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

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Submitted by:

Nicole Constance

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).

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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)* |

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| --- |
| *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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