only in helping older adults apply for FS but to also help solve any issues related to the applications. The strong collaborations between the UGA Department of Foods and Nutrition, Georgia Legal Services-Athens Office, and Athens-Clarke County and Georgia DFCS, as well as with community partners such as the ACCA and the AHA, were a large strength. Furthermore, expertise input was used to make sure that the training materials were accurate and would be interpreted, understood, and implemented as intended. The community partners were involved with the program and helped provide resources such as facility space and program advertisement. The community partners also helped advocates reach low-income older adults who might be eligible.

Limitations

One major limitation of the study is that very few of the trained FS advocates assisted older adult clients with FS applications. Advocates were told that they could help as many or as few clients as they liked, which may have led to low application assistance. Furthermore, the advocates who did help older adult clients apply for FS did not consistently conduct follow-up work to determine whether their clients received FS and whether the benefit level was as expected. Therefore, follow-up skills need to be expanded in the future of this training program. Also, in the next phase of training and application assistance, DFCS workers will have increased communication with Athens CAFÉ advocates to discuss status checks and inform them of any needed verification documents, whether the application has been approved, and other helpful aspects.

The sample of FS advocates used to validate the training materials had a high education level, was mainly female, was relatively young, and was mainly white. Therefore, the results may not be generalizable to other populations but can provide a good example to be replicated and modified in other areas.

In conclusion, this study helped increase the knowledge and confidence of FS advocates and will serve as a model for the development and implementation of the food stamp advocate training across Georgia and the U.S.

Implications

This study has several implications for key research, practice, and policy. First, it identified potential characteristics of a target population of older adults at senior centers in Northeast Georgia that might explain FS application difficulty, such as residing county, race, and various economic characteristics such as food insecurity and perception of financial status. These characteristics can be researched more in depth in future studies. These concepts can also be utilized in future expansion in the program, such as advocacy training in Greene County, where a high prevalence of individuals at the senior center reported FS application difficulty. Secondly, it demonstrates that well-developed training materials may increase the knowledge and skills of FS advocates, which will be useful for future advocacy training programs. However, future research using these training materials should assess the impact of advocates' FS application assistance on older adult clients, such as increase in FS participation and also effect on food insecurity in the community.

Future use of the program will involve modifying the training material content, expanding the program to train more advocates in Athens-Clarke County and also advocates in other counties in Georgia, and evaluating its impact on older adults. Furthermore, a future training workshop will be professionally recorded on DVDs for widespread use of the training materials. It may also be implemented on different platforms, such as through an internet training program or certification.

This study helped identify several policy and administration issues that could be changed to help to reduce barriers that older adults face when applying for FS. One such area is the definition of a FS household on Georgia FSP paper applications, which is misleading and may not capture the unique nature of older-adult households, potentially affecting client eligibility (49). Additionally, many clients were not aware of the medical deduction, including many older adults who were already receiving FS. Therefore, this could be an area of focus for future administration changes or efforts. Every single older adult who applies for FS benefits must be aware of medical deductions, as this could change an individual's decision to apply and significantly increase benefits received, which could have implications on food insecurity among older adults. Thus, future outreach and education regarding medical expense deduction are important.

Food insecurity is a critical issue among older adults, and programs that help older adults apply for FS benefits through the use of well-trained advocates might help improve older adults' ability to purchase nutritious food and potentially help promote healthy aging overall.

REFERENCES

1. Food Research and Action Center. SNAP/food stamp eligibility. Version current 2010. Internet: <http://frac.org/federal-foodnutrition-programs/snapfood-stamps/> (accessed 1 May 2011).
2. United States Department of Agriculture. A short history of SNAP. Version current 30 April 2009. Internet: <http://www.fns.usda.gov/snap/rules/Legislation/about.htm> (accessed 30 April 2011).
3. United States Department of Agriculture. Reaching those in need: state Supplemental Nutrition Assistance Program participation rates in 2009. 2011. Internet: <http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Participation/Reaching2009.pdf> (accessed 26 March 2012).
4. Cunnyingham K. Mathematica Policy Research, Inc. State trends in supplemental nutrition assistance program eligibility and participation among elderly adults: final report. 2010. Internet: http://mathematica-mpr.com/publications/PDFs/nutrition/SNAP_elderly.pdf (accessed 2 January 2011).
5. Bartlett S, Burstein N. Abt Associates Inc. Food stamp program access study: eligible nonparticipants. May 2004. Internet:

- <http://www.ers.usda.gov/publications/efan03013/efan03013-2/efan03013-2.pdf>
(accessed 19 January 2011).
6. Food Research and Action Center. Seniors and SNAP/food stamps. Version current 2010. Internet: <http://frac.org/initiatives/addressing-senior-hunger/seniors-and-snapfood-stamps/> (accessed 19 January 2011).
 7. Fuller-Thomson E, Redmond M. Falling through the social safety net: Food Stamp use and nonuse among older impoverished Americans. *Gerontologist* 2008;48(2):235-44.
 8. Gabor V, Williams SS, Bellamy H, Hardison BL. Seniors' view of the Food Stamp Program and ways to improve participation-focus group findings in Washington State-final report. Internet: <http://www.ers.usda.gov/publications/efan02012/efan02012.pdf> (accessed 10 April 2011).
 9. Johnson MA. Annual evaluation of senior centers in Northeast Georgia. Unpublished research. Collected in 2009-2010.
 10. Administration on Aging, US Department of Health and Human Services. A profile of older Americans: 2011. 2011. Internet: http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf (accessed 26 March 2012).
 11. Administration on Aging. Projected future growth of the older population. 2010. Internet: http://www.aoa.gov/aoaroot/aging_statistics/future_growth/future_growth.aspx#age (accessed 24 March 2012).

12. Robert Wood Johnson Foundation. Chronic care: making the case for ongoing care. 2010. Internet:
<http://www.rwjf.org/files/research/50968chronic.care.chartbook.pdf> (accessed 16 April 2012).
13. Cubanski J, Huang J, Damico A, Jacobson G, Neuman T. Medicare chartbook. 2010. Internet: <http://facts.kff.org/chartbook.aspx?cb=58> (accessed 2 April 2012).
14. Johnson RW, Mommaerts C. Are health care costs a burden for older Americans? The Retirement Policy Program Brief Series 2009:26;1-13. Internet:
http://www.urban.org/UploadedPDF/411924_health_care_burden.pdf (accessed 26 March 2012).
15. U.S. Census Bureau. The research supplemental poverty measure: 2010. 2011. Internet: <http://www.census.gov/prod/2011pubs/p60-241.pdf> (accessed 28 March 2012).
16. Collins SR, Doty MM, Robertson R, Garber T. Help on the horizon: how the recession has left millions of workers without health insurance, and how health reform will bring relief. March 2011. Internet:
http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Mar/1486_Collins_help_on_the_horizon_2010_biennial_survey_report_FIN_AL_v2.pdf (accessed 25 March 2011).
17. Coleman-Jensen A, Nord M, Andrews M, Carlson S. Household food security in the United States in 2010. 2011. Internet:
<http://www.ers.usda.gov/Publications/ERR125/ERR125.pdf> (accessed 26 March 2012).

18. Anderson SA. Core indicators of nutritional state for difficult-to-sample populations. *The Journal of nutrition* 1990;120 Suppl 11:1559-600.
19. Ziliak JP, Gundersen C. Senior hunger in the United States: differences across states and rural and urban areas. September 2009. Internet: <http://www.mowaa.org/Document.Doc?id=193> (accessed 19 April 2011).
20. Lee JS, Sinnott S, Bengtson R, Johnson MA, Brown A. Unmet needs for the Older Americans Act Nutrition Programs. *Journal of Applied Gerontology* 2011;30(5):587-606.
21. Lee JS, Fischer JG, Johnson MA. Food insecurity, food and nutrition programs, and aging: experiences from Georgia. *J Nutr Elder* 2010;29:116-49.
22. Ziliak JP, Gundersen C, Haist M. The causes, consequences, and future of senior hunger in America. 2008. Internet: <http://www.mowaa.org/document.doc?id=13> (accessed 26 March 2012).
23. Nord M, Prell M. Food security improved following the 2009 ARRA increase in SNAP benefits. 2011. Internet: <http://www.ers.usda.gov/Publications/ERR116/ERR116.pdf> (accessed 2 April 2012).
24. Ratcliffe C, McKernan S. How much does SNAP reduce food insecurity? March 2010. Internet: <http://www.urban.org/publications/412065.html> (accessed 18 April 2012).
25. Tiehen L, Joliffe D, Gundersen C. Alleviating poverty in the United States: the critical role of SNAP benefits. April 2012. Internet:

- <http://www.ers.usda.gov/Publications/ERR132/ERR132.pdf> (accessed 16 April 2012).
26. Fey-Yensan N, English C, Pacheco HE, Belyea M, Schuler D. Elderly food stamp participants are different from eligible nonparticipants by level of nutrition risk but not nutrition intake. *J Am Diet Assoc* 2003;103:103-7.
 27. Cody S, Ohls J. Evaluation of the USDA Elderly Nutrition Demonstrations: volume I, evaluation findings. July 2005. Internet:
<http://ddr.nal.usda.gov/dspace/bitstream/10113/32786/1/CAT31012271.pdf>
(accessed 27 March 2012).
 28. Hiner CA, Mandel BG, Weaver MR, Bruce D, McLaughlin R, Anderson J. Effectiveness of a training-of-trainers model in a HIV counseling and testing program in the Caribbean Region. *Hum Resour Health* 2009;7:11.
 29. Furstenberg CT, Carter JA, Henderson JV, Ahles TA. Formative evaluation of a multimedia program for patients about the side effects of cancer treatment. *Patient Education and Counseling* 2002;42:57-62.
 30. Pirallo RG, Wolff M, Simpson DE, Hartgarten SW. Analysis of an international Emergency Medical Service train-the-trainer program. *Ann Emerg Med* 1995;25:656-9.
 31. Kaplan MS, Huguet N, Fee DH. Self-reported hypertension prevalence in Canada and the United States. *Soc Sci Med* 2010;70(6):844-9.
 32. Cole N, Fox MK, United States Department of Agriculture. Nutrition and health characteristics of low-income populations: volume IV, older adults. December

2004. Internet: <http://www.ers.usda.gov/publications/efan04014-4/efan04014-4.pdf> (accessed 15 April 2011).
33. The Federal Interagency Forum on Aging-Related Statistics. Older Americans 2010: key indicators of well-being. 2010. Internet: http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Documents/OA_2010.pdf (accessed 15 April 2012).
34. United States Department of Agriculture. Guide to measuring household food security. 2000. Internet: <http://www.fns.usda.gov/fsec/files/fsguide.pdf> (accessed 31 March 2012).
35. United States Department of Agriculture. Food security in the United States: household survey tools. Version current 7 September 2011. Internet: <http://www.ers.usda.gov/Briefing/FoodSecurity/surveytools.htm#household> (accessed 30 March 2012).
36. United States Department of Agriculture. Food security in the United States: measuring household food security. Version current 16 November 2009. Internet: <http://www.ers.usda.gov/Briefing/FoodSecurity/measurement.htm> (accessed 30 March 2012).
37. Penn MP, Johnson MA, Lee JS, Fischer J, Bhargava V, Anderson A. Obesity-related comorbidities, disability, physical inactivity, and food insecurity in Georgia senior centers. UGA Electronic Theses and Dissertations Record, 2009.
38. United States Department of Agriculture. Supplemental Nutrition Assistance Program: 10 facts you should know about SNAP. Version current 16 February 2012. Internet:

<http://www.fns.usda.gov/snap/outreach/Translations/English/10facts.htm>

(accessed 26 March 2012).

39. United States Department of Agriculture. Supplemental Nutrition Assistance Program: eligibility. Version current 16 February 2012. Internet: http://www.fns.usda.gov/snap/applicant_recipients/eligibility.htm#special (accessed 26 March 2012).
40. Food Research and Action Center. SNAP/food stamp eligibility. Version current 2010. Internet: <http://frac.org/federal-foodnutrition-programs/snapfood-stamps/eligibility/> (accessed 26 March 2012).
41. United States Department of Agriculture. Supplemental Nutrition Assistance Program: to apply... Version current 8 March 2012. Internet: http://www.fns.usda.gov/snap/applicant_recipients/apply.htm (accessed 26 March 2012).
42. United States Department of Agriculture. Supplemental Nutrition Assistance Program: community partner outreach toolkit. Version current 16 February 2012. Internet: <http://www.fns.usda.gov/snap/outreach/toolkits/2011/basics.html> (accessed 26 March 2012).
43. United States Department of Agriculture, Food and Nutrition Service. The stimulus package & SNAP: how the American Recovery and Reinvestment Act affects SNAP benefits and policies. 2009. Internet: http://www.fns.usda.gov/fns/recovery/ARRA_Powerpoint.pdf (accessed 30 March 2012).

44. United States Department of Agriculture. Supplemental Nutrition Assistance Program. Version current 23 July 2009. Internet:
<http://www.fns.usda.gov/snap/snap.htm> (accessed 30 April 2011).
45. National Archives and Records Administration. Supplemental Nutrition Assistance Program (SNAP): eligibility, certification, and employment and training provisions. Federal Register: The Daily Journal of the United States Government 2011. Internet:
<http://www.federalregister.gov/articles/2011/05/04/2011-10151/supplemental-nutrition-assistance-program-snap-eligibility-certification-and-employment-and-training#p-3> (accessed 30 March 2012).
46. Fox MK, Hamilton W, Lin B. Effects of food assistance and nutrition programs on nutrition and health. 2004. Internet:
<http://www.ers.usda.gov/publications/fanrr19-3> (accessed 30 March 2012).
47. Gundersen C, Kreider B. Food Stamps and food insecurity: what can be learned in the presence of nonclassical measurement error? February 2007. Internet:
<http://www.irp.wisc.edu/publications/dps/pdfs/dp132107.pdf> (accessed 2 April 2012).
48. Georgia Department of Human Services. DFCS. Form 47: Food Stamp Program in Georgia. October 2009. Internet:
[http://www.odis.dhr.state.ga.us/3000_fam/3420_FOOD/MANUALS/Forms/FOR M%20297%20\(R%20Rev.%2010-09\).doc](http://www.odis.dhr.state.ga.us/3000_fam/3420_FOOD/MANUALS/Forms/FOR M%20297%20(R%20Rev.%2010-09).doc) (accessed May 1 2011).
49. Georgia Department of Human Services. DFCS. Form 297: application for benefits. 2009. Internet:

http://www.odis.dhr.state.ga.us/3000_fam/3420_FOOD/MANUALS/Forms/FOR M%20297%20 (accessed 1 May 2011).

