

**Supporting Statement  
for OMB Clearance  
Request**

**Appendix F: Survey  
Contact Information  
Update Letter**

**Pathways for Advancing  
Careers and Education  
(PACE) – Follow-up Data  
Collection**

**OMB No. 0970-0397**

November 2014

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

## Appendix F: Contact Information Update Letter

Dear «First\_Name» «Middle\_Initial» «Last\_Name»,

Thank you for agreeing to participate in the study of career pathways programs known as Pathways for Advancing Careers and Education (PACE).<sup>1</sup> When you applied to participate in «Program» in «Site» you agreed to be part of a voluntary 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 from time to time to see how you are doing. To help us get in touch with you, please update the enclosed contact information form. This form has the information you gave us when you applied to be in the program. If any of your contact 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 We would call these friends or relatives only if the information you provided is outdated. 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 1-866-551-8212 and give your information over the phone. If you misplace the postage paid envelope, please send your completed form to: Abt SRBI 55 Wheeler Street, Cambridge, MA 02138, ATTENTION: PACE. To thank you for your time, we enclosed \$2.

If you have any questions or concerns about the study, please feel free to call Abt SRBI at 1-866-551-8212.

Si le gustaría recibir esta información en Español, favor de llamar a Abt SRBI al 1-866-551-8212.

Sincerely,

Abt SRBI Survey Director

*Paperwork Reduction Act (PRA) Statement: Your participation in 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. 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).*

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<sup>1</sup> When you agreed to participate in the study, it was known by the title *Innovative Strategies for Increasing Self-Sufficiency*.

## Participant Records Verification

Please verify that the information we have on file for you is accurate.

Return this form in the included envelope (postage paid).

### Personal Information Verification

We have your NAME as: «First\_Name» «Middle\_Initial» «Last\_Name»

This is correct     This is **not** correct (*print correct information below*)

Enter updated NAME:

Full Name:

\_\_\_\_\_

Last	First	M.I.
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We have your ADDRESS as: «STREET» «APT» «CITY» «STATE» «ZIP» - «ZIP5»

This is correct     This is **not** correct (*print correct information below*)

Enter Updated Address:

\_\_\_\_\_

Street Address	Apartment/Unit #
----------------	---------------------

\_\_\_\_\_

City	State	ZIP Code
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We have your MAILING ADDRESS as: «Street» «Apt» «City» «State» «Zip» - «Zip5»

Enter Updated Address:

\_\_\_\_\_

Last	First	M.I.
------	-------	------

\_\_\_\_\_

Street Address	Apartment/Unit #
----------------	---------------------

\_\_\_\_\_

City

State

ZIP Code

We have your primary PHONE NUMBER as: «PRIMARY\_PHONE».

This is the best number to reach me

This is **not** the best number to reach me (*print correct information below*)

Enter best PHONE NUMBER:

Primary Phone:

( )

Alternate

Phone:

( )

cell  home  work  other

cell  home  work  other

**Secondary Contacts: Person 1**

Please check below and correct the names, addresses and telephone numbers of the three people you *previously provided us* who are living outside your household and usually know where to reach you.

The name, address, phone #s and relationship to you of best person who will always know where to reach you is:

**Name :**

**Address:**

**Primary phone number:**

This is the best person to reach me

This is NOT the best person to reach me (*print correct information below*)

*Enter Updated contact information name, address, relationship and phone numbers.*

Full Name:

First & Last

Relationship

Address:

Street Address & Apartment/Unit # City

State

ZIP Code

Primary Phone:

( )

Alternate

Phone:

( )

cell  home  work  other

cell  home  work  other

**Secondary Contacts: Person 2**

Name :

Address:

Primary phone number:

 SECOND person contact information is correct SECOND person contact information is NOT correct (*print correct information below*)*Enter Updated person 2 name, address, relationship and phone numbers.*

Full Name:

_____		
First & Last	Relationship	
Address: _____		
Street Address & Apartment/Unit # City	State	ZIP Code
Primary Phone:	Alternate Phone:	
( )	( )	
<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	

**Secondary Contacts: Person 3**

Name :

Address:

Primary phone number:

 THIRD person contact information is correct THIRD person contact information is NOT correct (*print correct information below*)*Enter Updated person 3 name, address, relationship and phone numbers.*

Full Name:

_____		
First & Last	Relationship	
Address: _____		
Street Address & Apartment/Unit # City	State	ZIP Code
Primary Phone:	Alternate Phone:	
( )	( )	
<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	

