

APPENDIX F

RETAIN ENROLLEE SURVEY MAILINGS (R1, R2)

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RETAIN: Enrollee Survey Mailings

Listed below are the enrollee survey mailings for each round. We provide a copy of each in this appendix, in the order shown below.

Mailing	Week of Field Period
Advance letter – web survey invitation from SSA	1
Postcard 1	2
Cover letter for the mailed questionnaire	3
Postcard 2	4
Cover letter for the mailed questionnaire	6.5
Postcard 3	7.5
Non responder letter	10 ^a
Postcard 4	12
Refusal letter	3-12 – as needed
Thank-you letter	1-12

^a The nonresponder letter will be sent prior to the launch of telephone follow up. For the majority of sample members, this will be mailed in week 10. Mathematica will mail this letter in week 6 to sample members who do not have a current mailing address.

Round 2 (R2) mailings follow the same approach shown above, with modifications made to make the text applicable to the R2 effort. They will be preceded by an interim locating letter, sent three months prior to the launch of the R2 survey.

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Enrollee Survey Round 1 (R1): Advance Letter – Week 1

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FIRST NAME / LAST NAME]:

About two months ago, you enrolled in a national study funded by the Social Security Administration (SSA) called the “Retaining Employment and Talent After Injury/Illness Network (RETAIN)”. SSA hired a company called Mathematica to help carry out the study. When you enrolled, [RETAIN PROGRAM] explained that SSA and Mathematica would reach out to you about taking two surveys. This is the first survey. The second will take place one year after you enrolled in the study.

To complete the survey online, go to: www.xxx.xxxx

Enter your username: [xxxxxx] and password: [xxxxxx]

Please complete the survey by [DATE +2 weeks].

Your input matters! The survey will help us learn about the experiences of people who recently experienced an illness or injury. It will also inform us about the services and supports that help people return to work or stay at work. We will use this information to improve programs and services in the future. This survey takes about 10-12 minutes to complete. There are questions about your work, health, and any training and services you may have received. To show our thanks, we have enclosed \$5. When you complete the survey, Mathematica will send you a \$25 gift card (\$30 total).

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN can be found at: www.ssa.gov/disabilityresearch/XXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R1: Advance Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use this information to evaluate the impact of the Retaining Employment and Talent After Injury/Illness Network (RETAIN) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that you, your child, or other household members receive now or in the future. We may use the information for the administration of our programs, including sharing information:

- 1. To comply with federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs), and*
- 2. To facilitate audit, investigative, or statistical research activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us).*

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice titled, Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments Systems, 60-0218. Additional information about this and other system of records notices and our programs are available from our website at www.socialsecurity.gov or at your local Social Security office.

According to the Paperwork Reduction Act of 1995, nobody is required to respond to a collection of information unless it displays a valid OMB control number. The valid Office of Management and Budget (OMB) control number for this information collection is xxxxx. The time required to complete this information collection is estimated to average 14 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Enrollee Survey R1: Postcard 1 – Week 2

FRONT OF SEALED POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

TEXT INSIDE (SEALED POSTCARD):

OMB No.: XXX
Expiration Date: XX/XX/20xx

Hello [FNAME LNAME]:

We need your help with an important survey for a study sponsored by the Social Security Administration (SSA). It is called the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study. The survey asks about your work, health, and any services you may have received. The purpose of the survey is to learn more about the services that help people return to work or stay at work.

SSA hired Mathematica to conduct the RETAIN survey. Mathematica will send you a \$25 gift card for completing it. It should take you about 10-12 minutes to complete the survey.

To take the survey, please go to: www.xxx.xxx
Enter your username [xxxxxx] and password [xxxxxxx]

Have questions? Call Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN can be found at: www.ssa.gov/disabilityresearch/XXXXX. We look forward to hearing from you!

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

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Enrollee Survey R1: Cover Letter for Mailed Questionnaire – Week 3

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



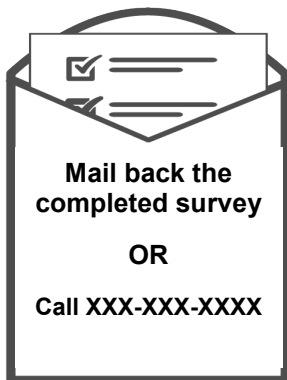
[DATE]

Dear [FNAME LNAME]:

Thank you for taking part in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study. This study will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct two surveys about RETAIN. This is the first survey. The second survey will take place one year after you enrolled in the [RETAIN PROGRAM].

