

<Date>

<FIRST NAME> <LAST NAME>
<STREET ADDRESS>
<CITY>, <STATE> <ZIP CODE>

Dear <FIRST NAME> <LAST NAME>,

Thank you for your participation in the [TechHire/Strengthening Working Families Initiative] Study conducted by Westat and MDRC. The U.S. Department of Labor is supporting the study. By choosing to be a part of this research, you are helping us learn how to better serve others.

When you applied to get training through the <PROGRAM> program at <GRANTEE> in <RAMY>, you learned that we would contact you to take part in one or more future surveys. In about 2 months, we will be sending you an invitation to participate in a second survey that will take about 20 minutes to complete. If you complete the survey, we will send you a \$35 gift card if you respond in the first 4 weeks and \$25 if you respond after that time.

To ensure that we have the most accurate, recent contact information for you, we request that you review and update your contact information on the enclosed form and return it to us in the postage-paid envelope. This form contains the information you provided when we last spoke with you. **If your address, telephone number, or email address has changed, please make changes on the form.**

If the information on the form is correct, **please check “no changes” and return the form.**

Please also review and update the contact information for the three people who do not live in your household but who would know how to reach you. We will only contact them if we cannot reach you.

To thank you for updating your information or just letting us know that nothing has changed, we have enclosed \$2.

You can also update your contact information by contacting our survey support center at [STUDY EMAIL] or call at [STUDY PHONE NUMBER]. Additionally, please contact us at this number if you have any questions about the study. The Westat survey support center will be staffed Monday-Friday, 9 am to 5 pm (EST).

Thank you for participating in this important Study. We look forward to hearing from you soon!

Sincerely,

Responding to this questionnaire is voluntary. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Chief Evaluation Office, Room 2218, Constitution Ave., Washington, DC 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and 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 information collection is xxx-xxxx.

Westat Survey Director



Participant Information Form

Please return this form in the included envelope.

If none of your contact information has changed, simply check this box:

<u>CURRENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
NAME: _____ FIRST MI LAST	NAME: _____ FIRST MI LAST
STREET ADDRESS: _____ STREET ADDRESS	STREET ADDRESS: _____ STREET ADDRESS
_____ STREET ADDRESS 2 OR APT	_____ STREET ADDRESS 2 OR APT
_____ CITY	_____ CITY
_____ STATE	_____ STATE
_____ ZIP	_____ ZIP
TELEPHONE NUMBER: _ _ _ - _ _ _ - _ _ _ HOME PHONE	TELEPHONE NUMBER: _ _ _ - _ _ _ - _ _ _ HOME PHONE
_ _ _ - _ _ _ - _ _ _ CELL PHONE	_ _ _ - _ _ _ - _ _ _ CELL PHONE
_____ ADDITIONAL PHONE	_____ ADDITIONAL PHONE
_____ EMAIL ADDRESS @	_____ EMAIL ADDRESS @
	_____ ADDITIONAL EMAIL ADDRESS @

Do you expect to move either permanently or temporarily in the next 6 to 12 months?

NO YES

IF YES, WHEN WILL YOU MOVE? _____
MONTH YEAR

IF YES, PLEASE PRINT YOUR NEW CONTACT INFORMATION.

STREET ADDRESS: _____
STREET APT. #

CITY ZIP STATE

CONTACT #1: CURRENT INFORMATION

NAME:

FIRST MI LAST

RELATIONSHIP

STREET ADDRESS:

STREET ADDRESS

STREET ADDRESS 2 OR APT

CITY

STATE

ZIP

TELEPHONE NUMBER:

|_|_|_|-|_|_|_|-|_|_|_|_|
TELEPHONE NUMBER

EMAIL ADDRESS @ _____

UPDATED INFORMATION

NAME:

FIRST MI LAST

RELATIONSHIP

STREET ADDRESS:

STREET ADDRESS

STREET ADDRESS 2 OR APT

CITY

STATE

ZIP

TELEPHONE NUMBER:

|_|_|_|-|_|_|_|-|_|_|_|_|
TELEPHONE NUMBER

EMAIL ADDRESS @ _____

CONTACT #2: CURRENT INFORMATION

NAME:

FIRST MI LAST

RELATIONSHIP

STREET ADDRESS:

STREET ADDRESS

STREET ADDRESS 2 OR APT

CITY

STATE

ZIP

TELEPHONE NUMBER:

|_|_|_|-|_|_|_|-|_|_|_|_|
TELEPHONE NUMBER

EMAIL ADDRESS @

UPDATED INFORMATION

NAME:

FIRST MI LAST

RELATIONSHIP

STREET ADDRESS:

STREET ADDRESS

STREET ADDRESS 2 OR APT

CITY

STATE

ZIP

TELEPHONE NUMBER:

|_|_|_|-|_|_|_|-|_|_|_|_|
TELEPHONE NUMBER

EMAIL ADDRESS @

<u>CONTACT #3: CURRENT INFORMATION</u>	<u>UPDATED INFORMATION</u>
NAME:	NAME:
_____ FIRST MI LAST	_____ FIRST MI LAST
_____ RELATIONSHIP	_____ RELATIONSHIP
STREET ADDRESS:	STREET ADDRESS:
_____ STREET ADDRESS	_____ STREET ADDRESS
_____ STREET ADDRESS 2 OR APT	_____ STREET ADDRESS 2 OR APT
_____ CITY	_____ CITY
_____ STATE	_____ STATE
_____ ZIP	_____ ZIP
TELEPHONE NUMBER:	TELEPHONE NUMBER:
_ _ _ - _ _ _ - _ _ _ _ TELEPHONE NUMBER	_ _ _ - _ _ _ - _ _ _ _ TELEPHONE NUMBER
_____ EMAIL ADDRESS @	_____ EMAIL ADDRESS @

Please return the completed form using the enclosed postage-paid envelope. You can also mail the form to us at:

**TechHire Study
1600 Research Boulevard
Rockville, MD 20850**

Thank you for your time.

