

Consumer Financial Protection Bureau
Managing Someone Else's Money Power of Attorney Guide
Participant Screener for Consumers

Quota: Consumers

- In-depth interviews
- 12-16 participants
- All interviews will take place at either a public location or remotely, whichever is convenient for each participant
- All participants should be 18 years old or older, and should have experience managing an aging or disabled friend or loved one's money within the last 2-5 years, either formally or informally, or expect to take on this role in the next several years
- Participants should be conversant in English
- We will seek to recruit a diverse mix of gender, age (groups should be a mix of ages and life stages), and household income level
- At least 50 percent of participants should be current fiduciary (agent under power of attorney or another type of formal financial caregiver)

Recruitment Plan:

- The study will be advertised by emailing and calling referrals from intermediaries
- Respondents must complete a screener to determine if they qualify for the study
- Respondents who qualify are then contacted to schedule a session
- Respondents are sent a confirmation email with directions to the location of the session
- Respondents are contacted the day before the session to remind them about their appointment
- Participants' information is reconfirmed upon arrival
- Participants are compensated \$75 in the form of a prepaid Visa gift card for their time (60 minutes) upon completion

Recruitment Language

Seeking individuals who are acting in a financial caregiving role, either formally or informally, by:

- helping a friend or relative with financial decision-making, or
- providing assistance with financial tasks to someone who is not able to manage their own finances due to disability, cognitive decline, etc.
- helping adults who cannot manage their own property due to disability, cognitive decline, etc.

We are currently recruiting adults age 18 and older to participate in one-on-one interviews to learn about their role helping manage money or property for an older or disabled family member or friend who can no longer do it on their own. We are interested in speaking to these financial caregivers to ask for feedback on materials created for agents under a power of attorney.

The interviews will last [60] minutes and participants will be paid \$75 in the form of a prepaid gift card. The study will take place at [location] and we are currently scheduling participants for [dates]. This research is being sponsored by the Consumer Financial Protection Bureau (CFPB),

a Federal Government agency that was created to help consumers. Feedback from the interviews will be used to create and improve educational materials and tools for financial caregivers.

If you are interested in participating, please contact us at [**contact info**]. We will ask you to complete a short screener and we will notify you if you qualify for the study.

Thank you!

Web-Based Screener

[NEW SCREEN]

Thank you for your interest in participating in this study. We are currently seeking participants for one-on-one interviews to learn about their role helping manage money or property for an older or disabled family member or friend who is no longer able to do it on their own. We are interested in speaking to these financial caregivers to ask for feedback on materials created for agents under a power of attorney. We want to learn more about how these materials help someone with their role in managing someone else's money.

Interviews will take place the week of [**month/date**] at [**location**]. If you are interested in participating, please complete this questionnaire. If you qualify for this study, we will contact you to schedule a time that is convenient for you. Compensation (\$75) in the form of a prepaid gift card will be provided to those who participate.

Thank you for your interest.

[NEW SCREEN]

Please note that your responses to these questions will remain private and will only be used for the purpose of scheduling your session if you qualify for the study. The following Privacy Act Statement guides the handling of your responses.

Privacy Act Statement

5 USC 552a(e)(3)

The information you provide through your responses to the Fors Marsh Group (FMG) will assist the study sponsor, the Consumer Financial Protection Bureau ("Bureau"), in order to determine eligibility for an interview about financial education materials related to the Managing Someone Else's Money (MSEM) program.

The FMG will obtain and access identifying information such as your name, email address, phone number and certain demographic information. The Bureau will only obtain, and access, de-identified results and aggregated analyses of those results.

Information collected will be treated in accordance with the System of Records Notice (“SORN”), CFPB.021 – CFPB Consumer Education and Engagement Records, 85 FR 3662. Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN. Direct identifying information will only be used to determine eligibility for the interview and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation is voluntary.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0024. It expires on 5/31/2022. The time required to complete this information collection is estimated to average approximately 5 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA_Comments@cfpb.gov.