If you have already taken part in the survey, thank you. If you have not yet taken part, then please complete and return the enclosed survey. The survey asks about your work, health, and any services and supports you may have received. It should take about 10-12 minutes to complete.

Please complete and return the survey by [FILL 2.5 WEEKS].



- We have included an envelope with the postage pre-paid. There is no cost to you for returning it.
- **We will send you a \$25 gift card for completing it.** Your input matters! Only you can tell us about your unique experiences. If you have questions, please call Mathematica toll-free at (XXX)-XXX-XXXX.
- **If you prefer to complete the survey online, go to:** www.xxx.xxxx. Enter your username [xxxxxx] and password [xxxxxxx]

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future. More information on the survey can be found at: www.ssa.gov/disabilityresearch/XXXXX. We look forward to hearing from you soon!

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R1: Cover Letter for Mailed Questionnaire (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R1: Postcards 2,3 – Weeks 4, 7.5

[This postcard not sealed.]

FRONT OF POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

BACK OF POSTCARD:

OMB No.: XXX
Expiration Date: XX/XX/20xx

\$25

We are inviting you to take a survey for the Social Security Administration. Your input is vital to the success of this study.

Please call Mathematica toll-free at xxx-xxx-xxxx to take the survey. You will receive \$25 for completing this 12-minute, voluntary survey.

Your input matters! We look forward to hearing from you.

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Enrollee Survey R1: Cover Letter for Mailed Questionnaire – Week 6.5

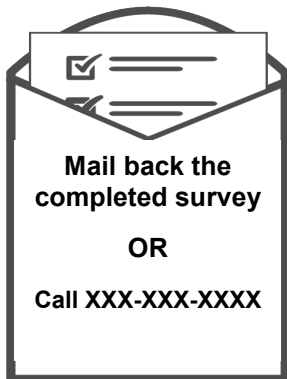
[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FNAME LNAME]:

I am writing again to ask you to take part in a survey about the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program. The survey will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct the survey.



Please complete and return the survey by [FILL 2.5 WEEKS].

- We have included an envelope with the postage pre-paid. There is no cost to you for returning it.
- **We will send you a \$25 gift card for completing it.**
- **If you prefer to complete the survey online, go to: www.xxx.xxxx.** Enter your username [xxxxxx] and password [xxxxxx]

The survey is brief – it should take about 12 minutes to complete. Your input matters! Only you can tell us about your unique experiences. Taking part in the survey is your choice. We will not share your answers in any way that reveals who you are. We will not use your answers to make changes to your benefits. We will use your information only for research.

If you have questions or would like to take the survey by phone, please call Mathematica toll-free at XXX-XXX-XXXX. More information on the survey can be found at: www.ssa.gov/disabilityresearch/XXXXX. We look forward to hearing from you soon!

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor.

Enrollee Survey R1: Cover Letter for Mailed Questionnaire (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R1: Nonresponder Letter – Week 10



[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

[DATE]

Dear [FIRST NAME / LAST NAME]:

A few months ago, you joined a national study sponsored by the Social Security Administration (SSA) called “Retaining Employment and Talent After Injury/Illness Network (RETAIN).” SSA hired Mathematica to help conduct the study. The survey will help us learn about the experiences of people who recently had an illness or injury. It will also inform us about the services and supports that help people return to work or stay at work. We will use this information to improve programs and services in the future.

We have not yet received your completed survey. In the week ahead, Mathematica staff will reach out by telephone to invite you to take part in the survey. This survey takes about 10-12 minutes to complete and has questions about your work, health, and any training and services you may have received. When you complete the survey, Mathematica will send you a \$25 gift card.

Prefer to complete it online?

Go to: www.xxx.xxxx and enter your username: [xxxxxx] and password: [xxxxxxx]

Prefer to complete over the phone?

Call the study team at Mathematica toll-free at: xxx-xxx-xxxx.

