APPENDIX I LOCATING LETTER

OMB Control Number: 0584-XXXX Expiration Date: XX/XX/XXXX

[FNS Letterhead]

[NAME] [ADDRESS] [CITY, STATE ZIP]

Dear [Salutation, NAME]:

We recently tried to contact you about an important study from the U.S. Department of Agriculture (USDA). Unfortunately, we do not have the right contact information for you. Your opinions and experiences are very important to us and we would very much like to give you the chance to participate in this important study. We would like for you to take part in a brief (20 min) survey about your experiences with federal food assistance programs. Your answers to this survey are very important and will help the USDA create better programsfor others.

In order to give you a chance to take part in this survey, we would like you to fill out the following form. Please give us the best telephone number to contact you and the days and time when you might be available at this number. Please, return the form in the pre-paid envelope provided. Also included in this letter, is a gift card for \$10. This is a token of our appreciation for your time for filling out this form. Whether or not you choose to participate, the \$10 is yours to keep. If you do complete the survey, you will receive a \$25 gift card as an additional token of our appreciation (this gift will not affect any government assistance you may be receiving).

If you would prefer to contact us directly to complete the interview or schedule a time to complete it, please call 1-8xx-xxx-xxxx. If you do call us, you will be asked to provide the following survey ID # [MPRID].

We hope that you chose to participate; however, participation is voluntary. There are no penalties for *not* participating in this survey. Therefore, not participating will have no effect on any government assistance you are receiving or will receive. All information collected during the survey will be kept private, as required by law. Additionally, if you have any questions about this survey or would like another copy of the advance letter sent to you, please contact Daniel Friend, Deputy Survey Director at Mathematica Policy Research, at 202-250-3540 or email at dfriend@mathematica-mpr.com.

We thank you in advance for your cooperation and helping make this important study a success!

Sincerely,

Bob Dalrymple Senior Analyst

Family Programs Staff Office of Research and Analysis USDA Food and Nutrition

Service

CONTACT FORM

1.) Please tell us where the <i>best</i> place to reach you is?
a.) Personal Telephone Number:
b.) Family Member or Friend: YES or NO
- Name of Family Member or Friend:
- Telephone Number:
c.) Community Center or Chapter House YES or NO - Name of Community Center of Chapter House:
- Telephone Number:
d.) Other: YES or NO
- Name of other place of contact:
- Telephone Number:
2.) What are the best days and times to reach you? Please indicate your preferred day by writing in the times you can be reached on that day at the number you listed above
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

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 valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.