

**Appendix C**  
**Contact Information Form**  
**Updated 10.3.12**

**For staff use only:**  
**Participant ID#** \_\_\_\_\_

Appendix C  
 Contact Information Form  
 OMB #: 0970-XXXX  
 Expiration Date: XX/XX/XXXX

**The Paperwork Reduction Act Burden Statement:** This collection of information is voluntary and will be used for the Subsidized and Transitional Employment Demonstration (STED) Evaluation Project. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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-XXXX and it expires XX/XX/XXXX.

### STED Contact Information Sheet

#### **STED PARTICIPANT AND ADDITIONAL CONTACT INFORMATION**

To help us be able to get back in touch with you in the future, we would like to collect your contact information (name, mailing address, telephone number, and email address), as well as contact information for three people who will always know how to reach you but live at a different address than you. This information should take approximately five minutes to complete and will be kept private to the extent permitted by law. It will only be used if we are unable to contact you.

PARTICIPANT CONTACT INFORMATION			
First Name	Middle Name	Last Name	Date of Birth
Street address			
Apt. No.	City	State	Zip Code
Is this address the best address to mail something to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, what address should we use if we mail something to you?			
Street address			
Apt. No.	City	State	Zip Code
What is your home phone number? ( ) -		What is your work phone number? ( ) -	
What is your cell phone number? ( ) -		May we send text messages to your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you pay for text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an email address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			
Do you have a Facebook account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, may we contact you at your Facebook account in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what name do you use on your Facebook profile (for example, do you use a nickname or shortened first name)?			
<b>CONTACT # 1: Could you tell us the name of a primary person who does not live with you and will always know how to contact you?</b>			
First Name	Middle Name	Last Name	Suffix
Street address			
Apt. No.	City	State	Zip Code

**For staff use only:**  
**Participant ID#** \_\_\_\_\_

Appendix C  
Contact Information Form  
OMB #: 0970-XXXX  
Expiration Date: XX/XX/XXXX

Home Tel. No. ( ) -		Relationship (friend, relative, please specify)	
Cell Tel. No. ( ) -		Work Tel. No. ( ) -	
Does he/she have an email address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			
Does he/she have a Facebook account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, may we contact him/her at his/her Facebook account in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what name does he/she use on his/her Facebook profile (for example, does he/she use a nickname or shortened first name)?			
<b>CONTACT # 2: Could you tell us the name of a second person who does not live with you and will always know how to contact you?</b>			
First Name	Middle Name	Last Name	Suffix
Street address			
Apt. No.	City	State	Zip Code
Home Tel. No. ( ) -		Relationship (friend, relative, please specify)	
Cell Tel. No. ( ) -		Work Tel. No. ( ) -	
Does he/she have an email address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			
Does he/she have a Facebook account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, may we contact him/her at his/her Facebook account in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what name does he/she use on his/her Facebook profile (for example, does he/she use a nickname or shortened first name)?			
<b>CONTACT # 3: Could you tell us the name of a third person who does not live with you and will always know how to contact you?</b>			
First Name	Middle Name	Last Name	Suffix
Street address			
Apt. No.	City	State	Zip Code
Home Tel. No. ( ) -		Relationship (friend, relative, please specify)	
Cell Tel. No. ( ) -		Work Tel. No. ( ) -	
Does he/she have an email address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is it?			

**For staff use only:**

**Participant ID#** \_\_\_\_\_

Appendix C  
Contact Information Form  
OMB #: 0970-XXXX

Expiration Date: XX/XX/XXXX

Does he/she have a Facebook account?  Yes  No

If Yes, may we contact him/her at his/her Facebook account in the future?  Yes  No

If Yes, what name does he/she use on his/her Facebook profile (for example, does he/she use a nickname or shortened first name)?