

1. Advance Letter Notification



Date

NAME

ADDRESS

CITY, STATE ZIP

Dear <NAME>,

It is time for the Promoting Opportunity Demonstration (POD) follow up survey. You joined POD about [Y1: one year/Y2: two years] ago and agreed to be contacted for this survey. The survey will ask about your experience in POD, your work and training experience, your health, and any services you may have received in the past year.

The survey should take you about 30 minutes to complete. You will receive a check for completing the survey. Mathematica Policy Research, an independent research company, was hired by SSA to study POD and to conduct the survey.

Please use the login information below to access the survey online. This survey can also be accessed by a mobile device.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

If you complete the survey online, Mathematica will send you a \$[Y1: 30/Y2: 35] check. You can complete the survey by telephone with an interviewer from Mathematica if you prefer. You will receive a \$[Y1: 20/Y2: 25] check if you complete the survey by telephone.

Taking part in this survey is your choice. Your answers will not affect your benefits. We will only use your answers for research. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any reports. No information will be reported in any way that can identify you.

Your participation is very important. If you need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX.

You can learn more about POD and this survey at www.podssa.org.

We look forward to hearing from you. Thank you for your help.

John Jones
POD Project Officer
Social Security Administration

**Privacy Act Statement
Collection and Use of Personal Information**

Section 234 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from participating in the Promoting Opportunities Demonstration (POD) project.

We will use the information you provide to manage your participation in the POD project and for research and statistics purposes. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records for various purposes related to the agency's administration of Federal benefit programs, including ensuring proper Federal benefit program payments.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System; 60-0090, entitled Master Beneficiary Record; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits; 60-0094, entitled Recovery of Overpayments, Accounting, and Reporting, and 60-0330, entitled eWork. Additional information and routine uses, and a full listing of all our SORNs, are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer the survey questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-XXXX; expiration date XX/XX/20XX. We estimate that it will take about 30 minutes to read the instructions and answer the survey questions. You may send comments about our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401

2. Advance Email Notification



To: [RESPONDENT EMAIL]

Subject: Please complete your survey for the POD study!

Dear <NAME>,

It is time for the Promoting Opportunity Demonstration (POD) follow up survey. You joined POD about [Y1: one year/Y2: two years] ago and agreed to be contacted for this survey. The survey will ask about your experience in POD, your work and training experience, your health, and any services you may have received in the past year.

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Please use the login information below to access the survey online. This survey can also be accessed by a mobile device.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

If you complete the survey online, Mathematica will send you a \$[Y1: 30/Y2: 35] check. You can complete the survey by telephone with an interviewer from Mathematica if you prefer. You will receive a \$[Y1: 20/Y2: 25] check if you complete the survey by telephone.

Taking part in this survey is your choice. Your answers will not affect your benefits. We will only use your answers for research. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any reports. No information will be reported in any way that can identify you.

Your participation is very important. If you need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX.

You can learn more about POD and this survey at www.podssa.org.

We look forward to hearing from you. Thank you for your help.

John Jones
POD Project Officer
Social Security Administration

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We will use the information you provide to manage your participation in the POD project and for research and statistics purposes. We may also share your information for the following purposes, called routine uses:

3. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
4. To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records for various purposes related to the agency's administration of Federal benefit programs, including ensuring proper Federal benefit program payments.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System; 60-0090, entitled Master Beneficiary Record; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits; 60-0094, entitled Recovery of Overpayments, Accounting, and Reporting, and 60-0330, entitled eWork. Additional information and routine uses, and a full listing of all our SORNs, are available on our website at www.socialsecurity.gov/foia/bluebook.

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3. Text Message Reminder

Hello from SSA's POD study! It is time to complete the POD follow up survey. You signed up for POD about [Y1: one year/Y2: two years] ago. Please complete the survey on-line about your experiences in the past year. Mathematica will send you a \$[Y1: 30/Y2: 35] check for doing the survey. Go to www.XXXX.com to take part now. You will need your username and password. Respond to this text or call Mathematica Policy Research at 8xx-xxx-xxxx for information. Thank you!

4. Reminder postcard

Complete the POD survey TODAY!

www.xxx.xxxx

Mathematica is doing a survey about POD.

Complete the survey on-line and receive **\$\$[Y1: 30/Y2: 35]**. Call 1-8xx-xxx-xxxx toll-free today to access your login information for the online survey.

If you prefer, you can also complete the survey by telephone, and you will receive **\$\$[Y1: 20/Y2: 25]**. Call 1-8xx-xxx-xxxx toll-free today to complete the survey by telephone.

We look forward to hearing from you soon.

OMB Control No.:0960-XXXX Expiration date: xx/xx/20xx

5. Reminder letter

Promoting Opportunity Demonstration



Benefits made easier



Date

NAME

ADDRESS

CITY, STATE ZIP

Dear <NAME>,

Please complete the Promoting Opportunity Demonstration (POD) follow up survey today. You joined POD about [Y1: one year/Y2: two years] ago and agreed to be contacted for this survey. The survey will ask about your experience in POD, your work and training experience, your health, and any services you may have received in the past year.

The survey should take you about 30 minutes to complete. **If you complete the survey online, Mathematica will send you a \$[Y1: 30/Y2: 35] check.**

Please use the login information below to access the survey online. This survey can also be accessed by a mobile device.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

If you prefer to complete the survey by telephone, please call Mathematica toll-free at 8XX-XXX-XXXX to speak with an interviewer. You will receive a \$[Y1: 20/Y2: 25] check if you complete the survey by telephone.

