

**Supporting Statement A
For the Paperwork Reduction
Act of 1995: Approval for the
Participant Tracking, Interim
Surveys and Six-Month Follow-
up Survey for the Job Search
Assistance Strategies
Evaluation**

**Attachment D: Six-month
Follow-up Survey
Prenotification (Advance) Letter**

OMB No. 0970-0440

November 9, 2015

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

Federal Project Officer
Erica Zielewski



<First Name> <Last Name>
<Address>
<City>, <State> <ZIPCODE>

<Date>

Dear <First Name> <Last Name>,

Thank you for agreeing to participate in the Job Search Assistance Strategies Evaluation. When you applied to participate in the <PROGRAM NAME> in <NAME OF ORGANIZATION> you agreed to participate in research to understand how well training and employment programs work to help people find and keep jobs.

The study is sponsored by the U.S. Department of Health and Human Services (DHHS) Administration for Children and Families (ACF). Abt SRBI is part of a team of research contractors conducting the evaluation. You are one of about 8,000 people across the country who will participate. Your participation in this research helps ACF improve job search assistance programs nationwide.

When you enrolled in the study on <RA DATE>, program staff explained that the research team may follow up with you periodically **over the next six months** to learn about your experiences since applying for the program. This follow up may include periodic short surveys (about 5 minutes in length) and a longer telephone survey about your job search experiences at the end of the six months.

It is now time to begin the six month follow-up survey data collection. Over the next couple of weeks interviewers from Abt SRBI will be calling you to complete an interview with them. In appreciation of your time spent completing this survey, we will send you a check for \$25. While we hope that you will fully participate in this research, your participation is voluntary and you are not required to participate. Whether or not you choose to participate will have no effect on your TANF benefits. Additionally, any information you provide to us will be kept private.

High quality research depends upon the participation of people like you. We greatly appreciate your willingness to be a part of this important study. Please do not hesitate to contact us at our toll-free number, XXX-XXX-XXXX during regular business hours, with any questions. If you contact us, please refer to your PIN. Your **Personal Identification Number (PIN) is: <KEY>**. Thank you!

Sincerely yours,

Kelly Daley
Project Director
Abt SRBI