

Quarterly Contact Information Tracking Communication & Form

[DATE]

«First_name» «Last_name»

«ADDRESS_LINE_1» «ADDRESS_LINE_2»
«CITY», «STATE_CODE» «ZIP»

OR «EMAIL ADDRESS»

OR «MOBILE NUMBER FOR SMS MESSAGING»

Dear «First_name» «Last_name»,

Thank you for agreeing to participate in the [PUBLIC-FACING STUDY NAME] . We are reaching out to you because in «**RA MONTH YEAR**» you agreed to participate in the [PUBLIC-FACING STUDY NAME]. As you may recall, when you agreed to participate, «**NAME OF INTERVIEWER AT BASELINE**», a member of our team, told you that we would contact you every 3 months to confirm your contact information.

I am from a company called Abt Associates that runs the study. The Administration for Children and Families in the U.S. Department of Health and Human Services is paying for it. Your participation is an important way to help the research team learn more about services for families and help improve services for families in the future.

Around «**Month/Year 15 months after RA**», we will invite you to complete a survey to learn about your recent experiences. The survey will take about 45 minutes of your time. In appreciation of your time and effort, you will receive a **\$40 gift card** after you complete the survey.

We want to keep in touch and be able to reach you for the next survey! To help with this we have sent a form via «EMAIL, TEXT, MAIL» that we would like you to complete. This form presents the information you provided when we spoke last.

- If your address, email address, or telephone number are different from the information listed, please update as needed.

Also, please confirm the names, addresses, and telephone numbers of three people who usually know where to reach you. We would call these friends or relatives only if we cannot reach you. We would tell them that we are a researcher at Abt Associates, that you provided them as someone who would know how to get in touch with them, and ask them if they have any updated contact information. We would not share that you are participating in the study, any details about the services you are receiving, or anything else about you.

After you complete the form, please return it to us by responding to this «**EMAIL, TEXT, IN THE ENCLOSED POSTAGE PAID ENVELOPE**».

We will send you \$5 as a thank you once we receive your form.

Being in the study is completely up to you, and you can end your participation at any time. All information you provide will be kept private, as much as the law allows. Your participation in the study will not affect your child welfare case or the services that are already available to you.

Thank you for taking the time to respond! We appreciate your continued involvement in this study.

Sincerely yours,

Kim Francis
Study Director
Abt Associates

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): This collection of information is voluntary and will be used to understand programs that provide peer mentoring for parents involved in the child welfare system. Public reporting burden of the described voluntary collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kimberly Francis (Abt Associates) 617-520-2502.

«res_id»

1. Is this the correct spelling of your name?

«First_name» «Last_name»

Please check appropriate box. Yes No, the correct spelling is:

First Name	Middle Name	Last Name	Suffix (Sr./Jr.)
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2. Is this your current address?

«ADDRESS_LINE_1» «ADDRESS_LINE_2» «CITY», «STATE_CODE» «ZIP»

Please check appropriate box. Yes No, my current address is:

Street	Apartment #	
City	State	Zip Code

3. Is this your current phone number? «Phone1» «Phone2»

Please check appropriate box. Yes No, my correct phone number is:

Main Phone Number (Cell)		Alternate Phone Number (Work/Home)	
Area Code	Telephone Number	Area Code	Telephone Number

4. Is this your current email address? «Email»

Please check appropriate box. Yes No, my correct email address is:

Email Address	Alternate Email Address
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5. Is <<preferred contact method>> still your preferred contact method?

Please check appropriate box. Yes No, I would prefer: _____

6. When you enrolled in the study, you provided the contact information for three people who will know how to reach you in case we can't reach you. Are these still the best people for us to reach out to in case we can't reach you?

«Contact 1»

Please check appropriate box.

Yes, and their information is the same.

No, their information has changed, or please reach out to the following instead:

1. Name	Relation to you	
Address	Apartment #	City
City	State	Zip Code
Phone	Email Address	

«Contact 2»

Please check appropriate box.

- Yes, and their information is the same.
- No, their information has changed, or please reach out to the following instead:

2. Name		Relation to you
Address	Apartment #	City
City	State	Zip Code
Phone	Email Address	

«Contact 3»

Please check appropriate box.

- Yes, and their information is the same.
- No, their information has changed, or please reach out to the following instead:

3. Name		Relation to you
Address	Apartment #	City
City	State	Zip Code
Phone	Email Address	