**Appendix A-7: Telephone Recruitment Script and Screener—Michigan site**

Public reporting burden for this collection of information is estimated to average 15 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.

Hello Ms.\_\_\_\_\_\_\_\_\_\_\_\_. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and I work at the University of Michigan. Perhaps you remember meeting with me/fellow researcher last year. As the letter we recently sent you noted, you may be eligible to participate in an additional phase of the Michigan Recession and Recovery Study. As always, your participation is voluntary.

In this interview we would like to talk with you again in more detail about work, family, and other issues, and how you make ends meet during these difficult economic times. The interview will be different than the surveys you’ve completed in that you will be able to talk about issues in more detail. The interview should take no more than 90 minutes to complete.

In order to complete the interview, I first need to determine if you are eligible. Can we do that now?

<if no, arrange other date/time>

<if yes continue>:

The information you provide will remain private and will not be used for any purpose but determining your eligibility for this phase of the study.

1. Are you currently receiving disability payments for yourself, such as through the Supplemental Security Income- SSI- program or Social Security Disability program?

<if yes, go to q6>

1. Do you have children under the age of 18 living with you for whom you have caregiving responsibilities?

<if no, go to q6>

1. Are you currently unemployed?

<if no> Were you ever unemployed in the past 2 years?

<if no go to q6>

 <If yes> For about how months in total were you unemployed?

<if less than six months total, go to q6>

1. Do you currently receive cash assistance from the Department of Human Services, including cash on a Bridge card?

<if yes> For long have you been receiving this assistance?

<if continuous receipt during past 2 years, go to q6>

<if no> Within the past two years, did you ever receive cash assistance from the Department of Human Services, including cash on a Bridge card?

<if continuous receipt during past 2 years, go to q6>

1. Thank you, it appears that you are eligible for this phase of the study. If you have any questions about this phase of the study, I’m happy to answer them. Otherwise, can we find a time to do the interview? <arrange date and time>.
2. I’m sorry; it appears you are not eligible for this phase of the study. However, we very much appreciate your participation in the MRRS and hope that you will continue to participate in future parts of the study. Thank you so much for your time.