

Appendix E

Household Outcomes Study Advance Letter

Household Outcomes Study Tracking Letter



Abt Associates Inc.

OMB Control Number

OMB Expiration Date

January xx, 2008

Advance Letter

<<name_first_hh>> << name_middle_hh>> <<name_last_hh>><<name_suffix_hh>>
<<street_address>> <<apt>><<city>>, <<state>> <zip5>>

Dear <<name_first_hh>> <<name_last_hh>>,

Has your family been relocated as a result of Hurricane Katrina or Rita? Have you applied for a special housing unit from [STATE AGENCY NAME]? If so, the Department of Housing and Urban Development (HUD) and FEMA want to hear about your experiences. In order to help improve housing options for people displaced by natural disasters in the future, they want to find out what happened to everyone affected by the Hurricanes Katrina and Rita who applied for an Alternative Housing Pilot Program (AHPP) unit.

To do this, HUD has funded Abt Associates to contact families like yours to learn more about your experiences. To make sure that our staff can contact you, please review the information in the attached form. If the information is correct, please check the box that says 'yes'. If any of the information needs to be updated, please use the space provided to make any corrections. When you are done, simply put the form into the postage paid envelope and mail it to Abt Associates (postage is included). If you have any questions, please call {INSERT TOLL FREE NUMBER}. This information will only be used to help us to contact you once the study begins.

This study is scheduled to take place during the summer of [2008/2009]. As part of this study, an interviewer will contact you at that time to explain the study and select a time that is best for you to complete the interview. We would like to interview the head of your household. The interview will last about 45 minutes, and you will be paid \$25 as a token of our appreciation. You will be one of approximately 1,100 people to complete this study.

Your comments and opinions will not be linked to your name, and your participation will not affect your housing assistance or any other services you may be receiving in any way. The survey may contain information that you feel is private. You can refuse to answer any question(s) that make you uncomfortable. Refusal to answer certain questions or participate in the study will not affect any housing assistance that you currently receive, or will be eligible to receive in the future. Any information you provide to us will be kept private.

Sincerely,

Abt Associates Survey Director



Abt Associates Inc.

OMB Control Number _____

OMB Expiration Date _____

Tracking Letter

DATE

<<name_first_hh>> << name_middle_hh>> <<name_last_hh>><<name_suffix_hh>>
<<street_address>> <<apt>><<city>>, <<state>> <zip5>>

Dear <<name_first_hh>> <<name_last_hh>>,

Has your family been relocated as a result of Hurricane Katrina or Rita? Have you applied for a special housing unit from [STATE AGENCY NAME]? If so, the Department of Housing and Urban Development (HUD) and FEMA want to hear about your experiences. In order to help improve housing options for people displaced by natural disasters in the future, they want to find out what happened to everyone affected by the Hurricanes Katrina and Rita who applied for an Alternative Housing Pilot Program (AHPP) unit.

In order to do this, HUD has funded Abt Associates to contact families like yours from time to time in order to learn more about your experiences. At this time, we'd like to update our records to make sure we can reach you in the future.

On the next page, you'll find a form with your name, address and phone number on it. Please review the information on this form and **fill in any missing or incorrect address and telephone number information**. Further down the page, please fill in the names, addresses, and telephone numbers of **two people outside your household** with whom you visit on a regular basis. We will call these friends or relatives only if we cannot locate you at your own address.

If you choose not to return this form, any housing assistance that you currently receive, or may be eligible to receive in the future will not be affected. However, in order to make improvements to alternative forms of emergency or temporary housing in the future, it is important that we talk to as many people as possible. You are one of just 1,100 people we will talk to, so your cooperation is important. Any information you provide to us will be kept private. Please take just a few minutes to review the enclosed form and return it to Abt Associates in the enclosed postage paid envelope.

Sincerely,

Abt Associates Survey Director

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(PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)

1. Is this the correct spelling of your name? / Es éste su nombre correcto?

«name_first_hh» «name_middle_hh» «name_last_hh» «name_suffix_hh»

Please check appropriate box. Yes / Sí No, the correct spelling is: / El nombre correcto es

First Name/Nombre	Middle Name	Last Name/Apellido	Suffix (Sr./Jr.)
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2. Is this your correct address? / Es esta su dirección correcta?

«street_address», «apt» «city», «state» «zip5»

Please check appropriate box. Yes / Sí No, my correct address is: / Mi dirección correcta es

Street /Calle	Apartment # / Número de Apt.	
City / Ciudad	State / Estado	Zip Code / Código Postal

3. Is this your correct phone number? / Es éste su número de teléfono correcto? «phone»

Please check appropriate box. Yes / Sí No, my correct phone number is: / Mi número de teléfono correcto es:

Home Phone / Número de teléfono del hogar		Cell Phone / Número de teléfono del celular	
Area Code CODIGO DE AREA	Telephone Number NUMERO DE TELEFONO	Area Code CODIGO DE AREA	Telephone Number NUMERO DE TELEFONO

4. Please list the name, address, and relationship to you of two people who will always know where to reach you. Por favor escriba los nombres y las direcciones de dos personas quienes sepan cómo ponerse en contacto con usted y explique cómo se relacionan con usted. (PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)

1. Name / Nombre:		Relation to you / Parentesco con usted:
Address / Dirección	Apartment # / Número de Apt.	City / Ciudad
State / Estado	Zip Code / Codigo Postal	Phone / NUMERO DE TELEFONO () -

2. Name / Nombre:		Relation to you / Parentesco con usted:
Address / Dirección	Apartment # / Número de	Address / Dirección

	Apt.	
State / Estado	Zip Code / Código Postal	Phone / NUMERO DE TELEFONO () —