



[DATE]

FIRST NAME LAST NAME

ADDRESS

CITY, STATE ZIP

Dear [FIRST NAME] [LAST NAME],

We need your help with an important survey sponsored by the Social Security Administration (SSA), the Vocational Resource Facilitation Demonstration (VRFD) Follow-Up Survey. You joined VRFD about one year ago and agreed to be contacted for this survey. The survey will ask about your experience in VRFD, your work and training experience, your health, and any services you may have received in the past year. SSA hired the Kessler Foundation and Mathematica, an independent research company, to study VRFD and to conduct the survey.

Please use the login information below to access the survey online. You can complete the survey on a computer, tablet, cell phone, or other mobile device.

**Link:** [\[insert link\]](#)

**User name:** [user name]

**Password:** [password]

**If you complete the survey, Mathematica will send you a \$25 gift card.** You can complete the survey by telephone with an interviewer from Mathematica if you prefer. To do so, please call Mathematica toll-free at 1-8xx-xxx-xxxx.

Taking part in this survey is your choice. Your answers 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 report and no information you provide will be included in a report that in any way can identify you.

If you have any questions, please call Mathematica toll-free at the number above. You can also learn more about VRFD and this survey at [www.xxx.org](http://www.xxx.org).

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

John O'Neill, Ph.D.

Director

Kessler Foundation Center for Employment and Disability Research

### **[Privacy Act Statement]**

#### **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 xxxx-xxxx; expiration date xx/xx/202x. We estimate that it will take about 20 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