50. McConnell S, Ponza M. Mathematica Policy Research, Inc. The reaching the working poor and poor elderly study: what we learned and recommendations for future research. December 1999. Internet:
<http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Other/WPPE-Recs.PDF> (accessed 8 April 2011).
51. Kamp BJ, Wellman NS, Russell C. Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: food and nutrition programs for community-residing older adults. *J Nutr Educ Behav* 2010;42(2):72-82.
52. Sing M, Cody S, Sinclair M, Cohen R. Mathematica Policy, Inc. The Food Stamp Program's elderly nutrition pilot demonstration: final evaluation design. March 2005. Internet:
<http://ddr.nal.usda.gov/bitstream/10113/32804/1/CAT30937920.pdf> (accessed 2 February 2011).
53. Cody S. Mathematica Policy Research, Inc. Food Stamp Program-elderly nutrition demonstrations interim report on elderly participation patterns. June 2004. Internet: <http://www.ers.usda.gov/publications/efan04009/efan04009.pdf> (accessed 19 January 2011).
54. Crenshaw K, Shewchuk RM, Qu H, et al. What should we include in a cultural competence curriculum? An emerging formative evaluation process to foster curriculum development. *Acad Med* 2011;86(3):333-41.

55. Marriott P, Lau A. The use of on-line summative assessment in an undergraduate financial accounting course. J of Acc Ed 2008;6(2):73-90.
56. U.S. Census Bureau. 2010 Demographic profile data: Clarke County, Georgia. 2010. Internet:
<http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bookmark> (accessed 3 April 2012).
57. U.S. Census Bureau. 2010 state and county QuickFacts: Clarke County, Georgia. 2010. Internet: <http://quickfacts.census.gov/qfd/states/13/13059.html> (accessed 4 April 2012).
58. U.S. Census Bureau. 2010 state and county QuickFacts: USA. 2010. Internet: <http://quickfacts.census.gov/qfd/states/00000.html> (accessed 4 April 2012).
59. U.S. Census Bureau. Poverty thresholds. Version current 2012. Internet: <http://www.census.gov/hhes/www/poverty/data/threshld/index.html> (accessed 20 June 2012).
60. Center for Agribusiness and Economic Development. The University of Georgia. Georgia county guide: demographic profile. 2011. Internet: <http://www.georgiastats.uga.edu/counties/059.pdf> (accessed 4 April 2012).
61. Feeding America. Map the meal gap. 2011. Internet: <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx> (accessed 18 April 2012).
62. U.S. Census Bureau. American FactFinder. Profile of general population and housing characteristics: Clarke, Green, Jackson, and Walton Counties, Georgia. 2010. Internet:

- http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table (accessed 22 June 2012).
63. U.S. Census Bureau. American Community Survey. American FactFinder. Selected economic characteristics; Clarke, Greene, Jackson, and Walton Counties, Georgia. 2006-2010. Internet:
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_DP03&prodType=table (accessed 22 June 2012).
64. U.S. Census Bureau. American Community Survey. American FactFinder. Receipt of food stamps/SNAP in the past 12 months by presence of people 60 years and over for households. 2006-2010. Internet:
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_B22001&prodType=table (accessed 6 July 2012).
65. U.S. Census Bureau. American Community Survey. American FactFinder. Population 60 years and over in the United States. 2006-2010. Internet:
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S0102&prodType=table (accessed 6 July 2012).
66. United States Department of Agriculture. Supplemental Nutrition Assistance Program (SNAP). Version current 21 March 2012. Internet:
<http://www.fns.usda.gov/snap/> (accessed 4 April 2012).
67. Georgia Department of Human Services, Online Directives Information System. MAN3420: Food Stamp Program table of contents, volume III. 2011. Internet:
http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MAN3420.doc (accessed 22 March 2012).

68. Food Research and Action Center. FRAC's guide to the food stamp program. 11th ed. Washington, DC: FRAC Publications, 2006.
69. Athens Community Council on Aging. ACCA History. Version current 2011. Internet: test.accaging.org/accahistory (accessed 16 April 2012).
70. Athens Housing Authority. Mission. Internet: <http://www.athenshousing.org/mission> (accessed 16 April 2012).
71. Rossi PH, Lipsey MW, Freeman HE. Evaluation. 7th ed. Thousand Oaks, California: Sage Publications, Inc., 2004.

APPENDICES

APPENDIX A RECRUITMENT MATERIALS

APPENDIX A-1 INFORMATIONAL HANDOUT

We are looking for volunteers to participate in a research study that involves advocate training to increase food stamp participation in older adults. The training workshops and meetings will take about 7 hours. After the training, you can help as many or as few older adults as you like with applying for food stamps. Older people are far less likely than other age groups to receive the food stamp benefits they are entitled to, so this research will help older people receive these benefits.

Here is the timeline:

- October or November 2011: Workshop (2 different days, up to 3 hours each)
 - Tentatively set for Friday, October 14 from 8-11 am and Saturday, October 22 from 8:30-11:30 am
- November 2011: start to assist older adults apply for food stamps
 - January or February 2012: Final follow-up meeting to discuss initial assistance efforts (up to 1 hour)
 - Every 2 months after final follow-up meeting: Report number of older adults assisted via telephone to researchers

If you are interested in participating, please call or email Lauren Badger (XXX-XXX-XXXX, email: email@uga.edu) to determine if you are eligible to become a food stamp advocate.

Thank you for your time!

Sincerely,

Lauren Badger, B.S.F.C.S
Graduate Student and Dietetic Intern
Department of Foods and Nutrition
The University of Georgia

APPENDIX A-2
FAITH-BASED ORGANIZATION NEWSLETTER RECRUITMENT SCRIPT

Dear (organization name) members,

We are looking for volunteers to participate in a research study that involves advocate training to increase food stamp participation in older adults. The training workshops and meetings will take about 7 hours. After the training, you can help as many or as few older adults as you like with applying for food stamps. Older people are far less likely than other age groups to receive the food stamp benefits they are entitled to, so this research will help older people receive these benefits. If you are interested in participating, please call or email Lauren Badger (XXX-XXX-XXXX, email: email@uga.edu) to determine if you are eligible to become a food stamp advocate. Thanks!

APPENDIX A-3
EMAIL LISTERV RECRUITMENT SCRIPT

Dear (organization name) members,

We are looking for volunteers to participate in an advocate training program to increase food stamp participation in older adults, titled “Athens CAFÉ: Community Advocacy to Access Food Stamps for the Elderly”. The training workshops will take about 9 hours. After the training, you can help as many or as few older adults as you like with applying for food stamps. Older people are far less likely than other age groups to receive the food stamp benefits they are entitled to, so this research will help older people receive these benefits.

Here is the timeline:

- Friday, May 4, 1-4 pm
- Wednesday, May 9, 1-4 pm
- Wednesday, May 16, 1-4 pm

All training sessions will take place in the UGA’s Center for Teaching and Learning (CTL) Conference Room.

If you are interested in participating, please call or email Lauren Badger (XXX-XXX-XXXX, email: email@uga.edu) to determine if you are eligible to become a food stamp advocate.

Thank you for your time!

Sincerely,
Lauren Badger, B.S.F.C.S
Graduate Student and Dietetic Intern
Department of Foods and Nutrition
The University of Georgia

**APPENDIX A-4
RECRUITMENT FLYER**

Did you know that many eligible low-income older adults are not receiving food stamps? Did you know that receiving food stamps can help older adults eat better, prevent and manage chronic diseases, and promote healthy aging?



Now, you can do your part to help! The UGA Department of Foods and Nutrition is conducting a research study to train food stamp advocates to help older adults apply for food stamps. Participants will be asked to meet with the researchers three times for training and discussion starting in October 2011. You will also be encouraged to help older adults apply for food stamps at various locations in and around Athens.

For more information and to determine if you are eligible to participate, please call or email Lauren Badger (XXX-XXX-XXXX, email@uga.edu).

APPENDIX B
ORAL SCREENING SCRIPT

Hello, _____! My name is Lauren Badger, and I am a graduate student from the Department of Foods and Nutrition at the University of Georgia. I am calling you because you expressed interest in the upcoming research project, "Advocate Training to Increase Food Stamp Participation in Older Adults." I will be asking you questions to determine if you are eligible to participate in this research project. Do you consent to answer questions over the phone? *Yes No (If no, thank individual for his/her time and do not ask any more questions. If yes, proceed.)*

Name _____

Are you above the age of 18 years? _____

Are you able to speak and understand English? _____

Would you have about 7 hours, spread over three time periods, starting in October 2011 to participate in this advocacy training? (Explain schedule to participant, e.g., two three-hour workshops in October and a follow up one-hour final meeting in January 2012).
Yes No

What is your availability on weekdays? _____

What is your availability on weekends? _____

Please explain your volunteer or service experiences.

Do you have any experience working with low-income or older adults? If so, please describe them.

Do you have any experience with the food stamp program? If so, please describe them.

What is the best way to contact you?

Phone number: _____

Email: _____

Thank you for your time! You will be notified by October 2011 with more information.

APPENDIX C TIMELINE

Month(s)	Activities
December 2010	<ul style="list-style-type: none"> Brainstorming begins on ways to discuss historically low FS participation rates among older adults and how to address them in Athens, GA
January-May 2011	<ul style="list-style-type: none"> Meetings take place to discuss the FS program and decide crucial areas to cover in training materials
June 2011	<ul style="list-style-type: none"> Secondary data analysis is completed and interpreted Development of training materials begins
July-September 2011	<ul style="list-style-type: none"> Development of training materials continues Formative evaluation by experts occurs UGA IRB approval is sought and approved Recruitment begins
August 2011-October 2011	<ul style="list-style-type: none"> IRB is amended to include videotaping of training sessions for evaluation purposes Recruitment is completed and participants are screened for eligibility Training workshop is completed, along with pre- and post-questionnaires
November 2011-January 2012	<ul style="list-style-type: none"> Advocates are set up with community outreach sites (ACCA and Denney Tower) Application assistance begins Evaluation of pre- and post questionnaires begins
February 2012-March 2012	<ul style="list-style-type: none"> AHA gives permission to Athens CAFÉ advocates to utilize office space to assist clients Community events are held to recruit more potential eligible older adults Follow-up evaluation meeting takes place
April 2012-May 2012	<ul style="list-style-type: none"> Evaluation of follow-up meeting occurs Findings are written up in thesis Recruitment begins for next round of advocate training Materials are expanded Second training begins and is professionally taped
June 2012-Future	<ul style="list-style-type: none"> Newly trained advocates assist eligible older adult clients with FS applications Program expands to other organizations Program expands to other counties in Georgia

APPENDIX D LOGIC MODEL

Situation: Older adults are less likely to apply for food stamp benefits compared to other age groups, and application assistance has proven to be effective at increasing participation among older adults in other states.

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer Term
Materials, resources, personnel – what is needed to run the program	What the program does to fulfill its mission – what is done	Direct products of the activities-what is received	Changes in participants which are a direct, immediate result of participation in the program	Changes in participants which occur as a result of initial outcomes	Changes in participants which can only be assessed after some time has passed
<p>INVOLVED ORGANIZATIONS:</p> <ul style="list-style-type: none"> • UGA Dept. of Foods and Nutrition (FDN) • GA Legal Services, Athens Office (GLSP) • Georgia DFCS • Clarke Co DFCS <hr/> <p>COMMUNITY PARTNERS:</p> <ul style="list-style-type: none"> • ACCA • AHA • Various UGA Departments • Faith-based organizations <hr/> <p>ADVOCATES:</p> <ul style="list-style-type: none"> • Volunteers from UGA and community <hr/> <p>OLDER ADULTS in need of application assistance:</p> <hr/> <p>RESOURCES:</p> <ul style="list-style-type: none"> • Building space needed for training workshop • Computers and internet for online applications • Scanners for paper applications and verification documents • Basic supplies (e.g., paper, printer cartridge, binders, dividers) 	<ul style="list-style-type: none"> • UGA FDN, GLSP, and DFCS identify key barriers to food stamp participation among older adults • UGA FDN, GLSP, and DFCS develop training materials addressing the identified barriers to food stamp application among older adults • UGA FDN evaluates the effectiveness of the advocate training material • UGA FDN, GLSP, and community partners recruits volunteer advocates • UGA FDN, GLSP, and DFCS conduct training workshop • UGA FDN, GLSP, and community partners identify ways advocates can assist with their older adult clients • Advocates volunteer conduct application assistance • UGA FDN and GLSP help advocates assist eligible older adults • Advocates participate in the training material evaluation • Advocates answer questions, screen, submit applications, and conduct follow-up with eligible older adults 	<ul style="list-style-type: none"> • Identified barriers to food stamp application among older adults • Pilot-tested/evaluated advocate training materials • Number of community partners • Amount/type of communication with community partners • Type of recruitment method used • Number of recruitment materials sent/number of contacts made • Number of advocates recruited • Number of advocates who completed training • Number of advocates assisting older adult clients • Number of older adult clients assisted with application • Number of advocates who conducted follow-up with clients • Average number of benefits received • Type of issues that arose 	<ul style="list-style-type: none"> • Increased awareness of the unique barriers to FS participation in NE GA. • Establishment of relationships with community partners. • Established communication protocols with community partners. • 15-30 participants will be recruited for first round of training. • Increased knowledge among FS advocates. • Increased confidence among FS advocates. • Increased application assistance among eligible older adults. • Advocates will follow-up with clients. 	<ul style="list-style-type: none"> • Maintained awareness of the unique barriers to FS participation in NE GA. • Maintenance of relationships with community partners. • Maintenance of communication among community partners. • Maintenance of knowledge among FS advocates. • Maintenance of confidence among FS advocates. • Increased application assistance among eligible older adults. • Maintenance of follow-up with clients. 	<ul style="list-style-type: none"> • Maintained awareness of the unique barriers to FS participation in NE GA. Any new barriers will be identified as needed. • Increased community partners. • Maintenance of communication among community partners. • Increased number of training sessions offered. • Increased number of FS advocates. • Increased knowledge and confidence among FS advocates. • Maintenance of knowledge and confidence among FS advocates. • Increased application assistance among eligible older adults. • Maintenance of follow-up with clients. • Increased community awareness of food insecurity in older adults. • Increased awareness and efficient use of available federal food assistance programs. • Improved food security of low-income older adults. • Improved access, delivery, and coordination of federal food assistance programs among eligible older adults

APPENDIX E
INFORMED CONSENT FORM

ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN OLDER ADULTS

I, _____, agree to take part in a research study titled “Advocate Training to Increase Food Stamp Participation in Older Adults”, which is being conducted by Lauren Badger from the Department of Foods and Nutrition at the University of Georgia (XXX-XXX-XXXX), under the direction of Dr. Jung Sun Lee from the Department of Foods and Nutrition at the University of Georgia (XXX-XXX-XXXX). My participation is voluntary; I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which I am otherwise entitled. I can ask to have information related to me returned to me, removed from the research records, or destroyed.

