OMB Number: 0584-0558 Expiration Date: 10/13/2013

{*In* 16 pt font for elderly groups]

DATE

NAME ADDRESS CITY, STATE ZIP Dear TITLE LNAME:

Thank you for agreeing to attend the discussion group about food stamps or [local SNAP name] in [SITE]. Our discussion will be at **12:00 p.m. on DAY, DATE**. It will be held at the **PLACE**.

As we discussed on the phone, the purpose of this study is to learn about people's experience applying for food stamp benefits. About 10 other people will participate in this discussion group. We will ask for your opinions about what is easy and what is difficult about applying for [local SNAP name]. We will use the information collected in this discussion group to help improve the program. Your participation is optional and will not affect your benefits, and anything you say in the group will be confidential, except as required by law.

We will pay you \$40 at the end of the session as a token of our appreciation and to offset the cost of your transportation [working poor only: and any childcare you may need]. Please make sure to bring any glasses, other corrective lenses, or hearing aids you may need to read or hear, and plan to arrive about 15 minutes early to meet the other participants and have [elderly: refreshments; working poor: dinner].

If you are no longer able to join us, please call Susanna Fernandes toll free at 800-340-2577 so that we may find a replacement. Remember, Mathematica (the organization conducting the discussion on behalf of the U.S. Department of Agriculture, Food and Nutrition Service) is not part of the [local SNAP office name] or any local organization that you may have spoken with about [local SNAP name].

Thank you again.

Sincerely,

PERSON

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