## **Appendix K**

**Script to Schedule Client Process Evaluation Interview** 

## Older Adults Home Modification Program Script to Schedule Client Process Evaluation Interview<sup>1</sup>

Study ID:			Form Completed By:				
Site ID	Client ID		Name	Job Title			

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. The information you provide is voluntary. Your home can be enrolled in the program whether you decide to participate or not. The public reporting burden for collection of this information is estimated to be 5 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Instructions for Site Coordinators: Please administer this script when scheduling the interview. Before making the call, reference the **Documentation of Client Eligibility** form for the client's name and contact information to have on hand during the call. Use the preferred method identified in Question 9.c. on the Client Eligibility form to contact the client. Make five attempts to contact the client before moving to the next client on the list. Record your attempts in the table below.

Contact Attempt	Contact Attempt Date	
Number	(mm/dd/yyyy)	Client Contacted?
□ 1		$\square$ Yes $(Go \ to \ A.1)$ $\square$ No (Try alternate method or another day)
□ 2		$\square$ Yes $(Go \ to \ A.1)$ $\square$ No (Try alternate method or another day)
□ 3		$\square$ Yes $(Go \ to \ A.1)$ $\square$ No (Try alternate method or another day)
□ 4		$\square$ Yes $(Go \ to \ A.1)$ $\square$ No (Try alternate method or another day)
□ 5		$\square$ Yes $(Go \ to \ A.1)$ $\square$ No (Try alternate method or another day)

Hello, my name is [insert your name]. I work for Healthy Housing Solutions. My organization is evaluating [insert Name of Grantee Organization's] home modification program for the U.S. Department of Housing and Urban Development, also known as HUD. If contact is via phone, go to A.1; if contact is by another method, go to B.1.

<b>A.</b> :	L. <b>N</b>	Iay I	I spea	k to	insert	name of	cl	ient	lis	tec	on	th	e in	formed	l consent.
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$\sqcap \mathbf{Y}$	es M	/hen	VOII	reacl	h the cl	ient (	Got	oA	10

A.1.a Is now a good time to talk to you or can you tell me a more convenient time to talk?

		ωw	Go 1	to .	R	1
_	т,	10 11	00		υ.	_

☐ Later at a more convenient time Go to A.1.b

<sup>&</sup>lt;sup>1</sup> Code for this document: **Bold Font**= Interviewer script; Black font=Question for client to answer; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

		the tone of th conversion str to schedule ar	e conversation, rategies discuss	please conside ed during your nsuccessful, en	er using som training to ad the call ar	and depending on the of the refusal encourage the client and contact the next time.
		Day of week _ call	Dat	e	Time	(AM/PM) End
$\square$ N	No If you r	eached somed	ne other than t	he client, Go to	A.1.c	
	A.1.c <b>C</b> a	an you please	tell me a day a	nd time to cal	l back to sp	eak to them?
	□ Yes	Date:	Time:	Thank yo	u. I'll call b	oack then. End call
	fron reac	n the Documer th the client af	ntation of Client	Eligibility form s, stop trying t	n to reach th	on, e.g., text or email, ne client. If you do not is client and move to
expe an a <sub>j</sub> may	riences w ppointme take up t	rith [Insert Na ant to interview	me of Grantee w, or talk to, y Can you pleas	Organization's ou about your	program. experience	to tell us about your I'd like to schedule s. This interview time to schedule an
□ Ye	s Day of	week	Date	Time	<u></u>	(AM/PM) Go to C.1
□ No	strategi intervie	es discussed d w. If unsuccess	onversation, ple uring your trair oful, end the cal hank you for y	ing to encoura I and contact t	ge the clien	t to schedule an
	-		rview to be dor r other virtual		video mee	ting (e.g., FaceTime,
Ph	none					
Vi	ideo Meet	ing <b>Do you h</b> a	ive a preferred	video meeting	g method?	Read options
	Face Tir	ne				
	Zoom -	I will text/ema	ail the meeting	ID and passo	ode to you.	
	Teams -	I will text/em	ail the meeting	g ID and passo	ode to you.	
	Other. S	pecify:				
No	o preferen	ce <b>OK, I will</b>	call you on the	day of our sc	heduled inte	erview.

D.1 To confirm: I will contact you on [Insert scheduled date and time]. If you have any questions or need to reschedule our interview, please contact me at [Insert SC work cell phone number]. Thank you.

Approved OMB Control No: [to be inserted] Expiration Date [to be inserted]

Final 1/5/2022