

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix F2: 72-  
Month Contact  
Update Letter**

**National Implementation  
Evaluation of the Health  
Profession Opportunity  
Grants (HPOG) to Serve  
TANF Recipients and  
Other Low-Income  
Individuals and HPOG  
Impact Study**

0970-0394

April 2017

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

Federal Project Officer:  
**Nicole Constance**

## Appendix F2: 72 Month Contact Update Letter



January 22, 2021

Dear «First\_Name» «Middle\_Initial» «Last\_Name»,

Thank you for agreeing to participate in the study of career pathways programs known as Health Profession Opportunity Grants Program (HPOG). When you applied to participate in «Program» in «Site» you agreed to be part of a voluntary research study. The study is being funded by the U.S. Department of Health and Human Services and is conducted by an evaluation team led by Abt Associates.

As part of the study, we would like to talk to you from time to time to see how you are doing. To help us get in touch with you, please update the enclosed contact information form. This form has the most recent information you gave.

1. Review your contact information.
  - a. If any of your contact information is different from what is listed, please correct the information directly on the form.
  - b. If any of the information is missing, please provide that information in the spaces provided. If you have another telephone number, please add it in the space marked “additional telephone number.”
2. Please check and correct the names, addresses, and telephone numbers listed of three people outside your household who usually know how to reach you.
  - a. If there are additional people you want to list, please add them to this form. *We would call these friends or relatives only if we are not able to reach you.*
3. If you have no changes to your information, please return the form and check the box next to “no changes”.

Please return the form to us in the enclosed postage-paid envelope. Or, you can call Abt Associates toll-free at 1-xxx-xxx-xxxx and give your information over the phone. If you misplace the postage paid envelope, please send your completed form to: Abt Associates 55 Wheeler Street, Cambridge, MA 02138, ATTENTION: CPLO. We will send you a token of appreciation valued at \$5 when we receive your completed form.

This information will help us greatly when we attempt to contact you and will only be used for that purpose. Your continuing participation in this study is very important and greatly appreciated. If you have any questions or concerns about the HPOG study, please feel free to contact Abt Associates at 1-855-551-0919 (toll free) or [evaluationsupport@abtassoc.com](mailto:evaluationsupport@abtassoc.com). Thank you for your time.

*Si le gustaría recibir esta información en Español, favor de llamar a Abt Associates al 1-xxx-xxx-xxxx.*

Sincerely,  
**Brenda Rodriguez, Senior Survey Director**

*Paperwork Reduction Act (PRA) Statement: Your participation in this information collection is voluntary. 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 0970-0394 and it expires xx/xx/xxxx. If you have comments regarding this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*