In-Person Followup Script

**OMB Control # 0584-NEW**

 **Expiration Date: xx/xx/20xx**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**INTRODUCTION**

**NOTE:** The in-person followup will be conducted by a local field coordinator. The purpose of the in-person followup is to initiate the interview at the time of the followup or arrange a time when the Telephone Research Center (TRC) can call the caregiver. In-person followup may take place at a backpack pickup location, a meal delivery location, or at a participant’s residence.

**INTRO1 (at backpack or meal delivery location):** Hello, my name is \_\_\_\_ and I work for the [PROGRAM]. Our records show that one or more children from your household is taking part in this program [and that a cell phone was sent home with your child]. Since we haven’t heard from anyone in your household, we are trying to make contact in person because this program is so important. We’d like to ask some questions about the program. Are you familiar with this program?

Are you familiar with your child(ren)’s participation in this program?

 Yes 🡪 START

 No 🡪 Continue

**INTRO2**. I would like to speak with that person to ask some questions about the program. Do you know who I would speak to and how I could contact that person?

 Yes🡪 Obtain informaton

 No 🡪 Arrange different type of followup (e.g., at residence; another day at pickup center – **INTRO3**)

**START**: The interview takes about 30 minutes to complete. Your participation in this survey is voluntary. You have the right to stop at any time or skip questions. All your answers are private and the information you provide will not be identified by your name, except as otherwise required by law. You will receive (INCENTIVE) as a thank you for completing the survey. Your answers to our survey questions will provide [PROGRAM] with important information to help improve its services. Any information you provide will remain private.

If you have the cell phone that your child was given, we can use it now to call a telephone interviewer. We can also use my phone.

 Yes🡪 START

 No 🡪 Arrange another time

**INTRO3 (at residence)**: Hello, my name is \_\_\_\_ and I work for the [PROGRAM]. Our records show that one or more children from your household is taking part in this program [and that a cell phone was sent home with the child]. Since we have not heard from anyone who lives here, we are making a followup contact in person because this program is so important. We’d like to ask some questions about the program. Are you familiar with this program?

Are you familiar with your child(ren)’s participation in this program?

 Yes 🡪 START

 No 🡪 Continue

May I speak to an adult in this household who is familiar with this program?

 Knowledgeable adult available 🡪 INTRO4 [TO NEW ADULT]

 Adult not available 🡪 Collect first name and schedule another visit

**INTRO4**: My name is \_\_\_\_ and I’m calling on behalf of the [PROGRAM]. Our records show that one or more children from your household is taking part in this program [and that a cell phone was sent home with your child]. Since we haven’t heard from anyone in your household, we are trying to make contact in person because this program is so important. We’d like to ask some questions about the program. Are you familiar with this program?

Are you familiar with your child(ren)’s participation in this program?

 Knowledgeable adult speaking or available 🡪 START

 Adult not available 🡪 schedule call-back