

**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:
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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:

() _____

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 message to my cell phone

Yes, you may contact me via automated text to my cell phone

No, you may **not** contact me via text message to my cell phone

No, you may **not** contact me via automated text message to your cell phone

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:

Address:	First & Last	Relationship	
	Street Address & Apartment/Unit # City	State	ZIP Code
Primary Phone:			
	()	Alternate Phone:	()
	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other	

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:

Address:	First & Last	Relationship	
	Street Address & Apartment/Unit # City	State	ZIP Code

Primary Phone: _____ Alternate Phone: _____
() ()
 cell home work other cell home work other

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
Alternate
Primary Phone: _____ Phone: _____
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 cell home work other cell home work other