

**Supporting Statement
for OMB Clearance
Request**

**Appendix J: 72-
Month Follow-up
Survey
E-mail Reminder**

**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

May 2017

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

Appendix J: E-mail Reminder Text

Dear [NAME],

Over the past few weeks, I've been trying to reach you by telephone to request your participation in a survey as part of the Health Professions Opportunity Grant (HPOG) study. Your input is very important, and I'd like to schedule an appointment to talk. The interview should last about 45 minutes and upon completion of the survey you will receive a token of appreciation valued at \$45.

The HPOG study is funded by the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services (HHS). When you applied to [PROGRAM NAME], in [SITE], you agreed to take part in the HPOG study. These surveys will help ACF to see how programs like [PROGRAM NAME] are working. We are interested in the experiences of everyone who applied to the HPOG program, even if you were not selected to participate in the program.

I would like to schedule an appointment to complete the interview at a time that is convenient for you. Please respond to this email or call me at [xxx-xxx-xxxx]. Use this ID number to help me locate your record: [ABTID]. I would also be happy to answer any questions you may have about the survey.

Thank you in advance for your time and assistance with this project.

Sincerely,
[Interviewer Name]

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 (0970-0394).