

APPENDIX B

SURVEY INVITATION LETTERS AND REMINDER MAILINGS

**PROMISE EVALUATION:  
60-MONTH SURVEY MAILINGS AND OUTREACH MATERIALS**

Outreach Effort	Week of Field Period
<b>Letters</b>	
Advance letter	1
Field notification letter	10 (Group 3) or 12 (Group 1 & 2)
Self-administered questionnaire cover letter	23
Refusal letter	As needed
Locating letter	As needed
Representative payee letter	As needed
Letter to parent survey respondent	As needed
Parent thank you letter insert	As needed
Youth thank you letter insert	As needed
\$1 reimbursement letter	As needed
Frequently asked questions mailing insert	As needed
<b>Postcards</b>	
Postcard – reminder	4, 8, 16
Postcard –final reminder	24
<b>Text Messages</b>	
Text message – initial invite	2
Text message – reminder	5, 14
Text message – final reminder	19
<b>Emails</b>	
Email – initial invite	1
Email – reminder	3, 11, 18
Email – final reminder	21
<b>Field Resources</b>	
Field interview validation letter	As needed
Police letter	As needed
Door hanger	As needed
Business/appointment cards	As needed

## ADVANCE LETTER (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[ADDRESS 1 / ADDRESS 2]

[CITY, STATE ZIP]

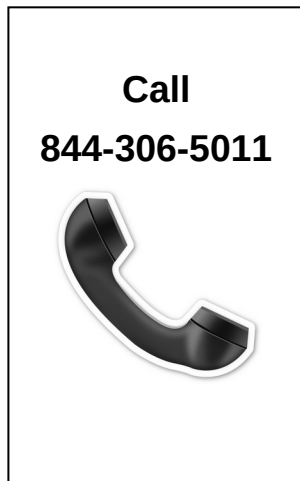
[FILL SURVEY LAUNCH DATE (MM/DD/YYYY)]

Dear [FIRST NAME / LAST NAME]:

Thank you for enrolling in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study in [FILL MONTH AND YEAR OF RA]. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families.

When you enrolled, [PROMISE PROGRAM NAME/ASPIRE-STATE] explained that Mathematica would reach out to you about completing two interviews. We now want to complete the final one with you. We will ask about your education, work, and well-being. It should take about 20-35 minutes for youth to complete and 25-35 minutes for parents.

**Please call us to:**



- **Complete your interview now.** You will receive a \$30 gift card for completing an interview. Complete by [FILL RELEASE DATE+12 DAYS] and get an extra [\$10/\$20], or [\$40/\$50] total!
- **Make an appointment to complete your interview in the future.** We can call you back at a day and time that works best for you, seven days a week.
- **Decline to take part.** Your input is very important to the success of the study, but, completing this interview is your choice. If you decide to take part, you may skip any questions you do not want to answer. Whatever you decide, it will not affect any benefits your family receives, now or in the future. This includes

Supplemental Security Income (SSI) benefits. To protect your privacy, we will not share your answers in any way that reveals who you are.

We look forward to hearing from you soon!

Sincerely,

A handwritten signature in black ink that reads "Holly Matulewicz".

Holly Matulewicz

Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>

*Para información e instrucciones en español, llame 844-306-5011 por favor*

## ADVANCE NOTIFICATION LETTER (BACK)

### 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](http://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 20 to 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.

## FIELD NOTIFICATION LETTER (FRONT)



OMB # 0960-0799

OMB Expiration Date: [DATE]

[ADDRESS 1 / ADDRESS 2]

[CITY, STATE ZIP]

[FILL DATE (MM/DD/YYYY)]

**MATHEMATICA**  
Policy Research

Dear [FIRST NAME / LAST NAME]:

Thank you for enrolling in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families. When you enrolled, [PROMISE PROGRAM NAME/ASPIRE-STATE] explained that Mathematica would reach out to you about completing two interviews. We now want to complete the final one with you. We will ask about your education, work, and well-being. It should take about 20-35 minutes for youth to complete and 25-35 minutes for parents.

