

[CONSENTING PARENT ADDRESS]
[CONSENTING PARENT CITY, STATE ZIP]

[FILL SURVEY LAUNCH DATE (MM/DD/YYYY)]

Dear [CONSENTING PARENT / GUARDIAN NAME]:

Thank you for enrolling in the [PROMISE PROGRAM NAME] program in [FILL MONTH AND YEAR OF RA]. The Social Security Administration has contracted with Mathematica Policy Research to evaluate this important program. The evaluation will produce evidence on which services are most helpful for youth and their families.

When you enrolled, [PROMISE PROGRAM NAME] explained that Mathematica would reach out to you about completing interviews. We would like to complete the first one with you and [YOUTH] now. Questions will be about your education, employment, health, well-being, and services that you may have received. The parent interview takes about 35 minutes to complete. The youth interview takes 25 minutes to complete. When you and [YOUTH] complete the first interview, we will send each of you a \$30 gift card as a token of our appreciation.

**If you call us to complete the interview in the next 10 days,
you will get an extra \$10, or \$40 total. Call us at 844-306-5011!**

Participation in the interview is voluntary. You may also skip any questions you do not wish to answer or that make you feel uncomfortable. Your decision to take part or not will not impact any benefits your household receives, now or in the future. This includes SSI benefits.

If you have any questions or want to begin the interview, please call us, toll-free, at 844-306-5011. Thank you again for enrolling in [PROMISE PROGRAM NAME]. We look forward to hearing from you soon.

Sincerely,



Karen A. CyBulski – Survey Director for the [PROMISE PROGRAM NAME] Evaluation

Privacy Act Statement

Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use this information to evaluate the impact of services provided to you (the minor participant or household member) during your participation in the Promoting Readiness of Minors in SSI (PROMISE) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that you, your child, or other household members receive now or in the future. We may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and, 2. To facilitate audit, investigative, or statistical research activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Supplemental Security Income Studies, Surveys, Records and Extracts (Statistics), 60-0203. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0960-0799. The time required to complete this information collection is estimated to average 35 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.