ATTACHMENT L.1

FOCUS GROUP CONFIRMATION LETTER: CLIENT

english

Client focus group: Participant confirmation letter

OMB Control No.: 0584-xxxx

Expiration Date: 00/00/20xx

 [DATE]

[PARTICIPANT NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY, STATE, ZIP]

Dear [PARTICIPANT NAME]:

Thank you for agreeing to join us for this focus group about the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) program. SNAP, also called the [INSERT STATE SNAP PROGRAM NAME], is the program that helps millions of people buy food every month. This study sponsored by the U.S. Department of Agriculture, Food and Nutrition Service will help us learn what works in these pilots and what could be improved.

Please **arrive by [TIME] a.m.[or p.m.]** The group will be held at [NAME OF FACILITY], and will begin on time at [TIME] **a.m.[or p.m.]** To offset any expenses or costs you have for taking part in the focus group, such as travel and child care costs, you will receive a **$50** MAX Discover® prepaid card after the focus group is finished.

[NAME OF FACILITY] is located at [ADDRESS]. You can get there on public transportation. [BUS/TRAIN DIRECTIONS]. If you drive, you can park in the lot at [LOCATION]. Directions are at the end of this letter and a map is attached. If you have any questions or cannot come to the focus group, please call [NAME OF MODERATOR] at [PHONE #].

If you would like further information about this study, please feel free to call [NAME, TITLE] at [PHONE #].

 Sincerely,

Directions:

[INSERT DIRECTIONS TO FACILITY]

**Public Burden Statement**

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 2 minutes 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 Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.