Attachment Q

ADOLESCENT Focus group RECRUITMENT materials

DISCUSSION GROUP ON HEALTH CARE (ADOLESCENTS, ENGLISH)

**Are you at least 13 years old and covered by [state-specific names for Medicaid or CHIP]?**

**Would you be interested in talking about your experiences receiving health care here?**

You are invited to participate in a group discussion to talk about the health care you receive here. These groups are part of a research project conducted by researchers from Washington, DC.

**[LIST OF MULTIPLE DATES FOR FOCUS GROUPS AT CONVENIENT PLACES AND TIMES]**

TO PARCIPATE, YOU WILL NEED TO BRING THE ATTACHED FORM SIGNED BY YOUR PARENT TO THE FOCUS GROUP

TO SHOW OUR APPRECIATION FOR YOUR PARTICIPATION IN THE DISCUSSION, YOU WILL RECEIVE A $25 GIFT CARD

**If you are interested in participating in this study, please contact us to see if you are eligible: [Name], Mathematica Policy Research (or Urban Institute) Ph: [toll-free number]. Before you call, ask your parents the name of your insurance company or your type of insurance. You will need to provide this information when you call.**

DISCUSSION GROUP ON HEALTH CARE (ADOLESCENTS, SPANISH)

**¿Tienes por lo menos 13 años y tienes cobertura por parte de [state-specific names for Medicaid or CHIP]?**

**¿Te interesaría hablar sobre las experiencias que has tenido al recibir atención médica aquí?**

Te invitamos a participar en una conversación en grupo para hablar sobre la atención médica que recibes aquí. Estos grupos forman parte de un proyecto de investigación realizado por investigadores de Washington, D.C.

**[LIST OF MULTIPLE DATES FOR FOCUS GROUPS AT CONVENIENT PLACES AND TIMES]**

PARA PARTICIPAR TENDRÁS QUE TRAER A LA REUNIÓN DEL GRUPO MUESTRA EL DOCUMENTO ADJUNTO FIRMADO POR UNO DE TUS PADRES.

COMO MUESTRA DE AGRADECIMIENTO POR TU PARTICIPACIÓN EN LA CONVERSACIÓN, TE DAREMOS UNA TARJETA DE REGALO POR VALOR DE $25.

**Si te interesa participar en este estudio, comunícate con nosotros para ver si cumples los requisitos: [Name], Mathematica Policy Research (or Urban Institute) Teléfono: [toll-free number]. Antes de llamar, pregúntales a tus padres el nombre de tu compañía de seguro médico o el tipo de seguro que tienes. Tendrás que dar esta información cuando llames.**

**Adolescent Recruitment Postcard—Front (English)**

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**Adolescent Recruitment Postcard—Back (English)**



**Adolescent Recruitment Postcard—Front (Spanish)**

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**Adolescent Recruitment Postcard—Back (Spanish)**