**Over the past few weeks, we have tried to reach you by phone but have not been able to complete an interview with you.** In the weeks ahead, a professional interviewer from Mathematica who lives in your area may follow up on this letter with a **phone call** or **visit to your home**.

**Please take one of the following steps:**

**Call to make  
an  
appointment  
with local  
staff:  
844-306-5011**

- **Complete your interview when Mathematica's local interviewer calls you or visits your home.** You will get a \$30 gift card for completing an interview.
- **Call us to complete your interview by phone now or make an appointment to complete it in the future.** We can schedule a time for our local interviewer to call you back or visit your home.
- **Decline to take part.** Your input is very important to the success of the study, but, completing this interview is your choice. If you decide to take part, you may skip any questions you do not want to answer. Whatever you decide, it will not affect any benefits your family receives, now or in the future. This includes Supplemental Security Income (SSI) benefits. To protect your privacy, we will not share your answers in any way that reveals who you are.

We look forward to hearing from you soon!

Sincerely,

A handwritten signature in black ink that reads "Holly Matulewicz".

Holly Matulewicz

Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

*Para información e instrucciones en español, llame 844-306-5011 por favor*

---

## FIELD NOTIFICATION LETTER (BACK)

### **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](http://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 20 to 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.

## SELF-ADMINISTERED QUESTIONNAIRE COVER LETTER (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799  
OMB Expiration Date: [DATE]  
[ADDRESS 1 / ADDRESS 2]  
[CITY, STATE ZIP]  
[DATE (MM/DD/YYYY)]

Dear [FIRST NAME / LAST NAME]:

Thank you for enrolling in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study in [FILL MONTH AND YEAR OF RA]. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families. When you enrolled, [PROMISE PROGRAM NAME/ASPIRE-STATE] explained that Mathematica would reach out to you about completing two interviews. We now want to complete the final one with you.

Over the past few weeks, we have tried to reach you by phone but have not been able to complete a survey with you.

Mail back the  
completed  
survey



**With your help. Would you complete the enclosed survey?**

We hope to receive it by [DATE OF RELEASE + 2.5 WKS].

OR

Call 844-306-  
5011



- You will receive a \$30 gift card for completing the survey.
- The postage is prepaid – there is no cost to you for returning it.

### Have questions or want to complete by phone?

Please call us! Our toll-free phone number is 844-306-5011. Only you can tell us about your unique experiences. We look forward to hearing from you soon.

Sincerely,

Holly Matulewicz  
Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

*Para información e instrucciones en español, llame 844-306-5011 por favor*



## SELF-ADMINISTERED QUESTIONNAIRE COVER LETTER (BACK)

### 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](http://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 20 to 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.

## REFUSAL LETTER (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[ADDRESS 1 / ADDRESS 2]

[CITY, STATE ZIP]

[FILL DATE (MM/DD/YYYY)]

Dear [FIRST NAME / LAST NAME]:

Thank you for enrolling in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study in [MONTH AND YEAR OF RA]. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families. We are writing to encourage you to take part in this study.

### **Your input matters!**

- Your input is very important to the success of the study. You will receive a \$30 gift card for completing an interview.
- Even if you did not receive services from [PROMISE PROGRAM NAME/ASPIRE-STATE], it is important that we hear from you. Only you can tell us about your own experiences.
- Your privacy is important – we will not share your answers in any way that reveals who you are.
- Participation in the interview is your choice. You may skip any questions you do not want to answer or that make you feel uncomfortable. Your decision will not impact any benefits your household receives, now or in the future. This includes Supplemental Security Income (SSI) benefits.

**Please call us, toll-free, at 844-306-5011 to complete your interview now, make an appointment to complete it in the future, or get answers to your questions about it.**

We look forward to hearing from you soon!

Sincerely,

A handwritten signature in black ink that reads 'Holly Matulewicz'.

Holly Matulewicz

Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

***Para información e instrucciones en español, llame 844-306-5011 por favor***

## REFUSAL LETTER (BACK)

### **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](http://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 20 to 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.

## LOCATING LETTER (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[ADDRESS 1 / ADDRESS 2]

[CITY, STATE ZIP]

[FILL DATE (MM/DD/YYYY)]

Dear [FIRST NAME / LAST NAME],

Thank you for enrolling in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study in [FILL MONTH AND YEAR OF RA]. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families. Over the past few weeks, we have tried to contact you but have not been able to complete an interview with you.

