

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix K2: 72-  
Month Survey  
Advance Letter**

**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

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

Federal Project Officer:  
**Nicole Constance**

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## Appendix K2: Survey Advance Letter



January 13, 2021

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

Thank you for agreeing to participate in the Health Profession Opportunity Grants (HPOG) Evaluation. 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 participation agreement that explained that researchers will want to conduct one or more future surveys with you. These surveys will help Abt Associates and HHS see how programs like <PROGRAM NAME> are working.

We are writing to let you know that we are getting ready to start the next follow-up survey.

- Your 72-month interview is scheduled to take place starting in [MONTH OF SURVEY RELEASE].

As part of this survey, an interviewer from Abt Associates will contact you to explain the survey and select 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.
- 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.

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

- Your experiences are unique and 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.

If you choose to participate or not, any assistance that you currently receive or may be eligible to receive in the future, will not be affected. 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.

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The interview will last about 45 minutes, and upon completion of the survey, you will receive a token of appreciation valued at \$45.

If you have any questions or would like to schedule your interview, please call Abt Associates toll-free at 1-866-551-1980.

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 0970-0394 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*