

	<b><i>Questions for Advocates/Community Organizations</i></b>	
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Contact Information: (Organization, Name & Title of Representative, Address, Phone, website, email)	
Date of Interview:	Local Office Under Review:
Reviewer: E-mail Response	

**Note to interviewee:** Thank you for taking the time to complete this questionnaire. Please feel free to indicate the date and time you would like us to contact you if you would like to discuss in more detail any of your responses. Your responses are confidential.

1. How do you interact with the local SNAP office?
2. Are you aware of any barriers that prevent potential recipients from applying for SNAP benefits at the local agency? Please describe.
3. Are you aware of any recent changes (in the last year) made by the local agency to remove barriers and/or improve the accessibility of the SNAP? Explain.
4. Do you have any suggestions on how the local agency could improve operations to better serve their clientele?