Please complete the survey by [DATE 2.5 weeks out].

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN is available at: www.ssa.gov/disabilityresearch/XXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R1: Nonresponder Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R1: Postcard 4 – Week 12

This postcard not sealed.

FRONT OF POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Survey ends soon!

BACK OF POSTCARD:

OMB No.: XXX
Expiration Date: XX/XX/20xx

\$25

You are invited to take an important survey for the Social Security Administration. Your input is vital to the success of this study.

Please call Mathematica toll-free at xxx-xxx-xxxx to take the survey. You will receive \$25 for completing this 12-minute, voluntary survey.

The survey ends soon! We look forward to hearing from you.

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Enrollee Survey R1: Refusal Letter

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FNAME LNAME]:

Thank you for enrolling in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study in [MONTH, YEAR]. This study will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct a survey about RETAIN.

I am writing to encourage you to take part in this survey.

Your input matters!

- You will receive a \$25 gift card for completing the 12-minute survey interview. Your response is vital to the success of the study.
- Even if you did not receive services from RETAIN, we still need to hear from you.
- Your privacy is important. We will not share your answers in any way that reveals who you are. We will combine your answers with everyone who takes part in the survey and use them only for research.
- The survey is voluntary. You may skip any questions you do not want to answer. Your decision about the survey will not affect any benefits you receive, now or in the future.

Please call Mathematica toll-free at (XXX)-XXX-XXXX to complete your interview or make an appointment to complete it in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN is available at: www.ssa.gov/disabilityresearch/XXXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and
Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R1: Refusal Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R1: Thank-You Letter



Hello:

Thank you for completing your survey about the RETAIN program. As promised, we have enclosed a \$25 gift card for taking the survey.

We look forward to speaking with you for the second and final survey about ten months from now. If you have any questions, or if your contact information changes, please call us toll-free at (XXX)-XXX-XXXX.

Thank you again for your support of this important study.

Sincerely,

A handwritten signature in black ink that reads "Holly A. Matulewicz".

Holly Matulewicz

Senior Survey Researcher, Mathematica Survey Director for the RETAIN Evaluation

For more information about RETAIN, go to: www.ssa.gov/disabilityresearch/XXXXX.

Enrollee Survey R1: Thank You-Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R2: Advance Letter – Week 1

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FIRST NAME / LAST NAME]:

About a year ago, you enrolled in a national study funded by the Social Security Administration (SSA) called the “Retaining Employment and Talent After Injury/Illness Network (RETAIN).” SSA hired a company called Mathematica to help carry out the study. When you enrolled, [RETAIN PROGRAM] explained that SSA and Mathematica would reach out to you about taking two surveys. This is the second and final one.

To complete the survey online, go to: www.xxx.xxxx

Enter your username: [xxxxxx] and password: [xxxxxxx]

Please complete the survey by [DATE +2 weeks].

Your input matters! The survey will help us learn about the experiences of people who recently had an illness or injury. It will also inform us about the services and supports that help people return to work or stay at work. We will use this information to improve programs and services in the future. This survey takes about 18 minutes to complete. There are questions about your work, health, and any training and services you may have received. To show our thanks, we have enclosed \$5. When you complete the survey, Mathematica will send you a \$25 gift card (\$30 total).

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN can be found at: www.ssa.gov/disabilityresearch/XXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R2: Advance Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Section 1110 of the Social Security Act, as amended, authorizes us to request this information. We will use this information to evaluate the impact of the Retaining Employment and Talent After Injury/Illness Network (RETAIN) project. Providing us this information is voluntary. Failing to provide us with all or part of the information will not affect the SSI benefits that you, your child, or other household members receive now or in the future. We may use the information for the administration of our programs, including sharing information:

- 1. To comply with federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and the Department of Veterans Affairs), and*
- 2. To facilitate audit, investigative, or statistical research activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of Census and to private entities under contract with us).*

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice titled, Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments Systems, 60-0218. 60-0218. Additional information about this and other system of records notices and our programs are available from our website at www.socialsecurity.gov or at your local Social Security office.

