Supporting Statement for OMB Clearance Request

Appendix E: Previously Approved Contact Update Form

National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals and HPOG Impact Study

0970-0394

March 2017

Submitted by:

Office of Planning,
Research & Evaluation

Administration for Children & Families

U.S. Department of Health
and Human Services

Federal Project Officer:

**Nicole Constance**

**Participant Contact Update Form**

Please verify that the information we have on file for you is accurate. Return this form in the included envelope (postage paid).

*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 0970-0394 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 [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0394).*

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| --- |
| **Personal Information Verification** |
| **We have your NAME as: «First\_Name» «Middle\_Initial» «Last\_Name»** 🞎 This is correct 🞎 This is **not** correct *(print correct information below)* |
|  *Enter updated NAME:* Full Name: |  |  |  |
| Last | First | M.I. |
| **We have your ADDRESS as: «Street» «Apt» «City» «State» «Zip» - «Zip5»** 🞎 This is correct 🞎 This is **not** correct *(print correct information below)* |
| *Enter Updated Address:* |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| **We have your MAILING ADDRESS as: «Street» «Apt» «City» «State» «Zip» - «Zip5»** |
| *Enter Updated Address:* |
|  |  |  |
|  Last | First | M.I. |
|  |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
|  |  |  |  |
| **We have your primary PHONE NUMBER as: «Primary\_Phone».**  🞎 This is the best number to reach me 🞎 This is **not** the best number to reach me *(print correct information below)* |
| *Enter best PHONE NUMBER:*Primary Phone: | **( )** | Alternate Phone: | **( )** |
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| **Secondary Contacts: Person 1**  |
| Please check below and correct the names, addresses and telephone numbers of the three people you *previously provided us* who are living outside your household and usually know where to reach you. The name, address, phone #s and relationship to you of best person who will always know where to reach you is:**Name :** **Address:** **Primary phone number:** 🞎 This is the best person to reach me🞎 This is NOT the best person to reach me *(print correct information below)**Enter Updated contact information name, address, relationship and phone numbers.* |
| Full Name: |  |  |  |
|  | First & Last | Relationship |  |
| Address: |  |  |
|  | Street Address & Apartment/Unit # City State | ZIP Code |
| Primary Phone: | **( )** | Alternate Phone: | **( )** |

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| **Secondary Contacts: Person 2**  |
| **Name :** **Address:** **Primary phone number:** 🞎 SECOND person contact information is correct 🞎 SECOND person contact information is NOT correct *(print correct information below)**Enter Updated person 2 name, address, relationship and phone numbers.* |
| Full Name: |  |  |  |
|  | First & Last | Relationship |  |
| Address: |  |  |
|  | Street Address & Apartment/Unit # City State | ZIP Code |
| Primary Phone: | **( )** | Alternate Phone: | **( )** |

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| **Secondary Contacts: Person 3**  |
| **Name :****Address:** **Primary phone number:** 🞎 THIRD person contact information is correct 🞎 THIRD person contact information is NOT correct *(print correct information below)**Enter Updated person 3 name, address, relationship and phone numbers.* |
| Full Name: |  |  |  |
|  | First & Last | Relationship |  |
| Address: |  |  |
|  | Street Address & Apartment/Unit # City State | ZIP Code |
| Primary Phone: | **( )** | Alternate Phone: | **( )** |

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