The purpose of this study is to test food stamp application training materials in a workshop among food stamp advocates. These advocates will then be encouraged to help older adults apply for food stamps, which may help increase food stamp participation among low-income older adults in the Athens area. Older adults have historically participated in the food stamp program at lower rates than any other age groups, and increased attention on older adults in food assistance programs may promote healthy aging and help prevent and manage chronic diseases.

The benefits that I may expect from this study include experience working with low-income older adults, gaining advocacy skills, and helping older adults receive food stamps. The researchers also hope to learn more about the effectiveness of the training materials in helping to train advocates with food stamp application assistance.

If I volunteer to take part in this study, I will be asked to do the following things:

- Fill out questionnaires before and after the training workshops to determine my knowledge about the food stamp application process and the number of older people I assisted in applying for food stamps. Each questionnaire will take about 5 to 10 minutes to complete.
- Undergo two training workshops to be held in Athens that will take up to three hours each.
- After being trained, I will be encouraged to go to designated community locations and help older adults apply for food stamps. It will take about one hour to help each older adult and I can help as many or as few older people as I would like to.
- Participate in a final one-hour meeting about two to three months after the training workshops to discuss the training process and how this training helped me assist older adults with applying for food stamps.
- Be contacted up to six times for up to one year after the final meeting to follow-up on my advocacy experiences.

No risk is expected, but I may experience discomfort or stress when the researchers ask me questions about my food stamp application knowledge, as well as when helping low-income older adults apply for food stamps. I understand that participation is voluntary and that I may withdraw at any time without any penalty. I also do not have to answer questions that make me feel uncomfortable. A section on working with low-income older adults will be included in the training workshop to make me feel more comfortable, and I will be encouraged to contact the researchers if I have any issues, concerns, or need advice when helping older adults apply for food stamps.

The individually-identifiable information that I provide will be kept confidential. The only people who will know that I am a research subject are members of the research team. I will be assigned an identifying number and this number will be used on all of the questionnaires I fill out. No individually-identifiable information about me, or provided by me during the research, will be shared with others, unless required by law.

The training workshops will be video recorded to help the researchers modify the training materials and workshop as needed in the future. The video recordings will be retained for up to three years, after which they will be destroyed.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: XXX-XXX-XXXX (office) or XXX-XXX-XXXX (cell).

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

<u>Lauren Badger</u>	_____	_____
Name of Researcher	Signature	Date

Telephone: XXX-XXX-XXX (office) or XXX-XXX-XXXX (cell)
Email: email@uga.edu

_____	_____	_____
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

**APPENDIX F-1
PRE-QUESTIONNAIRE**

**ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN OLDER
ADULTS
Pre-Questionnaire**

Participant ID: _____

Date (M/D/Y): _____

This is not a test; please be honest with your answers. These answers will help us improve our training programs.

1. What is your gender? (Please circle one.) Male Female
2. What is your race/ethnicity? White Black Hispanic/Latino Asian Other
3. How many years did you complete in school? _____
4. What is your age? _____
5. In what town do you reside? _____
6. Where can individuals apply for food stamps?

7. True or false (circle one). Interviews are required for food stamp applications once they are filed.

8. What two components are required to be considered a food stamp household?

9. Before today, had you heard that when applying for food stamps, there is a medical deduction? Yes No

10. Before today, had you heard that when applying for food stamps, the medical deduction can include mileage to health care providers (e.g., doctors)? Yes No

11. Before today, had you heard that when applying for food stamps, the medical deduction can include over-the-counter medications that have been ordered by a physician? Yes No

Listed on the back are the skills that will be reviewed during this food stamp training program. Please be honest with your answers. Circle the response that you feel reflects your ability level before beginning this training program.

12. How able do you feel about helping an older adult determine if he/she is eligible to receive food stamps?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

13. How able do you feel about helping an older adult fill out a food stamp application?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

14. How able do you feel about helping an older adult determine his or her medical expenses for the medical deduction?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

15. How able do you feel about helping an older adult fill out the household portion of the food stamp application?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

16. How able do you feel about filling out a referral form to DFCS (Department of Child and Family Services) on behalf of an older adult who is applying or has applied for food stamps?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

17. How comfortable do you feel working with low-income older adults?

- 1- Not at all comfortable
- 2- Slightly comfortable
- 3- Moderately comfortable
- 4- Very comfortable
- 5- Extremely comfortable

**APPENDIX F-2
POST-QUESTIONNAIRE**

**ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN OLDER
ADULTS
Post-Questionnaire**

Participant ID _____

Date _____

This is not a test; please be honest with your answers. These answers will help us improve our training programs.

1. Where can individuals apply for food stamps?

2. True or false (circle one). Interviews are required for food stamp applications once they are filed.

3. What two components are required to be considered a food stamp household?

4. Before today, had you heard that when applying for food stamps, there is a medical deduction? Yes No

5. Before today, had you heard that when applying for food stamps, the medical deduction can include mileage to health care providers (e.g., doctors)? Yes No

6. Before today, had you heard that when applying for food stamps, the medical deduction can include over-the-counter medications that have been ordered by a physician? Yes No

Listed below are the skills that will be reviewed during this food stamp training program. Please be honest with your answers. Circle the response that you feel reflects your ability level after undergoing this training program.

7. How able do you feel about helping an older adult determine if he/she is eligible to receive food stamps?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

8. How able do you feel about helping an older adult fill out a food stamp application?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

9. How able do you feel about helping an older adult determine his or her medical expenses for the medical deduction?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

10. How able do you feel about helping an older adult fill out the household portion of the food stamp application?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

11. How able do you feel about filling out a referral form to DFCS (Department of Child and Family Services) on behalf of an older adult who is applying or has applied for food stamps?

- 1- Not at all able
- 2- Slightly able
- 3- Moderately able
- 4- Very able
- 5- Extremely able

12. How comfortable do you feel working with low-income older adults?

- 1- Not at all comfortable
- 2- Slightly comfortable
- 3- Moderately comfortable
- 4- Very comfortable
- 5- Extremely comfortable

13. What is your overall satisfaction with the food stamp training workshop?

Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)

14. Do you have any comments on how we can improve our training workshop?

15.Do you have any additional comments for us?

Thank you!

**APPENDIX F-3
FOLLOW-UP QUESTIONNAIRE**

**ADVOCATE TRAINING TO INCREASE FOOD STAMP PARTICIPATION IN OLDER
ADULTS
Application Assistance Follow-Up**

Participant ID: _____

Date (M/D/Y): _____

This is not a test; please be honest with your answers. These answers will help us improve our training programs.

1. Where can individuals apply for food stamps?

2. True or false (circle one). Interviews are required for food stamp applications once they are filed.

3. What two components are required to be considered a food stamp household?

4. Before today, had you heard that when applying for food stamps, there is a medical deduction?

Yes No

5. Before today, had you heard that when applying for food stamps, the medical deduction can include mileage to health care providers (e.g., doctors)?

Yes No

6. Before today, had you heard that when applying for food stamps, the medical deduction can include over-the-counter medications that have been ordered by a physician?

Yes No

Listed below are the skills that were reviewed during this food stamp training program. Please be honest with your answers. Circle the response that you feel reflects your ability level after undergoing this training program.

7. How able do you feel about helping an older adult determine if he/she is eligible to receive food stamps?
- 1- Not at all able
 - 2- Slightly able
 - 3- Moderately able
 - 4- Very able
 - 5- Extremely able
8. How able do you feel about helping an older adult fill out a food stamp application?
- 1- Not at all able
 - 2- Slightly able
 - 3- Moderately able
 - 4- Very able
 - 5- Extremely able
9. How able do you feel about helping an older adult determine his or her medical expenses for the medical deduction?
- 1- Not at all able
 - 2- Slightly able
 - 3- Moderately able
 - 4- Very able
 - 5- Extremely able
10. How able do you feel about helping an older adult fill out the household portion of the food stamp application?
- 1- Not at all able
 - 2- Slightly able
 - 3- Moderately able
 - 4- Very able
 - 5- Extremely able
11. How able do you feel about filling out a referral form to DFCS (Department of Child and Family Services) on behalf of an older adult who is applying or has applied for food stamps?
- 1- Not at all able
 - 2- Slightly able
 - 3- Moderately able
 - 4- Very able
 - 5- Extremely able
12. How comfortable do you feel working with low-income older adults?
- 1- Not at all comfortable
 - 2- Slightly comfortable
 - 3- Moderately comfortable
 - 4- Very comfortable
 - 5- Extremely comfortable

13. How many older adults did you assist in applying for food stamps since we last talked? _____

14. How many of those assisted received food stamp benefits? _____ or ____ not sure

15. How many of those assisted have not heard back from DFCS yet? ____ or ____ not sure

16. If any of your clients did not receive food stamp benefits, please list the reasons below. Your response will help us gain insight into food stamp application barriers and areas for improvement of our workshop in the future.

17. What is your overall satisfaction with the food stamp training workshop?

Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)

18. Do you have any comments on how we can improve our training workshop?

19. What is your overall satisfaction with your experiences as a food stamp advocate?

Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)

20. Do you have any additional comments for us?

Thank you!

APPENDIX G
CHARACTERISTICS OF PARTICIPANTS REPORTING FS APPLICATION DIFFICULTY, 2009 AND 2010, WITH ROW
STATISTICS

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
<i>SOCIODEMOGRAPHIC</i>								
Age, years	72.7±8.03	73.8±8.56	70.5±6.43	0.109	74.7±7.65	75.3±7.87	72.7±6.58	0.119
Education, years	9.6±3.54 ⁸	10.0±3.32	8.83±3.90	0.195	10.4±3.47 ⁴	10.7±3.44	9.3±3.43	0.073
Total # of people living in home ₁	N/A	N/A	N/A	N/A	1.8±1.40	1.9±1.48	1.7±1.07	0.570
Total # of children aged 17 and younger living in home ₁	N/A	N/A	N/A	N/A	0.1±0.48	0.1±0.53	0.03±0.19	0.360
Residing county				0.080				0.006
Greene	42 (59.2%)	25 (59.5%)	17 (40.5%)		27 (21.6%)	15 (55.5%)	12 (44.4%)	
Clarke	29 (40.8%)	23 (79.3%)	6 (20.7%)		33 (26.4%)	26 (78.8%)	7 (21.2%)	
Walton (Loganville)	N/A	N/A	N/A	---	27 (21.6%)	25 (92.6%)	2 (7.4%)	
Jackson	N/A	N/A	N/A	---	38 (30.4%)	32 (84.2%)	6 (15.8%)	
Female	63 (88.7)	43 (68.3%)	20 (31.7%)	0.743	94 (75.2%)	72 (76.6%)	22 (23.4%)	0.393
Race/Ethnicity				0.715				0.005
White	11 (15.5%)	8 (72.7%)	3 (27.3%)		69 (55.2%)	61 (88.4%)	8 (11.6%)	
Black	59 (83.1%)	39 (66.1%)	20 (33.9%)		53 (42.5%)	35 (66.0%)	18 (34.0%)	
Hispanic/Latino	1 (1.4%)	1 (100.0%)	0 (0.0%)		2 (1.6%)	2 (100.0%)	0 (0.0%)	
Asian	0 (0.0%)	0 (0.0%)	0 (0.0%)		1 (0.8%)	0 (0.0%)	1 (100.0%)	
Marital status								0.645

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
Other	N/A	N/A	N/A		7 (5.6%)	5 (71.4%)	2 (28.6%)	
Widowed	N/A	N/A	N/A		65 (52.0%)	50 (76.9%)	15 (23.1%)	
Divorced	N/A	N/A	N/A		32 (25.6%)	24 (75.0%)	8 (25.0%)	
Married	N/A	N/A	N/A		18 (14.4%)	16 (88.9%)	2 (11.1%)	
Unmarried	N/A	N/A	N/A		3 (2.4%)	3 (100.0%)	0 (0.0%)	
HEALTH								
# Prescription medications	4.8±3.18 ⁸	4.8±3.30	4.7±2.95	0.874	5.1±3.70 ⁹	5.2±4.07	4.9±1.97	0.740
Body mass index	31.8±7.12	30.9±6.48	33.8±8.07	0.102	30.9±6.55	31.0±6.62	30.4±6.40	0.706
Total physical performance score, out of 12	7.9±2.70	8.0±2.74	7.7±2.66	0.658	7.6±3.53 ⁴	7.7±3.64	7.1±3.56	0.394
Self-rated health				0.605				0.227
Poor	7 (30.4%)	6 (85.7%)	1 (14.3%)		9 (7.2%)	5 (55.6%)	4 (44.4%)	
Fair	23 (32.4%)	14 (60.9%)	9 (39.1%)		41 (32.8%)	33 (80.5%)	8 (19.5%)	
Good	25 (35.2%)	16 (64.0%)	9 (36.0%)		55 (44.0%)	46 (83.6%)	9 (16.4%)	
Very good	14 (19.7%)	11 (78.6%)	3 (21.4%)		13 (10.4%)	10 (76.9%)	3 (23.1%)	
Excellent	2 (2.8%)	1 (50.0%)	1 (50.0%)		7 (5.6%)	4 (57.1%)	3 (42.9%)	
Chronic diseases								
Diabetes	26 (36.6%)	18 (69.2%)	8 (30.8%)	0.824	45 (36.0%)	36 (%)	9 (%)	0.744
High blood pressure	61(85.9%)	40 (65.6%)	21 (34.4%)	0.366	90 (72.0%)	67 (%)	23 (%)	0.085
Heart disease	18 (25.3%)	12 (66.7%)	6 (33.3%)	0.922	38 (30.6%) ²	27 (%)	11 (%)	0.198
Arthritis	54 (76.1%)	37 (68.5%)	17 (31.5%)	0.770	78 (62.4%)	60 (%)	18 (%)	0.605
History of depression	15 (21.1%)	8 (53.3%)	7 (46.7%)	0.184	28 (23.1%) ⁴	22 (%)	6 (%)	0.809
SOCIAL								
How often get social and emotional support				0.423				0.610