**Your input is very important to the success of the study. You will receive a \$30 gift card for completing an interview.**

Please call us, toll-free, at 844-306-5011 to complete your interview now, make an appointment to complete it in the future, or get answers to your questions about it.

We look forward to hearing from you soon!

Sincerely,

A handwritten signature in black ink that reads 'Holly J. Matulewicz'.

Holly Matulewicz

Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

***Para información e instrucciones en español, llame 844-306-5011 por favor***

## LOCATING LETTER (BACK)

### **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](http://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 20 to 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.

## REPRESENTATIVE PAYEE LETTER (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799  
OMB Expiration Date: [DATE]  
[REP PAYEE ADDRESS]  
[CITY, STATE ZIP]  
[FILL DATE (MM/DD/YYYY)]

Dear [REP PAYEE NAME],

[YOUTH] enrolled in the [PROMISE PROGRAM NAME/ASPIRE-STATE] study in [FILL MONTH AND YEAR OF RA]. The Social Security Administration (SSA) hired Mathematica Policy Research to evaluate this program. The study will help SSA learn how to better help young adults and their families.

We have been trying to contact [YOUTH] to complete an interview for this study. We will ask about school, work, and well-being. The interview should take about 20-35 minutes to complete.

[YOUTH] will receive a \$30 gift card for completing it.

**Can you help us get in touch with [YOUTH]?**



- **Please call us to give us [Youth]’s contact information.**
- **Please ask [Youth] to call us to complete an interview.** Please remind [him/her] that [he/she] gets a \$30 gift card for completing the survey.

**Thank you for your help!**

Sincerely,

A handwritten signature in black ink that reads 'Holly Matulewicz'.

Holly Matulewicz  
Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

***Para información e instrucciones en español, llame 844-306-5011 por favor***

## REPRESENTATIVE PAYEE LETTER (BACK)

### **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](http://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 20 to 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.

## LETTER TO PARENT SURVEY RESPONDENT (FRONT)



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[SURVEY RESPONDENT ADDRESS]

[CITY, STATE ZIP]

[FILL DATE (MM/DD/YYYY)]

Dear [ENROLLING PARENT RESPONDENT NAME],

Thank you for recently completing an interview for the study of [PROMISE PROGRAM NAME/ASPIRE-STATE] that Mathematica Policy Research is doing for the Social Security Administration.

We have been trying to contact [YOUTH] to complete an interview for this study.

The interview should take about 20-35 minutes to complete, and [he/she] will receive a \$30 gift card for completing it. We will ask about school, work, and well-being.

**Can you help us get in touch with [YOUTH]?**



- **Please call us to give us [YOUTH]'s contact information.**
- **Please ask [YOUTH] to call us to complete an interview.** Please remind [him/her] that [he/she] gets a \$30 gift card for completing the survey.

**Thank you for your help!**

Sincerely,

A handwritten signature in black ink that reads 'Holly Matulewicz'.

Holly Matulewicz

Survey Director for the [PROMISE PROGRAM NAME/ASPIRE-STATE] Evaluation

---

**For more information, visit the SSA website at <https://www.ssa.gov/disabilityresearch/promise.htm>**

*Para información e instrucciones en español, llame 844-306-5011 por favor*



## LETTER TO SURVEY RESPONDENT (BACK)

### **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](http://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 20 to 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.

## PARENT THANK YOU LETTER



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[FILL DATE (MM/DD/YYYY)]

Hello,

Thank you for completing your interview with Mathematica Policy Research for the PROMISE study (known as ASPIRE in some states). As promised, we have enclosed a gift card for completing your interview. If your child also completed an interview, we will send him or her a gift card separately.

If you have any questions, please call us, toll-free, at (844)-306-5011.

Thank you again for your support of this important study.

Sincerely,

A handwritten signature in black ink that reads 'Holly Matulewicz'.

Holly Matulewicz

Survey Director for the PROMISE/ASPIRE Evaluation

## THANK YOU LETTER INSERT- PARENT



35 minute interview.

