

Early Head Start Follow-up Study Contact Information Update



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- Thank you for taking the time to update your contact information for the Early Head Start Follow-up Study.
 - Please remember all the information you provide here is private and will be shared ONLY with researchers working on the Early Head Start Follow-up Study.
 - If you are contacted in the future for the study, you can decide at that time whether or not to take part.
 - When you are finished completing this form, please use the postage paid return envelope provided to mail it to us.
 - When we receive your updated contact information, we will send you a check for \$15 to thank you for your time.
 - If you have any questions, please call us on the study toll-free number at:

(888) 800-3748.

Thank you!

INSTRUCTIONS

- Draw an X inside the boxes next to your answers.
- Please print your answer when a question asks you to write something in.
- If you make a mistake, cross it out and draw a circle around the correct answer.

1. Please take a look at the names printed on the letter that came with this form.
Is your name correct?

- Yes
 No → What is your current name?

First	Middle	Last
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2. Is the child's name correct?

- Yes
 No → What is the child's current name?

First	Middle	Last
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3. Are you still this child's primary caregiver?

- Yes → PLEASE CONTINUE TO THE NEXT QUESTION (#4)
 No → PLEASE SKIP TO SECTION 2 (PAGE 5)

4. What is your current home address?

Street	Apt. Number	
City	State	Zip Code

5. Do you receive mail at this address?

- Yes
 No → Where do you receive mail?

Street	Apt. Number	
City	State	Zip Code

6. What is the best phone number to reach you on?

(_____) _____ - _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
	<input type="checkbox"/> Work	<input type="checkbox"/> Other: _____

7. What other phone numbers could we call you on?

(_____) _____ - _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
	<input type="checkbox"/> Work	<input type="checkbox"/> Other: _____
(_____) _____ - _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
	<input type="checkbox"/> Work	<input type="checkbox"/> Other: _____
(_____) _____ - _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
	<input type="checkbox"/> Work	<input type="checkbox"/> Other: _____

8. What is your email address? Mark this box if you do not have email.

_____ @ _____

9. If you work outside the home, where do you work? Mark this box if you do not work outside the home.

Company Name		
Street		
City	State	Zip Code
Phone Number		
(_____) _____ - _____ Extension: _____		

10. What school does the child attend? What grade is the child in as of Spring 2011?

Mark this box if the child is not currently in school.

School Name	City	Grade
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11. Do you have any plans to move in the next year?

- Yes → PLEASE CONTINUE TO THE NEXT QUESTION (#11a)
- No → PLEASE SKIP TO QUESTION #12

11a. If you expect to move, when do you expect to move?

Approximate Date of Move (Month and Year)

11b. If you expect to move, where do you expect to move?

City	State	Country
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12. In case we are unable to reach you in the future, please give us the names and contact information of three close relatives or friends who are likely to know how to contact you. We will only contact these people if we are unable to contact you directly.

1st Contact:

First Name		Middle Initial	Last Name	
Gender	Preferred Language		Relationship to You	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<input type="checkbox"/> Your parent <input type="checkbox"/> Your sister/brother <input type="checkbox"/> A friend <input type="checkbox"/> A former spouse <input type="checkbox"/> A current spouse <input type="checkbox"/> Someone else: _____	
Street Address			Apt. Number	
City		State	Zip Code	
Best Phone Number			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____	
Alternate Phone Number			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____	

2nd Contact:

First Name		Middle Initial	Last Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Relationship to You <input type="checkbox"/> Your parent <input type="checkbox"/> Your sister/brother <input type="checkbox"/> A friend <input type="checkbox"/> A former spouse <input type="checkbox"/> A current spouse <input type="checkbox"/> Someone else: _____		
Street Address			Apt. Number	
City		State	Zip Code	
Best Phone Number (_____) _____ - _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Other: _____	
Alternate Phone Number (_____) _____ - _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Other: _____	

3rd Contact:

First Name		Middle Initial	Last Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____	Relationship to You <input type="checkbox"/> Your parent <input type="checkbox"/> Your sister/brother <input type="checkbox"/> A friend <input type="checkbox"/> A former spouse <input type="checkbox"/> A current spouse <input type="checkbox"/> Someone else: _____		
Street Address			Apt. Number	
City		State	Zip Code	
Best Phone Number (_____) _____ - _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Other: _____	
Alternate Phone Number (_____) _____ - _____		<input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Other: _____	

Thank you for the updated information. Please use the postage paid return envelope provided to mail this form to us. When we receive it, we will send you a check for \$15.

You should receive it in two to three weeks.

Thank you for taking part in the Early Head Start Follow-up Study!

SECTION 2

PLEASE COMPLETE IF YOU ARE NO LONGER THE CHILD'S PRIMARY CAREGIVER

1. Who is this child's primary caregiver now? (What is his/her name)?

Mark this box if you do not know.

First	Middle	Last
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2. What is this person's relationship to the child?

Relationship to Child	
<input type="checkbox"/> Parent	<input type="checkbox"/> Non-relative foster parent
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other non-relative
<input type="checkbox"/> Other relative	<input type="checkbox"/> Someone else: _____

3. About when did this person become the child's primary caregiver?

Approximate Date (Month and Year)

4. What is the best phone number to reach this person on?

(_____) _____ - _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____
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5. Do you have any other phone numbers for this person?

(_____) _____ - _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____
(_____) _____ - _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____
(_____) _____ - _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____

6. What is this person's email address? Mark this box if you do not have email.

_____ @ _____

7. What is the child's current home address?

Street		Apt. Number
City	State	Zip Code

8. What is the child's permanent home address? Same as current home address

Street		Apt. Number
City	State	Zip Code

9. What school does the child attend? What grade is the child in as of Spring 2011?

Mark this box if the child is not currently in school.

School Name	City	Grade
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Thank you very much for your help.

If you are in contact with the child's new primary caregiver, we'd appreciate it if you could give him/her our toll-free number: **1-888-800-3748** and let him/her know we are trying to reach him/her about the study.

Please use the postage paid return envelope provided to mail this form to us. When we receive it, we will send you a check for \$15. You should receive it in two to three weeks.

Thank you for taking part in the Early Head Start Follow-up Study!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: XXXXXX