

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix M: Contact  
Update Call Script**

**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:*  
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Administration for Children & Families  
U.S. Department of Health  
and Human Services

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## Appendix M: Contact Update Call Script



Hi, my name is (INTERVIEWER NAME) and I am calling from Abt Associates. May I please speak with (RESPONDENT)?

IF NEEDED: (RESPONDENT) is part of a study we are working on and we are following up with him/her.

### **WHEN TALKING TO RESPONDENT:**

I am (FIELD INTERVIEWER NAME). When you applied to participate in <PROGRAM NAME> in <SITE> you agreed to be part of a voluntary research study. The study is called the Health Profession Opportunity Grant or HPOG study.

This call is part of a routine process to keep in touch with you. We value your participation in the study and would like to tell you about the next steps in our study. We would also like to confirm the contact information that we have on record for you to make sure it is still accurate.

Researchers at Abt Associates are getting ready to conduct the last part of this study for the Administration for Families and Children (ACF), part of the US Department of Health and Human Services (HHS).

Interviewers from Abt Associates will be conducting the last follow-up survey with study participants. An interviewer will contact you about four months from now to ask you to complete the 72-month follow-up survey.

You will receive a letter explaining this survey about two weeks before an interviewer will call you.

We are interested in the experiences of all study participants, whether you were selected to be in the HPOG program or not. The survey will ask about your education and training, employment, income, overall well-being, as well as some questions about the well-being of a child in your family.

Your participation in that survey is completely voluntary. Your responses will be kept private. 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 0970-0397 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).

In order to make sure that we can reach you for that survey, we want to take a few minutes now to update your contact information in our records. We will send you a token of appreciation valued at \$5 when we are done.

### **IF RESPONDENT'S ADDRESS INFORMATION IS AVAILABLE:**

Our records show that your address is (READ ADDRESS INFORMATION). Is this still correct?

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YES

NO – RECORD CORRECTION

**IF RESPONDENT’S ADDRESS IS BLANK:**

We would like to collect an address where we could send you materials regarding our study. Do you have a mailing address? This could be an address like a PO Box or a place was you get mail regularly.

YES

NO

PLEASE PROBE TO GET A MAILING ADDRESS. RECORD UPDATED INFORMATION ON THE FACESHEET.

**IF RESPONDENT’S HOME PHONE INFORMATION IS AVAILABLE:**

Our records show the following home phone number for you. (READ INFORMATION) Is that correct?

YES

NO RECORD CORRECTION

**IF RESPONDENT’S CELL PHONE INFORMATION IS AVAILABLE:**

Our records show the following cell phone number for you. (READ INFORMATION) Is that correct?

YES

NO – RECORD CORRECTION

**IF RESPONDENT’S HOME PHONE NUMBER IS BLANK:**

Do you have a home phone number where we can reach you?

YES—RECORD NUMBER, STARTING WITH AREA CODE

NO

**IF RESPONDENT’S CELL PHONE NUMBER IS BLANK:**

Do you have a cell phone number where we can reach you?

YES—RECORD NUMBER, STARTING WITH AREA CODE

NO

**IF CELL PHONE IS GIVEN:**

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Do we have your permission to text you at this number?

YES

NO

**IF RESPONDENT'S EMAIL IS AVAILABLE:**

Our records show the following email address for you. (READ INFORMATION AND RECORD CORRECTIONS IF NEEDED) Is that correct?

YES

NO – RECORD CORRECTION

**IF RESPONDENT'S EMAIL IS BLANK:**

Do you have an email address where we can reach you?

YES—RECORD EMAIL ADDRESS

NO

**What is the best way to reach you:**

HOME PHONE

CELL PHONE

EMAIL

TEXT

**IF RESPONDENT PROVIDED SECONDARY CONTACTS:**

When we last spoke, you provided the names of a few friends or relatives that would know how to get in touch with you. I would like to confirm this information to make sure it is still valid. This information will be kept private and will only be used if we are unable to contact you.

- **FIRST CONFIRM THE INFORMATION FOR EACH SECONDARY CONTACT IS COMPLETE.**

Is there anyone else you would like us to call if we can't reach you?

YES

NO

IF YES: ADD ANY NEW CONTACTS.

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What is the name of someone else who will always know how to reach you?

What is the phone number for this person?

What is that person's street address? In what city and state? What is the zip code?

**IF NO SECONDARY CONTACT INFORMATION WAS PROVIDED:**

In order to be able contact you in the future, we would like to collect the names, telephone numbers and addresses of three people who will always know how to reach you. Please tell me about people who live at different addresses. This information will be kept private and will only be used if we are unable to contact you.

- What is the name of someone else who will always know how to reach you?
- What is the phone number for this person?
- What is that person's street address? In what city and state? What is the zip code?
  
- REPEAT UP TO THREE TIMES.

Thank you for your time today. We will be in touch again about 4 months from now.