Our records show that we have not yet completed an interview with your child.

Can you ask him/her to call us at **844-306-5011** to complete the interview?

He/she will get a \$30 gift card for completing the 20-

## YOUTH THANK YOU LETTER



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[FILL DATE (MM/DD/YYYY)]

Hello,

Thank you for completing your interview with Mathematica Policy Research for the PROMISE study (known as ASPIRE in some states). As promised, we have enclosed a gift card for completing your interview.

If your parent or guardian also completed an interview, we will send him/her a gift card separately.

If you have any questions, please call us, toll-free, at (844)-306-5011.

Thank you for your support of this important study.

Sincerely,

A handwritten signature in black ink that reads "Holly Matulewicz".

Holly Matulewicz

Survey Director for the PROMISE/ASPIRE Evaluation

## THANK YOU LETTER INSERT- YOUTH



Our records show that we have not yet completed an interview with your parent/guardian.

Can you ask him/her to call us at **844-306-5011** to complete the interview?

He/she will get a \$30 gift card for completing the 25-35 minute interview.

## \$1 REIMBURSEMENT LETTER



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

[FILL DATE (MM/DD/YYYY)]

Hello,

Thank you for contacting us about the charge for the text message we sent inviting you to take part in an interview with Mathematica Policy Research for the Social Security Administration's PROMISE study (known as ASPIRE in some states). We have enclosed \$1 to cover this charge.

If you have not yet completed an interview, please call us, toll-free, at (844)-306-5011 to complete your interview now or make an appointment to complete it in the future. You will receive a \$30 gift card for completing it.

If you have any questions or if your address or telephone number changes in the future, please call us.

Sincerely,

A handwritten signature in black ink that reads "Holly J. Matulewicz".

Holly Matulewicz

Survey Director

## FREQUENTLY ASKED QUESTIONS MAILING INSERT



**MATHEMATICA**  
Policy Research

OMB # 0960-0799

OMB Expiration Date: [DATE]

### **Important information about the Social Security Administration's PROMISE study**

#### **This study is legitimate and funded by the Social Security Administration.**

- There are six PROMISE programs across the country (the program is called ASPIRE in some states). They were funded by the U.S. Department of Education.
- The Social Security Administration hired Mathematica Policy Research to study the PROMISE programs. More information can be found on the Social Security Administration's website at [www.ssa.gov/disabilityresearch/promise.htm](http://www.ssa.gov/disabilityresearch/promise.htm)

#### **Only you can tell us what your experience has been like.**

- No one can replace you. Your feedback is critical to the success of this study. Your input will help shape programs and services for youth and families like yours in the future.

#### **We understand you are busy and your time is valuable.**

- The parent/guardian interview takes 25-35 minutes to complete. The youth interview takes 20-35 minutes. We will send you a \$30 gift card for completing an interview.
- We can complete the interview all at once or over multiple sessions.
- You can complete an interview seven days a week. If you call us to make an appointment, we can call you back at a time that is more convenient.

#### **Your information will be kept private.**

- Your information will be kept private to the extent allowed by Federal Law. We will never use your name or any information that identifies you when we report on the study.
- You can skip any questions that you do not want to answer.
- Information you share with us will not affect any benefits you or your family may receive, now or in the future.

#### **If you do not remember enrolling in this study, we can help.**

- We are only contacting people who agreed to take part in this study. We can send you a copy of the form you signed when you enrolled in the study.
- Please call us at 844-306-5011 to request a copy of this form.

#### **If you did not receive any services through PROMISE or ASPIRE, your input still matters!**

- The study will compare the experiences of people who received services through PROMISE/ASPIRE and those who did not. Only you can tell us about your experiences.

**Please call 844-306-5011 to complete your interview now or make an appointment to complete it in the future.**

## POSTCARDS



POSTCARD - REMINDER (WEEKS 4, 8, & 16)

**FRONT:**

(Mathematica charge code)



**MATHEMATICA**  
Policy Research

(Mathematica address)

**Return Service Requested**

**Your Voice Matters!**

**BACK:**

OMB # 0960-0799/Expiration Date [DATE]

We're trying to reach you for an important interview for a Social Security Administration study.

