

Script for Completing the Outcome Survey

Hello, my name is [_____]. We are calling you to complete a follow-up survey on behalf of the Urban Institute and [The Financial Clinic/SFLUM], and to arrange for you to receive your \$30gift card that we mentioned when you agreed to participate in this study. I'm calling from [Survey Organization], a research company in [STATE] that is working for the research team.

During an initial meeting with [The Financial Clinic/SFLUM] in [Month and Year of Application], you completed an application survey for a study on the financial coaching program. You may recall that the application asked a few questions about your financial situation and your interest in financial services. You may also recall the informed consent document that you signed at the beginning of the study. We would like to take this opportunity to review this document, and to answer any questions you may have at this point.

This telephone interview will last about 40 minutes and include questions about your income, employment, banking history, and financial experiences. The Urban Institute and [The Financial Clinic/SFLUM] are committed to protecting the privacy of the personal and financial information that we collect in this survey.

The information that we collect in this outcomes survey will be kept private. This information will be combined with information from all other study participants and will not be reported or shared in a way that would allow anyone to link what you tell us with who you are. We will not publish your name or other personal identifying information in anything we write or talk about. We also will not share information that identifies you with anyone outside of the research team, including the Consumer Financial Protection Bureau. All of your answers will be stored in databases with secured password protection and accessed only by research staff who are committed to ensuring your privacy, and who have signed data privacy pledges.

As required by federal law, the Office of Management of Budget has approved these questions under the Paperwork Reduction Act. The OMB control number for this collection is 3170-XXXX. The collection expires on XX/XX/XXXX. Also, a federal law called the Privacy Act directs how the federal government treats the personally identifiable information contained in your answers to these questions. To understand how and when your personally identifiable information may be shared, you can read the Privacy Act Statement on the CFPB's website at www.consumerfinance.gov and search for CFPB.021 Consumer Education and Engagement Records. Additionally, the CFPB will treat the information received from you consistent with its privacy regulations at 12 C.F.R. Part 1070, *et seq.* We anticipate this application form taking about 10 minutes of your time.

Also please remember that completing this form is voluntary; you can choose not to answer any question, and you can stop at any time.

Is this a good time and place to answer our questions?

[If Yes: Continue]

[If No: When would be a good time to reach you when you will be in a setting where you will feel comfortable answering these questions?]

Do you have any questions before we start?

[If Yes then attempt to answer them]

[If No then continue]

Do you consent to complete the survey?

[If Yes then continue]