ATTACHMENT J SURVEY INVITATION LETTERS

D1. Parent invitation mailing

OMB # 0960-0799

OMB Expiration Date: xx/xx/xxxx

Survey Invitation Letter - Parent

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

[FILL DATE]

Dear [CONSENTING PARENT / GUARDIAN NAME]:

Thank you for signing up for the [PROMISE PROGRAM NAME] program in [FILL MONTH AND YEAR OF RA]. The evaluation of this important study, "Promoting Readiness of Minors in Supplemental Security Income" (PROMISE) is paid for by the Social Security Administration. The study is trying to learn which services or programs help youth and families prepare for life after high school and assist youth achieve long-term goals.

In the application, you agreed to take part in two interviews with Mathematica Policy Research. We would like to complete the first one with you and [YOUTH] now. We will ask questions about your educational and employment, health and well-being, and services you may have received. The interview takes about 35 minutes. You will get a \$30 gift card as a thank you for completing the interview.

If you <u>call us</u> to complete the interview <u>in the next 10 days</u>, you will get an extra \$10, or \$40 total. Call us at 800-xxx-xxxx!

The study is voluntary. You can decide to take part in the interview or not. You can 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 at 800-xxx-xxxx. If you have additional questions, you may also send us an email at: xxxx@mathematica-mpr.com. Please do not include any personally identifiable information (e.g., full name, home address, date of birth, etc.) in the email. Thanks again for signing up for PROMISE. We look forward to hearing from you soon.

Sincerely,

Karen CyBulski - Survey Director for the PROMISE 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 xxxx-xxxx. 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.

Post Card Reminder for Parents

OMB # / Expiration Date: xx/xx/xxxx

Dear Parent / Guardian:

We're trying to reach you and your child for an important interview! You and your child each get \$30 for being interviewed.

If you call us soon. You will earn a \$10 bonus as a thank you - \$40 total! Please call 800-xxx-xxxx.

For more information, go to <u>www.xxx.xxxx</u>. We look forward to hearing from you!

Sincerely,

Karen CyBulski, Survey Directory

D2. Youth invitation mailing

OMB # 0960-0799

OMB Expiration Date: xx/xx/xxxx

Survey Invitation Letter – Youth

[ASSENTING YOUTH ADDRESS]
[ASSENTING YOUTH CITY, STATE ZIP]

[FILL DATE]

Dear [ASSENTING YOUTH NAME]:

The evaluation of this important study, "Promoting Readiness of Minors in Supplemental Security Income" (PROMISE) is paid for by the Social Security Administration. It is trying to learn which services or programs are most helpful to young people as they prepare for life after high school.

In the application, you agreed to take part in two interviews with Mathematica Policy Research. We would like to complete the first interview now. We will ask about your education and employment, services you may have received, and your hopes for the future. The interview takes about 25 minutes. You'll get a \$30 gift card as a thank you for completing the interview.

If you <u>call us in the next 10 days</u> you'll get an extra \$10, or \$40 total. Call us at 800-xxx-xxxx to begin!

The study is voluntary. You can decide to take part in the interview or not. You can also skip any questions you do not wish to answer or that make you feel uncomfortable. Your decision will not impact any benefits your household receives, now or in the future.

If you have any questions, or want to begin the interview, please call us at 800-xxx-xxxx. If you have additional questions, you may also send us an email at: xxxx@mathematica-mpr.com. Please do not include any personally identifiable information (e.g., full name, home address, date of birth, etc.) in the email. You may send us an email at: xxxx@mathematica-mpr.com. Thanks again for signing up for PROMISE. We look forward to hearing from you soon.

Sincerely,
Karen CyBulski
Survey Director for the PROMISE 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).

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Post Card Reminder for Youth

OMB # / Expiration Date: xx/xx/xxxx

Hello!

We're trying to reach you for an important interview. You'll get \$30 for completing the interview.

Please call 800-xxx-xxxx.

For more information, go to www.xxx.xxx. We look forward to hearing from you! Your voice matters!

Sincerely,

Karen CyBulski, Survey Director