

CFPB RISS Call 5: Participant Screening Questions

Thanks for your interest in the CFPB Financial Education Tools focus group sessions. These sessions will provide important information to the CFPB on the usability of several financial education tools from the perspective of financial educators. To assist in our recruitment efforts for these focus groups, please take a minute to provide the following information about yourself and your organization.

Privacy Act Statement

5 U.S.C. 552a(e)(3)

The information you provide through your responses to Abt Associates will assist the study sponsor, the Consumer Financial Protection Bureau (“CFPB”), in providing feedback on financial education materials. The CFPB will not store any directly identifying information from Abt Associates about study participants. The agency will only maintain and access de-identified results and aggregated analyses of those results.

Information collected on behalf of the Bureau by Abt Associates will be treated in accordance with the System of Records Notice (“SORN”), CFPB.021 Consumer Education and Engagement Records, 79 FR 78839. This information will not be disclosed as outlined in the Routine Uses for the SORN. Direct identifying information will only be used by Abt Associates to facilitate the study and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this study is voluntary; you are not required to participate or share any identifying information with Abt Associates, including name, email address and recordings, and you may withdraw participation at any time. However, if you do not include the requested information, you may not participate in the focus group.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0036. It expires on 8/31/2019. The time required to complete this information collection is estimated to average approximately 6 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.

Contact Information

Name: _____

Email address: _____

Phone number: _____

Background Information

Job title/role: [Please select the one title that most closely corresponds to your role.]

- Case manager
- Cooperative extension staff
- Credit or debt counselor
- Financial advisor/planner
- Financial coach
- Financial institution staff
- Housing counselor
- Lawyer
- Program manager/director
- Social worker
- Other
 - o Please specify: _____

Years of experience providing financial education: [Please select one of the following.]

- 1 year or less
- 1-3 years
- 3-5 years
- 5-10 years
- 10+ years

Do you generally see clients one-on-one or in groups of two or more? [Please select one of the following.]

- I see clients individually
- I see clients along with their family members
- I see clients in groups, such as providing educational classes or seminars
- Both one-on-one and groups
- I do not work directly with clients

What is your client's average monthly income? \$ _____

What issue(s) do your clients usually come to you for?

- Asset-building (e.g., buying a house, going back to school)
- Budgeting
- Credit repair
- Debt counseling
- Financial planning (general)
- Financial services
- Help paying bills/cash assistance
- Retirement planning
- Social services

[Question for Boston-area groups only] Do your clients typically own a car? Y/N

Agency Information

Organization Name: _____

What type of organization is this? [Please select one of the following.]

- Community development organization
- Credit/debt counseling agency
- Financial advising/financial planning
- Government agency
- Housing counseling agency
- Human services organization
- Legal aid
- Research
- Other
 - o Please specify: _____

Does your organization operate in an urban, rural or suburban location? [Please select one or more of the following.]

- Urban
- Rural
- Suburban

Information about Availability for Focus Groups

There will be four focus groups, each lasting 2 hours. Focus groups will be held at [LOCATION]. [Please select all of the dates and times that you are available from the list below.]

- Date 1, Time
- Date 2, Time
- Date 3, Time
- Date 4, Time

Thank you for your interest! One of us from the Abt Associates team will be in touch with you about whether you are selected for a focus group. If you have any questions, you may contact the Project Director, Dr. Anna Jefferson, at anna_jefferson@abtassoc.com or 617-520-2898.