

Welcome to the National Evaluation of the Health Profession Opportunity Grants Program (HPOG)!

Recently, you applied to receive services through the Health Profession Opportunity Grant (HPOG) program in your community. You also agreed to participate in the HPOG research study. Thank you for agreeing to be part of this important study! This packet will tell you a little more about what it means to be in the study.

OVERVIEW OF THE HPOG STUDY

The HPOG Study will help researchers, policymakers, and practitioners learn more about how training opportunities help people find better jobs.

- There are 32 HPOG programs across the United States participating in this study! You are one of about 20,000 people who applied to be in an HPOG program. Your participation is voluntary. Any information you give us will be kept private.
- Even if you were not one of the applicants selected to participate in the program, we still want to hear about your experiences.

Researchers at Abt Associates are conducting the HPOG Study for the Administration for Children and Families (ACF).

- Abt Associates is a private research company.
- ACF is one part of the U.S. Department of Health and Human Services (HHS).

You are one of about 20,000 study participants from 32 different HPOG programs across the United States! Your input is important to the study!

What does it mean to be an HPOG study

As a study participant, we may ask you to participate in two research activities:

- 1) Update your contact information, and
- 2) Take follow-up surveys about your experiences since you applied for HPOG.

Learn more about these activities on the next page (turn over →).

Contact Update Requests

When you agreed to be in the study, you also agreed to let us contact you every few months.

- We want to make sure we have your correct phone number, email, and street address in our records, so we can later contact you about the follow-up surveys.

You will receive a letter explaining how to update your contact information if it has changed.

- You can update your contact information by mail, online, or by telephone - whichever is easiest for you.
- You can choose whether to respond to these requests or not.
- The researchers will protect your personal information.

We understand that your time is valuable.

- It will take about 5 minutes to update your information.
- 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 back 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.
- You can update your information now on the form included in this packet.

HPOG Study Follow-Up Surveys

Over the next few years, researchers from Abt Associates may invite you to take surveys for the study.

- The surveys will help us learn more about your experiences since you applied to the HPOG program.
- The surveys will ask about your education and training experiences, the jobs you have had, and how things are going for you.

We are interested in the experiences of everyone who applied to HPOG programs, even if you were not selected to participate in the program.

- You can choose whether to participate in the surveys or not. Your experiences are unique and your participation is important.
- You can help us understand how different types of training and services can help people learn skills to get jobs in healthcare.
- The researchers will protect your personal information, and your name will not be used in any reports.

For more information on the HPOG Study, you may contact Ms. Gretchen Locke, the Abt Associates Project Director. Ms. Locke can be reached by:

Email: Gretchen_Locke@abtassoc.com or

Phone: **844-717-4691 (this is a toll-free number)**

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 07/31/2022. 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, 10 Fawcett 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 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

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Instrument 5a: Participant Welcome Packet and Contact Information Update Form

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

Enter Updated person 2 name, address, relationship and phone numbers.

Primary

Phone:

)

Phone:

)

Full Name:

Address:

- cell
 other
 cell
 other

Email: _____

Secondary Contacts: Person 2

Name :

Relations

hip:

Address:

**Primary
phone
number:
Alternativ
e phone
number
is:**

- SECOND
person
contact
information is
correct
 SECOND
person
contact
information is
NOT corr
(*print correct
information
below*)

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First & Last

Street Address & Apartment/Unit # City State ZIP Code

Primary Phone: First & Last Relationship

) Street Address & Apartment/Unit # City State ZIP Code

Phone:)

- cell
 cell

Email:

Secondary Contacts: Person 3

Name :

Relation

ship:

Address

:

Primary phone number:

Alternative phone number is:

- THIRD person contact information is correct
 THIRD person contact information is NOT correct information below)

Enter Updated person 3 name, address, relations hip and phone numbers

Address:

Primary Phone: () Alternate Phone: ()

- cell home work other cell home work other

Email: @:

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