Supporting Statement for OMB Clearance Request

Appendix F: Previously Approved Contact Update Form

Pathways for Advancing Careers and Education (PACE) – Follow-up Data Collection

OMB No. 0970-0397

March 2017

Submitted by:

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Office of Planning, Research  
and Evaluation

Administration for Children  
and Families

**U.S. Department of Health and Human Services**

## 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).

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| 🞎 cell 🞎 home 🞎 work 🞎other 🞎 cell 🞎 home 🞎 work 🞎other  **Do we have your permission to contact you via text message to your cell phone? Please answer yes or no for permission to send a regular text and to send an automated text. (**An automated text message is a prewritten message that is sent at a later date such as a text that reminds you to complete a form or call to set up an appointment.)   Yes, you may contact me via text message  Yes, you may contact me via automated text message to my cell phone to my cell phone     No, you may **not** contact me via text message  No, you may **not** contact me via automated text to my cell phone message to your cell 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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