

## Welcome to the National Evaluation of the Health Profession Opportunity Grants Program (HPOG)!

Last month, you applied to receive services through the Health Profession Opportunity Grant (HPOG) program in your community. You also agreed to participate in the HPOG research study. Thank you for agreeing to be part of this important study! This packet will tell you a little more about what it means to be in the study.

### OVERVIEW OF THE HPOG STUDY

The HPOG Study will help researchers, policymakers, and practitioners learn more about how training opportunities help people find better jobs.

- There are 32 HPOG programs across the United States participating in this study! You are one of about 15,000 people who applied to be in an HPOG program. Your participation is voluntary. Any information you give us will be kept private.
- Even if you were not one of the applicants selected to participate in the program, we still want to hear about your experiences.

Researchers at Abt Associates are conducting the HPOG Study for the Administration for Children and Families (ACF).

- Abt Associates is a private research company.
- ACF is one part of the U.S. Department of Health and Human Services (HHS).

***You are one of about 15,000 study participants from 32 different HPOG programs across the United States! Your input is important to the study!***

### What does it mean to be an HPOG study

As a study participant, we may ask you to participate in two research activities:

- 1) Update your contact information, and
- 2) Take follow-up surveys about your experiences since you applied for HPOG.

Learn more about these activities on the next page (turn over →).

## Contact Update Requests

When you agreed to be in the study, you also agreed to let us contact you every few months.

- We want to make sure we have your correct phone number, email, and street address in our records, so we can later contact you about the follow-up surveys.

You will receive a letter explaining how to update your contact information if it has changed.

- You can update your contact information by mail, online, or by telephone - whichever is easiest for you.
- You can choose whether to respond to these requests or not.
- The researchers will protect your personal information.

We understand that your time is valuable.

- It will take about 5 minutes to update your information.
- We will send you a token of appreciation valued at \$5 for each contact update response we receive back from you.

## HPOG Study Follow-Up Surveys

Over the next few years, researchers from Abt Associates may invite you to take surveys for the study.

- The surveys will help us learn more about your experiences since you applied to the HPOG program.
- The surveys will ask about your education and training experiences, the jobs you have had, and how things are going for you.

We are interested in the experiences of everyone who applied to HPOG programs, even if you were not selected to participate in the program.

- You can choose whether to participate in the surveys or not. Your experiences are unique and your participation is important.
- You can help us understand how different types of training and services can help people learn skills to get jobs in healthcare.
- The researchers will protect your personal information, and your name will not be used in any reports.

**For more information on the HPOG Study, you may contact Ms. Gretchen Locke, the Abt Associates Project Director. Ms. Locke can be reached by:**

Email: [Gretchen\\_Locke@abtassoc.com](mailto:Gretchen_Locke@abtassoc.com) or

Phone: **844-717-4691 (this is a toll-free number)**

The Paperwork Reduction Act Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0462 and it expires **xx/xx/xxxx**. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Gretchen Locke, Abt Associates, 55 Wheeler St Cambridge, MA 02138; Attn: OMB-PRA (0970-0462).

# Participant Records Verification

Please verify that the information we have on file for you is accurate.  
Return this form in the included envelope (postage paid).

## Personal Information Verification

We have your NAME as:

This is correct  This is **not** correct (*print correct information below*)

Enter updated NAME:

Full Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

We have your ADDRESS as:

This is correct  This is **not** correct (*print correct information below*)

Enter Updated Address:

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

\_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

We have your MAILING ADDRESS as:

This is correct  
 This is **not** correct (*print correct information below*)

Enter Updated Address:

In care of:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

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

\_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

We have your primary PHONE NUMBER as:

This is the best number to reach me  
 This is **not** the best number to reach me (*print correct information below*)

Enter best PHONE NUMBER:

Primary Phone: ( ) \_\_\_\_\_

cell  home  work  other

Alternate

Phone: ( ) \_\_\_\_\_

cell  home  work  other

Do we have your permission to contact you via text message to your cell phone? This could be regular text or automated text.

Yes, you may contact me via text message to my cell phone  No, you may **not** contact me via text message

(We may text you to confirm an appointment, to let you know that we are trying to reach you, or to request that you return your updated contact information form,)

We have your primary EMAIL Address as:

This is the best email to reach me  
 This is **not** the best email to reach me (*print correct information below*)

Enter best EMAIL Address:

\_\_\_\_\_ @: \_\_\_\_\_

What is your preferred method of contact?

Call home number  Call cell number  Email  Text Message  other

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### Secondary Contacts: Person 1

Please check below and correct the names, addresses and telephone numbers of the three people you *previously provided us* who are living outside your household and usually know where to reach you.

The name, address, phone #s and relationship to you of best person who will always know where to reach you is:

Name : Relationship:

Address:

Primary phone number: Alternative phone number is:

- This is the best person to reach me  
 This is NOT the best person to reach me (*print correct information below*)

Enter Updated contact information name, address, relationship and phone numbers.

Full Name:

\_\_\_\_\_  
*First & Last*

\_\_\_\_\_  
*Relationship*

Address:

\_\_\_\_\_  
*Street Address & Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

Primary Phone:

( \_\_\_\_\_ )

Alternate Phone:

( \_\_\_\_\_ )

cell  home  work  other

cell  home  work  other

Email:

@: \_\_\_\_\_

### Secondary Contacts: Person 2

Name : Relationship:

Address:

Primary phone number: Alternative phone number is:

- SECOND person contact information is correct  
 SECOND person contact information is NOT correct (*print correct information below*)

Enter Updated person 2 name, address, relationship and phone numbers.

Full Name:

\_\_\_\_\_  
*First & Last*

\_\_\_\_\_  
*Relationship*

Address:

\_\_\_\_\_  
*Street Address & Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

Primary Phone:

( \_\_\_\_\_ )

Alternate Phone:

( \_\_\_\_\_ )

cell  home  work  other

cell  home  work  other

Email:

@: \_\_\_\_\_

### Secondary Contacts: Person 3

Name : Relationship:

Address:

Primary phone number: Alternative phone number is:

- THIRD person contact information is correct  
 THIRD person contact information is NOT correct (*print correct information below*)

Enter Updated person 3 name, address, relationship and phone numbers.

\_\_\_\_\_  
*First & Last*

\_\_\_\_\_  
*Relationship*

Address:

\_\_\_\_\_  
*Street Address & Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

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Primary Phone:

( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Phone:

( \_\_\_\_\_ ) \_\_\_\_\_

cell  home  work  other

cell  home  work  other

Email: \_\_\_\_\_ @: \_\_\_\_\_

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