

APPENDIX F
ADVANCE LETTER

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Advance Letter
(on DOL Letterhead)

[DATE]

[FIRST NAME] [MIDDLE] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY], [STATE] [ZIP]

Dear [FIRST NAME] [MIDDLE] [LAST NAME]:

Mathematica Policy Research is conducting an important survey, sponsored by the U.S. Department of Labor (DOL), of people who applied to the Self-Employment Training (SET) Demonstration program. You have been identified from lists of people who applied to the program in your area. About ~~[XX]twelve_ months ago, you received some information about this study and agreed to participate in it. We told you that we would contact you again in about twelve months. We would like to hear about your experiences with self-employment and self-employment assistance services, wage or salary employment, and your overall well-being over the past [XX] twelve months.~~ Your experiences are unique, and we hope that you will respond to this important survey.

We will be conducting an online survey. Below we provide information on how to access the questionnaire online. If you do not complete the survey online, a Mathematica interviewer will contact you to offer to complete the survey by telephone. The survey takes about 60 minutes to complete. [TEXT TO BE CUSTOMIZED ACCORDING TO INCENTIVE EXPERIMENT GROUP ASSIGNMENT: You will receive a check for \$25 if you complete the survey. Please allow up to three weeks after you complete the survey to receive your check./You will receive a check for \$50 if you complete the survey online and by [DATE]. If you complete the survey at a later date or by phone, you will receive \$25. Please allow up to three weeks after you complete the survey to receive your check.][No text if participant is assigned to the "no incentive" group.]

Responding to this survey is completely voluntary, but your participation is very important. Your responses to the survey can help DOL improve programs that aims to help people who are interested in self-employment succeed and achieve economic self-sufficiency. Your answers will be kept private, and you will never be identified in any report based on your responses to the survey. Participating in this survey will not affect any benefits you may get now or may receive in the future. No one will attempt to sell you anything or ask for a donation because you participated in this study.

To complete this important survey online, please use the access information below:

SET Questionnaire:
Your Username and
Password

[WEBSITE]
Username: <UserName>
Password: <Password>

If you have any questions regarding this study or would rather complete the survey by telephone, please contact us toll-free at 1-800-XXX-XXXX and ask for [NAME], or e-mail us at [EMAIL ADDRESS]. Staff are available to assist you.

Thank you for your participation in this important study.

Sincerely,

[SIGNATURE]

OMB Control No.: xxxx-xxxx, Expiration Date: xx/xx/20xx

Public Burden Statement

[The SET Demonstration is being carried out under the legal authority of PL 105-220 \(subtitle D \[sections 171 and 172\]\)](#). Completing this document, which seeks to help the U.S. Department of Labor understand the effects of SET services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.

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