

Appendix I: Adult Child Enrollment Call Script

Introduction

SC1. *Hi, my name is (INTERVIEWER NAME) and I am calling from Abt Associates. May I please speak with [ADULT CHILD NAME]*

[IF NECESSARY: *We are calling because [ADULT CHILD NAME]’s family is part of a study we are working on. We would like to follow up with [ADULT CHILD NAME].*

1	SPEAKING TO RESPONDENT	[GO TO SC2]
2	NOT A GOOD TIME	[SCHEDULE CALLBACK]
3	NO, RESPONDENT NOT AVAILABLE	[GO TO SC4]

SC2. *I know that I may be calling on your cell phone right now. If you are currently driving or doing any activity requiring your full attention, I will need to call you back at another time. Are you able to talk now?*

1	YES, SAFE PLACE AND ABLE TO TALK	[GOTO SC4]
2	NO, CALL ME LATER	[SCHEDULE CALL BACK]
3	NO, CALL ME BACK ON ALTERNATE NUMBER	[RECORD NUMBER, SCHEDULE CALL BACK]

SC3. *It is important that I speak directly to [ADULT CHILD NAME]. Do you know when [ADULT CHILD NAME] will be available?*

[IF NECESSARY: *We are calling because we would like to invite [ADULT CHILD NAME] to be part of a research study.*

1	YES	[SCHEDULE CALLBACK]
2	NO	[THANK AND END. DISPO AS GATEKEEPER SOFT REFUSAL]
3	DO NOT KNOW THAT PERSON	[THANK AND END. DISPO AS WRONG NUMBER]

SCREENER

SC4. *Great! I’m calling to tell you about the Family Options Study, a research study conducted by Abt Associates. Your parent or guardian agreed to be part of this study back in [RAMONTHYEAR], you may remember their participation. We asked your parent or guardian for your contact information so that we could invite you to enroll in the study too. Before I share more information, I just need to verify that I am speaking with the correct person.*

1. What is your date of birth? _____ (MM/DD/YYYY)

_____ / _____ / _____

MM DD YYYY

IF DATE OF BIRTH MATCHES WHAT IS IN OUR RECORDS, SKIP TO SC5. ELSE, TERMINATE.

TERMINATE SCRIPT: *I'm sorry, I seem to be having trouble pulling up your record. I will check with my supervisor and call you back at another time.*

SC5. WHEN TALKING TO RESPONDENT:

I am calling to tell you about the Family Options Study, a research study conducted by Abt Associates. This is a study about the experiences of families after receiving different housing services and interventions. Your parent or guardian agreed to be a part of this study back in [RAMONTHYEAR]. Over the past 12 years, interviewers from Abt Associates contacted your family from time to time to complete an interview. The purpose of those interviews was to help us learn more about your family's experiences since your parent/guardian enrolled in the study. You may also have been contacted directly by an interviewer from my company and asked to complete a survey or answer some questions when you were a child.

Now that you are an adult, we would like to invite you to join the Family Options Study. If you agree to participate, I'll provide an overview of the study and we can take care of the enrollment paperwork on the phone. The whole process should take no more than 30 minutes. In appreciation of completing this enrollment call, we will email you a \$15 gift card.

A couple weeks after completing this enrollment call, we'll send you an email link to an online survey. The survey should take around 15 minutes to complete, and once you submit your completed survey, we will email you a gift card for an additional \$25 as a token of our appreciation.

Is now a good time to complete the enrollment call?

- 1 Yes [GO TO SC6]
- 2 No, call me later [SCHEDULE CALL BACK]

Study Description

SC6. *The Family Options Study has provided valuable information to the U.S. Department of Housing and Urban Development or HUD, policymakers, and homeless assistance providers nationwide. HUD recently hired a team of researchers led by Abt Associates to continue to collect data from families to learn more about their experiences twelve years after enrolling in the study. This new round of data collection seeks to collect information from your parent/guardian. It also seeks to collect data from people like you, who were children when your family enrolled in the study but are now adults. This is the first opportunity to see how the different services families received shaped the experiences of children as they become adults.*

There are three parts to this enrollment call. First, I will review a consent form that explains the study. Second, I will update your contact information so we know how to reach you in the future. Finally, I will review a release of information form with you.

This survey was approved by the Office of Management and Budget (OMB) under control number 2528-0259. HUD may not conduct and sponsor, and a person is not required to respond to a collection of information unless the collection has a valid OMB Control Number.

This survey is authorized under the U.S. Housing Act and Urban Development Act of 1970 and is designed to study the impact of various housing and services interventions for homeless families.

Your participation in this survey is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Any answers will be held confidential in accordance with the Privacy Act of 1974. Additional information about how HUD stores and protects your information can be found in the System of Records Notice entitled "Homeless Families Impact Study Data Files," which can be found on HUD's website: www.hud.gov/privacy.

