## **STAFF OUTREACH EMAIL**

## **Outreach for Site Visits for Agency Leaders**

Dear [NAME],

My name is [NAME], and I am writing on behalf of a team of researchers from the Urban Institute and Chapin Hall at the University of Chicago, which have been contracted by the Administration for Children and Families (ACF) of the US Department of Health and Human Services to gather evidence of how agencies are using housing vouchers to address the diverse needs of youth involved in the child welfare system.

We are contacting you today because your agency was identified as a crucial partner in a Family Unification Program (FUP) that provides housing vouchers to youth aging out of foster care. Due to your role, we would like to invite you to participate in an interview to help us better understand how FUP vouchers are being used to address the housing needs of this population, as well as identify any unique benefits or challenges your agency has experienced serving youth in tandem with partnering organizations. Your participation in this study will help our team gather evidence of how FUP is being used in practice to support youth transitioning from foster care to adulthood.

We will be conducting interviews with staff during our site visit on [INSERT DATES] and each interview will last no more than 60 minutes.

Your participation in this interview is completely voluntary. Participating or choosing not to participate in this research will have no effect on your employment. Responses will be kept private in that we will not attribute responses to a specific name. We will share what we learn with ACF and with the US Department of Housing and Urban Development (HUD) as part of our evaluation activities. All information you provide will be kept private to the extent permitted by law.

Please let me know if you are interested in participating or if you have any questions.

Sincerely,

[RESEARCHER NAME and CONTACT INFORMATION]

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 number for the described information collection is XXXX-XXXX and the expiration date is XX/XX/XXXX.