You'll get **\$30** for completing the interview.

**Please call 844-306-5011**

We look forward to hearing from you! Your voice matters!

Sincerely,


Holly Matulewicz, Survey Director

POSTCARD – FINAL REMINDER (WEEK 24) PARENT AND YOUTH

FRONT:

BACK:

(Mathematica charge code)



**MATHEMATICA**  
Policy Research

(Mathematica address)  
**Return Service Requested**

**Study ends soon!**

OMB # 0960-0799/Expiration Date [DATE]

We've been trying to reach for an important interview for a Social Security Administration study.

You'll get **\$30** for completing the interview.

**The study ends soon!**

**Please call 844-306-5011**

## TEXT MESSAGES

## TEXT MESSAGE - INITIAL INVITE (WEEK 2)

### **GROUP A (\$10 bonus):**

Earn \$40 if you complete a Social Security Administration survey by [DATE] (\$30 after [DATE]). Call 844-306-5011 to begin. Text charges can be reimbursed.

### **GROUP B (\$20 bonus):**

Earn \$50 for completing a Social Security Administration survey by [DATE] (\$30 after [DATE]). Call 844-306-5011 to begin. Text charges can be reimbursed.

## TEXT MESSAGE - REMINDER (WEEK 5, 14)

Earn \$30 for completing a Social Security Administration survey. Your input matters! Call 844-306-5011 to begin. Text charges can be reimbursed.

## TEXT MESSAGE - FINAL REMINDER (WEEK 19)

Earn \$30 for completing a Social Security Administration survey. Survey ends soon. Call 844-306-5011 to begin. Text charges can be reimbursed.

## EMAILS

## EMAIL - INITIAL INVITE (WEEK 1)

### GROUP A (\$10 bonus):

Subject: Earn \$40 for a Social Security Administration study



**MATHEMATICA**  
Policy Research

Hello: This week we sent a letter to your home, inviting you to take part in a survey [Mathematica Policy Research](#) is doing for the [Social Security Administration](#).

**Complete the survey by [FILL RELEASE DATE+12 DAYS] and get a \$40 gift card.  
Call us, toll-free, at 844-306-5011 to begin or set an appointment.**

Please do not reply via email because this email account cannot receive messages. Instead, call us at the number above. We look forward to hearing from you soon!

Sincerely,

Holly Matulewicz  
Survey Director  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393

OMB # 0960-0799/Expiration Date [DATE]

---

### GROUP B (\$20 bonus):

Subject: Earn \$50 for a Social Security Administration study



**MATHEMATICA**  
Policy Research

Hello: This week we sent a letter to your home, inviting you to take part in a survey [Mathematica Policy Research](#) is doing for the [Social Security Administration](#).

**Complete the survey by [FILL RELEASE DATE+12 DAYS] and get a \$50 gift card.  
Call us, toll-free, at 844-306-5011 to begin or set an appointment.**

Please do not reply via email because this email account cannot receive messages. Instead, call us at the number above. We look forward to hearing from you soon!

Sincerely,

Holly Matulewicz  
Survey Director  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393

OMB # 0960-0799/Expiration Date [DATE]

---

## EMAIL - REMINDER (WEEK 3, 11, 18)

**Subject:** Reminder: Earn \$30 for taking part in the Social Security Administration study



**MATHEMATICA**  
Policy Research

Hello,

We have been trying to contact you about an important study [Mathematica Policy Research](#) is conducting for the [Social Security Administration](#). You get a \$30 gift card for completing this voluntary survey.

**Please call us, toll-free, at 844-306-5011 to complete your survey  
or to make an appointment to complete it in the future.**

Please do not reply via email because this email account cannot receive messages. Instead, call us at the number above. We look forward to hearing from you soon!

Sincerely,

Holly Matulewicz  
Survey Director  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393

OMB # 0960-0799/Expiration Date [DATE]

## EMAIL - FINAL REMINDER (WEEK 21)

**Subject:** Social Security study ending soon



**MATHEMATICA**  
Policy Research

Hello:

We have been trying to contact you to complete a survey for an important study that Mathematica Policy Research is doing for the Social Security Administration.