OBTAIN INFORMED CONSENT

Let's start by reviewing the consent form.

[READ THE ADULT CHILD CONSENT FORM]

Do you have any questions about the consent form?

IF YES, ADDRESS QUESTIONS APPROPRIATELY; IF NO: PROCEED.

I'd like to review a few key points in the consent form to make sure what we are asking you to do is clear. If you agree to participate in the study, you are agreeing to do two things now:

- 1. Complete an online survey that will take about 15 minutes once you receive the invitation in the next two weeks or complete over the phone.*
- 2. Allow HUD and the research team to collect information from other federal agencies data about you.*

Do you have any questions about what we are asking you to do as part of this study?

IF YES, ADDRESS QUESTIONS APPROPRIATELY; IF NO: PROCEED.

I also want to make sure it is clear that your participation in this study is voluntary. Even if you agree to participate in the study, you can choose not to answer any questions and you can choose to stop participating at any time. If you choose to stop participating, there will be no penalty or loss of benefits you may be eligible for.

Do you have any questions about the voluntary nature of participation?

IF YES, ADDRESS QUESTIONS APPROPRIATELY; IF NO: PROCEED:

[ASK IF ADULT CHILD GIVES PERMISSION TO ENROLL IN THE STUDY. IF ON-PHONE, INDICATE THAT VERBAL CONSENT WAS OBTAINED; MAIL TWO COPIES OF CONSENT AND RELEASE FORM TO ADULT CHILD.]

IF NO: Thank you for your time. We are sorry that you do not want to participate. If you change your mind, or have any questions, please contact us at 1-888-XXX-XXXX. Have a great day.

Contact Verification

Thank you for agreeing to participate in the study. The next thing I'd like to do is update your contact information in our records. This information will help us to reach you for possible future survey efforts, and to ensure that we send your gift card to the correct place.

Q1. Let's start by verifying your name. I have your **FIRST AND LAST name** as: [ADULT CHILD NAME]. Is this correct?

- a. THIS IS CORRECT [SKP TO Q2]
- b. THIS IS **NOT** CORRECT

Q1A. What is your first name?

Q1B. What is your middle name?

Q1C. What is your last name?

Q1D. Do you have a suffix (Jr. Sr or III) with your name?

Q2. I have your **address** as [STREET, APT, CITY, STATE, ZIP]. Is this correct?

- a. THIS IS CORRECT [SKIP to Q3]
- b. THIS IS **NOT** CORRECT

STREET: _____

APARTMENT/UNIT #: _____

CITY: _____

STATE: _____

ZIP: _____

Q2A. What is your street address or PO box number?

Q2B. Is there an apartment number? _____

Q2C. In what city? _____

Q2D. In what state? _____

Q2E. What is the zip code? _____

Q3. I have your **mailing address** as: [MSTREET, MAPT, MCITY, MSTATE, MZIP]. Is this correct?

- a. THIS IS CORRECT [SKIP TO Q4]
- b. THIS IS **NOT** CORRECT

Q4. I have your **primary phone number** as: (PRIMARY PHONE NUMBER). Is this correct?

- a. THIS IS CORRECT (GO TO SECONDARY PHONE NUMBER VERIFICATION QUESTION)
- b. THIS IS **NOT** CORRECT [GO to Q4A]

Q4A. What is your primary phone number, starting with the area code?

Q4B. Is that a home, cell, work, or other number?

- a. Home **[SKIP TO Q5]**
- b. Cell
- c. Work **[SKIP TO Q5]**
- d. Other **[SKIP TO Q5]**

Q4C. Do we have your permission to contact you **via text message** to your cell phone?

- a. Yes **[SKIP TO Q6]**
- b. No **[SKIP TO Q5]**

Q4D. Do we have your permission to contact you via an **automated text** to your cell phone? (

- a. Yes
- b. No

Q5. Do you have another/ What is the best phone number where we can reach you?

- a. Yes, additional phone numbers available
- b. No **[SKIP TO Q6]**

Q6. I have your **primary email address** as: [EMAIL ADDRESS]. Is this correct?

- a. This is the email where we will send the web link to complete the survey online. This is also the email where I will send your \$15 gift card for today's enrollment call. This is correct **[GO TO Q7]**
- b. This is **not correct [GO TO Q6A]**
- c. Does not have a working email address **[GO TO Q8]**

Q6A. What is your email address? _____

This is the email where we will send you the web link to complete the survey online. This is also the email where I will send your \$15 gift card for today's enrollment call.

- a. DOES NOT HAVE ANY WORKING EMAIL ADDRESSES **[GO TO Q8]**

Q7. Do you have any other email addresses?

- a. Yes **[SKIP TO Q7A]**
- b. No **[SKIP TO Q8]**

Q7A. What is your additional email address?

