

**Supporting Statement
for OMB Clearance
Request**

**Appendix G2: 72-Month
Contact Update Letter**

**Pathways for Advancing Careers
and Education (PACE) – Follow-
up Data Collection**

OMB No. 0970-0397

May2017

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 F: Contact Information Update Letter

<address>

January 21, 2021

Dear «First_Name» «Middle_Initial» «Last_Name»,

Thank you for agreeing to participate in the study of career pathways programs known as Pathways for Advancing Careers and Education (PACE).¹ 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 information you gave us when you applied to be in the program.

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: PACE. 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 PACE study, please feel free to contact Abt Associates at 1-xxx-xxx-xxxx (toll free) or evaluationsupport@abtassoc.com.

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

Sincerely,

Brenda Rodriguez, Abt Associates Survey Director

¹ When you agreed to participate in the study, it was known by the title *Innovative Strategies for Increasing Self-Sufficiency*.

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 0970-0397 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).