

**APPENDIX F**

**REQUEST TO STATE VR AGENCIES**

## **RSA Letter to Agency Administrator Requesting Contact Information**

DATE

<Name>

<Title>

<Agency>

<Street Address>

<City, State, ZIP >

Reference: Post-Vocational Rehabilitation Experiences Study (PVRES)

Dear <Agency Administrator Salutation and Last Name>:

The Rehabilitation Services Administration (RSA) is undertaking a longitudinal study of former consumers of the State Vocational Rehabilitation Services program as authorized under Section 14(a) of the Rehabilitation Act. RSA has contracted with Westat of Rockville, Maryland to conduct the study as RSA's agent.

Westat has selected a sample from the 2006 RSA 911 file to be part of the longitudinal study; including <Number> former consumers from <NAME OF AGENCY>. In order to conduct the study we need the state VR agencies to provide identifying information and information we can use to locate the sampled consumers. Westat has provided a list of what is needed to [you/your designated liaison, NAME,] under separate cover.

RSA is authorizing state agencies to provide the requested information directly to Westat. Westat's information security protocols have been evaluated by RSA and deemed to meet or exceed requirements. However, RSA understands that some states have legislation that precludes providing names and other personally identifiable information to an agent. Should this be the case in your state, RSA is prepared to receive the information directly.

[You/Your designated liaison] will be contacted shortly by a representative of Westat to discuss procedures for secure transfer of confidential information. You are encouraged to respond promptly so that data collection can begin on schedule.

PVRES promises to provide valuable information for all of us concerned with the State-Federal Vocational Rehabilitation program. We look forward to your full support in helping us locate and monitor the outcomes of your agency's sampled former consumers.

Sincerely,

<Designated RSA Official>

Westat request to designated liaison for contact and locating information

DATE

<Name>

<Agency>

<Street Address>

<City, State, ZIP >

Dear <VR Agency Liaison>:

As indicated in our earlier correspondence and as we have discussed over the telephone, persons who received vocational rehabilitation services from your agency in FY 2006 have been selected to participate in the Post-Vocational Rehabilitation Experiences Study (PVRES). This national study will follow a sample of 8,000 former consumers of vocational rehabilitation services over a 3-year period to learn about their employment experiences, earnings, benefits, additional services, and integration into the community. The study is being conducted by Westat of Rockville, Maryland, for the Rehabilitation Services Administration of the U.S. Department of Education.

We are contacting you at this time to request the information necessary to locate <Number> recipients of your program's services so that we can invite them to participate in the study. Be assured that the confidentiality of participants will be maintained to the extent required by law. Information that could identify individuals will not be disclosed to persons outside of the research team. No states, agencies, or individuals will be identified in any reports. An informational copy of the consent form that sampled individuals will receive is included.

Enclosed with this letter is a description of the information we need you to provide for each individual. The list of sampled individuals, identified by the Social Security Number you reported on the RSA 911 Case Service Report submitted for 2006, can be accessed at <<**insert address of secure web site**>>. <Recruiter>, of the study team, will call you shortly to answer any questions you may have, discuss use of the web site and the best approach for our obtaining the information we need. <Recruiter> will then send you a User ID and Password to access your agency's list.

In the meantime, should you have any questions, please contact me at 1-888-519-9481 or email me at [pvres@westat.com](mailto:pvres@westat.com).

Sincerely,

Frank Bennici, Ph.D.  
Project Director

Enclosure

Description of contact and locating information to be requested of state agencies

**Information needed for former consumers sampled to participate in the Post-Vocational Rehabilitation Experiences Study**

Social Security Number (as reported in RSA 911 for 2006)  
Date of birth (*for quality control matching*)  
Primary impairment (as reported in RSA 911 for 2006) (*for quality control matching*)  
Respondent's full name (First name, MI, Last name)  
Respondent's salutation or title (Mr., Ms., Mrs., Dr.)  
Respondent's current or most recent street address (Street address, City, State, ZIP)  
Respondent's current or most recent mailing address—if different (PO box, City, State, ZIP)  
Respondent's current or most recent phone number(s) including area code (home number, other, please indicate)  
Respondent's email address  
Guardian's full name (if applicable) - (First name, MI, Last name)  
Guardian's salutation or title (Mr., Ms., Mrs., Dr.)  
Guardian's relationship to respondent  
Type of guardianship (e.g., legal, financial)  
Guardian's current or most recent address (Street address, PO Box, City, State, ZIP)  
Guardian's current or most recent phone number(s) (home, work, other, please indicate)  
Guardian's email address  
Other reference for respondent full name (First name, MI, Last name)  
Other reference for respondent's current or most recent address (Street address, PO Box, City, State, ZIP)  
Other reference for respondent's current or most recent phone number(s) (home, work, other, please indicate)  
Other reference's email address  
Local agency  
Local agency's address and phone number  
Respondent's VR counselor (current or at closure, please indicate)  
VR counselor's phone number  
Counselor's email address  
Primary language (English, Spanish, ASL, other)

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 26 minutes per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Steve Zwillinger, Rehabilitation Services Administration, U.S. Department of Education, 550 12<sup>th</sup> Street, SW, Washington, DC 20202.*