### **AFI Procedures for Updating Contact Information**

High response rates are critical to the success of longitudinal studies. To maintain high response rates, including OMB's recommended 80 percent, it is necessary to take steps to track study participants over time so that follow-up data can be collected.

The AFI Evaluation plans to interview participants at baseline and in a 12-month follow-up. Given the mobile nature of participants in the AFI evaluation (i.e., low-income individuals), tracking study participants will be of utmost importance to this study. The research team will utilize a panel maintenance letter to update the study's Control System, which includes the participant's name, address, and other contact information, and is used ONLY for re-contacting purposes. As a reminder, this Control System does not include any of the individual's survey responses, only his/her contact information and the random, chronologically-generated case number. Below we provide more specific information about the panel maintenance letter and how updated contact information received will be entered into the contact information database.

What is Collected? Six months after the baseline interview, study participants will receive a Panel Maintenance Letter (Attachment F and at the end of this document), which reminds them of their participation in the study and includes the Contact Information Update Form (Attachment F and at the end of this document) with a postage-paid envelope. The Contact Information Update Form includes the address and phone that the survey research firm currently has on file, and offers the participant the opportunity to indicate that that information is correct or to provide updated information. The Contact Information Update Form also includes the participant's case ID. Please note that the Control System generates monthly files of cases eligible for the six-month panel maintenance letter. Thus, these letters are produced in batches based on when the participant completed the baseline survey. Based on experience in prior studies with similar populations, we estimate that 15 percent of the sample will return these forms.

<u>How is Updated Contact Information Received?</u> The Contact Information Update Forms are returned to the survey research firm (RTI). RTI receives mail at its central Fulfillment Center processing facility, which is locked at all times with a posted security guard at the door during business hours. The postage-paid envelopes returned to RTI indicate the study name on the outside of the envelope, and survey mail is sorted by study name.

Who Handles and Updates Contact Information? Only staff trained on the AFI Evaluation project and who have secure username and password credentials to access the Control System are allowed to receive the AFI mail, organize it into batches, and enter updates into the Control System. These staff have signed privacy pledges affirming their pledge to keep participants' information private to the extent per mitted by law. These staff only have access to the Control System. They do not have access to any other data system related to this project.

How is Updated Contact Information Entered Into the Control System? RTI's clerks will enter updated contact information data into the Control System by the random, chronologically-generated case ID. As a reminder, the Contact Information Update Form includes the individual's case ID number. RTI staff will be able to site verify that the case that they're entering new address information for belongs to a specific individual (i.e., Joe Smith), but they will not see anything other than an address field to enter new data and brief summary information (name and previous address) for Joe's case. If OMB prefers, we can take steps to block the staff from seeing Joe's name in the Control System, but they will see it printed on the letter. They do not have access to any other system on the project. After they receive

the mail, the staff will return the batches to a locked file cabinet designated for this project. Only staff that work on the project and have signed privacy pledges will have access to that locked file cabinet. Documents will be shredded at the conclusion of the project.

#### **Planned Modifications to AFI Contract**

The AFI Experiment's contract includes the following language with regard to data security and confidentiality of respondents:

If any data are stored or transmitted electronically, the Contractor shall use Federal Information Processing Standard (currently, FIPS 140-2) compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of sensitive information during storage and transmission. The Contractor shall securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Processing Standard. The Contractor shall: ensure that this standard is incorporated into the Contractor's property management/control system; or establish a procedure to account for all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive information.

In addition, the Contractor must have a plan for the protection of any paper records, field notes, or other documents that contain sensitive or personally identifiable information.

The Contractor shall ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor, who perform work under this contract/subcontract, are trained on data privacy issues and comply with the above requirements.

The Contractor shall submit a written plan and assurance for complying with the above requirements at least annually.

The Contractor must report within one hour any suspected or confirmed instance of compromised data security simultaneously to the ACF COTR and to the ACF Senior Official for Privacy (or, if discovered after normal work hours, by 9:00 A.M. EST on the following regular workday).

The Contractor shall not have access to federal data, access to federal networks, or related IT assets under this task order. If such access is warranted or needed, the Contractor shall document compliance with appropriate security requirements for all staff needing such access, including provisions of Homeland Security Presidential Directive 12 (HSPD-12), prior to such access.

In addition to these requirements, we will seek to modify the contract to include even stronger requirements to protect the privacy of study participants. Specifically, we will seek to include the following statements:

The Contractor shall not access data/records/personal information collected for this study for purposes outside of this study.

The Contractor shall not use contact information to retrieve a participant's survey responses or for any purposes other than re-contacting the individual to conduct follow-up data collection.

The Contractor shall ensure that all staff that have access to identifying information sign pledges affirming their understanding of and commitment to ensuring that personally identifying information is kept private to the extent permitted by law.

# ASSETS FOR INDEPENDENCE (AFI) PROGRAM EVALUATION PANEL MAINTENANCE LETTER

OMB #: 0970-XXXX Expiration Date: XX/XX/2015

THE PAPERWORK REDUCTION ACT OF 1995: Public reporting burden for this collection of information is estimated to average 30 minutes for the baseline and follow-up questionnaires, for a total of 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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.

[DATE]

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

Dear [FIRST NAME],

Several months ago, you applied for the Individual Development Account (IDA) program operated by the [FILL SITE NAME] and sponsored by the Department of Health and Human Services, Administration for Children and Families (ACF). At that time, you completed a survey on the computer.

We are now preparing for the next survey beginning in [FILL MONTH AND YEAR] which will be conducted by telephone. For this program to be successful, it is important that we interview as many people who completed the computer survey as we can.

We are writing you now to make sure that we have your correct address and telephone number. We have enclosed a postage-paid envelope and a form for you to fill out.

Please know that your decision to provide contact information will not affect any services you receive. All information you provide will be kept private to the extent permitted by law, so your name will not be associated with the research findings from this project.

Although your participation in the study is completely voluntary, your opinions and experiences are of great value. If you have any questions about the form or about the study, please call Melissa Hobbs, the Data Collection Task Leader, toll-free at 1-800-334-8571 ext. 25744.

Thank '	you for '	your	hel	p.
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Sincerely,

Dr. Gregory Mills Project Director Assets for Independence (AFI) Program Evaluation

OMB #: 0970-XXXX

Expiration Date: XX/XX/2015

# [FILL SITE NAME] AFI Program Evaluation Follow-up Study

# **Contact Information Update Form**

THE PAPERWORK REDUCTION ACT OF 1995: Public reporting burden for this collection of information is estimated to average 30 minutes for the baseline and follow-up questionnaires, for a total of 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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.

Please review and return this form in the postage-paid envelope.

If your address and telephone number are correct please check the "Contact Information Correct" box. If your information has changed, please cross through anything that is incorrect and write your new information in the space below. If you plan to move and know your new address and telephone number, please enter it in the space below.

If you plan to move and do not know your new address and telephone number, please provide an address or phone number that we can use to reach you. For example, provide a work number or a cell phone number.

## **CURRENT CONTACT INFORMATION**

**UPDATED CONTACT INFORMATION** 

[ID]

Best\_R\_Name

Best R addr

Best\_R\_city, Best\_R\_State, Best\_R\_zip5

TELEPHONE:Best\_R\_phone

CONTACT	INFORMATION CORRECT	