According to the Paperwork Reduction Act of 1995, nobody is required to respond to a collection of information unless it displays a valid OMB control number. The valid Office of Management and Budget (OMB) control number for this information collection is xxxxx. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Enrollee Survey R2: Postcard 1 – Week 2

FRONT OF SEALED POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

TEXT INSIDE (SEALED POSTCARD):

OMB No.: XXX
Expiration Date: XX/XX/20xx

Hello [FNAME LNAME]:

We need your help with an important survey for a study sponsored by the Social Security Administration (SSA). It is called the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study. The survey asks about your work, health, and any services you may have received. The purpose of the survey is to learn more about the services that help people return to work or stay at work.

SSA hired Mathematica to conduct the RETAIN survey. Mathematica will send you a \$25 gift card for completing it. It should take you about 18 minutes to complete the survey.

To take the survey, please go to: www.xxx.xxxx
Enter your username [xxxxxx] and password [xxxxxxx]

Have questions? Call Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN can be found at: www.ssa.gov/disabilityresearch/XXXXX. We look forward to hearing from you!

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

This page has been left blank for double-sided copying.

Enrollee Survey R2: Cover Letter for Mailed Questionnaire – Week 3

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



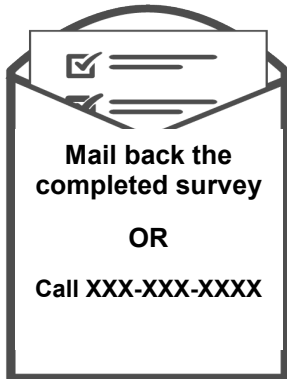
[DATE]

Dear [FNAME LNAME]:

Thank you for taking part in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study. This study will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct two surveys about RETAIN. This is the second and final survey.

If you have already taken part in the survey, thank you. If you have not yet taken part, then please complete and return the enclosed survey. The survey asks about your work, health, and any services and supports you may have received. It should take about 18 minutes to complete.

Please complete and return the survey by [FILL 2.5 WEEKS].



- We have included an envelope with the postage pre-paid. There is no cost to you for returning it.
- **We will send you a \$25 gift card for completing it.** Your input matters! Only you can tell us about your unique experiences. If you have questions, please call Mathematica toll-free at (XXX)-XXX-XXXX.
- **If you prefer to complete the survey online, go to:** www.xxx.xxxx. Enter your username [xxxxxx] and password [xxxxxxx]

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future. More information on the survey can be found at: www.ssa.gov/disabilityresearch/XXXXX. We look forward to hearing from you soon!

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R2: Cover Letter for Mailed Questionnaire (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R1: Postcards 2,3 – Weeks 4, 7.5

[This postcard not sealed.]

FRONT OF POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

BACK OF POSTCARD:

OMB No.: XXX
Expiration Date: XX/XX/20xx

\$25

We are inviting you to take a survey for the Social Security Administration. Your input is vital to the success of this study.

Please call Mathematica toll-free at xxx-xxx-xxxx to take the survey. You will receive \$25 for completing this 18-minute, voluntary survey.

Your input matters! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Enrollee Survey R2: Cover Letter for Mailed Questionnaire – Week 6.5

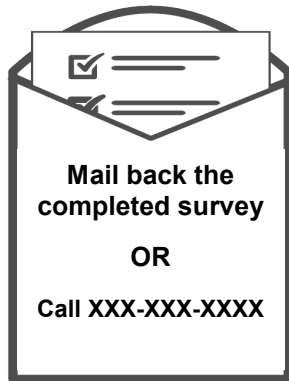
[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FNAME LNAME]:

I am writing again to ask you to take part in a survey about the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program. The survey will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct the survey.



Please complete and return the survey by [FILL 2.5 WEEKS].

- We have included an envelope with the postage pre-paid. There is no cost to you for returning it.
- **We will send you a \$25 gift card for completing it.** It should take about 18 minutes to complete this survey.
- **If you prefer to complete the survey online, go to: www.xxx.xxxx.** Enter your username [xxxxxxx] and password [xxxxxxx]

Your input matters! Only you can tell us about your unique experiences. Taking part in the survey is your choice. We will not share your answers in any way that reveals who you are. We will not use your answers to make changes to your benefits. We will use your information only for research.