[NEW SCREEN]

One-on-one interviews will take place either in person or remotely via the computer the week of [XXXX]. If you are interested in participating, please complete this brief online questionnaire. If you qualify for this study and are selected to participate, we will contact you to schedule a time that is convenient for you.

Before you begin, you should know that there are no wrong answers to the questions we are going to ask you. You also do not have to answer any questions if you do not want to. If an answer leads to you not being eligible for the study, it is because we are looking for a diverse set of people and we may already have enough similar candidates for this study.

Thank you again for your interest.

[NEW SCREEN]

Section 1: Prior market research experience

Q1_1. Within the last 5 years, have you or an immediate family member worked for any of the following types of business? Select all that apply.

[Multi-Punch]

An advertising or public relations firm	Ineligible
A marketing or market research firm or department	Ineligible
A marketing or market research consultant	Ineligible
Any kind of media company, like a TV or radio station or newspaper	Ineligible
A Government agency that regulates the financial industry	Ineligible
None of the above	Eligible

Q1_2. When, if ever, was the last time you participated in a marketing research study, such as a consumer interview or a group discussion?

[Single Punch]

Within the past three months	01	Ineligible
More than three months ago	02	Eligible
Never	03	Eligible
Refused	99	Ineligible

[IF INELIGIBLE, TERMINATE HERE USING THE LANGUAGE BELOW; IF ELIGIBLE, CONTINUE TO SECTION 2]

[NEW SCREEN]

We're sorry, but you do not qualify for this study. Thank you for your interest.

[End Survey]

[NEW SCREEN]

Section 2: Fiduciary questions

For the following questions, please think about your experience helping make financial decisions for a friend or family member who could no longer manage their finances on their own. Don't think about how you spend or manage your own money.

Q2_1. Are you currently helping or planning to help an older or disabled family member or friend with their finances, either informally or in a legal role like an agent under a power of attorney?

- a. YES
- b. NO

[If NO, continue to Q2_2, then Q2_3]

[If YES, continue to Q2_4]

Q2_2. Have you helped an older or disabled family member or friend with their finances in the past?

- a. YES
- b. NO

Q2_3. If you aren't doing it now, was it in the past five years?

- a. YES
- b. NO (Ineligible)

Q2_4. Have you ever been named as any of the following while helping an older or disabled family member or friend with their finances? [Select all that apply.]

- a. VA fiduciary
- b. Guardian of property
- c. Conservator
- d. Trustee
- e. Agent under power of attorney
- f. Social Security Representative payee
- g. Court-appointed guardian
- h. Another formal fiduciary role not named here
- i. None of the above

[If answer, "I", proceed to open-text field]

Q2_5. Please tell us more about your role.
[Open-end text box]

Q2_5. Within the last six months, have you completed any of the following tasks to help another person with their finances? [Check box must select more than one. If select other, must follow up in phone screener]

- a. Writing checks
- b. Helping to pay monthly bills
- c. Monitoring accounts for fraud
- d. Managing investment accounts
- e. Budgeting
- f. Other experiences similar to this
- g. None of the above [Ineligible]

[If response is "F"]

[Open-end text box]

Please tell us more about your experiences.

Q2_6. Were you removed from or ordered to give up the role?

- a. YES
- b. NO

[IF YES, continue to Q2_7, IF NO, skip to Q2_8]

Q2_7. What factors contributed to your removal or giving up the role?

- a. Another person took over the role
- b. The person passed away
- c. Lawsuit or legal action [Ineligible]
- d. Other [open end text box]

[If answer "D", proceed to Q2_8, otherwise proceed to Q2_9]

Q2_8. Please provide a description of what happened
[Open text field]

Q2_9. Are you currently or were you ever compensated for your role?

