

**Supporting Statement
for OMB Clearance
Request**

**Appendix F: Survey
Tracking Letter**

**Innovative Strategies for
Increasing Self-Sufficiency
(ISIS) – Follow-up Data
Collection**

OMB No. 0970-0397

March 2013

Submitted by:
Brendan Kelly
Office of Planning, Research
and Evaluation
Administration for Children
and Families
**U.S. Department of Health and
Human Services**

Appendix F: Tracking Letter

Dear <First Name> <Last Name>,

Thank you for agreeing to participate in the study of career pathways programs known as ISIS (Innovative Strategies for Increasing Self-Sufficiency). When you applied to participate in <PROGRAM NAME> in <CITY> you agreed to be part of a research study. The study is being funded by the U.S. Department of Health and Human Services and is conducted by an evaluation team led by Abt Associates and including Abt SRBI.

As part of the study, we would like to talk to you to see how you are doing. We will contact you about 15 months after you enrolled in the study to ask you some questions. This survey will take about 50 minutes. To thank you for your time, you will receive a \$30 check after you complete the interview. Your participation in the interview is voluntary.

To help us find you for the interview, please update the enclosed contact information form. This form has the information you gave us when you applied to be in the program. If your address, telephone number, or other information is different from what is listed, please correct the information directly on the form. If any of the information is missing, please provide that information in the spaces provided. If you have another telephone number, please add it in the space marked “additional telephone number.”

Also, please check and correct the names, addresses, and telephone numbers listed of three people outside your household who usually know where to reach you. We would call these friends or relatives only if we cannot find you. If there are additional people you want to list, please add them to this form.

Please return the form to us in the enclosed postage-paid envelope. If you have no changes to your information, please return the form and mark “no changes.” Or, you can call Abt SRBI toll-free at 1-XXX-XXX-XXXX and give your information over the phone. You will receive a \$5 check for providing this information to us by telephone or mail.

If you have any questions or concerns about the study, please feel free to call (NAME) at (TOLL FREE NUMBER).

Si le gustaría recibir esta información en Español, favor de llamar a Abt SRBI al 1-888-XXX-XXXX.

Sincerely,

Abt SRBI Survey Director

Paperwork Reduction Act (PRA) Statement: 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. The OMB control number for this collection is 0970-0397 and it expires xx/xx/xxxx. If you have comments regarding this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).