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
Never	4 (5.8%) ¹	2 (50.0%)	2 (50.0%)		4 (3.4%) ³	2 (50.0%)	2 (50.0%)	
Rarely	5 (7.2%)	3 (60.0%)	2 (4.0%)		6 (5.0%)	5 (83.3%)	1 (16.7%)	
Sometimes	23 (33.3%)	13 (56.5%)	10 (43.5%)		28 (23.5%)	22 (78.6%)	6 (21.4%)	
Usually	8 (11.6%)	5 (62.5%)	3 (37.5%)		26 (21.8%)	22 (84.6%)	4 (14.5%)	
Always	29 (42.0%)	23 (79.3%)	6 (20.7%)		55 (46.2%)	42 (76.4%)	13 (23.6%)	
ECONOMIC								
Did not always have enough money to buy food needed	29 (40.8%)	12 (41.4%)	17 (58.6%)	0.000	31 (25.6%) ⁴	17 (54.8%)	14 (45.2%)	0.000
Received food from a food pantry or food bank in past month	49 (69.0%)	31 (63.3%)	18 (36.7%)	0.243	44 (35.4%) ²	28 (63.6%)	16 (36.4%)	0.004
Food insecure	36 (50.7%)	18 (50.0%)	18 (50.0%)	0.001	36 (28.8%)	17 (47.2%)	19 (52.8%)	0.000
Currently did not receive FS	47 (66.2%)	29 (61.7%)	18 (38.3%)	0.137	101 (80.8%)	78 (77.2%)	23 (22.8%)	0.514
Assets and financial resources are not sufficient to meet emergencies	N/A	N/A	N/A	N/A	35 (29.4%) ³	21 (60.0%)	14 (40.0%)	0.001
Expenses so heavy that cannot meet payments								0.151
Cannot meet payments	N/A	N/A	N/A		2 (1.6%) ⁵	1 (50.0%)	1 (50.0%)	
Can barely meet payments	N/A	N/A	N/A		34 (27.6%)	24 (70.6%)	10 (29.4%)	
Payments are no	N/A	N/A	N/A		87 (70.7%)	73 (83.9%)	14 (16.1%)	

Characteristics Mean±SD or n(%)	2009				2010			
	Total (n=71)	No FS Difficulty, (n=48)	FS Difficulty, (n=23)	p- value	Total (n=125)	No FS Difficulty, (n=98)	FS Difficulty, (n=27)	p- value
problem								
How think are doing financially compared to people of same age								0.865
Worse	N/A	N/A	N/A		10 (8.5%) ⁶	8 (80.0%)	2 (20.0%)	
About the same	N/A	N/A	N/A		83 (70.9%)	65 (78.3%)	18 (21.7%)	
Better	N/A	N/A	N/A		24 (20.5%)	20 (83.3%)	4 (16.7%)	
How well amount of money have takes care of needs								0.007
Poorly	N/A	N/A	N/A		13 (10.6%) ⁵	7 (53.8%)	6 (46.2%)	
Fairly well	N/A	N/A	N/A		57 (46.3%)	43 (75.4%)	14 (24.6%)	
Very well	N/A	N/A	N/A		53 (43.1%)	48 (90.6%)	5 (9.4%)	
At present time, do not feel will have enough for needs in future	N/A	N/A	N/A		34 (29.8%) ⁷	21 (61.8%)	13 (38.2%)	0.006
OTHER CHARACTERISTICS								
Current weight affects ability to do daily activities, such as walk, do housework, shop, etc.	19 (26.8%)	13 (16.4%)	6 (31.6%)	0.987	19 (15.3%) ²	14 (73.7%)	5 (26.3%)	0.602
¹ n for variable column=69; ² n=124; ³ n=119; ⁴ n=121; ⁵ n=123; ⁶ n=117; ⁷ n=114; ⁸ n=70; ⁹ n=122								

APPENDIX H
TRAINING MATERIALS



Athens CAFÉ

Community
Advocacy to Access
Food Stamps for the
Elderly

Food Stamp Advocacy Training Manual
October 2011

Advocate Training to Increase Food Stamp Participation in Older Adults

Developed with a collaboration from the University of Georgia, Department of Foods and Nutrition; Georgia Legal Services; and the Georgia Department of Human Services, Division of Family and Children Services

Table of Contents

1. Introduction to Food Insecurity & Food Stamps
2. Learn More about GA Food Stamp Policy
3. What does it Mean to be a Food Stamp Advocate?
4. Tips for Working With Low-Income Older Adults
5. Applying for Food Stamps: Filing a Paper Application
6. Household Definition
7. Medical Deductions
8. Budget Calculation
9. Georgia COMPASS (Common Point of Access to Social Services)
10. Verification and the Interview
11. Client Education Once Clients Receive Food Stamp Benefits
12. Step-by-Step Guide to Your Work as an Advocate
13. Skills (Workshop Activities)
14. Advocacy Forms
15. Client Follow-Up Log
16. Food Stamp Advocacy Training Notes
17. New and Surprising Facts Learned/Additional Questions

1. Introduction to Food Insecurity Among Older Adults and the Food Stamp Program

What is Food Insecurity?

Food insecurity occurs when households are either uncertain of having enough food or cannot access enough food for all members due to inadequate money and resources¹. Food insecurity is a growing problem in older adults that is exacerbated by economic recessions. In 2008, the prevalence of food insecurity in older Americans was the highest it had been in 14 years, and this level was unchanged in 2010¹; approximately 7.9% households with older adults had experienced food insecurity in 2010¹.

The rapidly growing population of older Georgians are more likely to be impoverished with heightened burden of chronic diseases and disability. Food insecurity among older adults in Georgia is a significant problem. Georgia has the sixth highest prevalence of food insecurity among older adults, at 8.6%^{2,3}.

Food insecurity is associated with negative health consequences including poorer dietary intake and nutritional status, poorer self-reported health, increased healthcare utilization and disease complications. Thus, reducing the risk of food insecurity in older adults is an important task.

The Food Stamp Program (FSP)

In 1939, the first FSP was initiated to offer food relief to those in need, reaching a peak of 4 million individuals. Although the program has changed significantly since the first FSP, its major goal is to still to alleviate hunger and malnutrition⁴. In December 2010, an estimated 40.3 million people per month were receiving food stamps (FS)⁵.

The FSP is the largest nutrition assistance program administered by the USDA. The program gives monthly benefits to eligible families with lower incomes so that they are able to purchase food. Every five years, the program is reauthorized as part of the Farm Bill by Congress. Therefore, eligibility criteria and benefit levels can undergo changes⁶.

In 2008, the federal FSP underwent a name change to the Supplemental Nutrition Assistance Program (SNAP) to reflect a new focus on nutrition and increasing the benefit amounts. However, states are not

required to change their program name, and in states such as Georgia, SNAP is still referred to as FSP⁷.

In Georgia, individuals can apply for FS through a paper application that can be downloaded online or received through the local Division of Family and Children Services (DFCS) office. Also, there is an online FS application form called “Georgia COMPASS” that can be used alternatively to a paper application. Assistance in filling out an application is offered at DFCS to those who are disabled or unable to understand English, if requested. Once the form is signed, dated, and submitted to DFCS, the application process begins. Individuals will then need to undergo an interview to prove their identity, citizenship, Social Security numbers, proof of income, and proof of expenses such as lease agreement and medical bills. Those who do not have all of the needed information when they first apply are given ten days from the interview date to gather the necessary information⁸. Once an application is filed, it must be processed and benefits must be available within 30 days^{8,9}.

Older Adults and the FSP

Despite the increasing prevalence of food insecurity among older adults and size of the Federal FSP, FS participation has been historically lower than in other age groups. In 2008, approximately 35% of eligible older adults participated in FS, compared to 67% of all eligible individuals¹⁰.

Various barriers for older adults in the FS application process have been identified and include mobility issues, technology, stigma, lack of knowledge of received benefits, confusion about eligibility, a complicated application process, confusion from changes in policy and eligibility standards, and a perceived lack of need of benefits^{11, 12, 13}.

Increased attention on older adults in food assistance programs improves nutritional status, promotes healthy aging, and may help prevent or manage chronic disease¹⁴. Other food stamp application assistance programs targeted at older adults in Arizona, Maine, and Michigan by the USDA have been effective at increasing food stamp participation among older adults in these areas¹⁵. However, little has been done in the state of Georgia.

Food Stamp Barrier Quotations from the Annual Evaluation of Senior Centers in Northeast Georgia, collected in 2009, 2010, and 2011¹⁶

Participants were asked the following questions:

“Q54. In the past year, have you wanted to apply for food stamps, but found the process too difficult?

Q54a. If yes, explain the difficulties:”

Here are some of the responses.

- 2009
 - “[I have] no way to get there.”
 - “They want to know too much and don’t provide enough stamps to make the process worth it.”
 - “The paperwork, to get the information together to be denied, TOO HARD!”
 - “I tried a few years ago and was turned down (do not know why). I will not apply again because of the initial rejection.”
 - “I had too many people in my house.”
 - “You have to go through too many hoops—but for \$10, it wasn’t worth the hassle.”
- 2010
 - “The man I stayed with messed my name up. I went back, they gave me \$10 a month, then cut back to \$2 a month. It costs more to travel to Greensboro.”
 - “Transportation and paperwork”
 - “I didn’t get enough—\$10/month. I can’t even buy milk with that.”
 - “Too much hassle for small benefit—\$10. Conflicting info from SSI and DFCS.”
 - “Didn’t try, but I want to apply.”
- 2011
 - “I did not want to apply, but am considering reapplying. I was previously on food stamps.”
 - “I don’t know, they stopped letting me have them. They cut it off.”
 - “I could only get \$10, which hardly buys milk. [I no longer receive food stamps] because I am living with my son.”

- “Time, gas.”
- “I’m not eligible because my son is living with me.”

Now, we would like to introduce you to our two first clients, Mr. Smith and Mrs. Jordan. We will refer to them throughout the text.

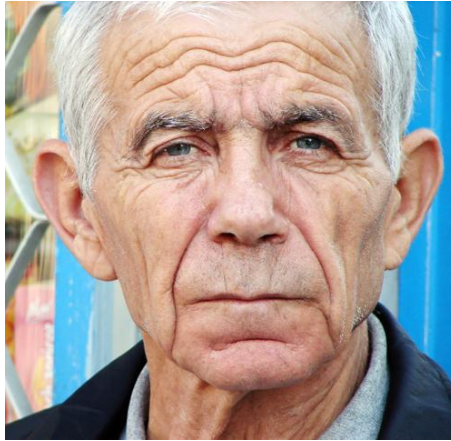


Image Source: Meals on Wheels Association of America 2011, <http://www.mowaa.org/page.aspx?pid=281>

Jerry Smith (name has been changed) is an 82-year-old single man who recently moved from the east side of Athens to Bogart, GA which is just inside the Clarke County line. Mr. Smith receives \$1325 in social security retirement benefits each month. He pays \$525 for his mortgage payment each month. Mr. Smith has recently had chest pains and has had to increase the number of times he sees his healthcare providers. Also, he now lives on the other side of the county from his doctors on the east side and has to pay more for gas to get to his doctor visits. Because of his medical expenses, Mr. Smith has thought about applying to receive food stamps, but he does not meet the net income therefore has never applied. With the increasing utility bills coming up this winter to add to his costs, Mr. Smith is worried that he will have to choose to HEAT or EAT this winter.



Image Source: Meals on Wheels Association of America 2011, <http://www.mowaa.org/page.aspx?pid=281>

Irene Jordan, (names have been changed) is a 75-year-old widow who lives with her nephew, David Malone, granddaughter, Becky Jordan, and great-granddaughter Eva (Becky's daughter). Mrs. Jordan owns the home, which has been paid-off, and pays for home insurance and property taxes. David is not around a lot and eats most of his meals outside of the home. Mrs. Jordan has just been diagnosed with diabetes, and she is having a hard time stretching her \$674 SSI check to afford nutritious meals to manage her disease. Food stamps could help her be able to afford healthier meals and more regular access to food, but Mrs. Jordan is worried about her household situation and the fact that DFCS may ask her too many personal questions.

2. Learn More about Georgia Food Stamp Policy

If you are interested in reading more on food stamp policy in Georgia, follow these steps:

1. Go to <http://www.odis.dhr.state.ga.us>. (It is helpful to use Internet Explorer, if possible.)
2. Click on “Index”, which is an icon at the top of the screen.
3. Click on “Families and Children”.
4. Scroll down to “Food Stamps” and click.
5. Click on MAN 3420.
6. The policy document will ask you to open the document in Microsoft Word—click Open.
7. A list of topics will appear. To click on a topic and read more, hold down your control key and then click on the title of the topic. You will be prompted to open another document. Click “ok”.

3. What does it Mean to Be a Food Stamp Advocate?

As an advocate, you will be trained to represent your clients as they apply for food stamps. You will help them overcome the barriers that many older adults face when applying for food stamps, and your ability to assist community members in need may help many older adults who would not have applied on their own decide to apply. As an advocate, you will serve as a line of communication between DFCS and your clients.

The goal of this project is not only for the applications to be filled out but to educate you so that you will be able to help older adults apply in the most expeditious way so that they can receive their needed benefits. Because the certification period for most older adults is 12 months, if you are able to help older adults successfully apply, they will receive benefits for a full year!

What is expected of me as an advocate?

- Undergo the workshop to receive training.
- Set up times in the week when you are available to assist eligible older adults.
 - You may help as many or as few clients as you like, however, a minimum goal of 20 clients helped in the next few months would be a good goal to aim for.
- Be available for a follow-up meeting to help your clients identify verification documents as needed.
 - You may need to seek the pharmacies your clients have been to for medical expense verification of over-the-counter products recommended by their doctors (e.g., baby aspirin, incontinence products, etc.).
- Follow-up with clients and DFCS after the application has been submitted and processed to determine if and how many benefits the client received.
 - If an issue comes up and the older adult did not receive food stamp benefits, figure out why and refer the issue to the training leaders (see contact information on the next page).
- Refer questions to the training leaders if unique situations come up or you are unsure about any part of the application.

