



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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OMB Number: 0970-0033  
Expiration Date: xx/xx/xxxx

**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

Dear Sir/Madam:

The Office of Refugee Resettlement (ORR) is beginning **the Annual Survey of Refugees** to collect information on the resettlement of persons who have come to the U.S. in the past 5 years as refugees. Your household has been randomly selected for inclusion in the survey which will be conducted this year.

The information will be collected by telephone interviews of about 45 minutes in length. A contractor, DB Consulting Group, will conduct the interview in the language you prefer. At this time, we are contacting you to confirm your current address and telephone number. **If you participated in the previous survey, we thank you very much. Your cooperation is again critical for the successful completion of this year's Annual Survey of Refugees.** Your prompt response will enable us to inform you when the survey begins.

ORR is required to report yearly to Congress on the progress made by persons who entered the United States as refugees. The information you provide during the survey is used for this reporting purpose only and to assist in planning ORR supported programs. Information on your household will not be released to anyone in identifiable form unless required by law.

Your cooperation in this survey is voluntary, and failure to participate will not result in any adverse consequences. All costs for the collection of this information are being paid by the United States Government.

Please provide the requested information on the attached sheet, confirming or correcting your current address and indicating the language in which you prefer to be interviewed. **You may fax it (Fax: 301-589-4122) or mail it back immediately** in the addressed, postage-paid envelope included with this letter. Your cooperation will be greatly appreciated.

Sincerely,

David H. Siegel

Acting Director  
Office of Refugee Resettlement

(RETURN IN ENCLOSED ENVELOPE)

A. Please write the name of the head of the household.

Mr.

Ms.

\_\_\_\_\_  
Family Name Middle Name Last Name

B. Please indicate the telephone number and most convenient time to contact the head of the household or his/her representative.

Telephone Number: ( ) - -  
Area code

Most Convenient Time:

*Please check all that apply*

- Morning  
 Afternoon  
 Evening  
 No telephone

C. Please review the details in the box below. Write any corrections in your address in the lines next to the box.

«ID»  
«DB»  
«Language»  
  
«Sampled\_Person»  
«Address»  
«City\_», «State\_» «Zip»

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

D. I prefer to be interviewed in the language checked below:

- English  Haitian-Creole  Cambodian  
 Russian  Albanian  Hmong  
 Ukrainian  Somalian  Amharic (Ethiopian)  
 Armenian  Vietnamese  Serbo-Croatian  Other (specify):  
 Spanish  Lao  Arabic \_\_\_\_\_