

OMB Control No: 0584-XXXX

Expiration date: XX/XX/XXXX

 DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear [RESPONDENT'S NAME]

Thank you for participating in the study of [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT]. The US Department of Agriculture, Food and Nutrition Service hired a private research team from Mathematica Policy Research to assist with the study. As part of the study, we are having in-person discussions with families who have been involved with [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT] to better understand their experiences related to feeding their child(ren) and other family members while making ends meet. This research will help the government better understand how to assist families in improving their children’s access to nutritious food.

You are receiving this letter because you agreed to participate in an interview for this study. You signed up to participate in an interview on [MM/DD @ HH:MM – HH:MM] at [YOUR HOME/OTHER LOCATION]. A member of Mathematica’s research team will meet with you in person at this day and time for the interview. This letter is a reminder and confirmation of your scheduled appointment. The interviewer will call you a day or two before the interview to re-confirm the day, time, and location of the interview. Before then, please contact [NAME] at our toll-free number, [XXX-XXX-XXXX], if you have any questions or need to reschedule.

During the interview, we would like to talk with you about a broad range of issues related to feeding your child(ren) and family. We would like to talk with you about your experiences purchasing and preparing meals, eating habits and behaviors, family size, circumstances that might make it difficult to access food, and your experience participating in nutrition assistance programs such as [NAME OF DEMONSTRATION PROJECT].

Your participation in this study is voluntary and you may decline to answer any question you do not want to answer. The responses you give will not be shared with anyone outside of our research team, except as required by law. Your participation or answers to questions will not affect any benefits you receive from the government. Nobody from the [AGENCIES ADMINISTERING AND OPERATING THE DEMONSTRATION PROJECT] will be at the discussion. We won’t use your name or any other identifying information when we report the results of our study. In other words, no one will know who you are, but a lot of people will hear what you have to say.

 Sincerely,

 [NAME]

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 15 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.*