APPENDIX G  
Follow-Up Survey reminders And notifications

(for both First and Second Follow-up Surveys)  
  
G1. advance letter  
G2. Advance Letter Insert  
G3. Email notification

G4. Text message notification

G5. Postcard Notification  
G6. refusal avoidance letter  
G7. LOCATING LETTER

G8. STUDY PARTICIPATION FLYER

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| **Shawn Marsh**  *Survey Director* | 111 East Wacker Drive, Suite 3000  Chicago, IL 60601-4303  Telephone: (312) 994-1002  Fax (312) 994-1003  [www.mathematica-mpr.com](http://www.mathematica-mpr.com)  [TOLL FREE NUMBER] |

Dear [PARTICIPANT NAME]: Date

Thank you for agreeing to take part in the Next Generation of Enhanced Employment Strategies Project!

When you signed up for this study in [MONTH] [YEAR] through [NEXTGEN PROGRAM], you learned that we would contact you to take a survey. [In [MONTH], you took our first survey.] We are writing to invite you to take [this/the second] survey now. [Even though you already took the first survey, we would still like you to take this second survey/Even though you did not take the first survey, we would still like you take this second survey.] This study is being done by researchers at Mathematica for the U.S. Department of Health and Human Services. By taking part in this study, you will help will help policymakers and program staff better understand how to improve programs like [NEXTGEN PROGRAM].

When you complete the survey, we will mail you a **[$40/$50] gift card** to thank you for your participation. You can use the gift card anywhere that accepts credit or debit cards.

The survey will ask about your experiences including your use of employment services, your jobs, your health, and your receipt of benefits. Your responses to the questions are voluntary. You can skip any questions you do not want to answer, but we hope that you will answer as many questions as you can. We will protect your answers and privacy to the fullest extent under the law. To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health.

To learn how to complete the survey online, please see the insert included with this letter. The survey is meant for only you to complete, so please keep your log-in information somewhere safe.

If you have any questions or would like to take this survey by phone, please call us toll-free at [TOLL-FREE NUMBER]. When you call, ask for [NAME], a survey worker at Mathematica. You can also send us an e-mail at [E-MAIL ADDRESS].

Thanks again for being a part of this study. We look forward to hearing from you soon!

 Sincerely,

Shawn E. Marsh

Enclosure

Ref [NUMBER] Survey Director

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| Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/20xx). Responding to this questionnaire, which seeks to help the U.S. Department of Health and Human Services understand how employment-focused programs are serving individuals, is voluntary. Public reporting burden for the described collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |

**Survey Opportunity**

Tocomplete the survey online, please:

1. Visit the survey website:

**[SURVEY WEBSITE]**

1. Enter the username and password listed below.

These are unique to you and should not be shared.

Username: **[USERNAME]**

Password: **[PASSWORD]**

1. Complete the survey!

When you complete the survey, we will mail you a **[$40/$50] gift card** to thank you for your participation. We hope to get your completed survey soon!

If you have any questions about the survey or about responding online, please contact **[NAME]**, a survey worker at Mathematica, at our toll-free helpline or by e-mail:

Toll-free helpline: **[TOLL-FREE NUMBER]**

Email: **[E-MAIL ADDRESS]**

OMB Number: xxxxx, Expiration Date xx/xx/20xx

Dear [PARTICIPANT NAME]:

Thank you for agreeing to take part in the Next Generation of Enhanced Employment Strategies Project!

When you joined the study [MONTHS] ago through [NEXTGEN PROGRAM], you agreed to take a survey. [In [MONTH], you took our first survey]. Our records show that you have not yet taken [this / the second] survey. [Even though you took the first survey, we would still like you to take the second survey/Even though you did not take the first survey, we would still like you take this second survey.]

Once you complete the survey, we will mail you a **[$40/$50] gift card** to thank you for your participation. Your views and experiences are important to the success of the study. You cannot be replaced!

Please click the link below to take the survey as soon as possible:

[SURVEY WEBSITE]

Your username and password are:

Username: [USERNAME]

Password: [PASSWORD]

(This username and password are unique to you and should not be shared with anyone.)

If you have any questions or would like to take the survey by phone, please call us toll-free at [TOLL-FREE NUMBER]. When you call, ask for [NAME], a survey worker at Mathematica. You can also send us an e-mail at [E-MAIL ADDRESS].

Thanks again for being a part of the study!

Sincerely,

Shawn E. Marsh

Survey Director

Mathematica

OMB # / Expiration Date: xx/xx/20xx

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/20xx). Responding to this questionnaire, which seeks to help the U.S. Department of Health and Human Services understand how employment-focused programs are serving individuals, is voluntary. Public reporting burden for the described collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Hi, [PARTICIPANT NAME]! We’re trying to reach you about an important survey for the Next Generation of Enhanced Employment Strategies Project that you joined through [NEXTGEN PROGRAM]. You will receive a [$40/$50] GIFT CARD for taking the survey. Your answers are important to the study’s success! Click this link to take the survey as soon as possible: [SURVEY WEBSITE]

Username: [USERNAME]

Password: [PASSWORD]

If you have any questions, please call us toll-free at [TOLL-FREE NUMBER] and ask for [NAME]. Thanks again for being a part of this study.

