



[Insert date]

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

Thank you for agreeing to participate in the Building Evidence on Employment Strategies for Low-Income Families (BEES) study. When you applied to participate in <BEES PROGRAM> 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). MDRC, along with Abt Associates and MEF Associates, is conducting the study for ACF.

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

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

An interviewer from Abt Associates will contact you about 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 survey.

- The survey will help researchers and ACF learn more about your experiences since you applied to <BEES PROGRAM>.
- The survey will ask about your employment services experiences, the jobs you have had, and how things are going for you.
- [FOR ONLY 12-MONTH SURVEY RESPONDENTS]: The survey will also ask about your earnings, health, drug or alcohol use, housing, and public assistance you received.
- We are interested in the experiences of everyone who applied to <BEES 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.

Whether you choose to participate in the survey will not affect any assistance that you may receive now or in the future. If you choose to complete the survey, 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 survey will last about [15/30] minutes. After you complete the survey, you will receive a gift card valued at \$[15/\$25]. This is to thank you for your help with this important study.

If you have any questions or would like to schedule your survey, please call Abt Associates toll-free at 1-866-xxx-xxxx.

Sincerely,

<ABT SURVEY DIRECTOR >
Abt Associates Survey Director



The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand programs that aim to improve employment outcomes for low-income adults. 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 and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX.

DRAFT