

<first name> <last name>,
<address>
<city>,<state>,<zip>,

May 24, 2021

Dear <first name>,

Hello again from the HPOG Study Team. It's time to update your contact information!

In <RA MONTH/YEAR>, you applied to receive services through your local Health Profession Opportunity Grants program (HPOG), called <HPOG name>. At that time, you also agreed to participate in a research study.

Researchers at Abt Associates are conducting the HPOG Study for the Administration for Children and Families (ACF). The HPOG Study will help ACF learn more about how training and support services help people improve their skills or find better jobs. When you agreed to be in the study, you also agreed to let researchers contact you every few months. The purpose of these contacts is to make sure we have your correct phone number, email, and street address in our database.

To make sure that your information in our records is correct, please verify your contact information on the next page. You can do this in one of these three ways.

- 1) **Make any changes online by visiting [INSERT WEBLINK].**
 - a. Enter your unique PIN <PAGESID>.
 - b. Make any needed updates to your phone number, address, or email.
 - c. If there are no changes, check the box that says "This is correct."
- 2) **Fill out the enclosed form.**
 - a. Make any needed updates to your phone number, address, or email.
 - b. If there are no changes, check the box that says "This is correct."
 - c. Return the updated form in the postage paid envelope provided.
- 3) **Call the HPOG Study toll-free line XXXXXXXX.**
 - a. Have your unique PIN <PAGESID> when you call.
 - b. Report any updates to your phone number, address or email.
 - c. If there are no changes, report that your information is correct.

It should take about 5 minutes for you to verify your contact information. When we have heard from you, we will email you a code to redeem online for a \$5 gift certificate as a token of appreciation for each contact update response we receive from you. If you do not have email or internet access, please indicate that on the form and we will help you redeem the gift certificate. . Your participation in this study is completely voluntary. You can choose not to respond at any time. However, your continued participation in this study is very important and greatly appreciated. Any information you provide will be kept private.

Feel free to contact us if you have any questions about the HPOG Study toll-free at XXXXXXXX or [INSERT EMAIL HERE]. Thank you for your time.

Sincerely,

Gretchen Locke
Project Director of the HPOG National Evaluation

The Paperwork Reduction Act Burden Statement: 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 0970-0462 and it expires 06/30/2020. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Gretchen Locke, Abt Associates, 55 Wheeler St Cambridge, MA 02138; Attn: OMB-PRA (0970-0462).

Participant Records Verification

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:

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:

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:

This is correct
 This is **not** correct (print correct information below)

Enter Updated Address:

In care of:

Last

First

M.I.

Street Address

Apartment/Unit #

City

State

ZIP Code

We have your primary PHONE NUMBER as:

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: () _____

cell home work other

Alternate

Phone: () _____

cell home work other

Do we have your permission to contact you via text message to your cell phone? This could be regular text or automated text.

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

(We may text you to confirm an appointment, to let you know that we are trying to reach you, or to request that you return your updated contact information form,)

We have your primary EMAIL Address as:

This is the best email to reach me
 This is **not** the best email to reach me (print correct information below)

Enter best EMAIL Address:

@: _____

This is the email address we will use to email you a link to redeem your \$5 gift certificate.

If you do not have an email address or internet access, please check this box and a staff member will contact you.

What is your preferred method of contact?

Call home number Call cell number Email Text Message other

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 : Relationship:

Address:

Primary phone number: Alternative phone number is:

- 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: (_____)

cell home work other

cell home work other

Email:

@: _____

Secondary Contacts: Person 2

Name : Relationship:

Address:

Primary phone number: Alternative phone number is:

- SECOND person contact information is correct
 SECOND personcontact 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: (_____)

cell home work other

cell home work other

Email:

@: _____

Secondary Contacts: Person 3

Name : Relationship:

Address:

Primary phone number: Alternative phone number is:

- 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.

First & Last

Relationship

Address:

Street Address & Apartment/Unit #

City

State

ZIP Code

Primary Phone:

(_____)

Alternate Phone: (_____)

cell home work other

cell home work other

Email:

@:
