

{Insert Date}

To _____:

You are invited to participate in a focus group study that will help to build a better understanding of youth with disabilities and transition issues they face as they enter young adulthood. This study, part of the Youth Transition Demonstration (YTD) funded by the Social Security Administration, is being led by *Mathematica Policy Research, Inc.* and *MDRC*. **{Insert YTD Project Name}** is helping to coordinate the local study.

As a young person with a disability, or a parent of a child with a disability, you know better than most, the unique set of issues faced by youth as they make this transition. Your perspective, experience, and knowledge will be very valuable to this study that can ultimately improve services and support for young persons with disabilities.

Focus groups **for parents and for youth** will be held in **{Insert name of city or county}**.

- **{Insert date and address of first focus group}**.
 - **The parents group will take place at {Insert Time}**.
 - **The group for youth will take place at {Insert Time}**.
- **{If applicable: Insert date and address of second focus group}**.
 - **The parents group will take place at {Insert Time}**.
 - **The group for youth will take place at {Insert Time}**.

Each group session will last about 90 minutes (please arrive at least 15 minutes before the start time of your session). Participants will receive **{Insert type and amount of incentive}** at the end of the focus group meeting as a thank you for taking the time to participate in the study. This payment will not affect any Social Security benefits or services you may receive. Your participation and responses will remain confidential.

Space is limited so please CALL to confirm your participation: {Insert YTD Project Staff Contact} by {Insert Date}.

Thank you,

Name

Title

For more information about the study please call **{Insert researcher name and phone number}**.

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 90 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.* The valid OMB control number for this information collection is 0960-0687.