



«firstname» «lastname»
«street1»
«apt»
«city», «state» «zip»

Date

Dear «firstname» «lastname»

Thank you for agreeing to participate in the Round 4 Trade Adjustment Assistance Community College and Career Training (TAACCCT) National Evaluation.

<Several months> ago you enrolled in [NAME of PROGRAM OR COURSE] offered at [COLLEGE NAME]. You also agreed to participate in research to better understand the characteristics of program participants, their service receipt, and their outcomes related to education, employment, earnings and receipt of public benefits. The study is funded by the U.S. Department of Labor. The Round 4 TAACCCT National Evaluation is being led by Abt Associates, a private research company, and its partners The Urban Institute, NORC at the University of Chicago, Capital Research Corporation, and George Washington University. They have also partnered with Abt SRBI to survey the study participants.

When you enrolled in the study on «study intake date», program staff explained that the research team would follow up with you in the future. We would like to learn about your experiences since applying for the program. About 12 months after you first enrolled in the program, we will provide a \$25 gift to thank you for participating in a survey about your experiences.

To make sure we can reach you to conduct the survey, please review the contact information on the attached form. Please **fill in or update any missing or incorrect contact information**. Please also provide contact information for **three people outside your household** who you are regularly in touch with. We will only contact these individuals if we cannot reach you.

There are also other ways for you to stay in touch with our team. If you prefer to contact us by phone, please call our toll-free number: **1-866-XXX-XXX**. You can contact us online at this website: XXstudy.com. If you prefer to update your information by telephone or online, please have this PIN number handy: «PIN». This PIN is unique to you and will help our research team find your information in our system.

A \$2 bill has been included in this letter to thank you for your time and effort. Any information you provide is voluntary. You may choose whether to provide this information to us. Any information you provide to us will be kept private to the extent permitted by law.

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 contact us with any questions.

Thank you again!

Sincerely yours,

Jodi Walton

Senior Project Director

Abt SRBI

55 Wheeler Street/Cambridge, MA 02138/617.386.2600/Fax 617.386.2622/abtsrbi.com
New York City/Washington, DC/Chicago/Cambridge/Durham

Public Burden Statement, OMB #XXX, expires 00/00/2020.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply is required to obtain benefits under P.L 111-5. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reading instructions, and completing and reviewing the requested information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0481NOA).

«res_id»

T

(PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)

1. Is this the correct spelling of your name? / Es éste su nombre correcto?

«First_name» «Last_name»

Please check appropriate box. Yes / Sí No, the correct spelling is: / El nombre correcto es:

First Name/Nombre	Middle Name	Last Name/Apellido	Suffix (Sr./Jr.)
-------------------	-------------	--------------------	------------------

2. Is this your correct address? / Es esta su dirección correcta?

«ADDRESS_LINE_1» «ADDRESS_LINE_2» «CITY», «STATE_CODE» «ZIP»

Please check appropriate box. Yes / Sí No, my correct address is: / Mi dirección correcta es:

Street /Calle	Apartment # / Número de Apt.		
City / Ciudad	State / Estado	Zip Code / Código Postal	

3. Is this your correct phone number? / Es éste su número de teléfono correcto? «Phone1»

Please check appropriate box. Yes / Sí No, my correct phone number is: / Mi número de teléfono correcto es:

Home Phone / Número de teléfono del hogar		Cell Phone / Número de teléfono del celular	
Area Code CODIGO DE AREA	Telephone Number NUMERO DE TELEFONO	Area Code CODIGO DE AREA	Telephone Number NUMERO DE TELEFONO

4. Please list the name, address, and relationship to you of three people who will always know how to reach you.

Por favor escriba los nombres y las direcciones de tres personas quienes sepan cómo ponerse en contacto con usted y explique cómo se relacionan con usted. (PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)

1. Name / Nombre:		Relation to you / Parentesco con usted:	
Address / Dirección	Apartment # / Número de Apt.	City / Ciudad	
State / Estado	Zip Code / Código Postal	Phone / NUMERO DE TELEFONO () —	

2. Name / Nombre:		Relation to you / Parentesco con usted:	
Address / Dirección	Apartment # / Número de Apt.	City / Ciudad	
State / Estado	Zip Code / Código Postal	Phone / NUMERO DE TELEFONO () —	

3. Name / Nombre:		Relation to you / Parentesco con usted:	
Address / Dirección	Apartment # / Número de Apt.	City / Ciudad	
State / Estado	Zip Code / Código Postal	Phone / NUMERO DE TELEFONO () —	