**The study is ending soon.**

Your input is critical to the success of the study. You get a \$30 gift card for completing this voluntary survey.

**Call us, toll-free, at 844-306-5011.**

Please do not reply via email because this email account cannot receive messages. Instead, call us at the number above. We look forward to hearing from you soon!

Sincerely,

Holly Matulewicz  
Survey Director  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393

OMB # 0960-0799/Expiration Date [DATE]



## FIELD RESOURCES

## FIELD INTERVIEW VALIDATION LETTER

OMB # 0960-0799

OMB Expiration Date: [DATE]



**MATHEMATICA**  
Policy Research

Hello!

Our records show that you recently completed an in-person interview with an interviewer from Mathematica Policy Research for the PROMISE study (known as ASPIRE in some states).

To help us make sure the interview was conducted properly, please answer the questions below:

When you are finished, **please return this form in the enclosed envelope**. The postage has already been paid, so you do not need a stamp.

**Did you complete an interview with a Mathematica interviewer in the last month?**

Yes       No       Don't remember

**Did you receive a \$30 gift card after you completed the interview?**

Yes       No       Don't remember

**In your opinion, was the interviewer polite and respectful?**

Yes       No       Don't remember

**Do you have any additional comments you would like to share with us about your experience with the interviewer?**

**Thank you!**

If you would like to discuss the experiences you had with the Mathematica interviewer or have questions about this form, please call 844-306-5011 and ask for Richard Godwin.

# POLICE LETTER

OMB # 0960-0799

OMB Expiration Date: [DATE]



**MATHEMATICA**  
Policy Research

May 1, 2019

Dear Local Police Department Staff:

The Social Security Administration has contracted with Mathematica Policy Research to conduct an evaluation of the PROMISE program (known as ASPIRE in some states).

As part of the evaluation, Mathematica is asking families who enrolled in the study to complete a survey. The survey asks questions about education, employment, health, and overall well-being.

For the next few months, professional interviewers from Mathematica will be working in your area, attempting to locate and contact families who have not completed the survey by telephone. The interviewers will visit addresses and walk through neighborhoods to try to reach these families and conduct in-person interviews. They will carry identification badges from Mathematica and will identify themselves as Mathematica employees.

- To learn more about the evaluation, visit the Social Security Administration's website at <https://www.ssa.gov/disabilityresearch/promise.htm>
- To learn more about Mathematica, visit our website at [www.mathematica-mpr.com](http://www.mathematica-mpr.com)

If you have questions about a specific interviewer, please call our toll-free help desk at 844-306-5011. If you have questions about the evaluation, please contact Survey Director Holly Matulewicz at 617-674-8362. Thank you in advance for your support of this important study.

Sincerely,

A handwritten signature in black ink that reads "Holly Matulewicz".

Holly Matulewicz  
Survey Director

## DOOR HANGER



**MATHEMATICA**  
Policy Research

### **Sorry I missed you!**

I stopped by to speak with \_\_\_\_\_ about completing a survey for an important Social Security Administration study.

### **Have questions or want to book an appointment?**

Please call me, \_\_\_\_\_, at \_\_\_\_\_.

Your input matters! You get a \$30 gift card to thank you for taking part. To complete the survey by phone, please call 844-306-5011.

OMB # 0960-0799

OMB Expiration Date: [DATE]

## BUSINESS/APPOINTMENT CARDS

FRONT OF BUSINESS CARD:



**MATHEMATICA**  
Policy Research

**[FIELD INTERVIEWER NAME]**

FIELD INTERVIEWER, MATHEMATICA POLICY RESEARCH

[CELL PHONE NUMBER OF FIELD INTERVIEWER]

BACK OF BUSINESS CARD:

**We set an appointment for the Social Security Administration study on:**

**Day:**

**Date:**

**Time:        AM/PM**

Questions? **Call the study's toll-free number at (844) 306-5011** or call me directly at [CELL

PHONE NUMBER OF FIELD INTERVIEWER]

OMB # 0960-0799

OMB Expiration Date: [DATE]