What can you expect from us?

- Thorough training to help you become a food stamp advocate.
- Help recruiting outreach places and older adults in the community who need assistance.
- Advice for any questions or issues that may come up.
- Updates on any information, as needed.
- Remember...we are here to help YOU as we help our community. Do not be afraid to ask for help if you need it!

Program Leader Contact Information

- Lauren Badger, B.S.F.C.S.
 - email@uga.edu, XXX-XXX-XXXX
- Nancy Lindbloom, Attorney at Law, Specialist in the Food Stamp Program, Georgia Legal Services
 - email@glsp.org, XXX-XXX-XXXX, ext. XXXX

4. Tips for Working with Low-Income Older Adults

Tips^{17,18,19}:

- Make sure that the room is appropriate for an older adult, including space for assistive devices such as walkers, comfortable seating, and adequate lighting.
- Always remember to:
 1. Introduce yourself and explain what you are there to help the client with as a food stamp advocate.
 2. Explain to your clients that everything you talk about will be kept confidential, except when speaking directly to pharmacists and DFCS to determine eligibility, with the client's permission.
- **CONFIDENTIALITY** is required. Remember that you are working with clients about personal issues. The clients have come forward and put their trust in you to help them. Everything they tell you is to be kept confidential and not to be shared with anyone else except with program leaders as needed to problem solve during the application process.
- Never use condescending language or treat older adults like children.
- Be patient! Older adults may need more time to respond to your questions and may not be on the same schedule.
- You may need to repeat information due to hearing loss and memory problems.
- It is important to make a personal connection with your client, but to remain focused on the important details and avoid distractions.
- Use simple words and a clear voice. Remember that you may need to explain difficult or unfamiliar words.
- You are likely to encounter individuals with lower education and literacy levels. Be respectful and patient with every client and do what you can to meet their needs.

What are the demographics for older adults in Clarke County?²⁰

- 36% of adults 65-74 years old and 54% of adults 75 years and older have a disability, compared to the Georgia county average of 38% and 61%.

- Approximately 8% of Clarke County is 65 years or older, compared to 10% at the state level.
- The racial breakdown of our county is 69% white (66% Georgia average), 25% black (30% Georgia average), and 4% other (3% Georgia average). 9% are Hispanic/Latino (8% Georgia average).
- Based on Census 2000 data, 28.3% of individuals in the county were below the poverty level (the Georgia county average is 13%). In Clarke County, 13% of the county population below the poverty level was individuals 65 years and older (14% Georgia average). Among this older adult population below the poverty line, 7.7% were white and 32.6% were black (10% and 29% Georgia average, respectively).
- 81% of Clarke County residents were high school graduates or higher, compared to the Georgia county average of 79%. In Clarke County, 89% of white citizens, 65% of black citizens, and 50% of Hispanic citizens were high school graduates or higher, compared to 82%, 73%, and 49% at the state level.
- 10,372 of all individuals in Clarke County received food stamps in 2007, representing 9% of the county population (Georgia's average is also 9%).
- 22,275 of all individuals in Clarke County received Medicaid in 2007, representing 20% of the county population (Georgia's average is 23%).
- In 2007, 2,441 individuals in Clarke County received Supplemental Security Income (SSI) benefits, representing 2.1% of the population. Of this number, 254 were "aged" and 2,187 were disabled; 20% were 65 years and older.
- In 2007, 13,030 individuals in Clarke County received Social Security (OASDI), representing 11.4% of the population. Of this number, 8,700 were retired, 1,710 were survivors, and 2,620 were disabled. Adults aged 65 years and older made up 67.1% of the population receiving Social Security.
- Food insecurity is an issue among older adults in Athens.
- 1,588 grandparents in Clarke County live in a household with more than one grandchild.

5. Applying for Food Stamps: Filing a Paper Application

The following section will consist of the paper application, which we will go through. It is important, however, to note the following points about the application process.

- For paper applications only:
 - Write “Athens CAFÉ” at the top of the application. This will let DFCS know that we have filled out the authorization form (see below) and are working with our clients to help find verification of the items in the application.
 - Your contact from DFCS for the paper application is **Dana Singer**.
 - After you fill out a paper application, you can scan it and email it to Ms. Singer at email@dhr.state.ga.us. If this is not an option, you can mail it to the local DFCS office.
 - Clarke County DFCS
284 North Avenue
P. O. Box 1887
Athens, Georgia 30603-1887
- Once you submit an application, you must help your client verify certain information. The sections following will walk you through this process.
- One thing that is essential to this process is the Georgia Division of Human Services’s Authorization for Release of Information form. This will allow us to communicate with DFCS about our clients as needed and help provide verification documents (discussed later on in this manual).



Georgia Department of Human Resources Application for Benefits



What Services Do You Offer at the Department of Family and Children Services (DFCS)?

DFCS offers the following services:



Food Assistance

Food Stamps are benefits that you can use to buy food at any store that has the EBT/Quest sign. We will subtract the price of your food purchase from your Food Stamp account.



Cash Assistance/Employment Support Services

Temporary Assistance for Needy Families (TANF) provides cash assistance for a limited time, and other support services, to families with dependent children. Parents or caretakers who are included in the grant are required to participate in a work program.



Medical Assistance

Medicaid, for those who are eligible, may help pay medical bills, doctor's visits, and Medicare premiums.

How Do I Apply for Benefits?

Step 1. Fill out this application.

Read the questions carefully and give accurate information. **If you need help filling out this application due to a disability or difficulty in speaking, writing or understanding English, ask us. Assistance will be provided free of charge. Sign and date the application.**

Step 2. Turn in the application.

You will need to tear off page 1 and keep it for yourself. Mail, fax, or bring pages 3–5 of this application to your local Department of Family & Children Services (DFCS) office. If you are eligible for benefits, they will be provided from the date that we get the application with your name, address and signature on it. The sooner we get it, the sooner you will know if you can get benefits.

Step 3. Talk with us.

You may need to complete an interview with a case manager. If so, we will give you an appointment.

See the Frequently Asked Questions (blue box) for more information.

Frequently Asked Questions

How long does it take to get benefits?

Food Stamps: up to 30 days
TANF: up to 45 days
Medicaid: 10 to 60 days

You may be able to get Food Stamps within 7 days if you qualify. See page 4.

How much will I get?

Your income, resources, and family size determine benefit amounts. We will be able to give you specific information once we determine your eligibility.

How will I get my benefits?

For Food Stamps and TANF, you will get an Electronic Benefit Transfer (EBT) card to access your benefits. For Medicaid, you will receive a medical card for each eligible member.

What information do I need to bring to my interview?

It is a good idea to bring the following:

- Proof of who you are, like an ID card or driver's license
- Proof of US citizenship/alien status
- Social Security numbers of everyone requesting assistance
- Proof of income like pay stubs, child support, and income award letters
- Proof of expenses like rent receipts, lease agreement, mortgage statement, child care receipts, medical bills and child support payments

If you need help getting this information, please tell us.

How do you use my personal information?

We will use your personal information to determine eligibility for the benefits you request. We also match your information against federal, state, and local records.

Can someone else apply for me?

Yes, for Food Stamps and Medicaid, you may ask someone to apply for you. For TANF, anyone can apply but the parent or caretaker must be interviewed.



"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-252, Atlanta, Ga. 30303, or call (404) 657-3735 or fax (404) 463-3978.

You may contact, Health and Human Services (HHS) Office of Civil Rights, Room 508F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

For Food Stamps Only – You may contact United States Department of Agriculture (USDA), Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA and HHS are equal opportunity providers and employers.

What Do the Words Used in this Application Mean?

This chart explains the words we have used in this application.

Caretaker	A parent, relative or legal guardian who applies for TANF for children in their care
Disqualified	The action taken to remove an individual from a Food Stamp or TANF case because they did not tell the truth and received benefits that they should not have received
Electronic Benefit Transfer (EBT)	The system used in Georgia to pay benefits to individuals who are eligible for Food Stamps or TANF. Individuals receiving assistance are issued an EBT debit card, which is used to withdraw cash benefits and to access their food stamp accounts
Household Members	Individuals who live in your home
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received
Migrant Farm Workers	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance
Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis
Trafficking	Selling or trading Food Stamp benefits for profit
United States Citizenship and Immigration Services (USCIS)	Agency formerly known as the Immigration and Naturalization Service (INS)



Georgia Department of Human Resources

Application for Benefits



What Am I Applying For? Check all that apply:

- ☐ **Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- ☐ **Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- ☐ **Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.
- ☐ **Medicaid**
Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Are you visually or hearing impaired and need special assistance with the application process? ☐ Yes ☐ No

If yes, check one: ☐ Visually Impaired ☐ Hearing Impaired

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live			Apt
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature		Date	
Witness Signature If signed by 'X'			
For Office Use Only		Date Received By The County	

Form 287 (Rev. 10/09)



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, water, gas, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
			Self						

Race Codes (Choose all that apply):
 AI – American Indian/Alaska Native AS – Asian BL – Black/African American
 HP – Native Hawaiian/Pacific Islander WH – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide who is eligible. Please answer only the questions about the benefits you want to receive.

1. Has anyone received any benefits in another county or state? ☐ Yes ☐ No
Who: _____
What: _____
Where: _____
When: _____
2. Is anyone pregnant? ☐ Yes ☐ No
Who: _____
Due Date: _____
3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☐ No
4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☐ No
Who: _____
Where: _____
5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No
Who: _____
6. Is anyone violating conditions of probation or parole? ☐ Yes ☐ No
Who: _____
7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☐ No
Who: _____
When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature _____

Date _____

Authorized Representative _____

Date _____

Case Manager _____

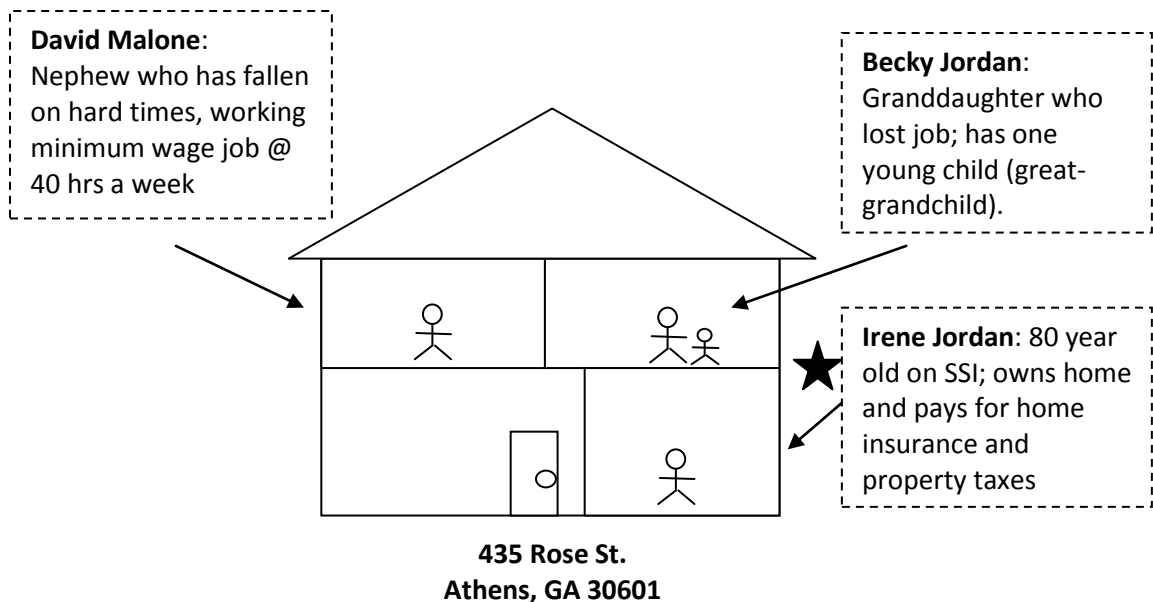
Date _____

Form 297 (Rev. 10/09)

6. Food Stamp Household

When we normally think of the term “household”, we think of everyone living under the same roof. However, for food stamps, “household” has its own meaning.

- **What is a food stamp (FS) household?**
 - “One person living alone, a family, or several, unrelated individuals living together who routinely purchase and prepare meals together”.²¹
 - **EXCEPTION:** Husbands and wives who live under the same roof must be in the same FS household.²²
- **Why is the household definition important in helping older adults apply for FS?**
 - Your clients might get more benefits because their incomes will not be added to other individuals’ incomes in order to calculate the benefits they will get.
 - Older adults may live with relatives or friends who have a steady income but may not purchase and prepare meals with the others in the household.
 - Older adults may be on special diets, therefore they purchase and prepare meals separately (e.g., diabetic, low-salt, low-cholesterol, etc)
- **Scenario:** Mrs. Jordan went to the DFCS office to apply for food stamps and was told that she needed to provide income and social security information for the other individuals who live in her home. David does not want anything to do with the program and states that he will not provide this information. Mrs. Jordan also has diabetes and hypertension and rarely prepares food with David, Becky, and or Becky’s daughter. What options does Mrs. Jordan have?



- **Questions to Ask Clients:**
 1. Who lives under the same roof with you, and what is their relationship to you?
 2. What are your arrangements right now for purchasing and preparing your food?
- Note that for holidays, it is okay to share meals together occasionally; it is important for the client to remember the agreement to return to buying and preparing foods separately.
- If situations change and the client wants to change household information, all he/she must do is report that he/she is making the change.
- **Other exceptions** to the FS household
 - o Children under the age of 22 living with their parents are included in the same household, even if they purchase and prepare meals separately.²¹
 - o If an individual is 60 years of age or older and is unable to purchase and prepare his/her food separately due to a disability, the individual and his/her spouse may be a separate household if the others they live with do not have very much income (less than 165 percent of the poverty level).²¹

- If you find someone in one of these situations, please contact a program leader for more help.

If your client(s) decide to file as a separate household, make sure that they understand that they will purchase and prepare foods separately from the others in the household. Put them down as the only name(s) on the application, but clearly explain that if DFCS calls and asks if anyone else lives in their household, they have to state that they live with others but have agreed to purchase and prepare their foods separately.

