## Appendix E10

## Retailer Telephone Notification Recruiting Script

OMB Control No: 0584-xxxx Expiration Date: xx/xx/20xx

## Participating Retailer Initial Notification Recruiting Script

Hello. My name is and I am calling from Abt Associates	s about a research study we are
conducting for the US Department of Agriculture. Am I speaking to	
OR OWNER] of[STORE NAME]?	
[If yes, continue. If no, ask for the store manager or owner.]	
[IF RESPONDENT IS MORE COMFORTABLE WITH SPANISH, SWITCH TO	SPANISH.]
I'm calling to let you know they you've been selected to participate in conducted for the U.S. Department of Agriculture (USDA) by Abt Associan Cambridge, MA. We are conducting an evaluation of the USDA Suppersoram (SNAP) and the Healthy Incentives Pilot (HIP) in Hampden Corprovide feedback about HIP. Have you heard of HIP?	ciates, a research company based olemental Nutrition Assistance
As an incentive, HIP will pay back SNAP/Food Stamp customers in Ham fruit and vegetable purchases in the form of a credit. The Massachuse Assistance (DTA) is running HIP, with funding from the Food and Nutrit studying how HIP affects SNAP customers and the community on beha	etts Department of Transitional tion Service of the USDA. We are
To find out how stores have been affected by HIP, we are conducting a interested to hear from you about what benefits and challenges you cornot to participate in HIP. By responding to this survey, you will help for retailers and SNAP customers. The 2 parts of the survey will take 3	onsidered when deciding whether us learn how to make HIP better
All information in the survey will be kept secure and private, except as must tell FNS which stores we are contacting, but only the researchers government agencies – will know your responses to the survey. We w store's identity in any government reports or other publications. Your those of other retailers and the results will be reported as totals and a	s at Abt – not FNS or other vill not use your name or your responses will be combined with
I would like to confirm your name and address so that we can be sure	the survey reaches you.
[READ NAME AND ADDRESS ON FILE.]	
Is that right? [CONFIRM SPELLING IF NECESSARY]	
We can send you either an English or Spanish version of the survey. W	hich would you prefer?
Thank you for your willingness to participate. The Survey should arrive	e by mail in about days/weeks

and will include pre-addressed, pre-paid materials you can use to return the survey to us.

Public reporting burden for this collection of information is estimated to average 5-10 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 Service, 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.