OMB Control No.: 0970-xxxx Expiration Date: xx/xx/20xx

## 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.

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ou rem/ou may	nember meeting with me/fellow resea	and I work at the University of Michigan. Perhaps rcher last year. As the letter we recently sent you noted, onal phase of the Michigan Recession and Recovery Study.
and hov the surv	w you make ends meet during these di	u again in more detail about work, family, and other issues, fficult economic times. The interview will be different than be able to talk about issues in more detail. The interview plete.
	r to complete the interview, I first need <if arrange="" date="" no,="" other="" time=""> <if continue="" yes="">:</if></if>	d to determine if you are eligible. Can we do that now?
	The information you provide will rem determining your eligibility for this ph	ain private and will not be used for any purpose but ase of the study.
	Are you currently receiving disability   Security Income- SSI- program or Soci <if go="" q6="" to="" yes,=""></if>	payments for yourself, such as through the Supplemental al Security Disability program?
	Do you have children under the age or responsibilities? <if go="" no,="" q6="" to=""></if>	f 18 living with you for whom you have caregiving

3. 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>

4. 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>

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<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>

- 5. 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>.
- 6. 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.