- a. YES
- b. NO

[IF INELIGIBLE, TERMINATE HERE USING THE LANGUAGE BELOW; IF ELIGIBLE, CONTINUE TO SECTION 3]

[NEW SCREEN]

We're sorry, but you do not qualify for this study. Thank you for your interest.

[End Survey]

Section 3: Demographic Items

[NEW SCREEN]

Q3_1. First name:
[Open-end text box]

Q3_2. Last name:
[Open-end text box]

Q3_3. Email:
[Open-end text box]
[Validate email]

Q3_4. Mobile number:
[Open-end text box]
[Validate telephone]

Q3_5. Alternate number:
[Open-end text box]
[Validate telephone]

Q3_6. Location:
[Open-end text box]
[City]
[Drop-down]
[State]

[NEW SCREEN]

Q3_7. What is your age?
[Single Punch]

0–17	01	Ineligible
18–36	02	Eligible
37–46	03	Eligible

47–61	04	Eligible
62–69	05	Eligible
70–79	06	Eligible
80+	07	Eligible
Refused	99	Ineligible

Q3_8. What is your gender?

[Single Punch]

Male	01
Female	02
Other	03
Refused	-99

Q3_9. Are you of Hispanic, Latin American, or Spanish origin?

[Single Punch]

Yes	01
No	02
Don't Know/Not Sure	98
Refused	-99

Q3_10. Which of the following best describes your race? Select all that apply.

[Multi-Punch]

[RANDOMIZE ORDER, BUT ALWAYS ASK "Some other race" LAST.]	Yes	No	Refused
White	01	02	-99
Black/African American	01	02	-99
American Indian or Alaska Native	01	02	-99
Asian	01	02	-99
Native Hawaiian or Pacific Islander	01	02	-99
Some Other Race	01	02	-99

[NEW SCREEN]

Q3_11. What is the highest level of education you have completed?

[Single Punch]

Less than high school degree or equivalent	01
High school graduate (GED or Diploma)	02
Some certificate or trade school courses completed	03
Trade school certificate	04
Some college courses completed	05

Associate degree (2-year)	06
Bachelor's degree (4-year)	07
Some graduate courses completed	08
Post-graduate degree (master's or doctorate)	09
Refused	-99

Q3_12. Which of the following best describes what you are currently doing? Select all that apply.

[Multi-Punch]

		Yes	No	Refused
01	Employed full-time	01	02	-99
02	Employed part-time	01	02	-99
03	Full-time student	01	02	-99
04	Part-time student	01	02	-99
05	Homemaker	01	02	-99
06	Self-employed	01	02	-99
07	Retired	01	02	-99
08	Disabled	01	02	-99
09	Not currently employed	01	02	-99
10	Other	01	02	-99

If response to Q17 is Employed full-time, employed part-time, or self-employed, continue to Q13. If other response, skip to Q14.

[NEW SCREEN]

Q3_13. What type of organization are you employed by?

[Single Punch]

	Yes
Private for-profit company or business	01
Not-for-profit (tax exempt) company or charitable organization	02
Government (Federal, state, or local)	03
Public Service (Teaching)	04
Self-employed business or professional practice	05
Refused	-99

Q3_14. Are you currently serving or have you ever served in the United States Military?

[Single Punch]

Yes	01
No	02

Refused	-99
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Q3_15. What is your average annual income?

[Single Punch]

Less than \$ 29,999	01
\$30,000 to \$49,999	02
\$50,000 to \$99,999	03
\$100,000 to \$ 149,999	04
More than \$150,000	05
Don't Know/Not Sure	98
Refused	-99

[NEW SCREEN]

Final Message [if qualify and complete survey]

Thank you for completing this questionnaire. If you qualify for this study, we will be in contact with you to schedule a time that is convenient for you.

If you have any questions, please contact us at insights@forsmarshgroup.com or call us at 571-858-3817. You can also visit our website at www.forsmarshgroup.com or our Facebook page: <http://www.facebook.com/ForsMarshGroup>