



**Supporting
Statement for OMB
Clearance Request**

**Attachment P:
Intermediate
Follow-up Survey
Advance Letter**

**National and Tribal
Evaluation of the 2nd
Generation of the Health
Profession Opportunity
Grants (HPOG)**

0970-0462

April 2019

Submitted by:
Office of Planning,
Research & Evaluation
Administration for Children & Families
U.S. Department of Health
and Human Services

Federal Project Officers:
Nicole Constance, Hilary Bruck, and
Amelia Popham



<<Date>>

Dear <First Name><Middle Initial><Last Name>,

Thank you for agreeing to participate in the National Evaluation of the Health Profession Opportunity Grants (HPOG) Program. When you applied to participate in <PROGRAM NAME> in <Site> you agreed to be part of a voluntary research study. The study is being funded by the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services (HHS). Abt Associates is conducting the study for ACF.

When you applied to be part of the program in [RA MONTHYEAR], you signed a consent form. The consent form explained that researchers will want to conduct one or more future surveys with you. These surveys will help Abt Associates and ACF see how programs like <PROGRAM NAME> are working.

We are writing to let you know that we are getting ready to start the second of these follow-up surveys.

An interviewer from Abt Associates will contact you to explain the survey. If you want to do the survey, the interviewer will ask you to pick a time that is best for you to complete the interview.

- The surveys will help researchers and ACF learn more about your experiences since you applied to the HPOG program.
- The surveys will ask about your education and training experiences, the jobs you have had, and how things are going for you and your family. It will also ask some basic questions about your use of computers, and some multiple choice questions on various topics.
- We are interested in the experiences of everyone who applied to the HPOG program. Even if you were not selected to participate in the program, your experiences are important to this study.

You can choose whether or not to participate in this survey.

- Your experiences are unique. Your participation is important.
- You can help us understand how different types of training and services can help people learn skills to get jobs in healthcare.

Whether you choose to participate in the survey or not will not affect any assistance that you may receive now or in the future. If you choose to participate, any information you provide to us will be kept private to the extent allowed by law. Only the researchers involved in this study will see your responses.

The interview will last about 60 minutes, and after you complete the survey, you will receive a gift certificate valued at \$45 to thank you for your help with this important study.

If you have any questions or would like to schedule your interview, please call Abt Associates toll-free at 1-866-725-1562.

Sincerely,

Brenda Rodriguez

Abt Associates Survey Director

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 0970-0462 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 Gretchen Locke, 10 Fawcett St Cambridge, MA 02138; Attn: OMB-PRA (0970-0462).