

**Supporting Statement  
for OMB Clearance  
Request**

**Appendix J: 72-  
Month Follow-up  
Survey Alternate  
E-mail Text**

**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

May 2017  
Revised June 2020

*Submitted by:*  
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and Evaluation  
Administration for Children  
and Families  
**U.S. Department of Health  
and Human Services**

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## Appendix J: HPOG-Impact Alternate E-mail Text

Hello [NAME],

We are trying to reach you by telephone to request your participation in a survey as part of the Health Professions Opportunity Grant (HPOG) study. Your input is very important. We would like to schedule an appointment to talk to you.

[IF EMAIL: I / IF LETTER: We] want you to know that because of the COVID-19 outbreak and associated social distancing guidelines, we changed our interview procedures. To reduce health safety concerns, we will not be conducting in-person interviews. We are only conducting interviews by telephone. Your input is very important, and [IF EMAIL: I / IF LETTER: one of our interviewers] would like to schedule an appointment to talk by phone. We realize your time is valuable, and upon completion of the survey we will mail you a gift card valued at \$45 as a token of appreciation. The interview should last about 45 minutes.

The Administration for Children and Families in the U.S. Department of Health and Human Services funded the Health Profession Opportunity Grants Impact study. When you applied to [PROGRAM NAME], you agreed to take part in the HPOG study.

[IF EMAIL: I / IF LETTER: We] would like to complete the interview over the phone at a time that is convenient for you. Please [IF EMAIL: respond to this email or] call to schedule an appointment at [xxx-xxx-xxxx]. Use this ID number to help me locate your record: [ABTID]. I would also be happy to answer any questions you may have about the survey.

Thank you in advance for your time and assistance with this project. We hope that you and your family stay safe and healthy.

Sincerely,

IF EMAIL: Interviewer Name]/ [IF LETTER: 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 0970-0394 and it expires 09/30/2020. If you have comments regarding this collection of information, including suggestions for reducing this burden, please send them to Larry Buron 6130 Executive Boulevard Rockville, MD 20852; Attn: OMB-PRA (0970-0394).*