If you have questions or would like to take the survey by phone, please call Mathematica toll-free at XXX-XXX-XXXX. More information on the survey can be found at: www.ssa.gov/disabilityresearch/XXXXX.

We look forward to hearing from you soon!
Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support

Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor.

Enrollee Survey R2: Cover Letter for Mailed Questionnaire (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R2: Nonresponder Letter – Week 10

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FIRST NAME / LAST NAME]:

About a year ago, you joined a national study sponsored by the Social Security Administration (SSA) called "Retaining Employment and Talent After Injury/Illness Network (RETAIN)." SSA hired Mathematica to help conduct the study. The survey will help us learn about the experiences of people who recently had an illness or injury. It will also inform us about the services and supports that help people return to work or stay at work. We will use this information to improve programs and services in the future.

We have not yet received your completed survey. In the week ahead, Mathematica staff will reach out by telephone to invite you to take part in the survey. This survey takes about 18 minutes to complete. It has questions about your work, health, and any training and services you may have received. When you complete the survey, Mathematica will send you a \$25 gift card.

Prefer to complete it online?

Go to: www.xxx.xxxx and enter your username: [xxxxxx] and password: [xxxxxxx]

Prefer to complete over the phone?

Call the study team at Mathematica toll-free at: xxx-xxx-xxxx.

Please complete the survey by [DATE 2.5 weeks out].

The survey is voluntary. You may skip any questions you do not want to answer. To protect your privacy, we will not share your answers in any way that reveals who you are. Your decision to take part in the survey will not affect any benefits you receive, now or in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN is available at: www.ssa.gov/disabilityresearch/XXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R2: Nonresponder Letter (page 2)

Privacy Act Statement

PLACEHOLDER FOR THIS TEXT FROM SSA (IF USED)

Enrollee Survey R2: Postcard 4 – Week 12

This postcard not sealed.

FRONT OF POSTCARD:



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Survey ends soon!

BACK OF POSTCARD:

OMB No.: XXX
Expiration Date: XX/XX/20xx

\$25

You are invited to take an important survey for the Social Security Administration. Your input is vital to the success of this study.

Please call Mathematica toll-free at xxx-xxx-xxxx to take the survey. You will receive \$25 for completing this 18-minute, voluntary survey.

The survey ends soon! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Enrollee Survey R2: Refusal Letter

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]



[DATE]

Dear [FNAME LNAME]:

Thank you for enrolling in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) study in [MONTH, YEAR]. This study will inform the Social Security Administration (SSA) about the services that help people return to work or stay at work after an illness or injury. SSA hired Mathematica to conduct a survey about RETAIN.

I am writing to encourage you to take part in this survey.

Your input matters!

- You will receive a \$25 gift card for completing the 18-minute survey interview. Your response is vital to the success of the study.
- Even if you did not receive services from RETAIN, we still need to hear from you.
- Your privacy is important. We will not share your answers in any way that reveals who you are. We will combine your answers with everyone who takes part in the survey and use them only for research.
- The survey is voluntary. You may skip any questions you do not want to answer. Your decision about the survey will not affect any benefits you receive, now or in the future.

Please call Mathematica toll-free at (XXX)-XXX-XXXX to complete your interview or make an appointment to complete it in the future.

Have questions? Call the study team at Mathematica toll-free at: xxx-xxx-xxxx. More information on RETAIN is available at: www.ssa.gov/disabilityresearch/XXXXXX.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and
Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

Enrollee Survey R2: Refusal Letter (page 2)

Privacy Act Statement

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Enrollee Survey R2: Thank-You Letter

Hello:

Thank you for completing your survey about the RETAIN program. As promised, we have enclosed a \$25 gift card for taking the survey.

If you have any questions, please call us toll-free at (XXX)-XXX-XXXX.

Thank you again for your support of this important study.

Sincerely,

A handwritten signature in black ink that reads "Holly H. Matulewicz".

Holly Matulewicz

Senior Survey Researcher, Mathematica Survey Director for the RETAIN Evaluation

For more information about RETAIN, go to: www.ssa.gov/disabilityresearch/XXXXX.

Enrollee Survey R2: Thank You-Letter (page 2)

Privacy Act Statement

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