7. Medical Deductions²³

Many older adults have more medical expenses than younger adults. Medical deductions are another way older adults can receive more benefits that they are entitled to.

- **What are medical deductions?**
 - Medical deductions are an extra deduction for those who are **ELDERLY** (60+ years old) or **DISABLED**. They help lower FS recipients' income so that they can receive more FS each month.
 - It is important to note that households with at least one older adult or disabled individual can only deduct **non-reimbursed** (paid out-of-pocket) medical expenses **over \$35 a month** for that individual.
- **Why are medical deductions important in helping older adults apply for FS?**
 - Older adults may have many out-of-pocket expenses that take away from their monthly budget and may prevent them from being able to purchase enough food.
 - When we determine medical deductions, we will likely help our clients receive more food stamp benefits.
- **What things are included in medical deductions?**
 - Medical Insurance Premiums (Medicare and Rx Plan)
 - Doctor bills
 - Transportation and lodging to get medical treatment (e.g., trips to doctor, dentist, pharmacy, to get eyeglasses, etc.)
 - Cost of mileage (\$0.55/mile), bus, parking, hotel, taxi, etc.
 - Over-the-counter products recommended by client's doctors (e.g., Incontinence products, aspirin, etc.)
 - Dentist bills
 - Hospital bills
 - Outpatient treatment
 - Prescription drugs
 - Medical supplies
 - Emergency response equipment
 - Animal expenses (for disabilities—e.g., guide dog)
 - Telephone equipment for disabled

- Cost of live-in aid, homemaker services, or childcare services required for disability
- **How can someone apply for medical deductions?**
 - Verification of medical deductions must be gathered and turned into DFCS.
 - Request printouts from pharmacies
 - “Pharmacy Release Form”
 - “Medical Transportation Expense Log”
 - Available through GA DFCS (Form 840)
- **HOW do I calculate medical deductions?**
 - Determine an individual’s MONTHLY medical expenses paid out of pocket and add them up.
 - For instance, if an individual sees a doctor 4 times a year, add up the total cost per year for the mileage to these visits and divide by 12 months to get a monthly average.
 - Be sure to ask your clients if they receive SSI. If so, ask if they use the Medicaid transportation van to get to and from their doctor’s appointments. These individuals may not have this out of pocket medical expense.
- **Understanding SSI, Social Security, Medicare, and Medicaid**
 - It can be very helpful for you to know what kinds of government benefits and health insurance your clients receive in order to predict the types of medical expenses they may have.
 - A. Does your client receive any of the following?

If they receive...	SSI only?	Social Security only?	SSI + Social Security?
Then they <i>might</i> ...	<ul style="list-style-type: none"> ● Receive Medicaid ● Use the Medicaid Transportation Van ● Not receive Medicare 	<ul style="list-style-type: none"> ● Receive Medicare 	<ul style="list-style-type: none"> ● Receive Medicaid + Medicare ● Use the Medicaid Transportation Van

- B. Does your client have any of the following?

If they have...	Medicare	Medicaid	Medicare + Medicaid
Then they <i>might</i> ...	<ul style="list-style-type: none"> • Pay for the Part B premium (all who pay for the premium will pay <i>at least</i> \$99.90 a month) 	<ul style="list-style-type: none"> • Have access to the Medicaid transportation van 	<ul style="list-style-type: none"> • Have their Part B premium paid for by Medicaid

- If your client is not sure what type of benefits he or she receives, here is an example of what a Medicare card looks like:

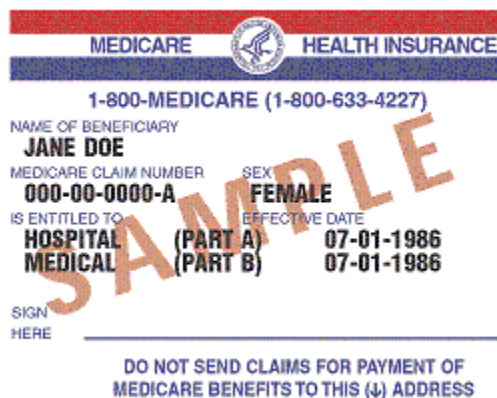


Image Source: Medicare.gov, 2009.

- Forms to help you organize, calculate, and verify your client's medical deductions include:
 - "Medical Deduction Questions to Ask Clients"-Use this to determine other out-of-pocket costs your clients may have. It will also help you keep track of your clients and what you need to do to help verify medical expenses, such as seek pharmacy printouts of over-the-counter purchases.

- “Medical Transportation Expense Log”-Use this to determine monthly mileage cost to doctor’s visits. This will be faxed in to DFCS to serve as proof of medical expenses in the verification process (more information on verification will be explained later).
- Blank forms of both can be found under the “Advocacy Forms” at the back of the binder.

Now, we will practice calculating medical deductions using **Mr. Smith** as an example. As mentioned in the first section, Mr. Smith has to make frequent trips to his cardiologist and other healthcare providers. He approaches you with help applying for food stamps to see if there is anything you can do. We will now determine Mr. Smith’s medical expenses, which will help us determine if he is now eligible for benefits, and if so, how many we expect him to receive.

- **Important Factors to Consider:**

- How might you make a person feel comfortable in sharing personal information about their medical condition problems?
- How might you get information from an individual on their medical expenses?

You can write in the forms provided below to practice. Blank copies of these are in Section 14 of this manual (Advocacy Forms).

Medical Expense Questions to Ask Clients

1) Do you receive SSI, Social Security, Medicaid, or Medicare benefits?
(Circle all that apply).

a) If you receive Medicare Part B, do you know what you pay monthly? (Reminder: it will be at least \$99.90 per month.)

2) Do you have any other kind of health insurance than Medicaid or Medicare? How much do you pay for the premiums? List the types of health insurance and premiums below.

3) What doctors do you see on a regular basis? What do you see them for?

Doctor	Address of Doctor's Office	Why do they see each doctor?	How often do they see each doctor?
1)			
2)			
3)			
4)			
5)			

6)			
7)			

4) How do you get to these appointments?

a. Drive yourself?

b. Family member drives you? If so, what is his/her name? _____

c. Neighbor or friend drives you? If so, what is his/her name? _____

d. Public transportation?

e. Other?

5) If someone else takes you to the appointments, do you pay them to take you? (This includes the cost of public transportation.)

e. How much?

6) Where do you get your prescriptions filled? (Write down the pharmacy addresses to measure the mileage.)

7) Have any doctors told you that you need any over the counter products? (e.g., baby aspirin, Depends or other incontinence products, etc.)

f. If so, list them:

8) Do you see a dentist regularly? Does your health insurance cover these visits?

9) If you are willing to sign a release form for the pharmacy to send verification that you purchased these products, we will make sure that DFCS gets it. Do you consent?

Georgia Department of Human Services
Division of Family and Children Services

Medical Transportation Expense Log				
Name:				
Address:				
Date	Purpose of Trip (Dr. Visit, To Hospital, Rx Pickup)	Total Miles Driven	Cost of Taxi, Bus	Cost of Parking or Lodging
Total:			\$0.00	\$0.00

Also available at:
[http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%20840%20-%20Medical%20Transportation%20Log%20\(03-09\).doc](http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%20840%20-%20Medical%20Transportation%20Log%20(03-09).doc)

8. Eligibility and Budget Calculation

Now that you have learned the key components and considerations of the Georgia Food Stamp application, you will learn how to determine whether a client is eligible to receive benefits, and if so, you will learn to estimate how much he or she will receive a month. Most clients will want to know how much they can expect to receive each month, and if a client receives less benefits than expected based on our calculations, we may be able to see what happened in the application process and if further verification documents are needed. To do these calculations, we have a few tools available to use.

1. “How to Figure Out ‘SNAP’ (Food Stamp) Eligibility and Amount in Georgia”, a paper worksheet from GA Legal Services found in the back of the binder in the Advocacy Forms section
2. “Calculate SNAP (Food Stamp) Eligibility and Amount in Georgia”, available in an excel file from GA Legal Services that will be emailed to you
3. “Supplemental Nutrition Assistance Program (SNAP) Pre-Screening Eligibility Tool”, a tool from the USDA available at <http://www.snap-step1.usda.gov/fns/>
4. “AARP Benefits QuickLINK”, a tool from the AARP available at http://www.benefitscheckup.org/before_you_start.cfm?cfid=1032429&cftoken=38467888&partner_id=22&subset_id=49

We will primarily be using the first two in our training workshop, but you are always welcome to explore the other resources and see what works the best for you.

Key Points About Budget Calculation:

- There are three key areas in determining eligibility:
 - Income
 - Medical Expenses
 - Shelter Costs (rent, mortgage, utilities, etc.)
- Households in which ALL members receive Temporary Assistance for Needy Families (TANF), Work Support Payments (WSP), or

Supplemental Security Income (SSI) are **categorically eligible** to receive food stamp benefits²⁴.

- Categorical eligibility means that the households are automatically eligible for food stamps. The net income of these households will determine what allotment they receive²⁵.
- Also, households in which any member receives TANF Community Outreach Services (TCOS) are categorically eligible²⁴.
- TANF, SSI, and TCOS eligible households do not have to provide verification of the following information to establish categorical eligibility²⁴:
 - resources
 - gross income
 - social security numbers
 - sponsored alien information
 - residency
- **We will go into detail on helping a client establish verification of SSI in sections 10 (Verification) and 12 (Step-by-Step Guide to Your Work as an Advocate).**
- If a household has an older adult or a disabled individual, there is no gross income limit.²⁶
- Because many older adults are not working, there are fewer steps in the calculation process.
- The following benefits are considered unearned income:
 - SS
 - SSI
 - VA
 - Railroad Retirement
 - State Pension (e.g., retired teacher)
- The budget calculation tools are very detailed and are good step-by-step guides to estimating food stamp allotments. Now, let's go back to Mr. Smith as an example and calculate what we expect his food stamp budget will be.

HOW TO FIGURE OUT FOOD STAMPS ELIGIBILITY AND AMOUNT OF STAMPS

You can use this form to figure the amount of Food Stamps someone should be getting in typical situations. Some people are "categorically eligible" and others may be ineligible for reasons you can't tell by using this worksheet. When in doubt, check the Economic Support Services Manual (ESSM) and the regulations. All amounts on the worksheet are monthly.

Gross Income Test

There is **no gross income test** if the Household contains a **senior or disabled** member. However, if someone is senior or disabled, and trying to get separate FS while they live with relatives and purchase and prepare food together, use the gross income amounts in **Line A** for the non-senior/non-disabled Household members to see if they can get separate FS.

For **all other Households**, add the gross monthly earned income and unearned income. Total income must not be more than the gross income amounts below for the Household size. Use **Line B** if no one in the Household is senior or disabled.

GROSS INCOME LIMITS (10/2011)									
Household Size	1	2	3	4	5	6	7	8	each add'l
A. To separate a senior or disabled HH	1498	2023	2548	3074	3599	4124	4649	5175	526
B. Not senior or disabled household	1180	1594	2008	2422	2836	3249	3663	4077	414

Remember, if HH has a senior or disabled member, there is **no gross income limit**.

Net Income and Amount of Stamps - If the Household met the Gross Income Test, figure the net income and amount of stamps:

Start	_____	Gross monthly earnings from work
minus	- _____	20% of gross monthly earnings (gross earnings multiplied by 0.2)
equals	= _____	
plus	+ _____	Unearned monthly income (TANF, GA, SSI, UIB, Social Security, CS, etc)
equals	= _____	
minus	- _____	Standard Deduction (\$147 for HH of 1 - 3; \$155 for HH of 4; \$181 for HH of 5; \$208 for HH's of 6 or more)
equals	= _____	
minus	- _____	Medical expenses over \$35/month ONLY for ELDERLY OR DISABLED HH MEMBERS (See 7 CFR 273.9(d)(3))
equals	= _____	
minus	- _____	Dependent care costs . (When needed for training, education, work)
equals	= _____	
minus	- _____	Child support paid by HH member under legal obligation to pay.
equals	= _____	ADJUSTED INCOME

CONTINUED (over) ➡

equals = _____ **ADJUSTED INCOME** (Copy from other side of page)
 s - _____ **SHELTER DEDUCTION.** Figure as follows:

SUA is mandatory unless the AU incurs the cost of only one non-heating/non-cooling utility (like water, sewage, garbage, electricity or gas not used for heating/cooling), in which case use ACTUAL cost of the utility. See details at bottom of page. Also see Utilities: ESSM 3617.)

Rent/mortgage/taxes/insurance _____
 Heat/utilities (Actual or SUA below) + _____
 Telephone (Only if no SUA; see table below) + _____
 Equals Actual Shelter Costs = _____
 Minus ½ Adjusted Income - _____
 Equals Excess Shelter Costs * = _____

* Maximum shelter deduction is \$459 (effective 10/2011) unless HH contains senior or disabled member in which case there is no maximum limit.

equals = _____ **NET FOOD STAMP INCOME** (If over the amounts in Line C, HH not eligible for benefits)

Maximum food stamp allotment for Household size from Line D below.

minus - _____ 30% of HH's Net Food Stamp Income (multiply net income above by 0.3 and subtract here)

equals = _____ **AMOUNT OF FOOD STAMPS** Household should get. If this amount is under \$10 (even under zero), but the Net FS Income was within the amounts of Line C below, they get \$10. Minimum benefit amount for one and 2 person households is \$16.

NET INCOME LIMITS and MAXIMUM ALLOTMENTS (10/2011)									
Household Size	1	2	3	4	5	6	7	8	each add'l
C. Net Income Maximum	908	1226	1545	1863	2181	2500	2818	3136	319
D. Maximum Food Stamp Allotment	200	367	526	668	793	952	1052	1202	150

MONTHLY FOOD STAMPS STANDARDS IN GEORGIA (10/2011)	
Telephone Standard	= \$37 (Telephone standard only used if <u>not</u> using either SUA.)
Heating/Cooling Standard Utility Allowance (SUA)	= \$333 if AU: • incurs an expense for heating/cooling, OR • incurs an expense for <u>excess</u> h/c utility expense in public housing, OR • rec'd LIHEAP (low-income energy assistance) in last 12 months at same address
Limited SUA	= \$269 if AU: • incurs <u>2</u> non h/c utility expenses OR • incurs non h/c utility expense in public housing
Homeless Shelter Standard	= \$269
* If more than one AU live under the same roof and share utility expenses, each AU will receive the full SUA.	

