Supporting Statement for OMB Clearance Request

Appendix E: Previously Approved Contact Update Form

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

March 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**

**Participant Contact Update Form**

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

*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).*

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| **Personal Information Verification** | | | | | | | | | | | | | | | | | | | | | |
| **We have your NAME as: «First\_Name» «Middle\_Initial» «Last\_Name»**  🞎 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: «Street» «Apt» «City» «State» «Zip» - «Zip5»**  🞎 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: «Street» «Apt» «City» «State» «Zip» - «Zip5»** | | | | | | | | | | | | | | | | | | | | |
| *Enter Updated Address:* | | | |
|  | | |  | | | | | | | | | | | | |  | | | | | |
| Last | | | | | | | | | | | | First | | | | | | | M.I. |
|  | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | Street Address | | | | | | | | | | | | | Apartment/Unit # | | | | | |
|  | | |  | | | | | | | | | | |  | |  | | | | | |
|  | | | City | | | | | | | | | | | State | | ZIP Code | | | | | |
|  | | |  | | | | | | | | | | |  | |  | | | | | |
| **We have your primary PHONE NUMBER as: «Primary\_Phone».**  🞎 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: | | | | | | | **( )** | | Alternate Phone: | | | | **( )** | | | | | | | | | |
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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 :**  **Address:**  **Primary phone number:**  🞎 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: | | | | **( )** | | | | | | |

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| **Secondary Contacts: Person 2** | | | | | | |
| **Name :**  **Address:**  **Primary phone number:**  🞎 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: | | **( )** | |

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| **Secondary Contacts: Person 3** | | | | | | |
| **Name :**  **Address:**  **Primary phone number:**  🞎 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.* | | | | | | |
| Full Name: |  | | |  | |  | |
|  | First & Last | | | Relationship | |  | |
| Address: |  | | | | |  | |
|  | Street Address & Apartment/Unit # City State | | | | | ZIP Code | |
| Primary Phone: | | **( )** | Alternate Phone: | | **( )** | |

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