OMB # / Expiration Date: xx/xx/20xx

Postcard Reminder for Participants

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| OMB # / Expiration Date: xx/xx/20xx  Dear [PARTICIPANT NAME]:  We’re trying to reach you about an important survey! **You will receive a [$40/$50] gift card for taking the survey.**  To complete the survey, please call us at [TOLL-FREE NUMBER] and ask for [NAME], a survey worker at Mathematica. We can be reached seven days a week, during the day and evening.  Sincerely,    Shawn E. Marsh, Survey Director |

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Dear [PARTICIPANT NAME]: Date

We recently contacted you about the Next Generation of Enhanced Employment Strategies Project, a study you joined [MONTHS] ago through [NEXTGEN PROGRAM]. This is an important study, and we’d like to explain it to you in more detail.

* Researchers at Mathematica are conducting this study for the U.S. Department of Health and Human Services.
* The purpose of the study is to learn about how employment programs help people.
* We will mail you a **[$40/$50] gift card** when you complete the survey. You can use the card anywhere that accepts credit or debit cards.
* The survey will take about **50 minutes**. We will keep your answers private to the fullest extent under the law. We won’t use your name or any other identifying information when we report the results of our study.
* Even if you are not taking part in [NEXTGEN PROGRAM] now or never did, you are an important part of this study. We want to know how you’re doing so we can better understand how to improve programs like [NEXTGEN PROGRAM].
* [Even though you already took the first survey, we would still like you to take this second survey. Your answers are important.]/ [Even though you did not take the first survey, we would still like you take this second survey.]

This is your chance to make a difference. We cannot replace you! To take the survey, please call us toll-free at [TOLL-FREE NUMBER] and ask for [NAME], a survey worker at Mathematica. You can reach us seven days a week, during the day and evening.

If you have any questions, we’d be happy to answer them. Just give us a call at [TOLL-FREE NUMBER]. We look forward to hearing from you!

 Sincerely,

Shawn E. Marsh

Survey Director

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Dear [PARTICIPANT NAME]: Date

Thanks for joining the Next Generation of Enhanced Employment Strategies Project! When you joined this study [MONTHS] ago through [NEXTGEN PROGRAM], you agreed to take surveys about how you are doing.

You have a chance to take the [second] survey now. To thank you for your participation, we will mail you a **[$40/$50] gift card** after you take the survey.

* To take the survey by phone, call us at [TOLL-FREE NUMBER]. When you call, please ask for [CONTACT NAME]. After you take the survey, we will mail you your **[$40/$50]** **gift card**.
* To take the survey online, call [NAME], a survey worker at Mathematica, at [TOLL-FREE NUMBER] to receive your log-in information. After you take the survey, we will mail you your **[$40/$50]** **gift card**.

This study is being done by researchers at Mathematica for the U.S. Department of Health and Human Services. By taking this survey, you are helping us learn how to improve services and programs. We cannot replace you!

If you have any questions about the study, we would be happy to answer them. Just call us toll-free at [TOLL-FREE NUMBER]. Thanks for agreeing to be part of the study. We look forward to hearing from you soon!

Sincerely,



Shawn E. Marsh

Survey Director

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| Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/20xx). Responding to this questionnaire, which seeks to help the U.S. Department of Health and Human Services understand how employment-focused programs are serving individuals, is voluntary. Public reporting burden for the described collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |

**Next Generation of Enhanced Employment Strategies Project**

Study Participation Flyer

Thank you for agreeing to participate in the Next Generation of Enhanced Employment Strategies Project! Here’s what you can look forward to as a study participant:

**COMPLETE TWO UPCOMING SURVEYS (ONLINE OR PHONE)**

* Regardless of which group the computer assigned you to when you visited [NEXTGEN PROGRAM], study researchers from Mathematica will contact you in about **[FOLLOW-UP 1 TIME PERIOD]** and **[FOLLOW-UP 2 TIME PERIOD]** to complete surveys online or by phone.
* The surveys should each take about 50 minutes. You will receive a **$40 gift card** after completing the first survey and a **$50 gift card** after completing the second survey.
* Responding to the surveys is voluntary, but your participation is important!

**PARTICIPATE IN AN IN-PERSON INTERVIEW IF SELECTED**

* You may be asked to participate in an in-person interview about your experiences with the program and employment more generally.
* It will take about two hours.
* You will receive a $60 gift card after completing this interview.
* Participating in the interview is voluntary.

**LET US KNOW IF YOU MOVE OR CHANGE YOUR CONTACT INFORMATION**

* If you move or change your mailing address, telephone numbers, or email address, the study researchers may have trouble reaching you.
* If your contact information changes, please give the study team a call at **[TOLL FREE NUMBER]**.

**YOUR PRIVACY WILL BE PROTECTED**

* **Your name will never be publicly reported.**
* No information will be reported in any way that could be used to identify you.
* We will protect your answers and privacy to the fullest extent under the law. To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health.

You can learn more about the study and Mathematica by visiting Mathematica’s website at **[LINK TO STUDY PAGE]**.

OMB No.: XXXX-XXXX

Expiration Date: XX/XX/20XX