Calculate SNAP (Food Stamp) Eligibility and Amount in Georgia

HOUSEHOLD INFORMATION

Number of Household Size _____
Gross Monthly Earnings from Work _____
Does Household Contain Senior/Disabled Member? (Y/N) _____
If yes, is the Senior/Disabled applying for
separate food stamps? (Y/N) _____

ELIGIBLE

CALCULATE ADJUSTED INCOME

Unearned Monthly Income _____
(TANF, GA, SSI, UIB, Social Security, child support, etc.)
Standard Deduction #N/A
Medical Expenses (over \$35/month) _____
(Only if group has senior/disabled member)
Dependent Care Costs _____
Child Support paid by HH _____

CALCULATE SHELTER DEDUCTION

Rent / Mortgage / Taxes / Insurance _____
Heat / Utilities _____
Limited SUA = \$175
Actual or SUA (SUA = \$309)
Telephone _____
Only if no SUA (SUA = \$30)
Actual Shelter Costs \$0.00
Excess Shelter Costs #N/A
SHELTER DEDUCTION #N/A

CALCULATE FOOD STAMP INCOME

Net Food Stamp Income #N/A
Maximum Food Stamp Allowance #N/A

AMOUNT OF FOOD STAMPS #N/A

NOTE: If this amount is under \$10, even under 0, they get \$10

9. COMPASS

What is COMPASS^{27, 28}?

- COMPASS stands for Common Point of Access to Social Services.
- Individuals can now apply for food stamps online with Georgia Compass at <http://www.compass.ga.gov>.
- On COMPASS, individuals can:
 - Create an account
 - Apply for food stamp benefits
 - Check the status of their application online
 - Make changes to their household circumstances
 - Check their eligibility for other DHR social services programs (Pre-screening tool)
- We will be creating accounts for our clients on COMPASS to facilitate our application assistance. **Be sure to have your clients sign the Georgia Department of Human Services Authorization for Release of Information form (in section 14-Advocacy Forms).** This allows us to use our clients' IDs to check up on their application statuses at their request and also communicate to DFCS about our clients throughout the process.
- As soon as you submit an application through COMPASS, email **Angela Taylor**, a Family Independence Case Manager Supervisor from the Walton County DFCS, will be your contact. Ms. Taylor handles the COMPASS applications for our region.
 - email@dhr.state.ga.us
 - Your email should be in this format:
 - Subject line: Athens CAFÉ: First initial of client's first name, last name (e.g., Athens CAFÉ: T. White).
 - Body of email: COMPASS web ID and date applied
 - If possible: Information on the client's availability for the interview with DFCS and information on your follow-up meeting with the client (where the meeting will be, and what phone number can be accessed)
 - DFCS might be able to call your client for the interview when you are present at the follow-up meeting.

- Angela Taylor will also be who you email your client's verification information to (more will be explained in Section 10-Verification).

10. Verification and the Interview

Once a food stamp application has been turned in, DFCS will need to see proof of the statements within the application.

What is verification?

- Verification is the use of documents, collateral contacts, home visits, and computer matches to confirm the accuracy of statements and information provided by food stamp applicants.²⁹
- Of these uses, documents and collateral contacts are of use to us as advocates.
 - Documents: Written evidence of the household's statements
 - Documents or copies of documents are used as the **primary source of verification**
 - **This is where we will play a large role in our clients' food stamp application processes.**
 - Collateral contacts: An oral or written confirmation of the household's circumstances by a non-member
 - May be made in person, over the telephone, or in writing
 - Acceptable contacts: employers, landlords, neighbors, social service agencies, etc.
 - Your clients might be able to identify a collateral contact, if a document is not available for verification.

Why is verification important?

- Verification is mandatory for individuals to receive food stamp benefits.

How will we assist our clients in the verification process?

- We will use scanners to scan any verification documents needed and email them to the local DFCS office.
- At your first meeting with your client, you will get as much information as you can about their sources of income, medical expenses, and shelter costs (rent, utilities, etc). You will then set up a second meeting with your clients to be able to compile this information and scan the documents.

- **If an individual receives SSI, Social Security, or SSI in combination with Social Security, a proof of income letter from the Social Security Administration (SSA) will serve as verification for their income, identity, and citizenship.**
 - At your first meeting with your clients, you should call the SSA at 1-800-772-1213 to “request a proof of income letter”. Request it to be mailed to the client, and you will be able to obtain the letter at your second meeting with your client.
 - This is an automated telephone system, so you will be given prompts. Follow the prompts.
 - The reason for your call is “I need a proof of income letter”.
 - Give information as if you were the individual receiving social security benefits. (E.g., if the prompt asks you if you currently receive social security benefits, say “Yes”.)
 - The prompt will ask you the reason you need a proof of income. It is NOT for taxes, so say “proof of income” as your response.
 - You will need to listen to the prompt, but make sure you say “request a letter” when instructed.
 - You will then be asked “up to 5 questions”. This will take approximately 10 minutes.
 - Answer the questions to the best of your ability. Your client should be able to provide this information. When the prompt asks you for your Social Security number, you could have your client type it into the phone if they do not want to say it out loud.
 - **If you are unable to go through this process (e.g., your client does not know the needed information), please contact either Lauren Badger or Nancy Lindbloom. We will contact the local DFCS, who can help with the verification.**
 - There is an online method of requesting a proof of income letter, but it is likely that your clients do not already have this set-up. The website for those who have an account is <https://secure.ssa.gov/apps6z/BEVE/main.html>, but we will focus on calling to get these letters for our clients because it

can take 15 days just to obtain a password for an online account.

- **The proof of income letters will take approximately 5-7 business days to arrive in the mail.**
- To receive food stamp benefits, applicants **MUST** be citizens of the United States. If your client needs to verify citizenship, the following documents are examples of what can be used³⁰:
 - Birth certificate
 - Certificate of Citizenship
 - Naturalization certificate
 - Report of Birth Abroad of U.S Citizen
 - U.S. Citizen I.D. card
 - U.S. Passport
 - American Indian card
- The following documents can be used to verify identity³¹:
 - Birth certificate
 - Driver's license
 - ID for health benefits or another assistance or social services program
 - Voter registration card
 - Wage stubs (will likely not apply to our clients)
 - Work or school ID (will likely not apply to our clients)
- Residency may need to be verified in conjunction with shelter information. The following documents can be used to verify residency³²:
 - Mortgage statement or lease
 - Rent or utility company receipts
 - School records
 - Written statement of responsible reference
 - Any other document proving residency
- If the verification that is requested is not complete, the client may receive a reminder notice. However, it is very important that we aim to send in all of the needed verification documents for our clients to eliminate this barrier. **If you ever have any questions, please ask! We will work through this process together.**

How will we submit these verification documents?

- We will be using emails to DFCS.
- If you submitted an online application through COMPASS:
 - You should have already emailed **Angela Taylor** (email@dhr.state.ga.us) with your client's name, COMPASS web ID, and date applied during your first session with your client. Use the same exact format as before, but this time, attach the verification documents in the email.
 - Email format:
 - Subject line: Athens CAFÉ: First initial of client's first name, last name (e.g., Athens CAFÉ: T. White).
 - Body of email: COMPASS web ID and date applied
- If you submitted a paper application:
 - Email **Dana Singer** (email@dhr.state.ga.us) the verification items, with the above email format (except your client will not have a COMPASS web ID).

Why does DFCS conduct an interview? ⁸

- Once a food stamp household submits an application, a DFCS caseworker will call the household to ask questions about a household's income, resources, rent or mortgage, and utility costs.
- Anyone who is authorized to be in the household may answer the interview questions.
- The interviews normally take place over the phone. The DFCS caseworker may make a cold call to try to reach a household after an application has been received. If the caseworker does not get someone from the household on the line, he or she will send an application handout to the household.
- Let your clients know that DFCS will call the household for the interview and also the purpose of the interview.
 - Sometimes, "Clarke DHR" or "Child Abuse" will come up on the caller ID. This is a barrier for some individuals, so it is important to educate your clients on what to expect.
- If we submit all of our verification documents to DFCS, the interview should be simple for your clients.

11. Client Education Once Clients Receive Food Stamp Benefits^{8, 33, 34}

Once your clients receive food stamps, it is important to educate them on how they can use the benefits. The information below will be provided in a handout that you can give your clients after you explain the details.

How will I receive my food stamp benefits?

You will receive an electric benefit transfer (EBT) card and Personal Identification Number (PIN). These will be mailed to your household. The EBT card can be used in certain stores (“authorized” stores) to purchase food. When the total amount of your food purchase is given at the checkout counter, you swipe your EBT card where instructed and enter your PIN number. The amount will be deducted from your total monthly amount.

If you are able to use the internet, J.P. Morgan Chase & Co has created an online EBT Account where you can check your balance, review transaction history, change your PIN, and contact customer service. The website is:

https://www.ebtaccount.jpmorgan.com/JPM_EFS/

What can I buy with food stamps?

- Most cold and room temperature foods that are not designed to be consumed in the store
- Plants or seeds that grow food, for your household to eat
- Food supplements, such as Ensure
- Ice
- Water

What can I NOT buy with food stamps?

- Pet foods
- Medicines
- Vitamins
- Supplies, such as soap or paper products
- Alcoholic beverages
- Non-food items

Where can I buy food with my food stamps?

Food stores that are authorized by the Food and Nutrition Service of the United States Department of Agriculture may accept your EBT card. Most stores will provide a sign that says you can use food stamps there. Food stamps are now also known as SNAP (Supplemental Nutrition Assistance Program), so you may see stores advertise it this way.

How long will I receive food stamp benefits for?

Most older adults do not have to reapply until one year after receiving food stamp benefits. However, you will receive a letter in your last month telling you that your certification period is almost over and that your household must reapply. On the letter, there will be a number to reach DFCS (the Division of Family and Children Services) with any questions you may have.

What is an authorized representative?

You can choose an authorized representative to act on your behalf with the food stamp program. This person could help you fill out your future applications, attend your future food stamp interviews, and purchase food regularly with your EBT card. There is a place on the application under “Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?” where you can indicate who your authorized representative, if you would like this option.

12. Step-by-Step Guide to Your Work as an Advocate

--FIRST MEETING--

1. Based on your community location, determine whether you will have access to a computer, will need a laptop, or will need a paper application.
2. Put on your Athens CAFÉ name tag.
3. Introduce yourself and explain what you are there to help the client with as a food stamp advocate.
4. Explain to your clients that everything you talk about will be kept confidential, except when you seek their permission.
5. Have your clients fill out a DHS Authorization for Release of Information form (it says “Georgia Department of Human Resources” at the top left, with an icon below it). **Keep these forms in your records.**
6. Begin filling out an application.
 - a. For paper applications:
 - i. Write Athens CAFÉ at the top of the application.
 - ii. Note that you are NOT a witness on the application unless your client is unable to write and signs with an “X”.
 - iii. You do NOT need to fill out the section under “Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?” Skip this unless you have arranged to be a client’s authorized representative (this will not apply to most of you).
 - iv. Be sure to educate your clients on what the household definition means (individual(s) living together who routinely purchase and prepare meals together). They must understand what it means to be a separate household.
 - v. Once complete, you should:
 1. Scan these applications and email them to **Dana Singer** (email@dhr.state.ga.us) with the subject line “Athens CAFÉ: First initial of client’s first name, last name” (e.g., Athens CAFÉ: T. White). If you have

information about the client's availability for the interview with DFCS and information on your follow-up meeting with the client (where the meeting will be, and what phone number can be accessed), provide this in the first email also. DFCS might be able to call you during this time.

2. **Also include in your email the signed DHS Authorization for Release of Information form.**

3. If you have any issues about scanning and emailing the application, contact Lauren Badger. She will help you complete this process.

b. For online COMPASS applications:

- i. Help your clients create a COMPASS account. Go to <https://compass.ga.gov/selfservice/>, click on "MyCOMPASS Account", and then "Create Account".
- ii. Complete the online application.
- iii. Once you have submitted the application, email **Angela Taylor** (email@dhr.state.ga.us).
- iv. Your email should be in this format:
 - Subject line: Athens CAFÉ: First initial of client's first name, last name (e.g., Athens CAFÉ: T. White).
 - Body of email: COMPASS web ID and date applied
 - If possible: Information on the client's availability for the interview with DFCS and information on your follow-up meeting with the client (where the meeting will be, and what phone number can be accessed)
 - DFCS might be able to call your client for the interview when you are present at the follow-up meeting.
 - **Also include in your email the signed DHS Authorization for Release of Information form.**

7. Begin determining what you will need to help your client gather for the verification process. These documents will be scanned at your second meeting with your client.

- a. Start with the “Medical Expense Questions to Ask Clients” form. This will help you determine if your client is on Social Security, SSI, Medicare, Medicaid, etc. It will also help you determine what medical expenses your client has, which will help you organize the documents you need to scan and also determine a client’s predicted food stamp budget.
 - b. If your client is on Social Security, SSI, or a combination of both, call the Social Security Administration’s hotline at 1-800-772-1213 to “request a proof of income letter” (see page 37 in your manual for more descriptive steps). You can have this letter sent to the client’s household. Note that this will take approximately 5-7 business days to arrive by mail, so set up your second meeting appropriately. You may want to call your clients to see if they have received this letter before showing up to the second meeting so that you can send in all of your verification documents at once.
 - i. Remember, you will not need to help verify a client’s identity, citizenship, or SSA income he or she has this letter.
 - c. Determine if your client has any other sources of income not mentioned.
 - d. If your client is NOT on SS or SSI, determine how you will verify his or her income, citizenship, and identity (see section 10-Verification and the Interview for examples).
8. Calculate an estimated food stamp budget for your client. At this point, you should have determined an individual’s sources of income and how much he or she pays for shelter costs based on your interview and also the application.
9. Let your client know how much you expect him or her to get.
10. Inform your client that you will need to set-up a second meeting to help him or her send in documents to prove what was stated on the application. State that this is mandatory to receive food stamps but that you will be there to help him or her.

- a. Aim for a meeting approximately 8 business days after the first meeting so that you will have the SSA proof of income letter also.
- 11. Set up your meeting. Give your client your contact information in case he or she has any questions.