Taking part in this survey matters. Hearing from a lot of different people will help us find out whether the new rules being tested under POD help people. [CONTROL GROUP: Because you were assigned to the Current SSDI Rules group and the rules that apply to your benefits have stayed the same,] [TREATMENT GROUPS (T1 or T2): Because you were assigned to the New POD Rules group,] it is very important that we hear from you. It is only by comparing people's experiences in all the research groups that SSA will know if POD makes a positive difference to beneficiaries. SSA will use this information to decide if POD should be continued and expanded to more states.

Taking part in this survey is your choice. Your answers to the survey will not affect your benefits. We will only use your answers for research. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any reports. No information will be reported in any way that can identify you.

If you have questions or need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX. Mathematica Policy Research, an independent research company, was hired by SSA to study POD and to conduct the survey.

You can learn more about POD and this survey at www.podssa.org.

We look forward to hearing from you!

POD Survey Team

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6. Reminder email



To: [RESPONDENT EMAIL]

Subject: REMINDER: Please complete your survey for the POD study!

Dear <NAME>,

Please complete the Promoting Opportunity Demonstration (POD) follow up survey today. You joined POD about [Y1: one year/Y2: two years] ago and agreed to be contacted for this survey. The survey will ask about your experience in POD, your work and training experience, your health, and any services you may have received in the past year.

The survey should take you about 30 minutes to complete. **If you complete the survey online, Mathematica will send you a \$[Y1: 30/Y2: 35] check.**

Please use the login information below to access the survey online. This survey can also be accessed by a mobile device.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

If you prefer to complete the survey by telephone, please call Mathematica toll-free at 8XX-XXX-XXXX to speak with an interviewer. You will receive a \$[Y1: 20/Y2: 25] check if you complete the survey by telephone.

Your participation is very important. If you have questions or need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX. Mathematica Policy Research, an independent research company, was hired by SSA to study POD and to conduct the survey.

Taking part in this survey is your choice. Your answers will not affect your benefits. We will only use your answers for research. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any reports. No information will be reported in any way that can identify you.

You can learn more about POD and this survey at www.podssa.org.

We look forward to hearing from you!

POD Survey Team

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7. Refusal conversion letter



Date
NAME
ADDRESS
CITY, STATE ZIP
Dear <NAME>,

We need your help with an important study of the Social Security Administration (SSA)'s Promoting Opportunity Demonstration (POD). POD is an SSA program to test rules for the Social Security Disability Insurance (SSDI) program.

We hired a company called Mathematica Policy Research to help us study POD. Mathematica contacted you recently to complete a survey about your experiences in the past year, but you decided not to take part. I am writing today to ask you to think again about doing this survey.

Taking part in this survey matters. Hearing from a lot of different people will help us find out whether the new rules being tested under POD help people. [CONTROL GROUP: Because you were assigned to the Current SSDI Rules group and the rules that apply to your benefits have stayed the same,] [TREATMENT GROUPS (T1 or T2): Because you were assigned to the New POD Rules group,] it is very important that we hear from you. It is only by comparing people's experiences in all the research groups that SSA will know if POD makes a positive difference to beneficiaries. SSA will use this information to decide if POD should be continued and expanded to more states.

Participation in the survey is voluntary but important. You can skip any question you don't want to answer. Your answers will not be shared in any way that reveals who you are. Your answers will be used only for research. Your answers to the survey will not affect your benefits.

If you complete the 30 minute survey on-line, **Mathematica will send you a \$[Y1: 30/Y2: 35] check** as a thank you. If you prefer, you can complete the survey by telephone with an interviewer from Mathematica. You will receive \$[Y1: 20/Y2: 25] if you do the interview by telephone.

Below is your login information needed to access the survey online.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

If you need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX. You can learn more about POD and this survey at www.podssa.org.

I hope that you will choose to participate. Thank you.

John Jones

POD Project Officer
Social Security Administration

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We will use the information you provide for research and statistics purposes. We may also share your information for the following purposes, called routine uses:

1. To a congressional office in response to an inquiry from that office made at the request of the subject of a record; and
2. To a contractor under contract to the Social Security Administration, subject to any restrictions imposed by 26 U.S.C. 6103 of the Internal Revenue Code, for the performance of research and statistical activities directly related to this system of records in conducting the demonstrations and experiments and to provide a statistical database for research studies.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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8. Mail survey cover letter



Date

NAME

ADDRESS

CITY, STATE ZIP

Dear <NAME>,

The Social Security Administration (SSA) is testing new rules for the Social Security Disability Insurance (SSDI) program under the Promoting Opportunity Demonstration (POD). SSA has hired Mathematica Policy Research to do a survey to find out whether the new rules being tested under POD help people. You joined POD about [Y1: one year/Y2: two years] ago and agreed to be contacted for this survey.

Your participation is very important to us. We have tried to reach you to do this survey several times. We have enclosed the paper survey with this letter for you to complete. Please return it in the enclosed postage-paid envelope. You will receive a \$5 check for completing and returning the paper survey.

If you prefer to complete the survey online, **Mathematica will send you a \$[Y1: 30/Y2: 35] check.** Below is your login information needed to access the survey online.

Link: www.xxx.xxxx.

User Name: [user name]

Password: [password]

You can complete the survey by telephone with an interviewer from Mathematica. You will receive \$[Y1: 20/Y2: 25] if you do the interview by telephone.

Taking part in this survey is your choice. We will only use your answers for research. Your answers to the survey will not affect your benefits. The answers from all study volunteers will be combined and written up in a report to SSA. Your name will never be used in any reports and no information will be reported in any way that can identify you.

If you need help to take the survey, please call Mathematica toll-free at 8XX-XXX-XXXX. You can learn more about POD and this survey at www.podssa.org.

We look forward to talking with you. Thank you for your help.

John Jones
POD Project Officer
Social Security Administration

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