

Attachment 4.d. Participant Contact Release Forms (English)

Beneficiary Satisfaction Contact Script

RTI International, a nonprofit research organization, is talking with people who are in <INSERT PROGRAM>. They are working with the federal agency that funds the program, the Centers for Medicare & Medicaid Services.

If you were interested in participating, RTI would call you and tell you more about a discussion group they are having in the near future. The groups would last about an hour and a half and RTI would pay you \$75 for your participation in and transportation to the discussion group.

Does this sound like something you would like to learn more about?

[If NO] Thank you for your time.

[If YES] Great. RTI would like to call you to tell you more about the discussion group.

Do I have your permission to give your name and contact information to RTI? You would not be obligated to participate, but would just be contacted by RTI to learn more about the study.

[If NO] Thank you for your time.

[If YES] Great.

May I have your name and contact information?

[If NO] Thank you for your time.

[If YES] Great.

[NOTE TO STUDY STAFF – EITHER FILL IN THE INFORMATION BELOW OR ASK THE PARTICIPANT TO FILL OUT AND RETURN TO YOU. IF THE LATTER, CHECK THE LEGIBILITY OF THE TEXT ON THE FORM.]

Yes, I am interested in learning more about participating in a focus group about <INSERT PROGRAM NAME>.

I agree to have someone from RTI contact me to give me more information.

Print name: _____

Address: _____

Telephone number: _____

Alternative telephone number: _____

E-mail address: _____