

ATTACHMENT L.1

FOCUS GROUP CONFIRMATION LETTER: CLIENT
ENGLISH

OMB Control No.: 0584-0604

CLIENT FOCUS GROUP: PARTICIPANT CONFIRMATION LETTER

[DATE]

[PARTICIPANT NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY, STATE, ZIP]

Dear [PARTICIPANT NAME]:

Thank you for agreeing to participate in this focus group about the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) program. SNAP, also called the [INSERT STATE SNAP PROGRAM NAME], is the program that helps millions of people buy food every month.

Please **arrive by [TIME] a.m.[or p.m.]** The group will be held at [NAME OF FACILITY], and will begin on time at [TIME] **a.m.[or p.m.]** To cover any costs you have for taking part in the focus group, such as travel and child care costs, you will receive **\$50** after the focus group is finished.

[NAME OF FACILITY] is located at [ADDRESS]. You can get there on public transportation. [BUS/TRAIN DIRECTIONS]. If you drive, you can park in the lot at [LOCATION]. Directions are at the end of this letter and a map is attached. If you have any questions or cannot come to the focus group, please call [NAME OF MODERATOR] at [PHONE #].

Someone from the study team will call you the day before your focus group to make sure that you will be there. In the meantime, if you would like further information about this study, please feel free to call [NAME, TITLE] at [PHONE #].

Sincerely,

Directions:

[INSERT DIRECTIONS TO FACILITY]

Public Burden Statement

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