--SECOND MEETING--

- 12. Re-introduce yourself to your client. Ask how he or she is doing.
- 13. Ask your client if he or she has any medical receipts or other proof of medical expenses, the SSA letter OR a form of identification and citizenship, proof of any other sources of income, or any other documents you talked about together.
- 14. Scan the documents onto the computer, if you have computer access.
 - a. You can always scan documents and then email them later, when you have computer access.
 - b. Copy and print the documents, if you have no other option. You can always scan the copies and email them later once you have computer and internet access, or you can always mail them to DFCS if there is no other option.
- 15. Inform clients that you will follow-up with them to determine whether they received food stamps.
- 16. Tell clients that you will be available to educate them on how to use food stamps, if needed.
- 17.REMEMBER to keep track of client information in your “Client Follow-Up Log”. We will be asking you for this information in the future.**

13. Skills (Workshop Activities)

Medical Deduction Skills

Now we will look further into **Mr. Smith's** medical expenses to determine his medical deduction amount. Review Mr. Smith's story in Section 1 on page 5 before considering the following expenses.

- \$99.90 for his Medicare Part B Premium (monthly)
- \$90 for his Prescription co-pays (monthly)
- \$150 per month for his Medicare supplement program (monthly)
- \$8 per month for the baby aspirin his doctor recommended (monthly)
- X-rays at the Hospital – 14 miles one way (1 time per year)
- Dr. Gorky – Cardiologist – 15 miles one way (4 times per year)
- Dr. Smith – Primary Care Physician – 16 miles one way (2 times per year)
- Drop off and pick up prescription – 8 miles round trip (12 times per year)
- Blood Work – hospital – 14 miles one way (4 times per year)

Use the materials provided to you in Section 7, Medical Deductions, to calculate what you expect his medical deduction to be. Remember, the medical deduction only covers medical expenses **over \$35 a month** for that individual. (Hint: you must subtract \$35 from the overall medical expenses to get the medical deduction).

Budget Calculation Skills

Now that we have discovered all of **Mr. Smith's** expenses, we are ready to determine if he is eligible to receive benefits, and if so, calculate his estimated food stamp budget. Use what you know about Mr. Smith's expenses and other information and fill out the "HOW TO FIGURE OUT FOOD STAMPS ELIGIBILITY AND AMOUNT OF STAMPS" form. Remember, there is no gross income test if the household contains an older adult or disabled member.

- Do you think Mr. Smith is eligible to receive food stamp benefits? Why or why not?

- If you answered yes to the above question, what do you think Mr. Smith's food stamp budget is?

Further Calculation Skills—Mrs. Jordan

Using what we have learned from Mr. Smith's case, let's also figure out **Mrs. Jordan's** medical expenses and estimated food stamp budget. Review Mrs. Jordan's story in Section 1 (Introduction) on page 6 and in Section 6 (Household Definition) on pages 18-19 before considering the following expenses.

In terms of medical expenses, Mrs. Jordan goes to her primary care physician twice a month because of her newly diagnosed diabetes, with a roundtrip of 25 miles. Her neighbor gives her a ride there for \$10 each time. Mrs. Jordan has Medicaid and Medicare. Her over-the-counter expenses are Depends-type garments.

Mrs. Jordan also pays \$2500 in property taxes and \$700 in home insurance annually. She has Georgia Power and Georgia Natural Gas as her utility providers.

- What do you calculate her medical deduction to be?
- Do you think she is eligible to receive food stamps? Why or why not?
- If you said yes to the above question, how many food stamp dollars would you expect Mrs. Jordan to receive each month?

14. Advocacy Forms

Georgia Department of Human Resources



Name of Individual

Name of Individual

IF AVAILABLE

ID Number Used by
Requesting Agency

ID Number Used by
Releasing Agency

I hereby request and authorize:

(Name of Agency Holding Information)

(Address)

to provide to:

(Name of Agency Requesting Information)

(Address)

The following type(s) of information from my records (and specific portions thereof):

for the purpose of: _____

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

☐ ninety (90) days unless I specify an earlier expiration date here: _____

☐ one (1) year.

(Date)

☐ the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of Witness)

(Date)

(Signature of Individual)

(Date)

(Title or Relationship to Individual(s))

(Signature of Individual)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Signature of Individual)

(Date this Authorization is Revoked)

(Signature of Individual)

(Date this Authorization is Revoked)

Medical Transportation Expense Log				
Name:				
Address:				
Date	Purpose of Trip (Dr. Visit, To Hospital, Rx Pickup)	Total Miles Driven	Cost of Taxi or Bus	Cost of Parking or Lodging
		Total:	\$0.00	\$0.00

Medical Expense Questions to Ask Clients

1) Do you receive SSI, Social Security, Medicaid, or Medicare benefits?
(Circle all that apply).

a) If you receive Medicare Part B, do you know what you pay monthly? (Reminder: it will be at least \$99.90 per month.)

2) Do you have any other kind of health insurance than Medicaid or Medicare? How much do you pay for the premiums? List the types of health insurance and premiums below.

3) What doctors do you see on a regular basis? What do you see them for?

Doctor	Address of Doctor's Office	Why do they see each doctor?	How often do they see each doctor?
1)			
2)			
3)			
4)			
5)			

6)			
7)			

4) How do you get to these appointments?

a. Drive yourself?

b. Family member drives you? If so, what is his/her name? _____

c. Neighbor or friend drives you? If so, what is his/her name? _____

d. Public transportation?

e. Other?

5) If someone else takes you to the appointments, do you pay them to take you? (This includes the cost of public transportation.)

e. How much?

6) Where do you get your prescriptions filled? (Write down the pharmacy addresses to measure the mileage.)

7) Have any doctors told you that you need any over the counter products? (e.g., baby aspirin, Depends or other incontinence products, etc.)

f. If so, list them:

8) Do you see a dentist regularly? Does your health insurance cover these visits?

9) If you are willing to sign a release form for the pharmacy to send verification that you purchased these products, we will make sure that DFCS gets it. Do you consent?

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

(Name of Food Stamp Advocate Requesting Information)

(Address)

to obtain from :

(Name of Pharmacy)

(Address)

The following information from my records: over-the-counter products recommended by my doctor(s).

for the purpose of: helping determine my eligibility for government benefits.

(Date)

(Signature of Individual/Consumer/Patient/Applicant)

(Printed Name of Individual/Consumer/Patient/Applicant)

Dear _____,
(Name of Pharmacy/Pharmacist)

We want to make this as simple as possible for you. We know for some pharmacies, simply doing a printout of these costs may be the easiest thing. If that is possible, we would be willing to come by and pick it up. Please call me to let me know what is the easiest for you!

Sincerely, _____
(Name of Advocate)

(Advocate Phone #)

14. Client Follow-Up Log

We created this log to help you organize your clients and how you will follow-up with them to help them find verification items, see if they received benefits, and if so, how many benefits. If you would like to come up with your own method of organizing your application assistance efforts, that is fine! Just remember to keep all information confidential and only where you can see it. At our follow-up meetings in a few months, we will ask you to report to us:

- the total number of older adults you assisted in applying for food stamps
- how many of those you assisted received benefits
 - was it in the amount you expected them to receive?
- how many of those you assisted have not heard back from DFCS yet
- the reasons any of your clients may not have received food stamps

Your answers to these questions will help us improve our workshop materials and activities to better train advocates in the future.

Remember, when reporting this information back to us, we do not need any client names. At the end of your advocacy efforts, be sure to shred any names or information that can be linked back to individuals, such as phone numbers.

Client Name	Client Phone #	Date of 1 st Meeting	Medical Deductions Total	Calculated Expected Benefits	Date of Follow-Up Meeting(s)	Received Food Stamps? If so, what amount?	If no, why not?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

17. New and Surprising Facts Learned/Additional Questions

What new and surprising facts did you learn?
Do you have any additional questions you want to ask?
Write them here.

[illegible]

Training Manual References

1. Coleman-Jensen A, Nord M, Andrews M, Carlson S. Household food security in the United States, 2010. September 2011. Internet: <http://www.ers.usda.gov/Publications/ERR125/ERR125.pdf> (accessed 22 September 2011).
2. Ziliak JP, Gundersen C. Senior hunger in the United States: differences across states and rural and urban areas. September 2009. Internet: <http://www.mowaa.org/Document.Doc?id=193> (accessed 19 April 2011).
3. Lee JS, Fischer JG, Johnson MA. Food Insecurity, Food and Nutrition Programs, and Aging: Experiences from Georgia. *J Nutr Elder* 2010;29:116–149.
4. United States Department of Agriculture. A short history of SNAP. Version current 30 April 2009a. Internet: <http://www.fns.usda.gov/snap/rules/Legislation/about.htm> (accessed 30 April 2011).
5. United States Department of Agriculture. The food assistance landscape. Internet: <http://www.ers.usda.gov/Publications/EIB6-8/EIB6-8.pdf> (accessed 22 September 2011).
6. Food Research and Action Center. SNAP/food stamps. Version current 2010b. Internet: <http://frac.org/federal-foodnutrition-programs/snapfood-stamps/> (accessed 1 May 2011).
7. United States Department of Agriculture. Supplemental nutrition assistance program. Version current 23 July 2009b. Internet: <http://www.fns.usda.gov/snap/snap.htm> (accessed 30 April 2011).
8. Georgia Department of Human Services. DFCS. Form 47: Food stamp program in Georgia. Version current February 2009a. Internet: [http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%2047%20\(R%20Rev.01-09\).doc](http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%2047%20(R%20Rev.01-09).doc) (accessed 1 May 2011).
9. Georgia Department of Human Services. Form 297: Application for benefits. Version current October 2009b. Internet: [http://www.odis.dhr.state.ga.us/3000_fam/3420_FOOD/MANUALS/Forms/FORM%20297%20\(R%20Rev.%2010-09\).doc](http://www.odis.dhr.state.ga.us/3000_fam/3420_FOOD/MANUALS/Forms/FORM%20297%20(R%20Rev.%2010-09).doc) (accessed 1 May 2011).
10. Cunnyingham K. State trends in supplemental nutrition assistance program eligibility and participation among elderly individuals: final report. Washington, DC: Mathematica Policy Research, Inc, 2010. Internet: http://www.mathematica-mpr.com/publications/PDFs/nutrition/SNAP_elderly.pdf (accessed 12 January 2011).
11. Food Research and Action Center. Seniors and SNAP/food stamps. Version current 2010a. Internet: <http://frac.org/initiatives/addressing-senior-hunger/seniors-and-snapfood-stamps/> (accessed 19 January 2011).

12. Fuller-Thomson E, Redmond M. Falling through the social safety net: Food Stamp use and nonuse among older impoverished Americans. *Gerontologist* 2008;48(2):235-244.
13. Bartlett S, Burstein N. Abt Associates Inc. Economic Research Service. Food stamp program access study: eligible nonparticipants. May 4004. Internet:
<http://www.ers.usda.gov/publications/efan03013/efan03013-2/efan03013-2.pdf> (accessed 19 January 2011).
14. American Dietetic Association. Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: food and nutrition programs for community-residing older adults. *J Am Diet Assoc* 2010;110:463-472.
15. Cody S. Mathematica Policy Research, Inc. Food stamp program—Elderly nutrition demonstrations interim report on elderly participation patterns. June 2004. Internet:
<http://www.ers.usda.gov/publications/efan04009/efan04009.pdf> (accessed 19 January 2011).
16. Johnson MA. Annual evaluation of senior centers in Northeast Georgia. Unpublished research. Collected in 2009-2010.
17. Lee YH. Mental illness and older adult: part II. University of Minnesota. Internet:
<http://www.cehd.umn.edu/ssw/ContinuingEd/Documents/Module%207/Mental%20Illness%20and%20Older%20Adults%20II%20-%203.10.pdf> (accessed 6 September 2011).
18. US Department of Health and Human Services. Plain language: a promising strategy for clearly communicating health information and improving health literacy. Internet:
<http://www.health.gov/communication/literacy/plainlanguage/PlainLanguage.htm> (accessed 6 September 2011).
19. US Department of Health and Human Services. Quick guide to health literacy and older adults: cognitive challenges. Internet:
<http://www.health.gov/communication/literacy/olderadults/cognitive.htm> (accessed 6 September 2011).
20. University of Georgia. College of Agricultural and Environmental Sciences. Center for Agribusiness and Economic Development. The Georgia county guide 2009. 27th ed. Athens, GA: The University of Georgia Printing Department, 2009.
21. Georgia Department of Human Services. DFCS. Form 47: Food stamp program in Georgia. Version current February 2009. Internet:
[http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%2047%20\(Rv.01-09\).doc](http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/Forms/FORM%2047%20(Rv.01-09).doc) (accessed 1 May 2011).
22. USDA. Supplemental Nutrition Assistance Program. Eligibility. Version current 17 May 2011. Internet: http://www.fns.usda.gov/snap/applicant_recipients/eligibility.htm (accessed 20 May 2011).

23. Muller M, Lindbloom N. Georgia Legal Services Program. Food stamps: medical deduction. Presentation, September 2009.
24. Georgia Department of Human Services. 3210—categorical eligibility. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3210.doc (accessed 27 September 2011).
25. Food Research and Action Center. FRAC’s guide to the food stamp program. 11th ed. Washington, DC: FRAC Publications, 2006.
26. Johnson D. How to figure out “SNAP” (Food Stamp) eligibility and amount in Georgia. Version current 28 June 2011.
27. DHR. Georgia DFCS. Food stamps. Internet: http://www.dfcs.dhr.georgia.gov/DHR-DFCS/DHR-DFCS_Food_Stamps/English.pdf (accessed 10 October 2011).
28. COMPASS. Internet: <https://compass.ga.gov/selfservice/> (accessed 10 October 2011).
29. Georgia Department of Human Services. 3035-Verification. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3035.doc (accessed 27 September 2011).
30. Georgia Department of Human Services. 3320-Citizenship/Alien Status. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3320.doc (accessed 27 September 2011).
31. Georgia Department of Human Services. 3335-Identity. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3335.doc (accessed 27 September 2011).
32. Georgia Department of Human Services. 3340-Residency. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3340.doc (accessed 27 September 2011).
33. J P Morgan Chase & Co. Welcome to EBT account. Version current 2007. Internet: https://www.ebtaccount.jpmorgan.com/JPM_EFS/ (accessed 10 October 2011).
34. Georgia Department of Human Services. 3120-Authorized Representative. In: Food stamp program volume III. Version current August 2011. Internet: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MANUALS/TFS3120.doc (accessed 27 September 2011).