[REPEAT H7 UNTIL ALL EMAIL ADDRESSES ARE LISTED]

Q8. What is your preferred method of contact?

- a. Call primary number
- b. Email

- c. Text message
- d. Other

For the purposes of our research, we would like to collect your Social Security Number for potential future research that includes other available data sources. Providing your Social Security Number is voluntary but it will help make sure we can get your data from agencies and link it together. This information is only for research purposes and will not be used to determine eligibility for programs or assistance. Abt Associates will maintain the confidentiality of the information you provided from the start of the study until this follow-up has been completed. Then, HUD will assume responsibility for data confidentiality.

Q9. Would you be willing to share your Social Security Number with us?

- a. Yes, you may collect my SSN **[GO TO Q9A]**
- b. No, you may **not** collect my SSN **[GO to Q10 INTRO]**

Q9A. What is your Social Security number?

SSN: ____ - ____ - ____

- a. If volunteer: R only willing to provide last four digits of SSN **[GO TO Q9B]**

Q9B. What are the last four digits of your Social Security Number?

- a. Last 4 Digits of SSN: ____

Next, we will collect the names, addresses and telephone numbers of two people s who are living outside your household and usually know where to reach you.

Q10. Could you please tell me the name of a person who does not live with you and will always know how to contact you?

- a. Yes
- b. No

Q11. Could you please tell me the name and contact information for the **best person who does not live with you now, but will always** know how and where to reach you.

- a. What is his/her first name? _____
- b. What is his/her middle initial? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____
- e. What is the street address or PO box number? _____
- f. Is there an apartment number? _____
- g. In what city? _____
- h. In what state? _____
- i. What is the zip code? _____
- j. What is his/her phone number, starting with the area code? ____ - ____ - ____
- k. What is his/her email address? _____
- l. What is his/her relationship to you?
 - 1. Friend
 - 2. Relative
 - 3. Other (Specify:)

Q12. Could you please tell me the name of a **second person who does not live with you and will always** know how to contact you?

- c. Yes
- d. No

Q13. Please tell me the name and contact information for the **second best person who does not live with you now, but will always** know how and where to reach you:

- a. What is his/her first name? _____
- b. What is his/her middle initial? _____
- c. What is his/her last name? _____
- d. Does his/her name have a suffix? _____
- e. What is the street address or PO box number? _____
- f. Is there an apartment number? _____
- g. In what city? _____
- h. In what state? _____
- i. What is the zip code? _____
- j. What is his/her phone number, starting with the area code? _____ - _____ - _____
- k. What is his/her email address? _____
- l. What is his/her relationship to you?
 - 1. Friend
 - 2. Relative
 - 3. Other (Specify:)

Obtain Release of Information

We are almost done with this call. There is just one more piece of information I'd like to review with you.

[READ THE RELEASE OF INFORMATION FORM TO THE ADULT CHILD]

Do you have any questions about this release of information form?

IF YES, ADDRESS QUESTIONS APPROPRIATELY; IF NO: PROCEED:

I'd like to review a few key points in the information release form to make sure what we are asking you to do is clear.

Abt Associates will maintain the confidentiality of the information you provided for the next two years. Then, HUD will assume responsibility for keeping your data safe. However, HUD may want to conduct additional research about different types of housing and services that could help address homelessness in the future. We would like to ask for your permission to release your personal information to HUD so this additional research may be conducted.

Do you have any questions about how your data will be protected?

HUD will only use your personal information—your name, date of birth, social security number, and contact information—to conduct future research by HUD or HUD-approved researchers. For example, HUD may use your information to access information from other government agencies such as Social Security, welfare, or other agencies and local homeless providers.

Do you have any questions on what personal information we will collect?

HUD or HUD-approved researchers may also use this information to contact you directly to invite you to participate in additional surveys or interviews. You can choose whether or not you want to participate in any future research at that time. If you choose not to participate in future research you will still be part of this study.

Only HUD and members of HUD-approved research teams can see your records. Again, this information will be used only for research.

Do you have any questions about the release of information form?

[ADDRESS ANY QUESTIONS AS APPROPRIATE. ASK IF ADULT CHILD GIVES PERMISSION TO RELEASE THEIR PII TO HUD. IF ON-PHONE, INDICATE THAT VERBAL CONSENT WAS OBTAINED. MAIL TWO COPIES OF RELEASE FORM AND THE CONSENT FORM TO ADULT CHILD.]

Thank you for your time today. The company Virtual Incentives will be sending you an email with instructions on how to collect and redeem the \$15 gift card for completing this call today. We will send you a link via email to complete your online survey within 14 days]. Reward emails come from reward@virtualrewardcenter.com and you should receive your email within 14 days. If you need assistance with your Virtual Reward, please contact support@virtualrewardcenter.com. If you have any questions about the study, you can call 1-888-955-4678.