

Appendix A-5: Receipt of Payment Form—Los Angeles site

Receipt of Payment

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. 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: Reports Clearance Officer (Attn: OMB/PRA 0970-XXXX), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

Initialing below indicates that you were offered \$40 as a token of appreciation for your time participating in an interview for the Family Coping Strategies Study conducted by the Urban Institute.

- I **accepted** the \$40 token of appreciation. I **refused** the \$40 token of appreciation.

Respondent's Initials

Date