

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix O: HPOG-  
Impact and HPOG-  
NIE Tracking Letter  
and Contact Update  
Form**

**National Implementation  
Evaluation of the Health  
Profession Opportunity  
Grants (HPOG) to Serve  
TANF Recipients and  
Other Low-Income  
Individuals and HPOG  
Impact Study**

0970-0394

April 24, 2013

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

*Federal Project Officers:*  
**Molly Irwin and Mary Mueggenborg**

**Appendix O: HPOG-Impact and HPOG-NIE Tracking Letter and Contact Update Form**



OMB Control No. 0970-0394  
OMB approval expires xx/xx/xxxx

Abt Associates IRB Approval No. 0572  
Urban Institute IRB Approval No. 08592-100/110-00

[FIRST] [LAST]  
[ADDRESS]  
[ADDRESS 2]  
[CITY], [ZIP] [STATE]

[DATE]

Dear [FIRST],

I am writing to ask you to confirm or update your address information for a research project on the Health Profession Opportunity Grants Program (HPOG) being conducted by Abt Associates and its subcontractors for the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).

Recently, you applied to receive services through the Health Profession Opportunity Grants Program (HPOG) in your community or region. At that time, you agreed to participate in research that will help ACF evaluate the HPOG program. Thank you for agreeing to be part of this important study.

When you agreed to be in the study, you gave consent to participate in a follow-up survey for which you will receive \$30 in appreciation for your time. However, if you move during the next few months, we might not be able to reach you. We want to make sure that we have your correct email and/or street address so we can contact you next year for the follow-up survey. To make sure that our records are accurate, please verify your contact information in one of the following ways:

- 1) **You may call in any changes to: [insert SRBI 800#].** Please clearly state your unique PIN [**userid**] and any updates to your phone number, address, or email. If there are no changes to your contact information please say, “no changes” and the PIN [**userid**].
- 2) **You may fill out the enclosed form with any updates to your phone number, address, or email and return it in the postage paid envelope.** If there are no changes to the information provided, please simply check the box at the top of the form and return it in the postage paid envelope.

This information will help us greatly when we attempt to contact you and will only be used for that purpose. Your continuing participation in this study is very important and greatly appreciated. Feel free to contact us if you have any questions about the HPOG study at toll-free 1-8xx-xxx-xxxx or HPOGxxx@abtassoc.com. Thank you for your time.

Sincerely,

Alan Werner, Ph.D.  
Project Director of the HPOG Impact Study

Robin Koralek  
Project Director of the HPOG National Implementation Evaluation

## HPOG EVALUATION STUDY PARTICIPANT INFORMATION FORM

On the **left** side of this form, you will find the last contact information we have for you. Please update any new information on the **right** side. Check the box if there have been no changes. Please send this form back in the postage paid envelope provided.

**Check here if there are no changes to the following information**

<u>PRESENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
<input style="width: 100%;" type="text" value="[Pfullnm]"/> Participant's Name	<input style="width: 100%; height: 20px;" type="text"/> Participant's Name
MAILING ADDRESS: <input style="width: 100%;" type="text" value="[sStreet]"/> Street	MAILING ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> Street
<input style="width: 100%;" type="text" value="[sCity]"/> City	<input style="width: 100%; height: 20px;" type="text"/> City
<input style="width: 20%;" type="text" value="[sState]"/> <input style="width: 20%;" type="text" value="[sZip]"/> State                      Zip	<input style="width: 10%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> State                      Zip
<input style="width: 100%;" type="text" value="[sHLP]"/> Participant's Landline Phone	<input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> Participant's Landline Phone
<input style="width: 100%;" type="text" value="[sCell]"/> Participant's Cell Phone	<input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> Participant's Cell Phone
<input style="width: 100%;" type="text" value="[Pfullnm]"/> Name of person #1 who will know how to contact you	<input style="width: 100%; height: 20px;" type="text"/> Name of person #1 who will know how to contact you
<input style="width: 100%;" type="text" value="[Pfullnm]"/> Name of person #2 who will know how to contact you	<input style="width: 100%; height: 20px;" type="text"/> Name of person #2 who will know how to contact you
<input style="width: 100%;" type="text" value="[Pfullnm]"/> Name of person #3 who will know how to contact you	<input style="width: 100%; height: 20px;" type="text"/> Name of person #3 who will know how to contact you
<input style="width: 100%;" type="text" value="[sCell]"/> Cell of person #1 who will know how to contact you	<input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> Cell of person #1 who will know how to contact you
<input style="width: 100%;" type="text" value="[sCell]"/> Cell of person #2 who will know how to contact you	<input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> Cell of person #1 who will know how to contact you
<input style="width: 100%;" type="text" value="[sCell]"/> Cell of person #2 who will know how to contact you	<input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> - <input style="width: 10%; height: 20px;" type="text"/> Cell of person #1 who will know how to contact you
Please update your email address below if it is no longer: [sEmail]	

INSERT BARCODE

## HPOG EVALUATION STUDY PARTICIPANT INFORMATION FORM

<b>Participant's Email Address</b>
Please update email address below if it is no longer: [sEmail]
<b>Email Address of person #1 who will know how to contact you</b>
Please update email address below if it is no longer: [sEmail]
<b>Email Address of person #1 who will know how to contact you</b>
Please update email address below if it is no longer: [sEmail]
<b>Email Address of person #1 who will know how to contact you</b>

**Thank you! Please place this form in the pre-addressed, postage-paid envelope that you received and drop it in any U.S. Postal Service mailbox.**

According to the Paperwork Reduction Act of 1995 (*Pub. L. 104-13*), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0394. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This information collection is voluntary. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.