

**Supporting Statement
for OMB Clearance
Request**

**Appendix K: 72-
Month Follow-up
Survey
Alternate E-mail
Reminder**

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

Appendix K: E-mail Reminder Alternative Text

Hello [NAME],

We are trying to reach you by telephone to request your participation in a survey as part of the Pathways for Advancing Careers and Education (PACE) study (previously known as the Innovative Strategies for Increasing Self-Sufficiency study). Your input is very important. We would like to schedule an appointment to talk over the phone.

[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. The interview should last about 45 minutes and upon completion of the survey, you will receive a token of appreciation valued at \$45. 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 PACE study. When you applied to participate in [PROGRAM NAME], you agreed to take part in the PACE 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 me 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.

Sincerely,

[IF EMAIL: Interviewer Name / IF LETTER: Survey Director Name]

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 0970-0397 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 [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).